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Disclaimers

Financial: None at this time

Non-financial:

- **Certified Trauma Support Specialist** through the Arizona Trauma Institute.
- Host of the podcast **The Trauma-Informed SLP** and creator of **trauma-informed-slp.com**
- Donating member of **The Autistic Self-Advocacy Network (ASAN)**
- **Member of the LGBTQIA+ community** (bisexual, agender, and demisexual)
- **ADHDer**

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Neurotypical Spectrum Disorder 299.85 (F84.8)

All Persistent need for social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive):

- Deficiency with ongoing social communication, verbal sharing of current activity, and **flexibility in the presence of or responsiveness with other neurotypicals**
- **Interpersonal communication that is limited to verbal complexity, combined with abnormally often reduced nonverbal cues** (including body posture, hand gestures, and facial expressions) and results in **expectations of reciprocal understanding of meaning in communication**
- **Need for constant social stimulation across a broad variety of activities** (including, but not limited to: watching sporting events, watching sports, watching television, playing sports, playing video games, shopping, going to the bathroom in public, and being in public)

Specify current severity:
Severity is based on social observations and level of need for constant social interaction.

Excluded concepts of what is socially appropriate, or an ambiguously-defined "norming," manifested by at least two or more defining "norming," or by history (examples are illustrative, not exhaustive)

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Outline

- **Always a bit "different"**
 - Some of the ways neurodivergents differ from neurotypicals
- **The elephant in the room**
 - The emotional impact of being different
- **Systemic issues**
 - How neurodivergents learn we "don't belong" in our society
- **How to heal: a trauma-informed approach**
 - Defining trauma-informed care
 - Examples of trauma-informed ways of thinking
- **Applying that approach to the classroom**
 - Safety for all
 - Empowerment for all

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(some) Terminology clarified

Neurodivergent: "Is the idea that conditions such as autism and ADHD are the result of natural brain variation rather than flaws to be corrected." (https://www.slate.com/articles/health_and_science/autism/2019/07/neurodiversity.html)

- **Neurodiversity Movement:** aims "to increase acceptance and inclusion of all people while embracing neurological differences." (<https://www.health.harvard.edu/blog/autism-diversity-2017112726456>)

Ableism: "discrimination in favor of able-bodied people." (Oxford Languages)

Neuroaffirming/neurodiversity affirming: "the idea that individuals have differences in their abilities and how they interact with the world around them." (<https://thehappyworks.com/blog/child-development/what-it-means-to-be-neurodiversity-affirming/>)

Autistic: "In the autism community, many self-advocates and their allies prefer terminology such as 'Autistic,' 'Autistic person,' or 'Autistic individual' because we understand autism as an inherent part of an individual's identity." (<https://autisticadvocates.org/about-us/identity-first-language/>)

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Difference is not disorder* *as long as society accepts difference

Cultural differences in eye-contact:

- Autistics routinely report overstimulation and increased anxiety with eye-contact

EYES

Evolutionary theories:

- Autistic tendencies to systemize things likely were advantageous in primitive societies
- ADHD is likely beneficial to nomadic, hunter/gatherer societies (e.g., searching for food in new environments, highly alert to changes in environment vs. predator/prey movement, etc.)

Rehm et al., 2015; Manning, 2014; Davis & Hollman, 2018

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Different patterns of thinking

Divergent/convergent

Divergent Thinking

Convergent Thinking

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Different learning and pattern recognition

I.e., Sometimes, the abstract/associative comes first

Gestalt language acquisition

Begins with production of multi-word "gestalt phrases" (e.g., echolalia, scripting) and ends with production of novel utterances.

Analytic ("typical") language acquisition

Starts at the single word level and builds to phrases and eventually sentences.

<https://www.frommfamily.com/autism/when-they-something-great-about>

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Different learning and pattern recognition

couple of examples

GESTALT LANGUAGE DEVELOPMENT

1. MILK IS FROM COWS.
2. MILK IS SO GOOD.
3. MILK.
4. MILK AND COOKIES ARE MY FAVORITE.

ANALYTIC LANGUAGE DEVELOPMENT

1. MILK
2. MORE MILK
3. MAMA MORE MILK
4. MOM, I'D LIKE SOME MORE MILK PLEASE

GESTALT LANGUAGE DEVELOPMENT

1. I AM THE STRONG ONE (FROM ENCANTS)
2. I AM A MONSTER (ENCANTS)
3. MORE ENCANTS
4. I LOVE WATCH ENCANTS AT HOME

ANALYTIC LANGUAGE DEVELOPMENT

1. MOVIE
2. WATCH MOVIE
3. WATCH MOVIE
4. TURN ON ENCANTS PLEASE

© FROMM FAMILY SPEECH

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Different processing


Leading to differences in language and/or accommodation needs



Auditory processing disorder (APD): difficulty with auditory processing in the central nervous system.



Language processing issues: Can be difficulty understanding language and/or difficulty with expressive language (i.e., word-finding issues)



Prosopagnosia: Face-blindness. (i.e., seeing the details but failing to put together the whole)

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Different motor system

The hand bones connected to the eye bones

- **Apraxia:** difficulty with motor planning (sequences are out of order and/or missing steps)
 - **Childhood Apraxia of Speech (CAS)**
- **Muscle weakness:** "umbrella term"— can be full or partial paralysis
- **Spasticity:** abnormal muscle tightness due to prolonged muscle contraction
- **Ataxia:** "without coordination" movements are too big or too small for desired action
- **Motor ticks:** involuntary movements caused by spasm-like contractions of muscles and/or vocal outbursts

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"I remember seeing a non-verbal boy I know starting to get restless and really angry in a music lesson. His behaviour was saying all the ASA things, 'hands quiet,' 'all done,' and so on. It was getting worse. My mom was watching and she said to the boy:

'I know it is so frustrating when your body doesn't do what you want it to.'

