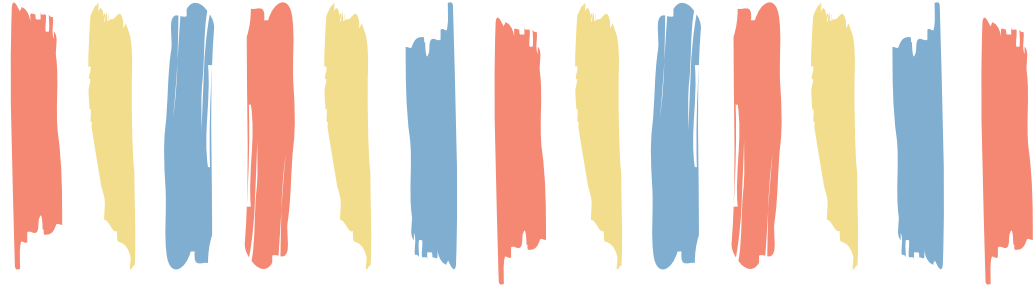


Disclosures

- With respect to the following presentation, there has been no relevant (direct or indirect) financial relationship between speakers (or other activity planners) and any ineligible company in the past 24 months which would be considered a relevant financial relationship.
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CELEBRATING NEURODIVERSITY & SUPPORTING NEURODIVERGENT STUDENTS IN SCHOOL-BASED HEALTH

Caitie Rossman, LMSW





LEARNING OBJECTIVES



Describe strategies for working with neurodivergent students, difficulties they may experience in school, and how to best support these students in individual clinical work



Critically assess your own, as well as your school's, current behavioral health practices and compare these to neurodiversity inclusive practices



State how to advocate for students in the school using the neurodiversity movement framework and introduce these concepts to your school



ABOUT ME



Caitie Rossman, LMSW (she/her)

Senior clinical social worker at University of Michigan Health
Regional Alliance for Healthy Schools

Neurodivergent and neurodivergent-affirming therapist and
educator; former school social worker

Self-disclosure

- Lived experience
- Internalized ableism

Disclaimer: My views are my own and do not necessarily
represent the views of my employer





POLL

When you think of supporting neurodivergent students, what comes to mind first?

- Helping them fit in or keep up with peers
- Adapting the environment to meet their needs
- Building on their strengths
- Managing external behaviors
- Teaching them self-advocacy skills



WHAT IS NEURODIVERSITY?

Diversity of human minds and neurotypes

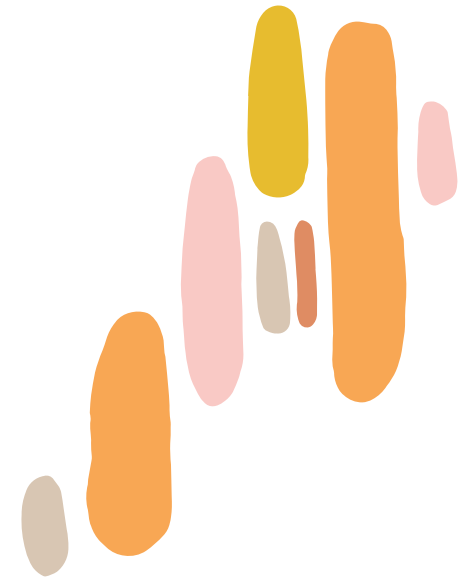
Unique and individual differences in brain functioning within the human population

Differences do not equate to deficits

Not to be confused with “neurodivergent”

“Diversity is a trait possessed by a group, not an individual”
- Nick Walker

A social category that recognizes power differentials



DEFINING “NEURODIVERSITY-AFFIRMING”

Framework for working with and supporting neurodivergent individuals

Grounded in the neurodiversity paradigm

Ensures that everyone's unique neurotype is respected and celebrated, rather than trying to force people to conform

Questions what is “normal,” “typical,” or “expected”

Rights-based and strengths-based

Beware the cooptation!



Neurodiversity Affirming Practice

Core Principles



intersectionality

respecting autonomy

validating differences

presuming competence

reframing expectations

promoting self-advocacy

rejecting neuronormativity

prioritising lived experience

nurturing positive self-identity

adapting systems and environments

honouring all forms of communication

NEURODIVERSITY MOVEMENT

The neurodiversity movement IS a social justice movement

Seeks civil rights, equality, respect, and full societal inclusion for the neurodivergent

Questions the pathologizing of neurodivergence, and challenges the medicalized culture of diagnosis and treatment governed by notions of “normal” human functioning

Promotes autonomy for all

DEFINITIONS

Neurodivergent: Social justice term; having a brain that functions in ways that diverge from the dominant societal standards of “normal”

Neurotypical: Having a brain that functions within the dominant societal standard of “normal”

- Neurotypical privilege

Neuronormativity/Neuronormative: Norms, standards, and expectations that idealize a certain way of functioning, which are constantly enforced in our society, explicitly and implicitly

Neurominority: Anyone who is not neurotypical

LANGUAGE



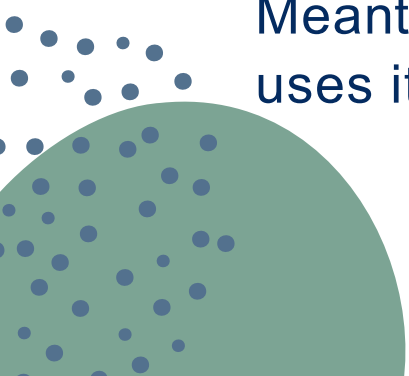
Person-first language

“Person with Autism”

Assumes that the identity is inherently negative

Can dehumanize, pathologize, and demean

Meant to make the person who uses it feel good



vs

Identity-first language

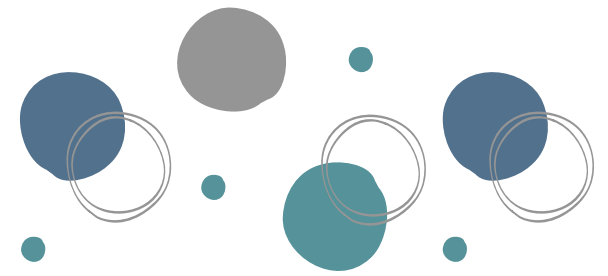
“Autistic person”

Considers the neurodivergence or disability to be part of the person's identity

Diversity is not something to be ashamed of

Overwhelmingly preferred by neurodivergent and disabled community

LANGUAGE



Clinical or pathologizing language

vs

Reclaimed or social justice language

DSM and medical diagnoses

Avoids using medicalized terms

“Disorders” or deficit-based language

Strengths-based language

“Functioning” labels - “high” or “low”

Describes specific support needs and strengths

“At risk” or “Suffers from”

Recognizes identity

“Special needs” or “Differently abled”

“Disabled” or “Has a disability” or description of specific identity or needs



THE PATHOLOGY PARADIGM

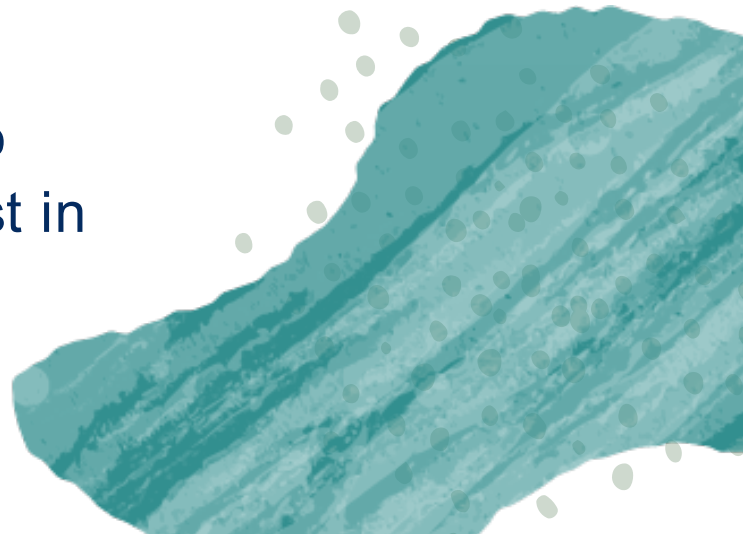
1. There is one “right,” “normal,” or “healthy” way for human brains and minds to be configured and function
2. If your neurological configuration and functioning (and as a result, your ways of thinking and behaving) diverge from the dominant standard of “normal,” then there is something wrong with you

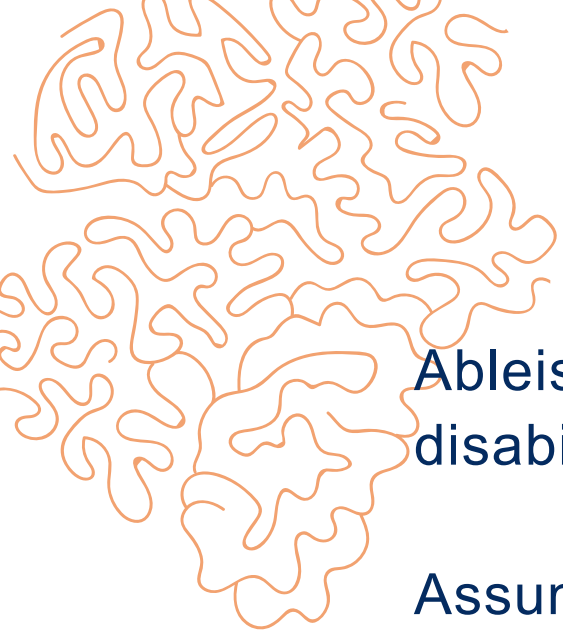


THE NEURODIVERSITY PARADIGM

1. Neurodiversity is a natural, healthy, and valuable form of human diversity
2. There is no “normal” or “right” style of human mind, any more than there is one “normal” or “right” ethnicity, gender, or culture
3. The social dynamics that manifest in regard to neurodiversity are similar to those that manifest in regard to other forms of human diversity

Dr. Nick Walker, Neuroqueer Heresies





ABLEISM

Ableism is a prejudice or discrimination against people with disabilities based on the belief that “typical” abilities are superior

Assumes that disabled people are less valuable, inferior, and need to be “fixed”

Perpetuates negative stereotypes about disabled people

Types:

- Ideological
- Institutional
- Interpersonal
- Internalized





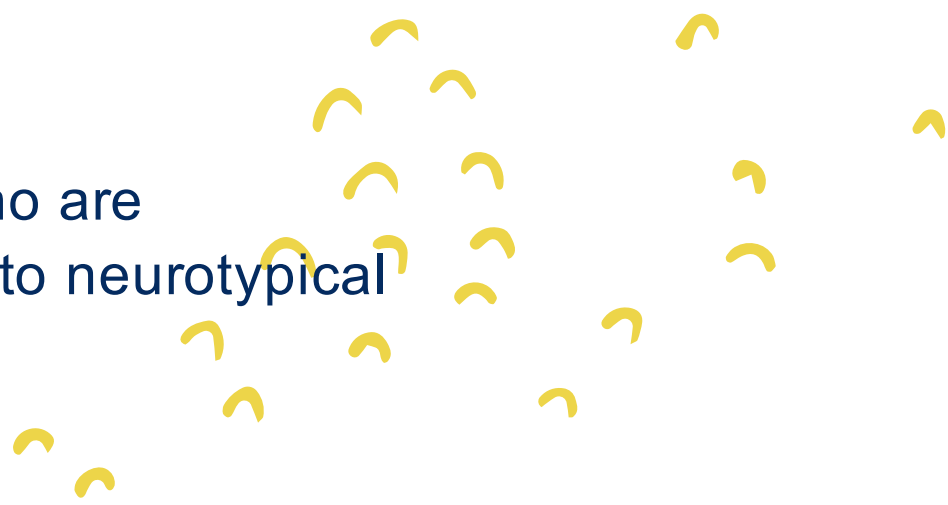
NEURO-ABLEISM

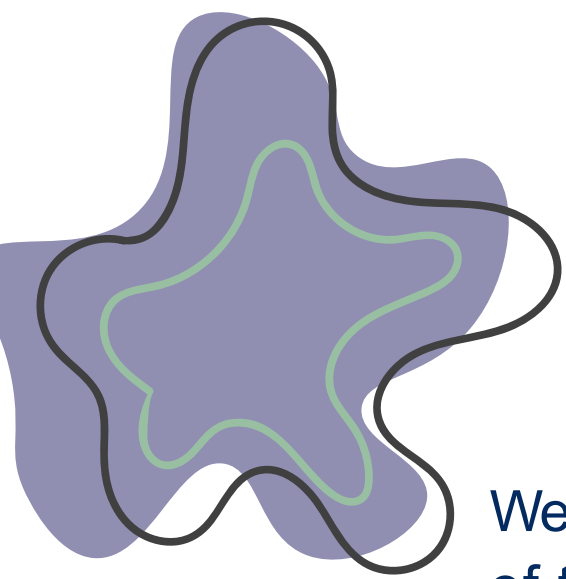
Coined by Julia Feliz

Defined by NeuroAbleism.com as:

The specific type of ableism experienced by neurodivergent people due to systemic oppression in a supremacist-based society that values neurotypicalness as the “right” way to be, think, and act

Discrimination and prejudice toward those who are neurodivergent and those who don't conform to neurotypical norms, while privileging the neurotypical





MEDICAL MODEL OF DISABILITY

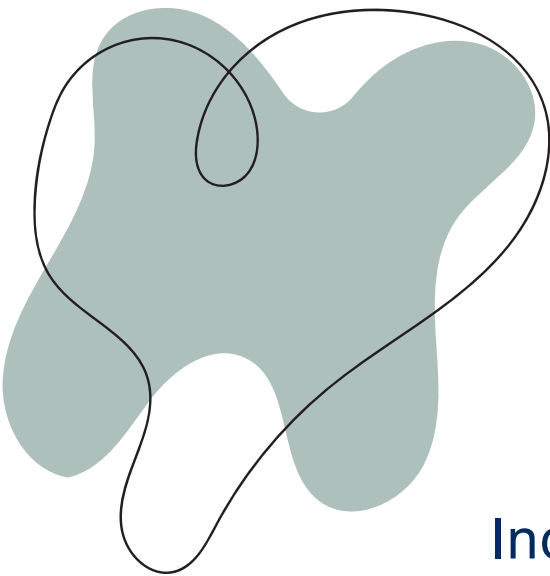
We have all come to understand disability through the lens of the medical system

Something is “wrong” and it needs to be “fixed”

Locates the problem internally within the person who is disabled

Assumption that “normal” is automatically desirable and to be aspired to





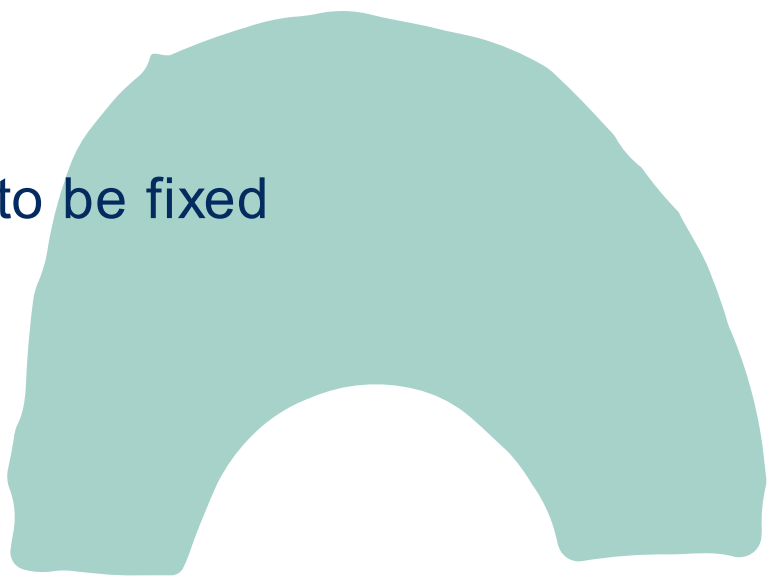
SOCIAL MODEL OF DISABILITY

Individual is disabled by their environment

Views disabled people as valid varieties of humanity

Focuses on the collective experience of disablement rather than the personal experience of impairment

Individuals don't need to be fixed; society needs to be fixed





PARADIGM SHIFT

We can't be truly neurodiversity-affirming if we're not willing to be radically changed

By pushing back against the deficit-based models of neurodivergence, we are celebrating the idea of neurodiversity

We have to be willing to go beyond just grudgingly accepting that everyone has a different mind, and appreciate the beauty of this reality

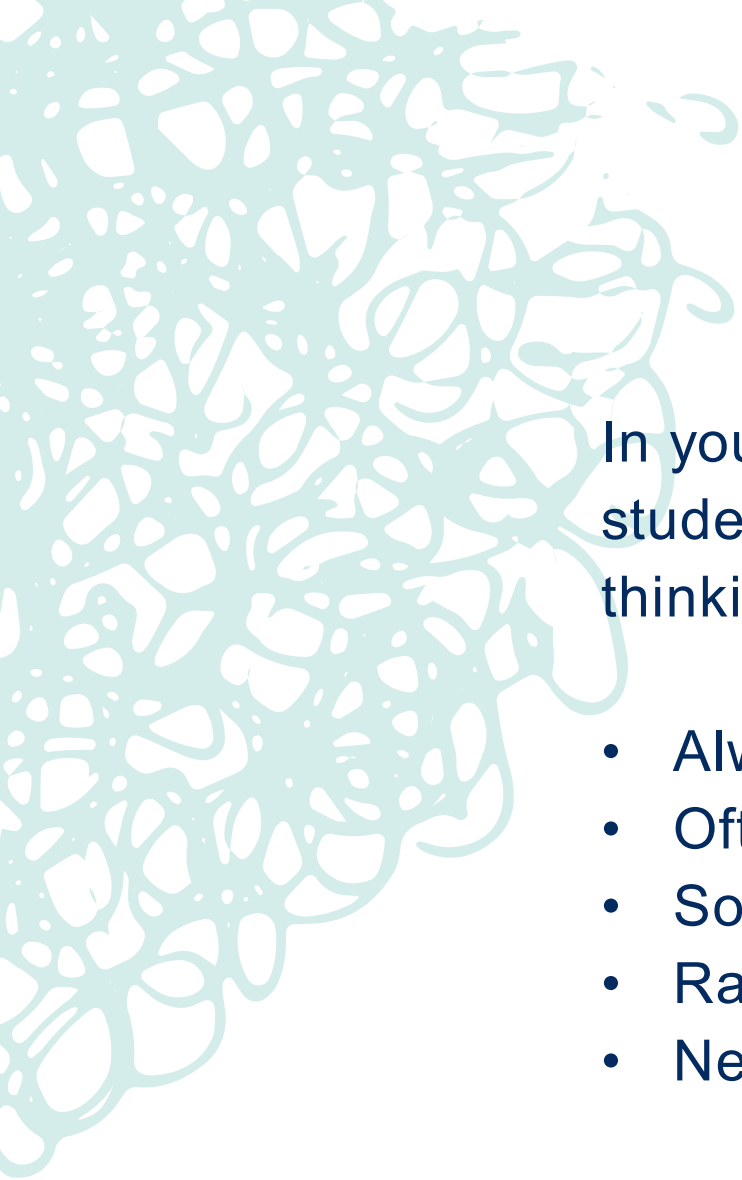
We need to focus first on ideological shifts before focusing on silver bullet strategies



POLL

In your experience, how often are neurodivergent students encouraged to express their authentic ways of thinking, learning, and communicating?

- Always
- Often
- Sometimes
- Rarely
- Never





POWER & NEURODIVERSITY

Assumptions of neurotypicality - what is “normal”

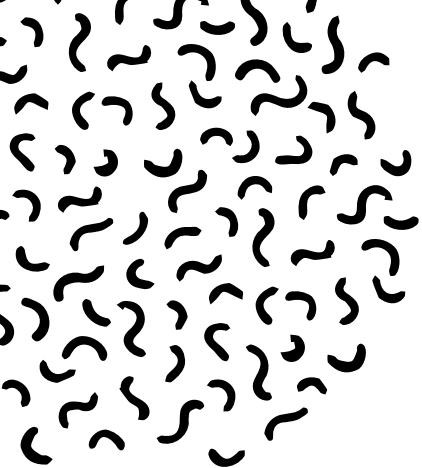
Dominant constructions of rationality and sensory processing

“Neuroqueering” is a way of being in the world that uncovers, upsets, and unsettles power structures in normative spaces

Recognizing the social construction of ability

Constructed reality





NEURODIVERGENCES

- Autism
 - ADHD
 - AuDHD
 - Demand avoidance (“PDA”)
 - Dyslexia
 - Dysgraphia
 - Dyscalculia
 - Tourette syndrome
 - Cognitive giftedness
 - Intellectual disabilities
 - Twice-exceptionality (2e)
 - Acquired neurodivergence (e.g., TBI)
 - Sensory processing differences
 - Obsessive-compulsive thinking
 - Avoidant/restrictive food intake (ARFID)
 - Highly sensitive person (HSP)
 - Bipolar
 - Hearing voices
 - Borderline personality
 - Down syndrome
 - Tics
 - Fetal alcohol (FASD)
- 

NEURODIVERSITY- AFFIRMING DESCRIPTIONS



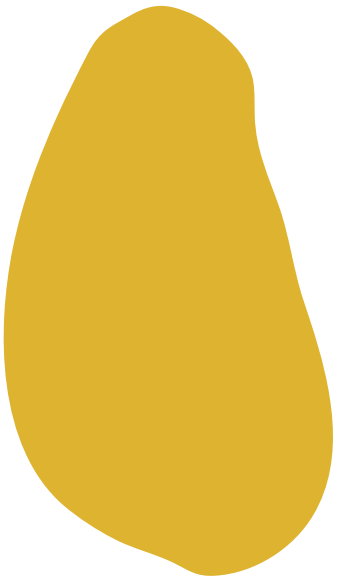
See and honor the whole child, as they are

Focus on difference rather than deficit

Emphasize individuality instead of homogeneity

Center diverse ways of being, acting, and learning rather than centering neuronormative ways

Avoid pathologizing the individual



AUTISM

Typical Definition/Description

“Persistent deficits in social communication and social interaction across multiple contexts...”