You know what happened? **He relaxed.** That's what happened. **Then he leaned on my mom to communicate his gratitude because he had no other way to express himself.'**

Kedar, 2012


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Different sensory system

The sense bones connected to the "AAAAHHH!! THIS IS TOO MUCH!" bones

Sensory processing disorder (SPD)/ Sensory Integration Disorder: Difficulty with processing sensory information resulting in hyper- or hypo-sensitivity

- Researchers at UCSD found quantifiable differences in brain structure in people with SPD (Damen et al., 2010)



Synesthesia: Stimulation of one sensory modality (e.g., hearing) leads to automatic, involuntary experiences in a second sensory modality (e.g., vision)

- Higher in autistics (16.8%) compared to that of the general population (1.2%) (Baron-Cohen et al., 2013).
- Can lead to overstimulation in those with SPD

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"I love being in nature. Noisy environments drive me mad inside. It's sort of terrible because **I overload in my sensory system too easily.** I can tolerate a baseball game with headphones on or eat in a restaurant. **Not easy for me to cope with the din, but I do.**"

Kedar, 2012

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Different experience of emotions and affect

"emotional blindness" (internally) & what emotions look like (externally)

Alexithymia: is "a personality trait characterized by the inability to identify and describe emotions experienced by oneself."

- People with alexithymia feel emotions (i.e., have a working autonomic system), but can't label them.

Affect: The observed emotional state of a person.

- Many autistics use different facial expressions from neurotypicals to express the same emotion ("Facial Expressions," 2020)


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"...what have previously been thought of as 'social deficits' in autistic people may actually reflect a mismatch in the facial expressions produced by autistic and neurotypical people"

"Facial Expressions," 2020

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The double empathy problem



Being autistic is bending 80% whilst others bend 0%, and then getting called rigid, difficult and demanding for not bending the other 20%.


People of the same neurotype interact and exchange information just as effectively at neurotypical people do with each other.

Communication breakdowns occur when mixing neurodivergents with neurotypicals (e.g., autistic and neurotypicals).

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Comorbidities

I.e., "It's not just autism/ADHD"



Anxiety disorders:

- Appears in ~40% of autistics
- ADHD traits more predictive of anxiety than autistic traits
- Includes social phobia, selective mutism, OCD, etc...



PTSD/complex PTSD:

- Appears in ~60% of adult autistics compared to 4.5% in

Sensory disorders:
• Appears in ~20% of autistics

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LGBTQIA+ & Neurodivergency: "A Venn Diagram with A LOT of overlap"

- ~Almost 70% of people with autism identify as "non-heterosexual"
- Only 50% of autistic women reported being cisgender
- Only 8% of autistic women reported being exclusively heterosexual
- People who do not identify with their birth-assigned gender are 3 to 6 times more likely to be autistic

Gender identity: transgender, genderqueer, transsexual, genderfluid, genderless, etc.

Sexual orientation: homosexual, bisexual, lesbian, etc.

Behavioral characteristics: autism, ADHD, OCD, etc.

+ =

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Trauma is...

A **neurophysiological** and **psychological** response to an **adverse event (or multiple events)** that sends a person (or group) into **"survival mode."**

Their **resources to cope** with the event are **overwhelmed**, and they develop **lasting adverse effects** including **chronic feelings of fear, vulnerability, and helplessness.**

Key take-away: Physiological shift → lasting adverse effects

(SURIANA, 2016)

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What is resilience?

When people don't develop, or can lessen, a **trauma response** because of **access to, and use of, available resources** needed to **heal**

Examples:
Communities coming together and providing necessary resources after a natural disaster; many cultural traditions for grieving; etc...

(SURIANA, 2016)

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Characterizing trauma
i.e., The "dose" of trauma

Single event trauma (flash trauma)	Repeated trauma	Sustained trauma
A traumatic response to one single event occurring at a single point in time	A series of traumas occurring to the same person over time <small>"Trauma is a cumulative process. The more traumas, the more trauma." (SURIANA, 2016)</small>	A type of repeated trauma where the traumatic events are chronic.
Examples: A car accident, a single instance of rape, the death of a loved one	Examples: The same person experiences sexual abuse (e.g., incest) 10 years apart, and then a car accident 10 years after that	Examples: Children with ongoing sexual, physical, or emotional abuse and/or neglect, domestic violence, chronic poverty, generational trauma

(SURIANA, 2016)

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Autonomic Nervous System Review

Parasympathetic: "Rest and Digest"

- Sensory: Current "state of the body" information
- Motor: Slows heart rate, lowers blood pressure, "turns on" digestion

Sympathetic: "Fight or flight"

- Sensory: "Something has changed" information
- Motor: Speeds up heart rate, raises blood pressure, increases respiration

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Limbic emotional processing:

- AMYGDALA** → sets value on autonomic stimuli
- Hippocampus** → emotional memory
- Hypothalamus** → "the emotional brain"

Frontal lobe-executional processing:

- Anterior Cingulate Cortex** → conscious awareness of emotions
- Insula** → empathy
- Broca's area** → linguistically labeling emotions

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A healthy, regulated system =

Sympathetic and Parasympathetic activation is in balance

This is often described in mental health circles as...