“Deficits in developing, maintaining, and understanding relationships should be judged against norms for age, gender, and culture.” (APA)

“Autism spectrum disorder is characterized by qualitative impairments in reciprocal social interactions, qualitative impairments in communication, and restricted range of interests/repetitive behavior.” (MDE)

Affirming Definition/Description

“Autism is a developmental disability that affects how we experience the world around us. Autistic people are an important part of the world. Autism is a normal part of life, and makes us who we are.” (ASAN)

“Autistic ways of being are human neurological variants that cannot be understood without the social model of disability.” (Stimpunks)

ADHD

Typical Definition/Description

“Inattention manifests as wandering off task, lacking persistence, being disorganized...hyperactivity refers to excessive motor activity when it is not appropriate...impulsivity refers to hasty actions without forethought.” (APA)

“ADHD is a developmental disorder characterized by an ongoing pattern of inattention, such as having difficulty paying attention, keeping on task, or staying organized, hyperactivity, such as often moving around (including during inappropriate times), feeling restless, or talking excessively, and impulsivity, such as interrupting, intruding on others, or having trouble waiting one’s turn.” (NIMH)

Affirming Definition/Description

“ADHD is a type of neurodivergence...an identity, not something to be cured or fixed. The child should feel empowered in understanding themselves, their differences, their needs, strengths, how to advocate, and how to navigate their ADHD system.” (Robert Jason Grant)

“ADHD is an innate neurodevelopmental difference...Attention is often interest-led in which we need something to be engaged in for us to maintain attention...ADHDers can experience hyper-focus once that engagement is there.” (Autisticallity)

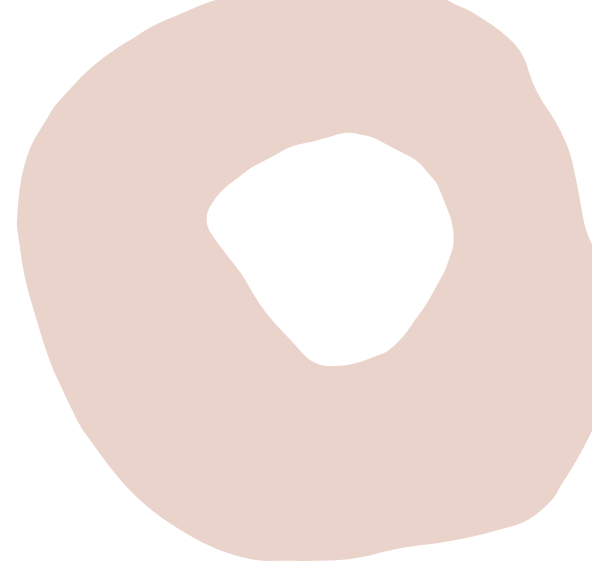
AuDHD

Intersection of Autism and ADHD

Autism and ADHD very often co-exist

ADHD and Autism can coexist in individuals, with one part of them desiring routine and sameness while the other seeks novelty and change

Person may develop a strong preference for routines (Autism) but struggle to stick to them due to impulsivity (ADHD), experience hyperfocus on specific interests (a common trait in both conditions), or feel sensory overload, intensified by the combined sensory sensitivities of Autism and ADHD



“PDA”

Officially called “pathological demand avoidance” but has been reframed as pervasive (persistent) drive for autonomy, rational demand avoidance, or demand avoidance phenomena (DAP)

Not an official diagnosis in the US

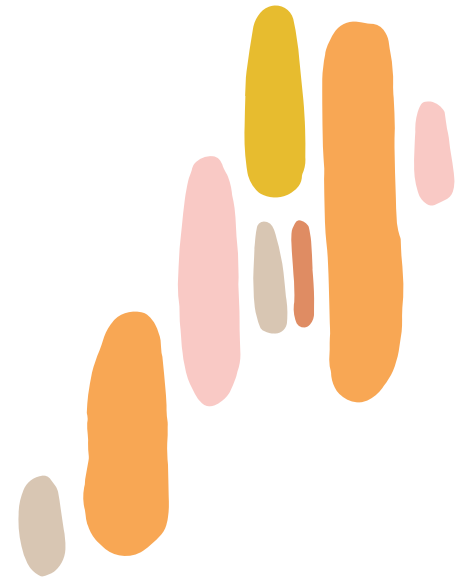
The core trait is an anxiety-driven need for autonomy

PDA causes someone to avoid demands and expectations for the sole purpose of remaining in control

When faced with a demand (even a minor one), PDAers can have extreme reactions

The demand avoidance behavior is how the individual attempts to regulate and adapt to high anxiety

UNDERSTANDING NEURODIVERGENT STUDENTS



Rejection Sensitivity Process

Rejection Sensitivity might kick in when...

- Someone leaves you on read
- You get blocked randomly
- You aren't invited to join in
- People talk secretly without you
- You see people having a good time without you
- You don't understand an inside joke
- Everyone disagrees with you



This could lead to thoughts of...

- Something is wrong with me
- Have I done something wrong?
- I hate my life
- I hate everyone
- Why does no one like me?
- I'm fed up, I can't do this anymore
- People are better off without me



As well as feelings of...

- Anxiety
- Hatred
- Frustration
- Fear
- Depression
- Loneliness
- Overwhelm
- Anger/Rage



The effect of this might be...

- Acting impulsively
- Meltdown/Shutdown
- Losing friends/family/romantic partners
- Being excluded from a group
- Self-harm/suicidal thoughts
- Being perceived negatively
- Trust issues

Things that might help...

- Removing/distancing yourself from the situation
- Distracting yourself with interests/comforts/stims
- Talk/vent to someone
- Try to remember that your feelings are valid

LIVED EXPERIENCE

“Nothing about us without us”

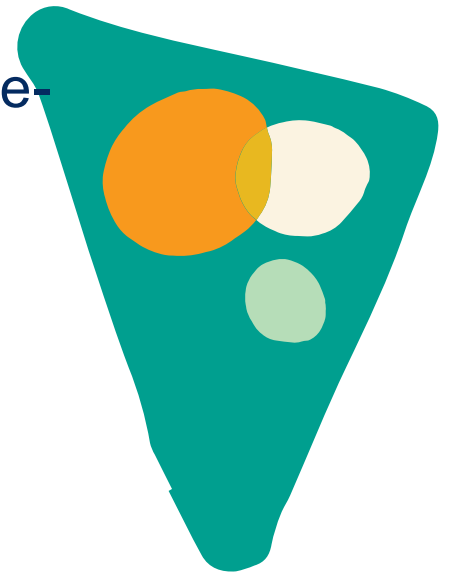
Prioritizing lived experience of individuals and communities and amplifying their voices and listening to their knowledge

Utilizing resources from neurodivergent individuals

Lived experience-informed practice as an alternative to evidence-based practice (Sonny Wise)

Collaborating with neurodivergent youth and their families

Epistemic injustice



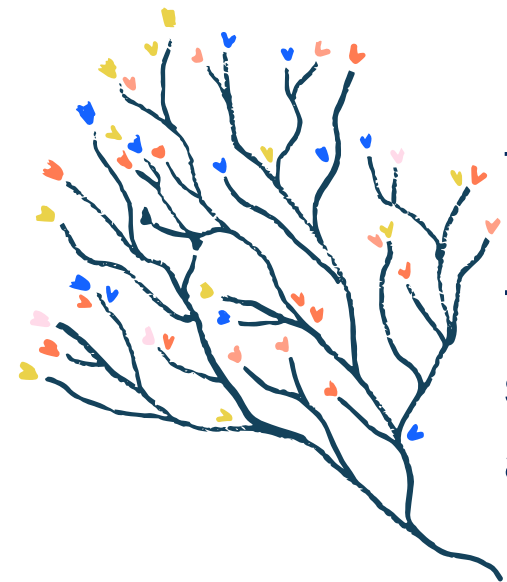
SPIKY PROFILES

Neurodivergent individuals are often labeled by their level of “functioning” on a spectrum

We all have spiky profiles - none of us are good at everything or bad at everything and we each have our own patterns of strengths and challenges

ND individuals often have a spikier profile than NT individuals, which can result in greater contrasts between the peaks and the dips

These kids have the right to be celebrated for their strengths and to also have average skills or days, and areas of need



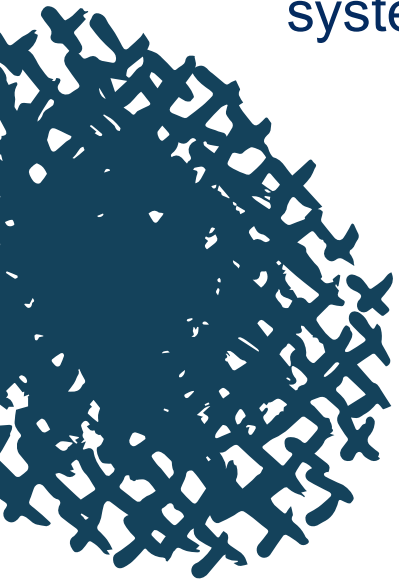
SENSORY DIFFERENCES

Sensory integration differences can affect any of a person's eight sensory systems, usually falling into three categories:

Sensory modulation - overresponsive (hypersensitive) sensory reaction or underresponsive (hyposensitive) sensory reaction), and sensory craving/seeking

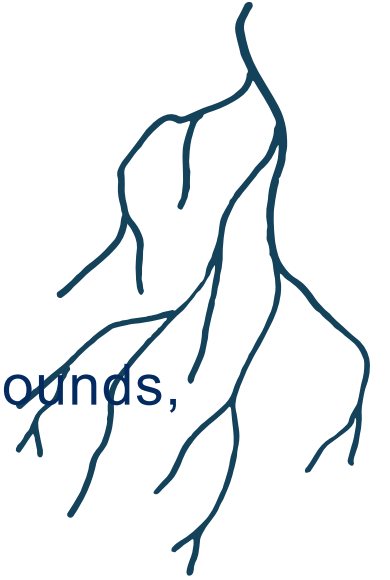
Sensorimotor differences - influence balance and motor coordination

Sensory discrimination differences - difficulty interpreting subtle differences between sensory experiences



STIMMING

Self-stimulatory behavior is repetition of physical movements, sounds, or words, or the repetitive movement of objects



It is a language and communication in and of itself

It's been reclaimed as stimming

Repetitive movements or vocalizations help to soothe overwhelming sensations and emotions

It is not something that should be shamed, banned, fixed, reduced, or punished

Respect the stim!

ALEXITHYMIA

Alexithymia is a difference in processing emotions, often found in neurodivergent individuals

May include difficulty identifying feelings, distinguishing between feelings and bodily sensations, describing feelings to others, identifying facial expressions, and identifying or remembering faces

Alexithymia may arise because ND individuals aren't given the tools to understand how emotions feel in their bodies, and are taught to prioritize others' feelings above their own



MONOTROPISM

A neurodiversity-affirming theory of Autism, developed by Autistic people

Monotropism is a thinking or processing style where the brain's attention is pulled more strongly towards a smaller number of interests at any given time

Many neurodivergent individuals, particularly Autistic people and ADHDers have a monotropic style of processing

Often referred to as “attention tunnel,” “flow states,” “special interests” or SpIns, and “info-dumping”



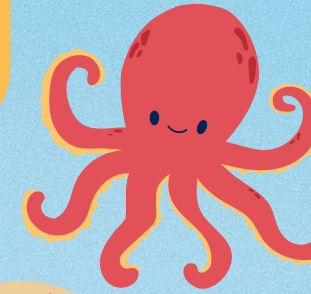
Sudden Storms
of Unexpected
Events

Map of Monotropic Experiences

Mountains of
Ruminating
Thoughts

Attention
Tunnels

Penguin Pebbling
Cove of Friendship



Tendrils
Theory

Cyclones of
Unmet
Needs

Rabbit
Holes of
Research

Infodump
Canyon

Rhizomatic
Communities

River Banks of
Monotropic
Time

River of
Monotropic
Flow
States

Campsite of
Cavendish

Meerkat
Mounds

Spaces

Burnout
Whirlpools

Panic Hills of
Low Object
Permanence

Shark Infested Waters
of Neuronormativity
and Behaviourism &
Double Empathy
Problems

Beach of
Body
Doubling

Forest
of
Joy, Awe
& Wonder

Lake of
Limerence

Tides of the
Sensory Sea



STIMPUNKS



COMMUNICATION

Non-linear conversations

Info-dumping

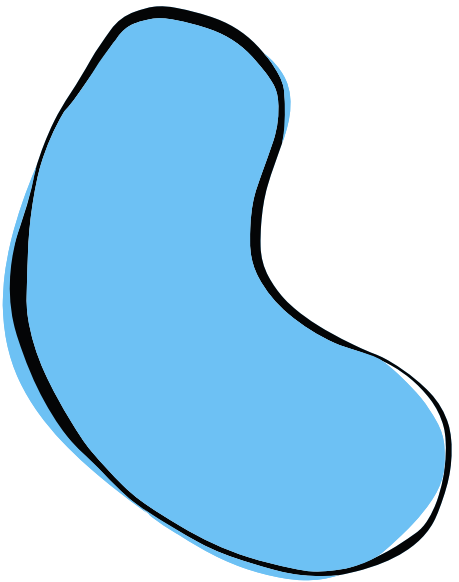
Echolalia

Nonverbal communication

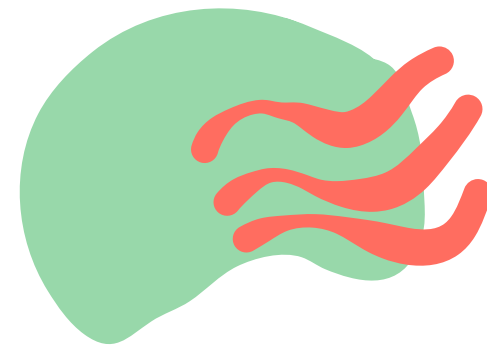
Situational mutism

May need AAC (alternative and augmented communication)

May interact without frequent eye contact



EMOTIONAL BIDS



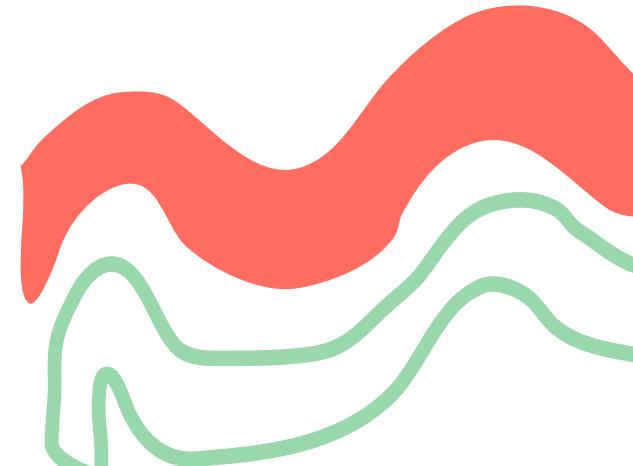
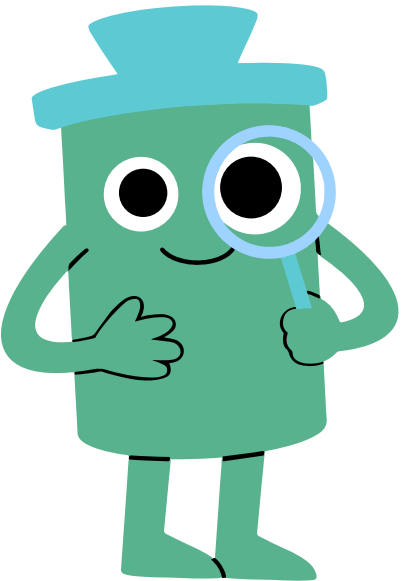
Introduced by John Gottman

An emotional bid is when we do something to signal that we want attention and connection

Bids are often purposely subtle because people are afraid to be vulnerable and put themselves out there

Considered a neurodivergent “love language”

Students may particularly be seeking connection with adults who are misreading these cues!



SOCIAL CONNECTIONS

Many neurodivergent kids want connection, but may not be able to get it due to the way neurotypicals respond to them

When they do initiate and respond, their attempts often go unnoticed because their social approach is subtle, unconventional, or out of sync with peer play activity

May prefer independent or parallel play, deep, meaningful conversations over small talk, and have a limited social battery

They experience greatest success in friendships with people who accept and appreciate their unique differences, share common interests, and don't expect them to adhere to social norms



SPOON THEORY



Created by Christine Miserandino to help explain her chronic illness and the resulting fatigue

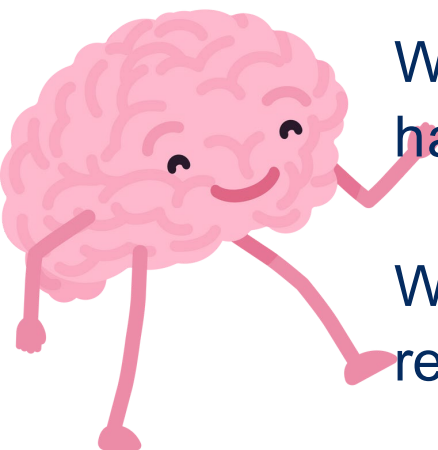
Adopted by the neurodivergent community to explain the mental fatigue often experienced from living in an NT world

We start the day with a certain number of spoons, and everything we do during the day costs a spoon



When we run out of spoons, we can become sad, angry, find it hard to do things, have meltdowns, or shut down

We can get spoons back by doing things that give us energy or rest



ANXIETY & DYSREGULATION



Neurodivergent students often experience significant anxiety and emotional dysregulation at school due to being in an environment that is not made for them

They can develop significant neurodivergent distress if their needs remain unmet (often referred to as meltdowns or shutdowns)

These youth may have difficulty regulating their emotions as a result of their neurological differences in their sensory and emotional processing systems

School can be a very anxiety-producing environment, and often the way we handle meltdowns makes it worse

INTERSECTIONALITY



Being neurodivergent doesn't mean that you don't have anything else going on, or that all of your challenges are because of your neurodivergence!

Neurodivergent individuals who are also part of another marginalized community have even more barriers

Neurodivergent students of color are often underdiagnosed and thus less supported than their white counterparts

Neurodivergent students are more likely to be a member of the LGBTQIA+ community

Ableism can look different across different cultures

TRAUMA

The trauma of being neurodivergent in a neurotypical world

This requires us to view trauma not just as an individual issue, but a structural one

Oppression, bias, discrimination, ableism, bullying, and being misunderstood all can cause trauma and it accumulates with each experience

Trauma doesn't just happen at home; students can be traumatized by conditions and events in schools, and schools can cause trauma

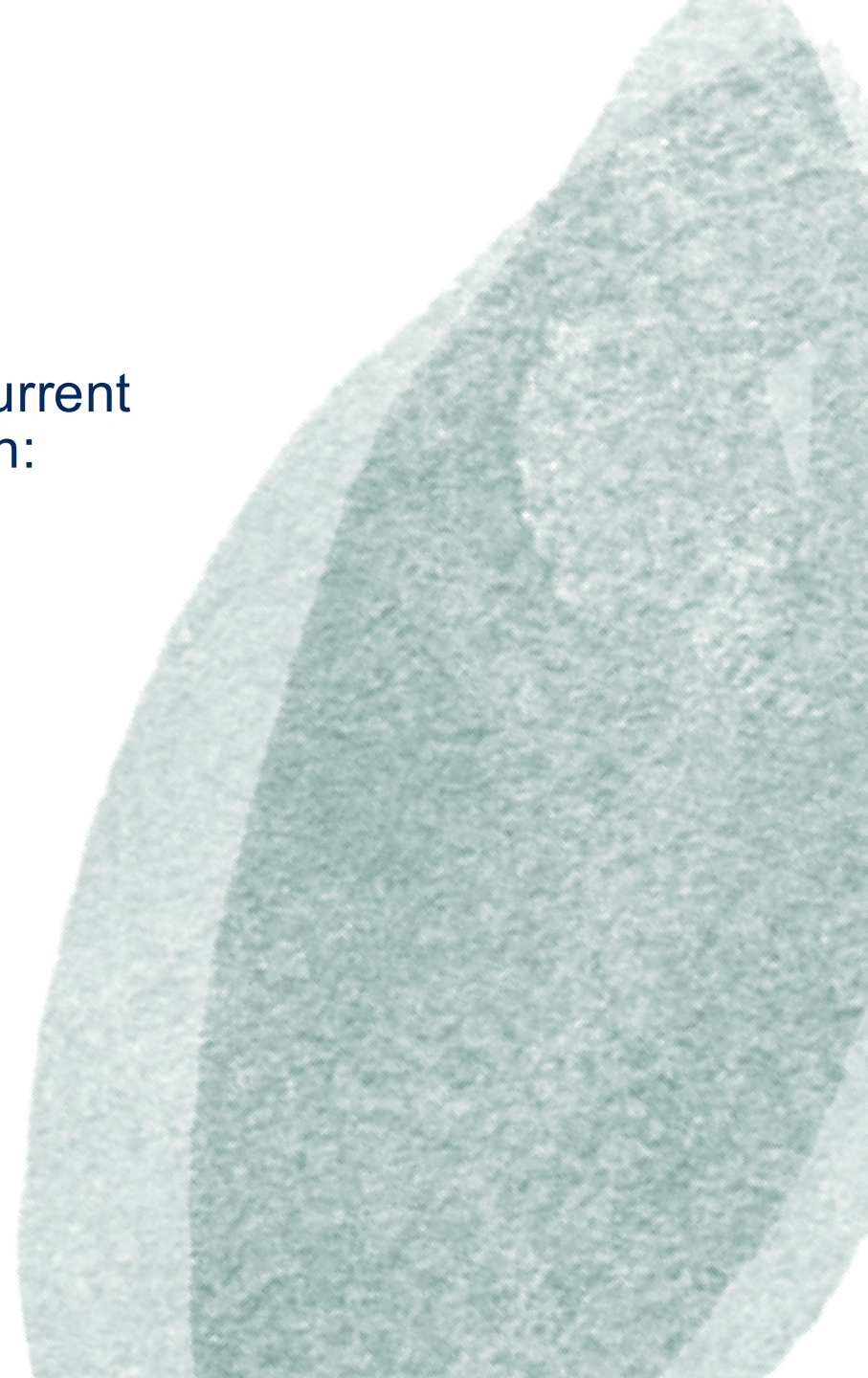
Many neurodivergent students live in a constant state of threat and never feel safe in the places where they should

Survival mode can lead to things like meltdowns, which are some of the exact times when we have the least empathetic and trauma-informed reactions

POLL

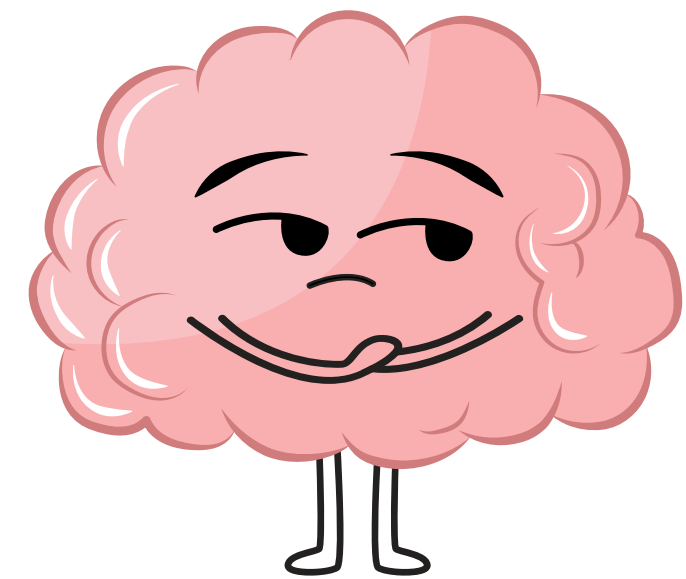
Which of the following most influences your current approach to working with neurodivergent youth:

- Professional training
- Personal experience
- School policy or mandates
- Peer/colleague practice
- Student feedback
- Parent feedback
- Teacher feedback

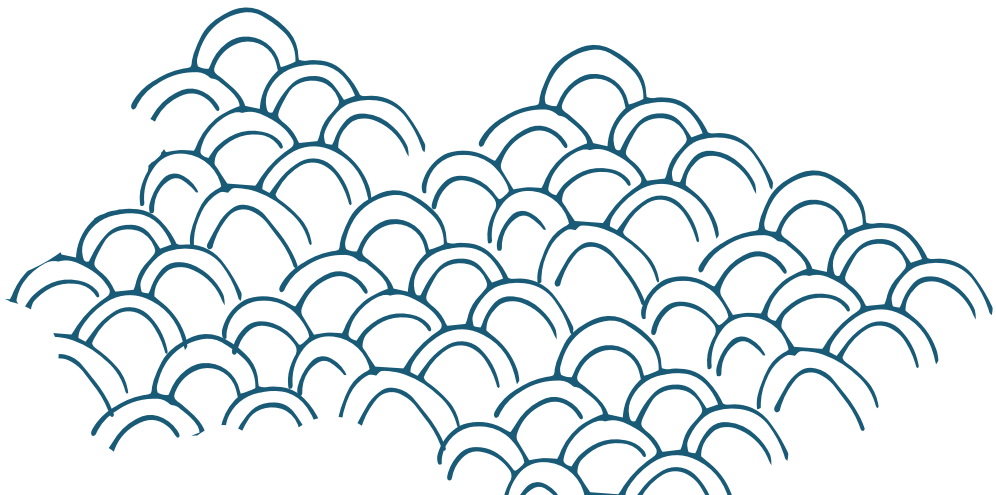
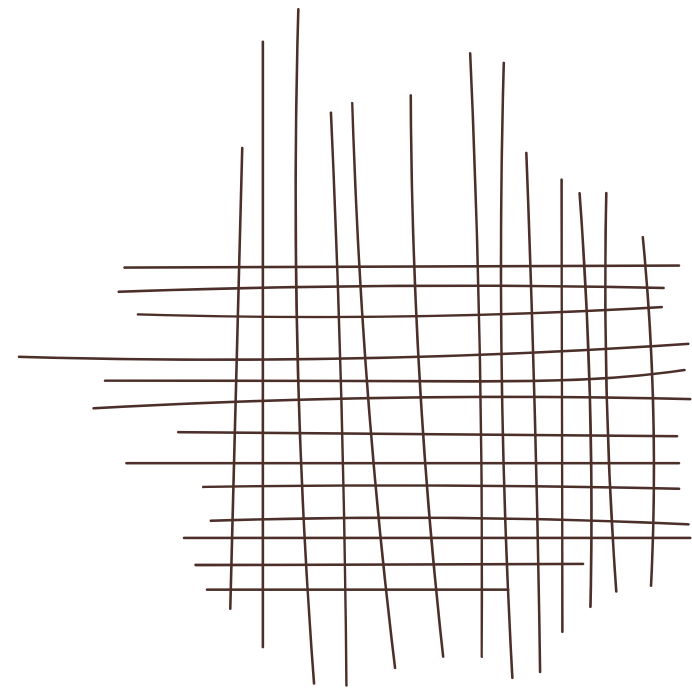


“We know that when concepts associated with transformative ideas become trendy, that usually means the teeth have been filed out of them. Eventually schools adopt them in ways that are barely distinguishable from the conditions they were meant to transform.”

Paul Gorski



WHAT IS NOT NEURODIVERSITY- AFFIRMING



ABLEISM IN SCHOOLS



Schools refusing to make accommodations for students

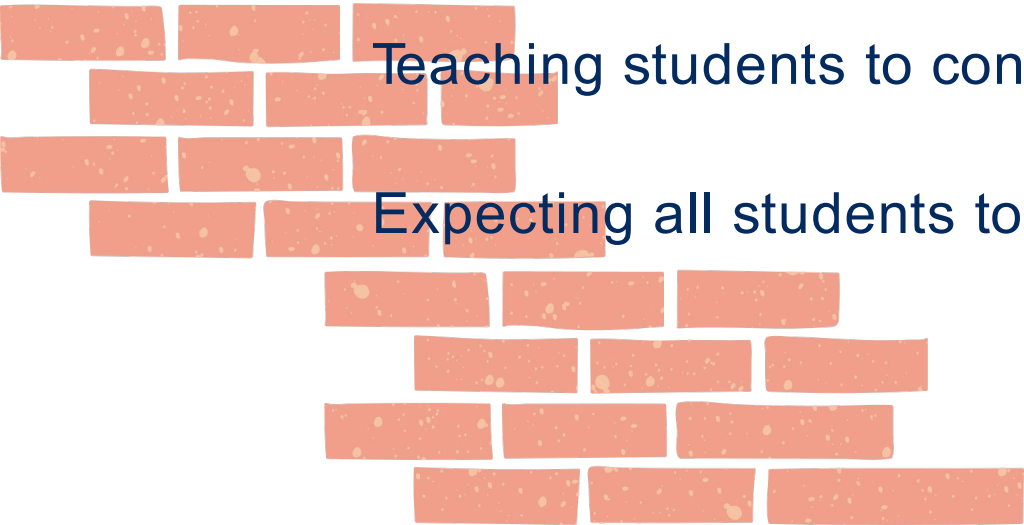
Educators not understanding a disability

General aura of disdain toward ND students

Intolerance of difference if it interferes with the expectations

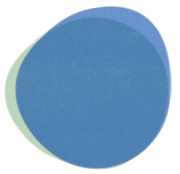
Teaching students to conform and comply

Expecting all students to learn in the same way

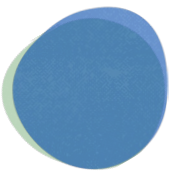


A common school journey...





WHAT SCHOOL FEELS LIKE



Hidden curriculum

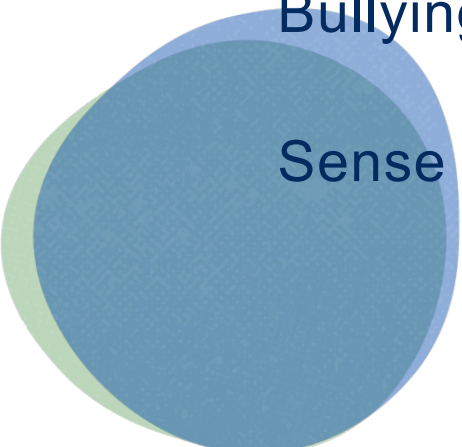
Sensory overload

Social expectations

Punitive and shame-based models

Bullying - by peers AND adults

Sense of danger



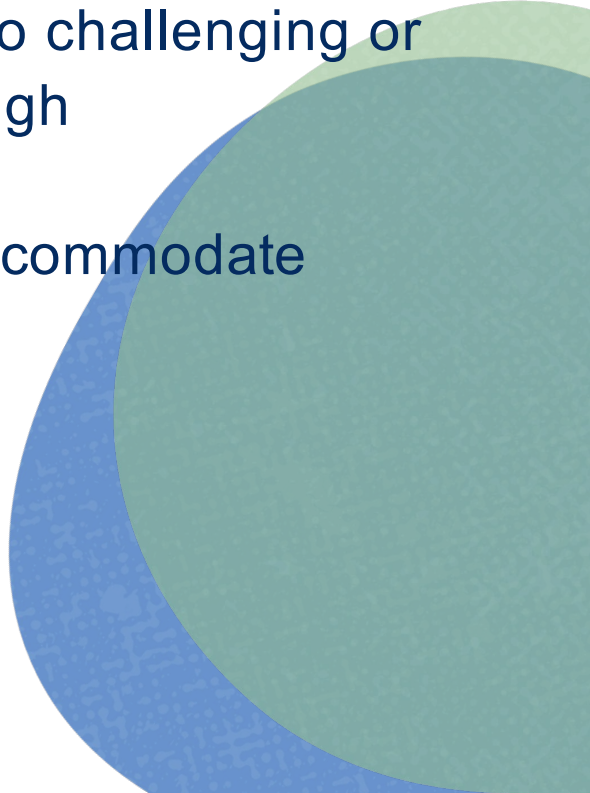
Inaccessible environments

Rote learning

Work that is either too challenging or not challenging enough

Staff not willing to accommodate

Pressure to conform





STEREOTYPES & MYTHS

All neurodivergent students are white boys

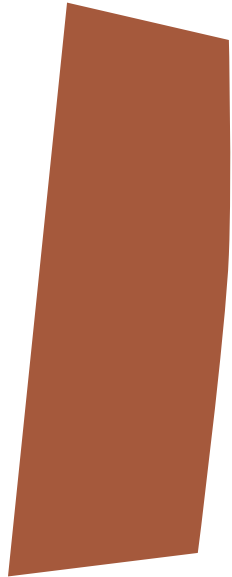
Neurodivergence is a tragedy

Neurodivergent students can't learn like neurotypical students

Neurodivergent youth are cold and have no empathy

These kids are just “lazy” or don't want to try

These kids are making a conscious choice to misbehave



MYTH OF THEORY OF MIND

Theory of mind is the ability to understand that others have mental states separate from our own

Many neurodivergent individuals (especially Autistics) are considered to be “impaired” in the ability to appreciate their own and other people’s mental states

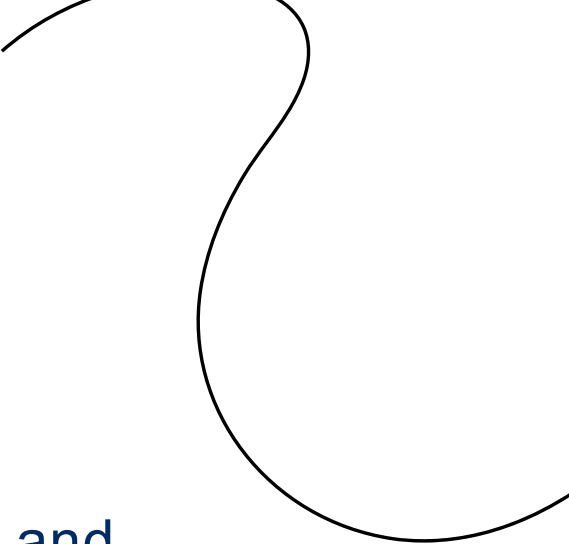
Connection is created between lack of theory of mind and social difficulties

Stigma is created that views ND individuals as lacking empathy and being cold and emotionless

This belief in theory of mind makes it unnecessary for neurotypicals to engage in perspective-taking



DOUBLE-EMPATHY



Dr. Damian Milton coined the “double empathy problem”

Suggests that misunderstandings between neurodivergent and neuronormative individuals goes both ways

Breakdowns in communication between both groups, but the onus is always on the ND individual to be the one to change

Society has sent a message that neuronormative ways of being and communicating are the standard, marginalizing and devaluing the neurodivergent experience



FOCUS ON “BEHAVIOR”

Behaviorist approaches are harmful for all youth, but especially neurodivergent youth

This includes so-called “positive behavior” supports

Focus is on neuronormative behavior

Expectation is for these students to mask their identity

Assumes intent that is not there

Does not address the underlying cause of the external behavior
so does not actually help





FOCUS ON COMPLIANCE & CONTROL

Schools are often focused on ensuring students comply

Compliance-based interpretations focus on what the student has done wrong rather than helping the student

Behavior charts, check-in/check-out, contracts, tokens, and school “bucks” are all used to enforce compliance and control behavior..and they don’t work!