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The Window of Tolerance
A model of healthy autonomic function over time

"It is the optimal range of autonomic arousal wherein emotions can ebb and flow in a manageable way."

—Dr. Dan Siegel

(SURIANA, 2016)

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Survival mechanisms
The VIPs

Fight	Flight	Freeze
If it's the best choice for survival, your system will pick fight. (If you're stuck in combat, face a weapon, etc.)	If fight's not a good choice for survival, it'll pick flight. (It's a natural choice like a car, if the driver is too big to fight and run, etc.)	If neither fight or flight works, it'll go to freeze. (Maybe the threat will leave you alone if you're motionless, really still...)

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As short note on the...

Fawn response

Creating emotional safety by not upsetting anyone



It's so sweet and cute - totally not a threat! Please don't hurt me!

Examples:

- Saying "yes" to requests all the time despite not wanting to (or being able to)
- African Americans never really venting around white colleagues

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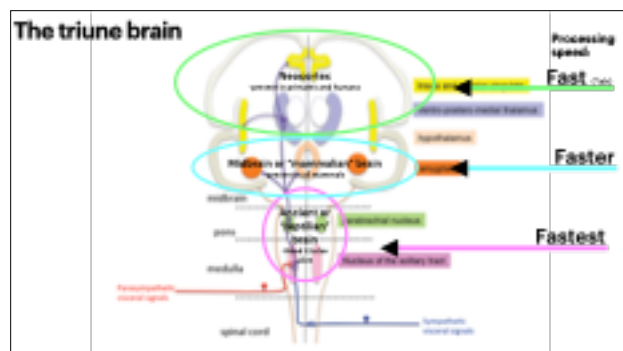
A trauma response happens because...

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To survive, you...



30



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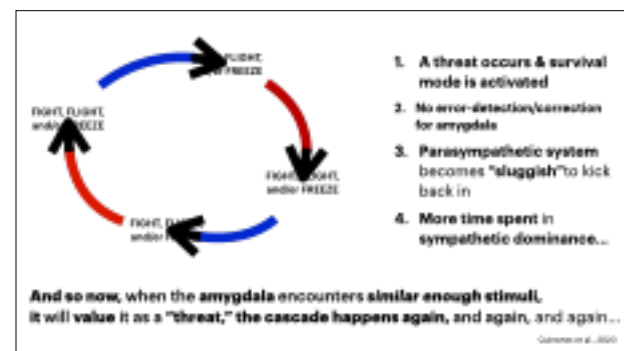
So this means that

When the amygdala says "THREAT,"

We go into survival mode

And our mid-brain stops "talking to" the frontal lobe

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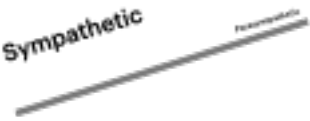


33

And the NET EFFECT of all of this is...

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The whole limbic system is out of balance



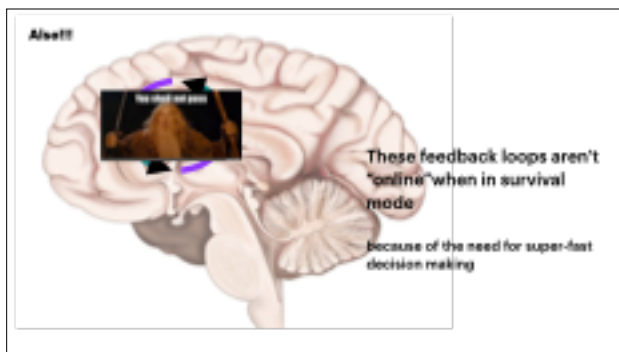
And it tries, but can't get back to balance, because the mechanisms to re-balance are too disrupted

Guinn et al., 2020

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This means,
In a sympathetic-dominant state,

There is little-to-no conscious awareness of the emotions felt in the body

...figures in the "running from a bear" analogy. It makes sense. Her paper helped to be thinking "I'm feeling scared and concerned about becoming this bear's lunch"

38

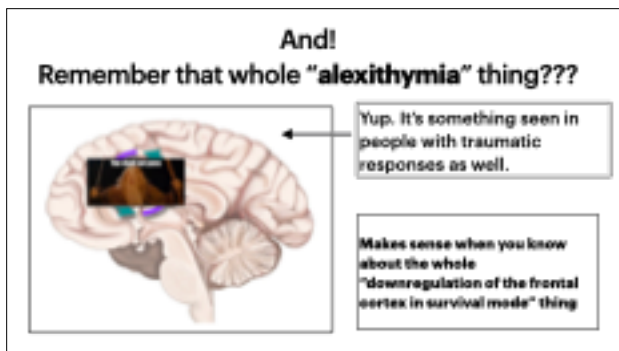
which is why...

Nervous system dysregulation is the main* symptom of a trauma response

*of course, there are some researchers who debate this, cause when are there NOT researchers debating things, amirite???

Quenneville et al., 2020

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It's almost like neurodivergents have a lot of overlapping symptoms with trauma...

Huh...

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But why would that be???

Great question! And perfect segue to...

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The Neurodivergency Movement
A brief history

- **Neurodivergent history parallels treatment of mental illness**
 - Trephination (began ~5,000 B.C.E.)
 - Bloodletting and purging (began ~1600 C.E.)
 - Isolation and Asylums (began in middle ages; wide-spread by ~1900 C.E.)
 - Lobotomy (1940 C.E. - 1950s C.E.)
- **Tied to eugenics in terminology and history until very recently**
 - "Final medical assistance" of Nazi's T-4 project

Reardon, 2014. Neurodivergency, 2024

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The Neurodivergency Movement
A brief history

- **Leo Kanner was the first to use "autism" in relation to a "condition of infancy" and felt it was caused by "cold, cruel parenting"**
 - Prior, the term "autism" was introduced by Bleuler in 1912 to refer to the most severe cases of schizophrenia
- **Lowes applied behavioral conditioning to autistics, developing Applied Behavior Analysis (ABA) to "cure" autism.**
 - ABA is widely considered abusive by adult autistic self-advocates
- **The Neurodivergency Movement and Autistic Self-Advocacy Movement started in the 1990s**
 - Conflict "arises from the interaction between a non-standard individual and an unaccommodating environment (the social model of disability)"

Quenneville, 2024. Neurodivergency, 2024

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This ties into the process of dehumanization...

45

Dehumanization

"Starts with language"

"Maiese defines dehumanization as **'the psychological process of demonizing the enemy, making them seem less than human...'**"

—Brown, 2018

Example:
"merciless Indian savages"—The U.S. Declaration of Independence (1776)

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We dehumanize what is "different"

Lowans' 1974 quote in Psychology Today:

"You start pretty much from scratch when you work with an autistic child. You have **a person in the physical sense**— they have hair, a nose, a mouth— but **they are not people in the psychological sense**. One way to look at the job of helping autistic kids is to see it **as a matter of constructing a person**. You have the raw materials, but **you have to build the person**."

Hard to get more dehumanizing than that.

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Dehumanization in medicine^{Education}

The danger of too much objectivity

Functional uses:

- Complex problem-solving
- Tracking progress
- Attenuating the stress present when dealing with situations that causes physical and/or psychological pain.

Nonfunctional causes:

- Deindividuating practices
- Impaired students' agency
- Perceived dissimilarities between teachers and students (e.g., "us" vs. "them")

(Gruen & Wynn, 2022)

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"We are all vulnerable to the slow and insidious practice of dehumanizing, therefore we are all responsible for recognizing it and stopping it."

Brown, 2018

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So let's talk about

Casual Dehumanizing language

So common it's easy to miss it when it's not directed at ya

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The issue with "functioning" labels

"You almost seem like a real person, just like me."

(https://www.youtube.com/watch?v=JmKd8g8g8g8)

"High Functioning Autism – This term generally refers to autistic people who talk well, have excellent body control and need less support to function in society.

"Low Functioning Autism – This term refers to folks who can't communicate verbally and lack good body control. It is often confused with cognitive delay. This is a term I dislike because it fails to take into account intellect or how well people with more severe autism can function in society with the right kind of support."

Kedar, 2012

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So, don't label by "functioning..."

Just refer to their support needs

E.g., "non-speaking," "physical supports," "supports for activities of daily living," etc...

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WHAT DOES ABLEISM LOOK LIKE?

Ableism

Ableism:
"discrimination in favor of able-bodied people."

(Oxford Languages)

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"Internalized ableism is when we project negative feelings onto ourselves. This happens when we start to believe how society labels disability as inferior.

...Internalized ableism occurs when we are so heavily influenced by the stereotypes, misconceptions, and discrimination against people with disabilities that **we start to believe that our disabilities really do make us inferior.**"

(Presutti, 2021)

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Mask:
verb

to conceal (something) from view.

Oxford Languages

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One question that pops up on social media a lot these days is:
But doesn't everyone mask sometimes????

It's just like "customer service voice" right??

56

One question that pops up on social media a lot these days is:
But doesn't everyone mask sometimes????

NO!

It's just like "customer service voice" right??

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Masking

When young, you attempt to socialize, you "do it wrong," and then, well...there are consequences.

So, if able, you learn to hide (i.e., mask). And you internalize a **sense of shame** because of how "wrong" or "broken" you are. Which means...



Masking carries with it the burden of **internalized shame** leading to **constant hypervigilance** (i.e., the elevated state of constantly assessing potential threats around you)—which "persona" switching (e.g., "customer service voice") does not.

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**So, actually,
masking is a fawn response**

That develops **in response to trauma**



...and, "phrases such as 'everybody masks' or 'everybody is a little autistic' are completely invalidating, hurtful, and dangerously incorrect."

<https://twitter.com/autismresearcher/status/1064000000000000000>

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So all of this gets enfolded into issues with how **our society, organizations, and systems are NOT structured for neurodivergents**

Which is what can lead to...

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System-oriented trauma/Retraumatization

Schools educators

"...**treatment settings** and **clinicians** can create retraumatizing experiences, often without being aware of it, and sometimes clients themselves are not consciously aware that a clinical situation has actually triggered a traumatic stress reaction."

NOTE: a "trauma trigger" means a person's survival mode gets activated by a similar enough event due to emotional memories, but the person might not be consciously aware of why they are in survival mode.

©SAMHSA, 2010

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Key section take-away:

When a group of people say, "doing this hurts us," we should listen, be flexible, and adjust

...for whomever that group is

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Being trauma-informed is the process of asking,

"What happened to you?"

instead of

"What's wrong with you?"