Fosters environment of fear and extrinsic motivation



BEHAVIOR THERAPIES

Most therapies used with children and youth in and out of schools are behavior-based

These therapies focus on changing the child's behaviors, thinking patterns, and feelings

Studies have shown that behavior therapies don't work as well for neurodivergent people as neurotypicals - often the thoughts that are seen as irritational are very rational for NDs

ABA is incredibly harmful and NOT neurodivergent-affirming!



REWARDS & INCENTIVES

Reward systems are more likely to disadvantage neurodivergent youth since they primarily target behaviors that are challenging for these students

Rely on children seeing an incentive in pleasing adults, can inadvertently shame the student, and set up competition between students

Put the onus on children to change

What are we rewarding? Compliance?

We are tying children's worth to being able to conform



FORCING SENSORY CONFORMITY



“Quiet hands”

“Criss-cross apple sauce”

“Listening with your body”

“1-2-3, eyes on me”

Not allowing stimming, fidgets, or other sensory supports

Rigid physical environment

NEUROTYPICAL “GOALS”

Forcing eye contact

Tone policing

Curbing stimming

Rewarding or punishing

“Appropriate” behavior

Social skills training

Neurotypical communication



TEACHING “SOCIAL SKILLS”

Social skills “training” typically includes teaching social stories and practicing social interactions, often in groups

Based on neurotypical values

Assumptions that go with this are that the neurodivergent student is not conforming to the “expected” social standards

Social skills training teaches people to mask

Student is indoctrinated to believe that they must be hyperaware of what others are thinking about them and its their job to change their behavior to make others more comfortable

OUR RIGIDITY MEETING THEIR RIGIDITY

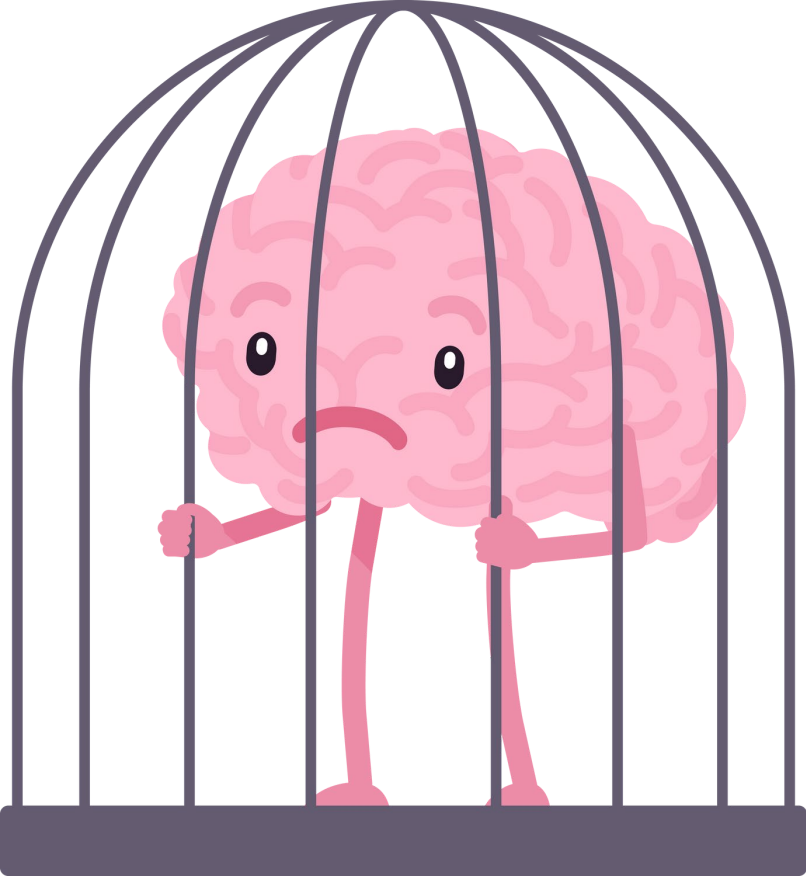
We expect kids to be flexible, but we adults often aren't flexible at all!

Modeling expectations

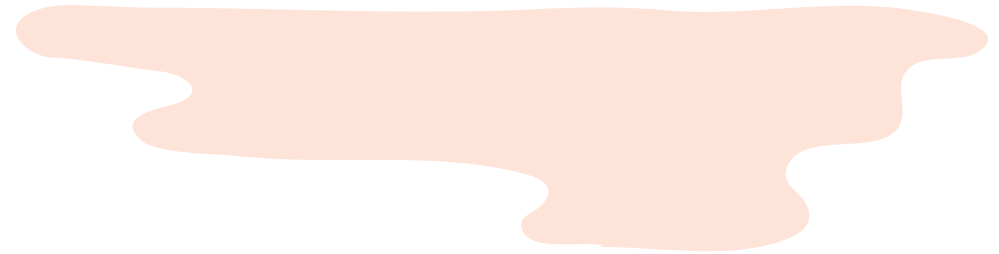
Adapting to their needs

We have a rigid set of rules for behavior for youth, especially in schools, and rarely make exceptions

Neurodiversity-affirming practices are built on a foundation of flexibility and adaptability, understanding that each person has unique needs



THE HARM



SHAME

We cannot underestimate the shame that our youth undergo in schools, especially our neurodivergent youth

Youth are set up to be compared with each other and when they fail to fulfil the roles they're expected to, their identity is entrenched in feelings of shame

Ableist stigma leads to feelings of shame

Shame is a very lonely moment; it disrupts relationships and cuts off connection

Fragmentation of selfhood



MASKING

Masking involves consciously or unconsciously hiding authentic traits

It can involve:

- Suppressing reactions to sensory experiences
- Altering or reducing stimming or other body movements, facial expressions, or gestures
- Altering social communication to mirror neurotypical social expectations

Masking leads to burnout, exhaustion, shame, depression, anxiety, low self-worth, loss of identity, and even self-harm and suicidal ideation



MELTDOWNS, SHUTDOWNS, & BURNOUT

Neurodivergent students can become overwhelmed more easily and struggle with the feeling more than NT students

A meltdown is the external response to the overwhelm

A shutdown is the internal response to the overwhelm

A shutdown has all the same overwhelming and distressing feelings as a meltdown, but instead of the feelings being expressed outwardly, they are trapped inside

Burnout is a state of mental, physical, or emotional exhaustion

MENTAL HEALTH

Many neurodivergent youth experience depression and anxiety as a result of their treatment by society (Kroll et al., 2025)

Neurodivergent children and adolescents are at a greater suicide risk than the general population (Grant, 2025)

They have a higher rate of mental health concerns than their NT peers, including risk for self-harm (Pavlopoulou et al., 2022)

They are more likely to have lowered self-esteem and self-worth (Pavlopoulou et al., 2022)

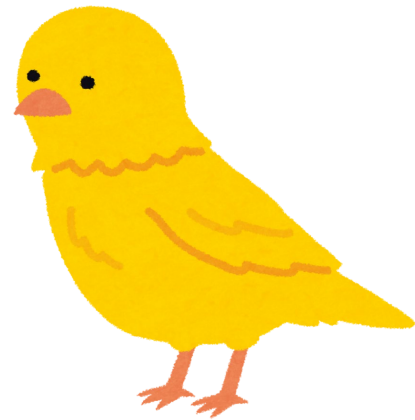


CANARIES IN THE COAL MINE

Just because school is working for some students, doesn't mean it is good for students

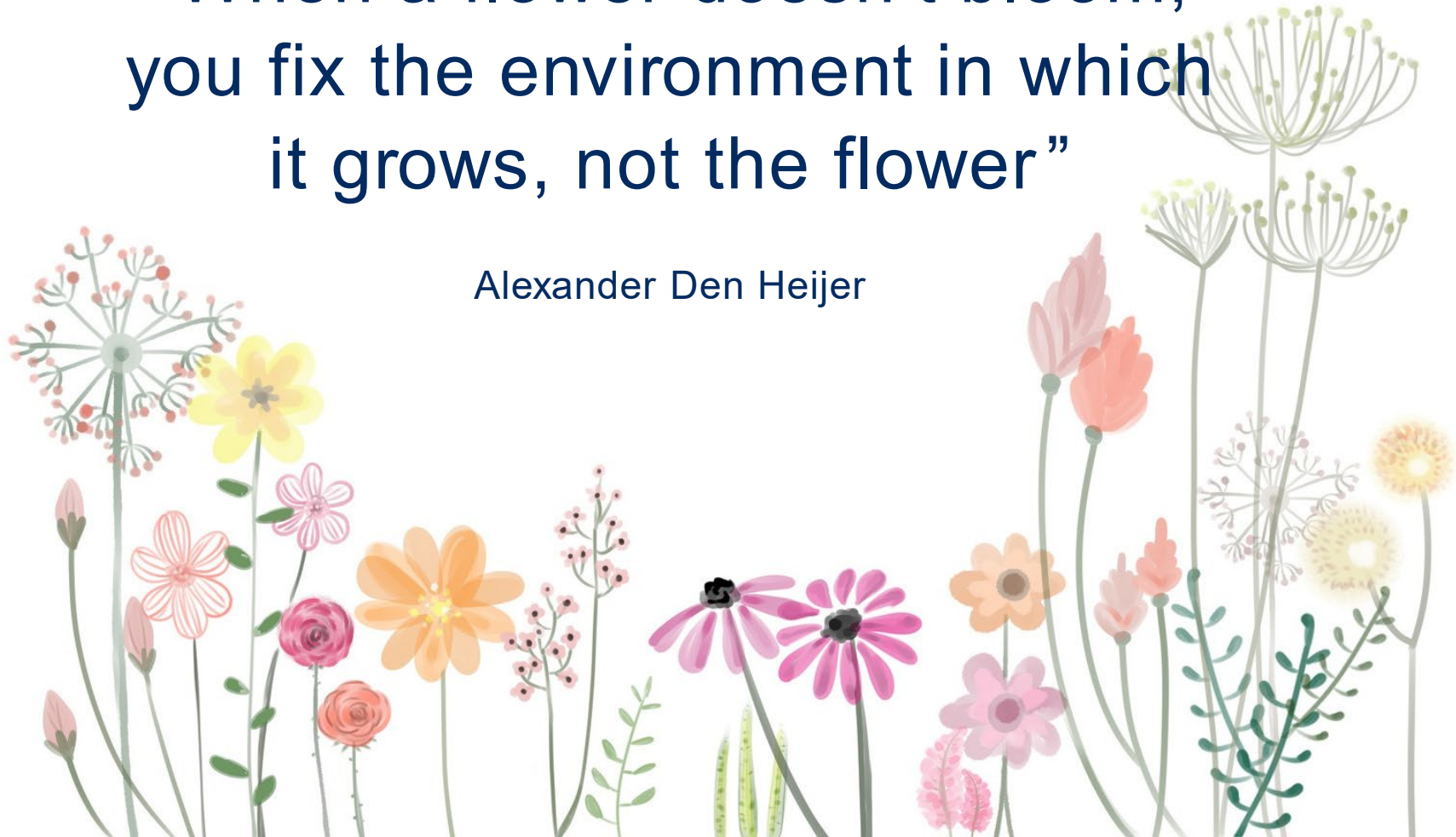
We can think of our neurodivergent students, and our students with “behavioral issues” as the canaries in the coalmine