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It means changing from a pathogenic approach to a salutogenic one

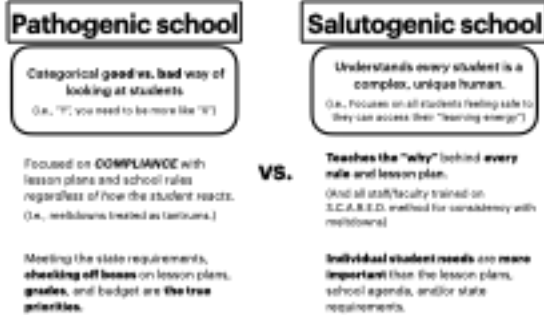
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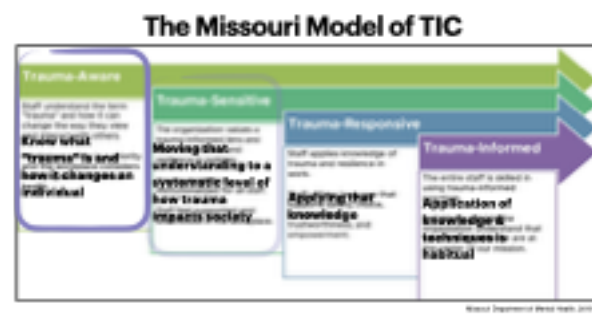
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For the schools, this might look more like...

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- Safety for all**
Requires consistency and follow-through on
- **REGULATION!!!**
 - Managing meltdowns
 - **Consistently** model/callout using **trauma-informed regulation materials**
 - Teaching and respecting **body autonomy**
 - **Validating** emotions and experiences of neurodivergent students
 - **Preserving competence**
 - Honor all communication modalities
 - Teach the "why"
 - "Deprogram" abilities (in yourself and in the student)

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A student having **multiple meltdowns a week** in school is **highly likely** to **develop a trauma response** due to **not feeling safe at school and/or in that classroom.**

And also...

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So, let's go over how to help everyone feel safe and empowered at school

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TANTRUMS	MELTDOWNS
Triggered by: <ul style="list-style-type: none"> the person wanting/breeding ONE thing 	Triggered by: <ul style="list-style-type: none"> Neurological "overflow" from multiple triggers (e.g., overwhelming sensory input, understimulus, etc.)
Motivated by: <ul style="list-style-type: none"> A lot of emotional overwhelm while still maintaining control over their body. 	VS.
Resolved by: <ul style="list-style-type: none"> Might need some regulation to calm their emotions, but ultimately, it stops once they see it's not working to get that ONE thing. 	Resolved by: <ul style="list-style-type: none"> Nothing, like chronic migraines, no hidden agendas, and no goal is associated with a meltdown. It's a loss of control over their body.

Lipsky & Richards, 2008

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Managing using the S.C.A.R.E.D method

- 1. SAFE:** Clear the space, move to a safe place, and keep yourself and people a safe distance if the person is throwing things and/or hitting.
- 2. CALM:** Use simple, 1-step instructions given in short, 2-3 word phrases (e.g., "Zack, stop. Here, Zack.") This is not the time to talk about feelings or use long utterances.
- 3. Use AFFIRMATIONS:** Positive words/actions that validate their experience without making them feel bad about it.
- 4. ROUTINE:** When you know the person, try redirecting them into one of their safe routine activities or patterns (e.g., snuggles, snuggles, huggles, sounds) that lower their body's energy.
- 5. EMPATHY:** Think, "What happened to you?" not "What's wrong with you?" Only offer physical touch if they are okay with that from you.
- 6. DEVELOP:** an intervention plan. Create individualized plans on how to calm each student and routinely review them with all staff.
 - Individualized sensory profiles/energy regulation suite from **Autism Level UP!** are a GREAT place to start!

Lipsky & Richards, 2008

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"If you're supporting someone who has a challenging behavior or meltdowns, and you just guessed that it had to do with their health, you would be right 75% of the time."

You should always think about medical causes first.
Think about them before you think about other reasons for behaviors."

—Kripke, 2016

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Well Regulated

Your Energy MATCHES the Energy Needed to actively engage in an activity and environment

Well Regulated

Calm

Autism Level UP!

February 21, 2021

(FB post)

This energy

Discomfort

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Regulation strategies

For physical and emotional safety

- Tend to basic needs**
 - Drinking water, eating a snack
- Tactile + breathing exercises**
 - Five finger breathing, shapes breathing, butterfly hug
- Sensory/motor stimuli**
 - Listen to nature sounds, use calming fidgets, glitter bottles
- Physical exercise**
 - Taking a walk, jumping around a bit
- Progressive muscle relaxation**



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Autism Level UP! Energy Regulation Suite *

*No professional or financial affiliation. I just love this. Like, a LOT a lot.

Promotes safety:
It's Purely bottom up!

- Doesn't require midbrain → frontal lobe connections to label your emotion
- Promotes awareness of how your body feels re: your autonomic state



- Promotes Empowerment:
- No emotional projection from adults!
 - Can use as visual for non-speech communication
 - Personalized requests for tools/techniques that work for you

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Side-note for pre-k/early elementary teachers:

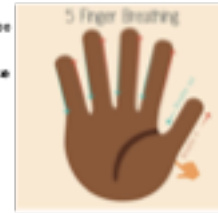
**“Waiting” is a skill
that *requires regulation!***

And what’s more empowering for everyone than an elementary kid who can wait without wailing in agony?

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Regulation strategy example Five-finger breathing steps

- Stretch your hand and open your palm so you can see the spaces between your fingers.
- Use the **pointer finger of your opposite hand** to trace through the open hand.
- Starting from the bottom of your thumb, **breathe in as you go up**, and **exhale as you go down**.
- Repeat until you get to the bottom of your pinky or just keep going as needed.



“Shapes breathing” — same idea, but you’re tracing any shape & alternating breathe for the sides
(The Behavioral Hub, 2019)

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Regulation strategy example Butterfly hug steps



- Cross your arms over your chest
- You alternate the movement of your hands, like the flapping wings of a butterfly; let your hands move freely
- Breathe slowly and deeply
- Notice where your body feels uncomfortable and “breathe into” that place
- Stop when you feel that discomfort release

<https://www.youtube.com/watch?v=4m7yH9pZu00>

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Regulation strategy example “Calming” fidgets



Which one makes your brain go “whew” vs. “where”?

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Staff/faculty self-regulation It’s paramount!

Adults have to **practice staying regulated NO MATTER WHAT!**

...because **No one** can solve problems when **dysregulated!**

“Requires **awareness and ongoing monitoring** of your own triggers for dysregulation

It’s great to model strategies for students (e.g., “I need a break from the room”). Heck, make a “regulation station” a part of centers for the little ones!

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The super amazing, mega-awesome good news is that...

You don’t have to start from scratch!

You can use the **SAME bottom-up approaches to regulation** as you teach your students!!!!

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Bodily Autonomy Promoting physical safety

Autonomy refers to the ability to make choices **independently** (with informed consent and without coercion)



Resist the urge to touch a stranger’s bare belly!



Let’s not touch other people’s hair without asking!

Bodily autonomy is the simple concept that **individuals have the right to control what does and does not happen to our bodies**

“Just like the school the ‘normalized’ violation of bodily autonomy”
(Bodily Autonomy) n.d. (para. 101)

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Body autonomy A few do’s and don’ts



Don’ts

Wordlessly grab a kid’s hand on way to recess

Make anyone hug someone

Use hand-OVER-hand



Do’s

Explain the purpose of the contact
(holding a teacher’s hand for safety)

Give them options
(thumbs up, high-five/tot bump, hug)

Use hand-UNDER-hand
(hand’s my hand if you want help)

*Basically, if you wouldn’t make a stranger on the street do it “to be nice” or you wouldn’t do it to a stranger, then don’t ask a kid or cognitively-impaired patient to do it either.

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So set the rule that if ANYONE wants to touch, hug, or move someone, they have to

ASK!!

It's just respectful toward everyone.

And as cute as it is when preschoolers climb into your lap, it's not nearly as cute when a 6'3" autistic teenager does it.
Be kind to your highschool colleagues and teach this rule EARLY.

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A warning for those who work with kids:

On compliance with others and lack of bodily autonomy:

"When your life is being told not to follow your instincts, you are grooming a generation of vulnerable kids for exposure to all sorts of nasty."

—an autistic adult who is a sex abuse survivor

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Validation

Critical for emotional safety

Let's your students know that:

1. You understand what they are feeling.
2. Their feelings are valid and totally okay to have.

This ultimately builds trust and helps the student identify and trust their own emotions in the future.

- And even if you can't fully understand their feelings, showing you're trying to understand goes a loooooong way.

<https://crimethink.com/blog/how-to-question-validation>

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Validation

the dos and don'ts

Don't	Do
You're overreacting. Settle down.	That must be really hard.
It's not that big of a deal.	I'm here no matter what.
Happiness is a choice.	Your feelings are your feelings. It's okay that you're having them.
You've just gotta push through.	It's okay to take some time to feel what you're feeling.

<https://www.autism.com/autism-101/what-is-validation/>

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And maybe we don't have "bad" or "negative" feelings.
But just "uncomfortable" or "challenging" feelings.


And maybe those uncomfortable feelings are a sign that something is wrong

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"What is your anger trying to tell you?"

...What I'm trying to teach her is our anger is a signal that something is off, something does not feel right, a boundary is being crossed, a need is not being met."

-Destini Ann



Resources

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So maybe, we would all feel a lot safer and more empowered if we:

1. Know how to self-regulate and/or request needs for regulation help.
2. Problem-solve to figure out what was wrong in the situation/environment.
3. And self-advocate to create safe spaces for our future selves.

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Presuming competence, honoring ALL communication modalities, and teaching the "why" are

THE BRIDGES to empowerment

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Different patterns of thinking (e.g., visual vs. auditory)	Different sensorimotor systems (e.g., apraxia, hypersensitivity to sound)	Consensibilities (e.g., social phobia, selective mutism)
----------------------------------------------------------------------	-------------------------------------------------------------------------------------	--------------------------------------------------------------------

MULTIMODALITY COMMUNICATORS
—and sometimes using different modalities across environments (e.g., selective mutism)

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"The erroneous theory is this: to speak is to understand. Tell that to Stephen Hawking."

Kedar, 2012

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Multimodal communicators

"Talking" with, well, all of yourself

Use all available modes of communication

- Speaking, vocalizations, facial expressions, body language, gestures, ASL, augmentative and alternative communication (AAC) device, etc

Communication requires a method and motivation

- Communication partners must respect every type of modality, respond to every communicative attempt, and act upon the communicated message in a timely manner.
- Motivation is lost when communicative intents are not honored.