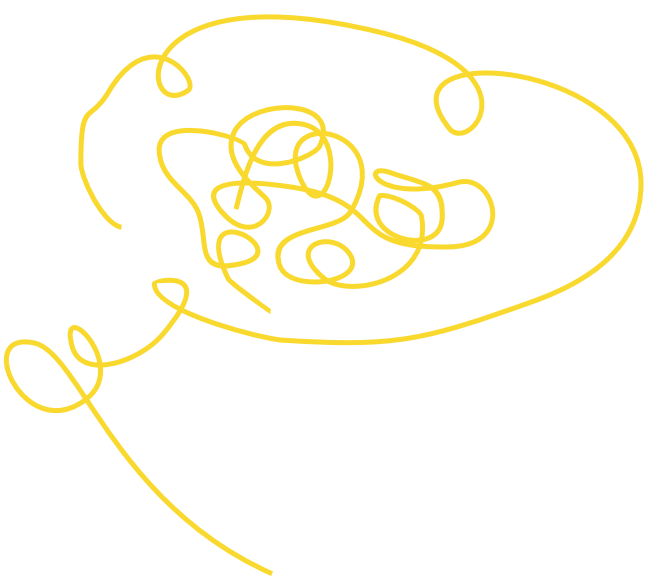
What are these youth telling us about how schools are impacting ALL students - what can we change?



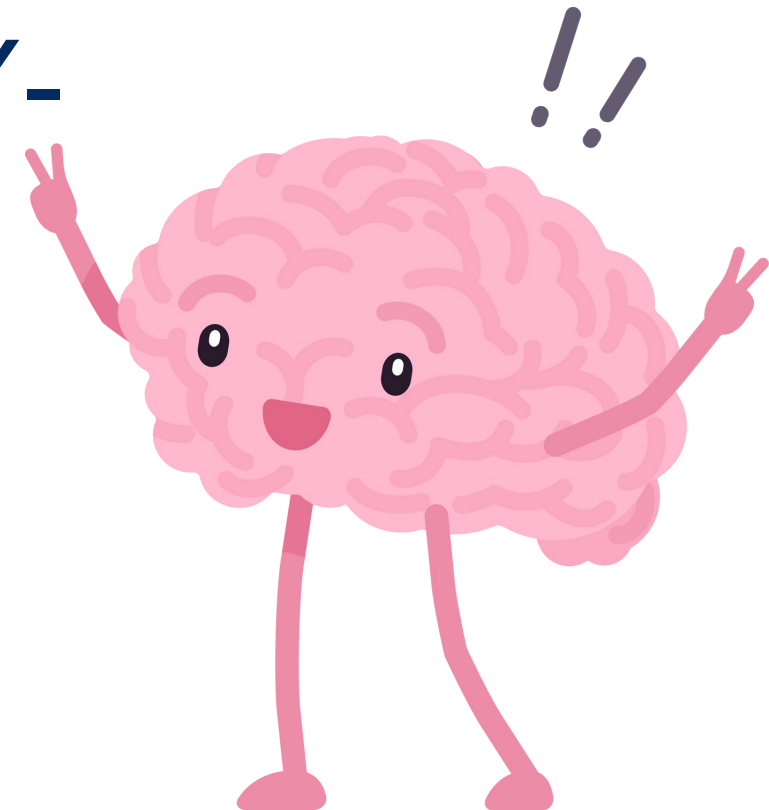
“When a flower doesn’t bloom,
you fix the environment in which
it grows, not the flower”

Alexander Den Heijer

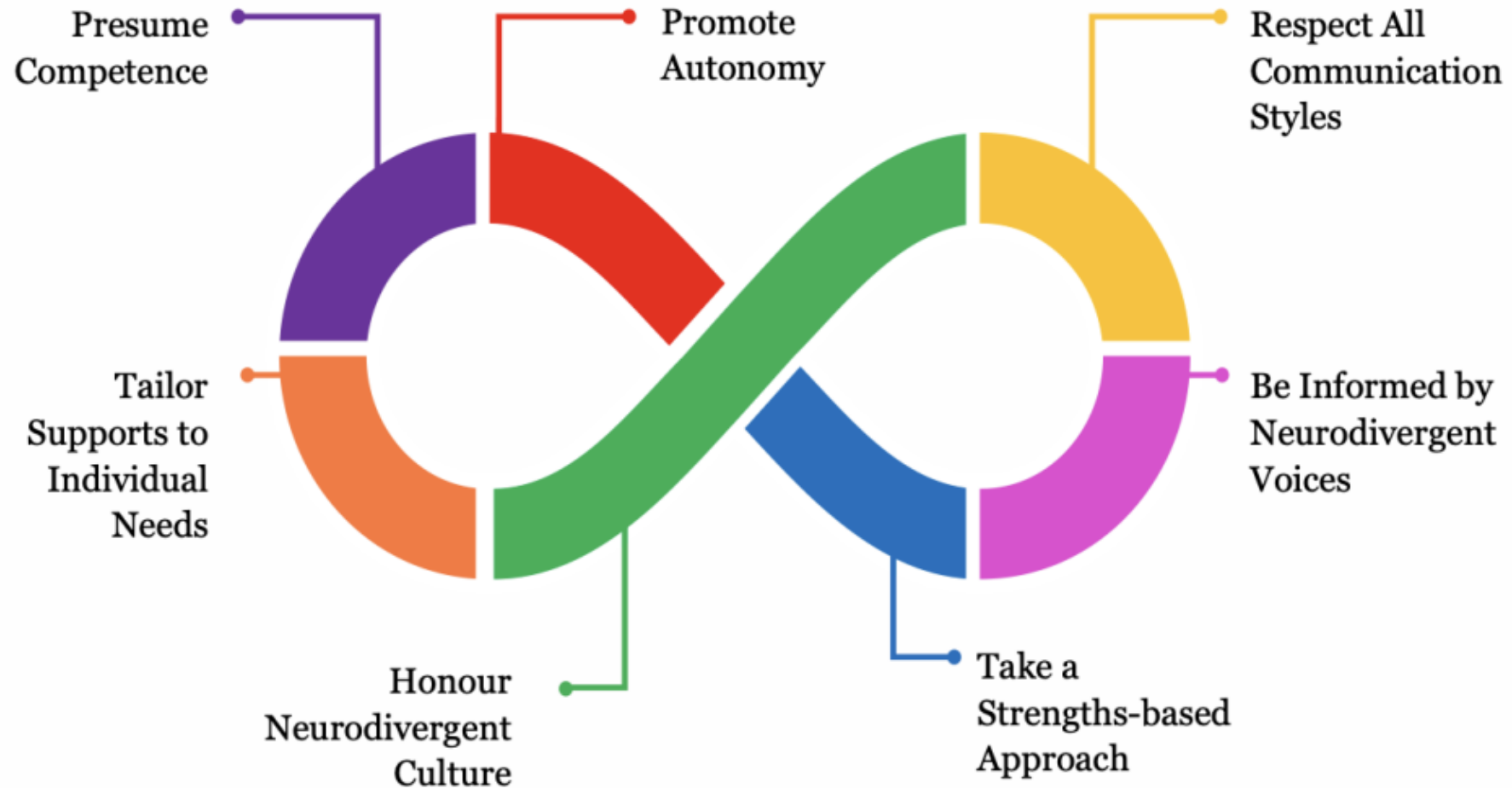




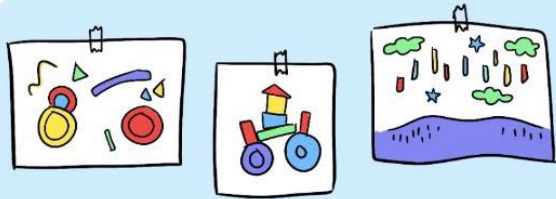
WHAT IS NEURODIVERSITY- AFFIRMING



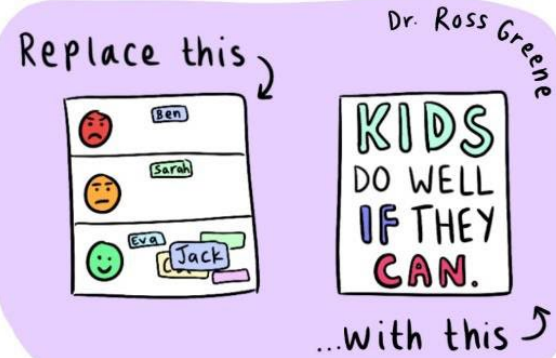
Neurodiversity Affirming Practice



In Neurodiversity - affirming Classrooms...



Difference is CELEBRATED.
Individual Expression
is encouraged.



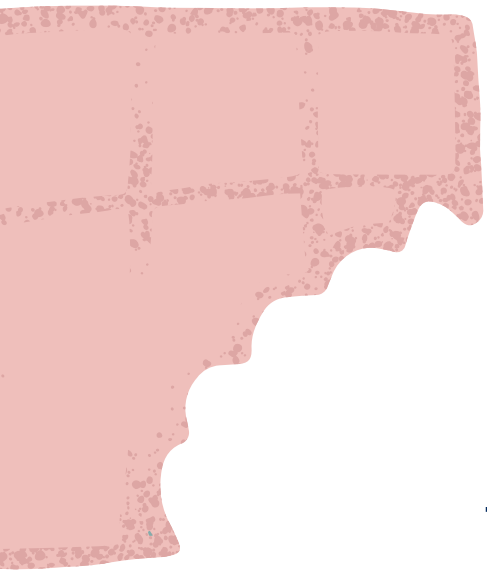
Accommodations +
modified work are
always accessible.



Kids are taught that all
Learning Styles are VALID.

Silence + stillness are not
Essential conditions for LEARNING.