<https://www.autism.org/governments-ways-to-support-multimodal-communication/>

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And my observation from my professional experience:

Communication, like electricity, takes the path of least resistance

Speaking (and/or using ASL with other ASL users) will **always** be **FASTER** and **MORE EFFICIENT** than even high-tech AAC devices.

So, No. Using AAC does **NOT** keep someone from talking.

—Research has found it to be the opposite (Miller, Light, & Schiesser, 2006; Schiesser & Wink, 2008)

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Teach the "why"

The issue with "compliance for compliance's sake"

- Reinforcement-based techniques teach neurodivergents to comply with the system "or else."
- Not understanding the reason for an expectation is dysregulating for many autistic and ADHDers.
- The goal should be cooperation rather than compliance
- So teach "why" it is important the student do something!
 - And if the "why" is only because "it's what every expects"—rethink it in terms of safety and/or empowerment for everyone.

<https://www.shutterstock.com/2012>

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How to think about neurotypical to neurodivergent "why's"

Why shouldn't we run like crazy to recess? (i.e., What would happen if we did?)

- Safety for all (i.e., people would likely get hurt)

Why do we greet, wave goodbye, and use social niceties?

- This is how neurotypicals make initial emotional connections with people. It shows them you notice them and are interested in how they are doing—even if the answers aren't always honest.

Why not rock back in our chairs so that it's only on the back two legs?

- Physical safety

Why are fire alarms so loud and annoying?

- So we want to get out of the building as quickly as possible.

Why practice so that your job interview answers don't go too long?

- Empowerment (i.e. practice and respect for others' time)

Why is it important to use a professional format for your emails?

- Easier for them to see your message—saves them time and gets answers faster

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Neurodivergent to neurotypical "why's"

Why do some neurodivergents dominate conversations?

- This is how some neurodivergents (especially autistic and ADHDers) bond/show emotional connection! It's akin to "telling their soul" to you. It shows they like you and trust you.

Why do autistic avoid eye contact?

- Most autistic report a feeling of sensory overwhelm and increased anxiety when making eye-contact.

Why do some neurodivergents hyperfixate?

- Hyperfixation (different, but similar to hyperfocus) is a coping mechanism. To see, it feels like taking a "mental vacation" to my own world for a while.

Why can't some neurodivergents get enough sleep/get up early?

- Can be too much hyperfixation, but there are also differences in circadian rhythms. A lot of autistic and ADHDers have irregular circadian rhythms, so even if they go to bed at the same time, the quality of sleep is affected by when their body wants to sleep.

Why don't autistic and ADHDers understand passive requests?

- It depends. It can be language processing, but for my ADHD-self, it's because my attention system will only encode it if it seems important. "Passive requests" never seem important at the time.

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And, of course, the classic kid question:
Why them and not me???

Why does Jackie* get to be in the quiet corner right now?

Because she:

- 1) Recognized she needed to change her energy level
- 2) Asked me for that need (via pointing to the picture)

She's there right now because that's what her body needs to feel safe.

*Teacher as name—reintroduced to one student's friends

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And a quick side-note on compliance...

We DO need to be compliant sometimes, like:

- Moving out of the way (e.g., clear the path) for emergency services
- Following hospital orders re: physical transfers and swallow/diet orders



...And:

- Walking in an orderly manner during fire drills/fire alarms
- Not walking right in front or right behind of a bus and/or other large truck or RV
- "Active shooter" drills in schools



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What do all these situations have in common?

SAFETY!

Society has developed these "rules" as ways to optimize safety for everyone.

So presume competency, and explain the "why" for clients/patients families, etc...

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Caveat...

When you know someone who has experienced abuse
...who is now hurting others physically and/or emotionally

Dysregulation is an **explanation** it **IS NOT** an excuse

Remember, **EVERYONE** has a right to safety, so everyone needs to learn
to regulate and process their anger/frustration in ways that **DOES NOT**
involve hurting others

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Empowerment for **all** Requires **choice** and **collaboration** on

- Presuming "they can take it" competence
- Teaching self-advocacy!!!
- And starting with regulation needs is a FANTASTIC place to start.
- Help with **problem-solving**
- Provide **knowledge** and **access to community resources** (e.g., safe communities of similar people)
- Using a **strengths based approach** (e.g., instead of "whole body listener" think more in terms of "whole body learner")

*Top priority: **SAFETY** first! 10/1/2020

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Honesty about societal reactions Presuming "they can take it" (or "likely already know it") competency

- "You're doing great at knowing what you need to calm yourself, but a lot of adults **DON'T** know this and aren't as good at it as you are"
- "Friendship goes both ways" (re: neurodivergent masking)
- "A lot of employers won't understand or be willing to accommodate X, but some will" (or here's Y program to help you advocate with employers)
- "Don't worry about loving yourself, love **being** yourself"

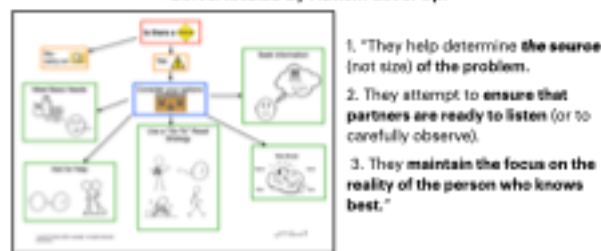
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Neuro-affirming self-advocacy Vocabulary and concepts



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Problem solving #SolveNotSize by Autism Level Up!



https://www.autismlevelup.com/2020/04/01/

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Providing resources Connecting to a community



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Seeing them through a strengths-based approach

WHAT YOU'VE BEEN TRAINED TO THINK

"They should just sit still and do the worksheet"

"Problem child" with "challenging behaviors"

"You have to tell me what's wrong before I help you"

"You're bothering everyone. Stop it."

THE STRENGTHS-BASED APPROACH

Understanding how movement helps them feel safe & (likely) helps them learn

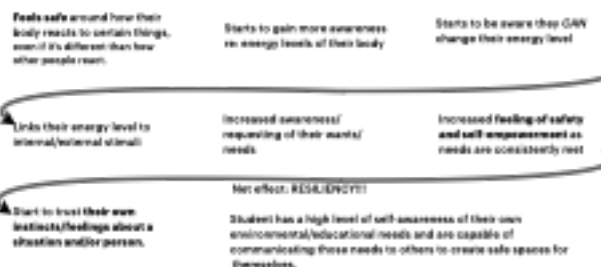
Difficulty with self-regulation (provide modeling and scaffolding for them)

No functional communication without regulation! We must help them regulate first.

Your vocalizing is distracting from others & affecting their ability to learn (impose silence). What else can we do to change our body energy right now?

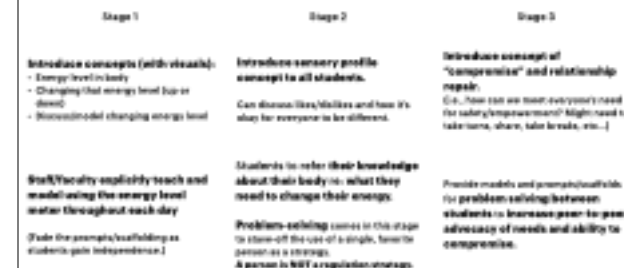
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How this works (student perspective)



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Ideal stages (teacher/staff perspective)



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Setting age-appropriate staff/faculty expectations

Done when training and reviewed frequently

Preschool

- Can ID body energy visually
- Can request needs in general terms
- Will likely need prompts to request needs effectively
- Needs access to simple language to describe likes/dislikes in dysregulating sensory input

As with all things, expect a lot more scaffolding/support for preschool children (and you'll probably need to focus more on staff regulation).

Early elementary

- Can ID body energy visually and verbally for speaking individuals
- Can request wants/needs with more details
- Can likely describe their likes/dislikes in some detail
- Will likely need models/scaffolding to not negatively judge others for their different likes/dislikes

Late elementary

- Might start to have some trouble identifying body energy due to hormones/complex emotions
- Can request wants/needs with more details
- Can likely include even more detail in likes/dislikes
- Likes/dislikes might be changing due to hormone shifts (pre-adolescent things)

Setting age-appropriate staff/faculty expectations

Done when training and reviewed frequently

Middle school

- Body energy might become harder to ID as emotional development deepens (e.g., "complex emotions" emerge)
- Will be more concerned with peer approval—sometimes to the detriment of their own needs
- Can describe likes/dislikes, but might want to keep that information private around peers
- Also likes/dislikes might be changing due to hormones/puberty

High school

- Similar issues to middle school + even more hormonal shifts making it hard to regulate
- For SEN, likely lack of education around what is changing in their bodies and why (dysregulating!)
- Will need more advanced knowledge of their likes/dislikes, relationship boundaries, red flags of unhealthy friendships, and terminology around their neurotype so they can find their own community after high school.

Wrapping it up

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A dear, queer (and neurodivergent) friend recently sent me this:

"My social circles are so queer and neurodivergent that I forget we are in the minority and then suddenly I'm in a room with a bunch of people sitting correctly making regular eye contact and not interrupting each other and I'm like, 'hahahahahah what the [heck] is wrong with them!'"

—@cassandraschneiders on Twitter, Dec 1, 2021

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That is to say...

Your safe space

Doesn't have to be everyone's safe space

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Your social norms


Don't have to be everyone's social norms

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So when teaching neurodivergents

Let's **think outside of neurotypical norms** and **EMPOWER** them so they can **find their own safe spaces**

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Cute animal tax featuring Athena

Questions???

Contact Kim at kiculpodcasts@gmail.com
Website: <https://www.trauma-informed-slp.com/>

The Trauma-Informed SLP

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Trauma-informed resources

Continued education on TIC:

- Mindful Trauma-Informed Teaching and Learning (trauma-informed.com/courses/)
- Trauma-Informed Care in Behavioral Health Services (Up ST at <https://www.traumainformedteaching.com/trauma/2020/02/01/>)
- Van der Kolk, B. (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York, NY: Penguin Books.
- Van der Kolk, B. (2019). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York, NY: Penguin Books.
- Van der Kolk, B. (2019). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York, NY: Penguin Books.

Neurodivergent voices and trauma-informed neurodivergent care (nvcare.org)

- Communication First: <https://communicationfirst.org/>
- Neurodiversity: <https://neurodiversity.com/>
- Neurodivergent Voices: <http://www.neurodivergentvoices.com/>
- Autistic Self-Advocate Network (ASAN): <https://autisticselfadvocates.org/>

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