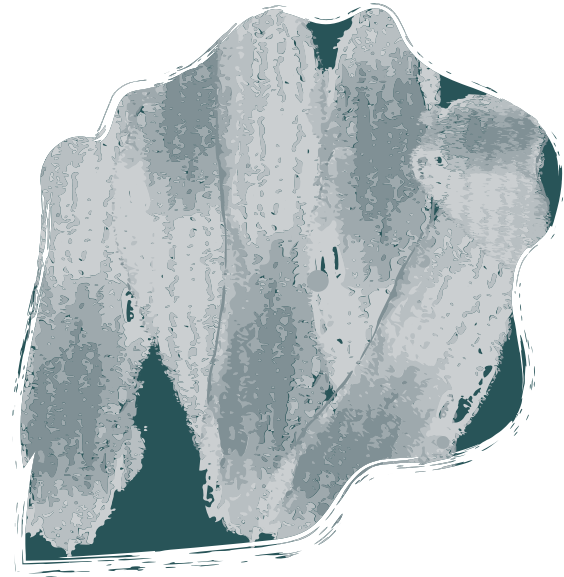
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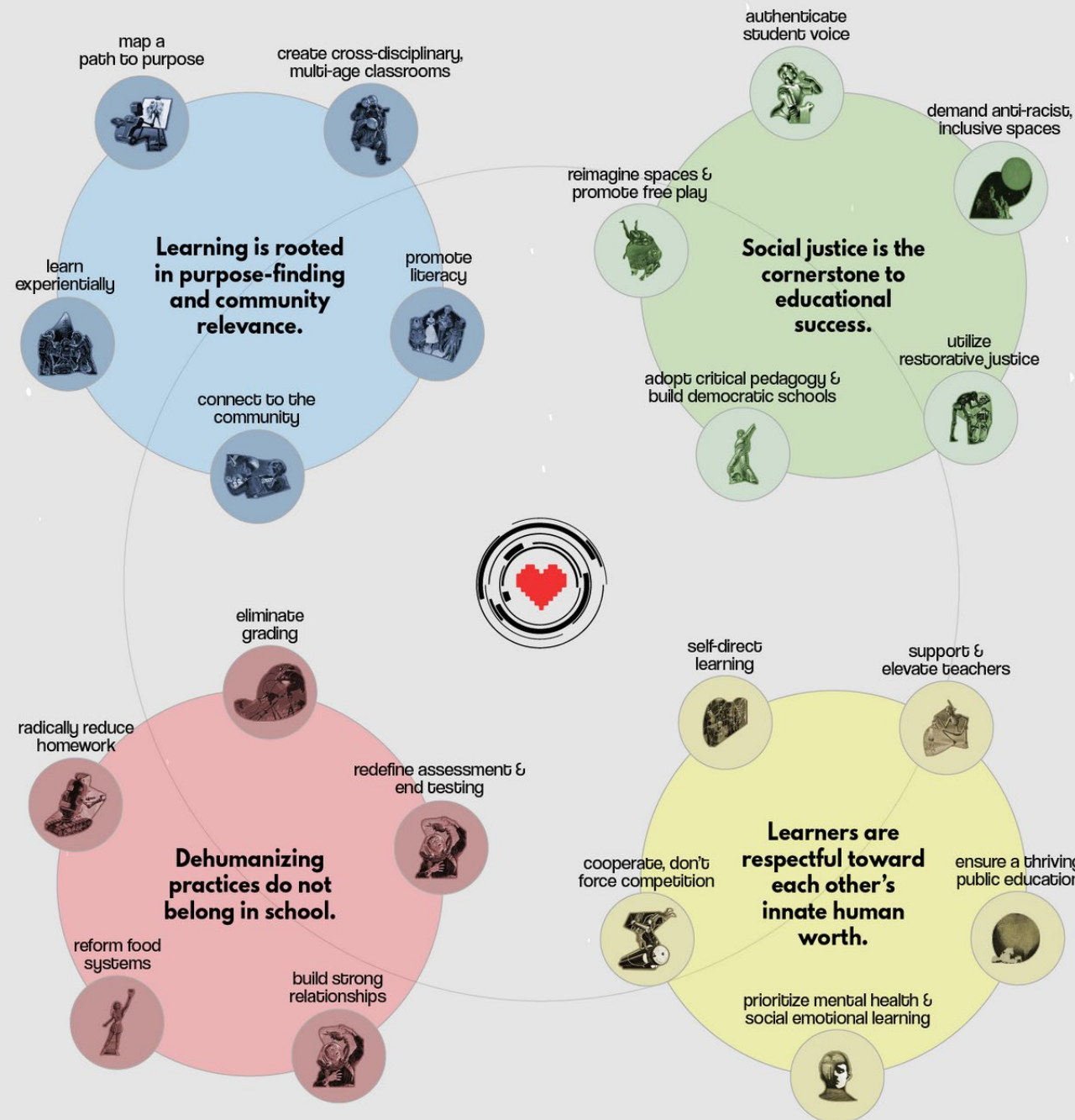
NEUROQUEER- SENSITIVE LEARNING SPACES

The path to equity begins with creating neuroqueer-sensitive learning spaces that truly center the needs of these students

We need to rethink and redesign the way our schools are set up and make them conducive for learning for all students

Everyone in the room can be a real human







LOW AROUSAL APPROACH

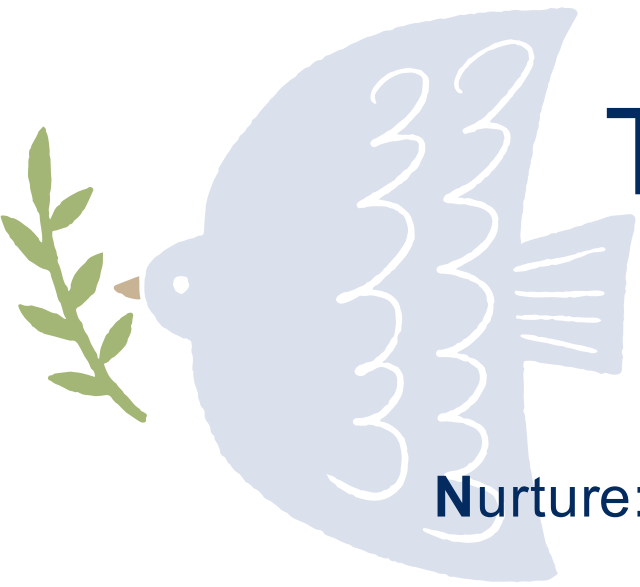
Crisis management strategy devised by Andrew McDonnell that focuses on reduction of stress, fear, and frustration by creating a caring and calm environment

Emphasizes adults having a strong positive relationship with the student, and a person-centered and positive outlook about them

Reduces demands, avoids triggers, and limits rules

Relies on practitioners reflecting on incidents and identifying areas where their own behavior may have contributed to an incident





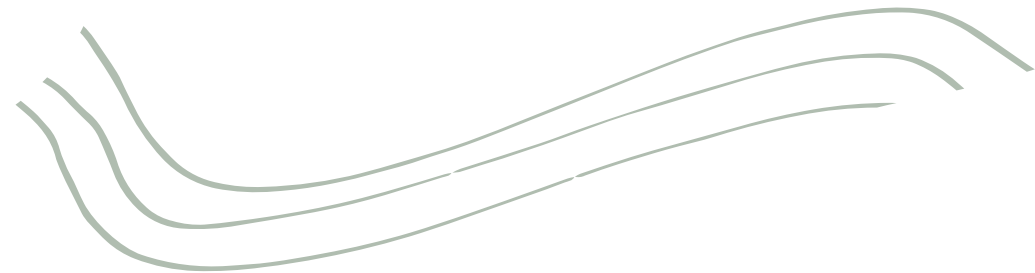
THE NEST APPROACH

Nurture: Help the student feel safe

Empathize: Work to understand their perspective

Sharing Context: Try to gain deeper insight into the issue

Teamwork: Problem-solve with the student



CO-REGULATION

We don't expect babies to regulate on their own (I hope), but we do expect this of children and adolescents

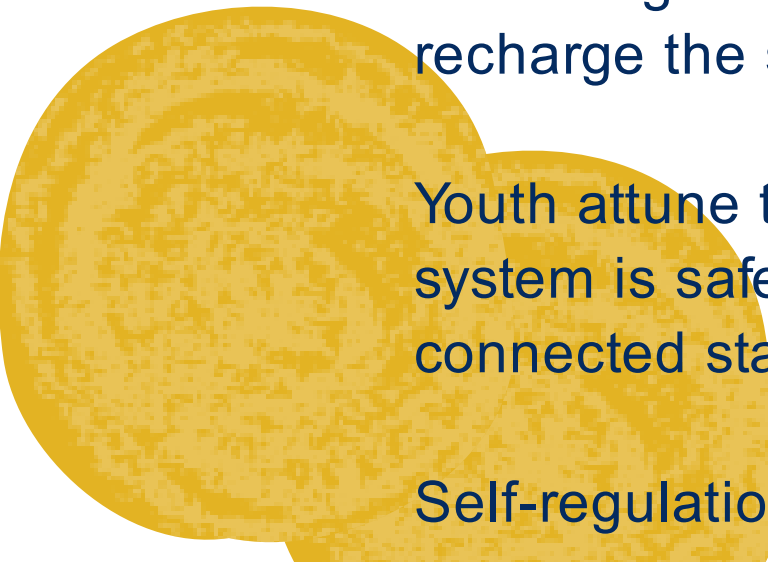
Many neurodivergent kids cannot access the necessary skills to regulate themselves when they are dysregulated

Co-regulation is an embodied presence of togetherness

It is being with people in a meaningful way to help balance and recharge the sensory system and bodymind

Youth attune to our regulation state/nervous system - if our system is safe and connected, it brings others into a safe and connected state

Self-regulation can only be learned through co-regulation



NORMALIZING INCLUSION

We need to normalize the need for accommodations, and remove the ableist shame associated with needing support

How can we make it so schools are already set up to be inclusive?

We can create environments that work for everyone without having to single neurodivergent students out



REFRAMING BEHAVIOR



All behavior is communication!

Adults often attribute “misbehavior” to a “wrong choice” that a student makes about how to act, but this is rarely the case

Behavior does not happen in a void; it is influenced by the environment

What is the context of the behavior?

And this must go deeper than just the ABCs



COLLABORATIVE & PROACTIVE SOLUTIONS



Ross Greene's program

Theory: Kids do well if they can

Focus: Lagging skills and unsolved problems

Practice: Identifying lagging skills and unsolved problems through an assessment; collaborating with the student on solving the problem

Prioritizes understanding the student and the underlying issues, and empathizing with them





SUPPORTING EMOTIONAL NEEDS

Remove demands

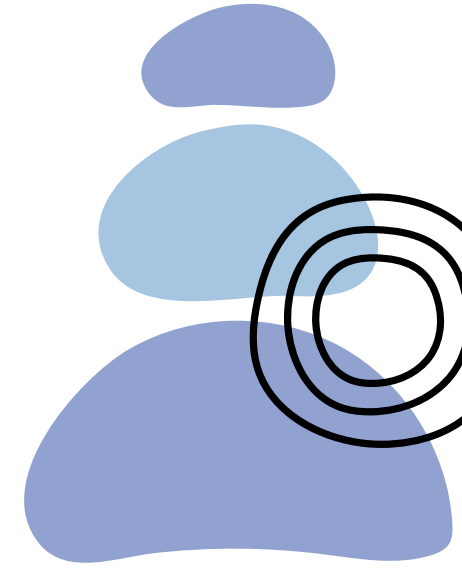
Make the space safe where possible (e.g., move furniture aside, utilize soft equipment if available)

Offer calm reassuring words (that demonstrate empathy and safety)

Offer visual supports to communicate with child

Offer child's favorite place, swinging outside, drink, jungle gym, reading

Invite child to share their feelings/experience (teacher/staff to validate all feelings/perceptions/experiences without judgment or demands)





SUPPORTING EMOTIONAL NEEDS

Stay with child (as a calm companion)

Follow child (as a calm companion) if they leave the space

Teachers/staff will NOT physically restrain child unless they are significantly injuring themselves or others, and only if all other alternatives have been exhausted (such as use of cushions, crash mats, redirection)

Child should not be restrained for movement (that does not significantly injure themselves or others), yelling/screaming/crying/swearing, stimming, not following instructions, being disruptive, being rude, being disrespectful, or leaving classroom

Emily Hammond, NeuroWild



SUPPORTING SENSORY NEEDS

Recognizing what is a sensory need

Helping students recognize their sensory needs

Providing supports like noise canceling headphones, earplugs, fidgets

Offering flexible seating options

Offering access to quiet space

Turning off non-essential lighting

Removing scented products from classroom

Providing alternative to noisy events or spaces

Allowing frequent breaks

Embracing “loud hands”

Offering options for sensory-seeking needs



INTEROCEPTION

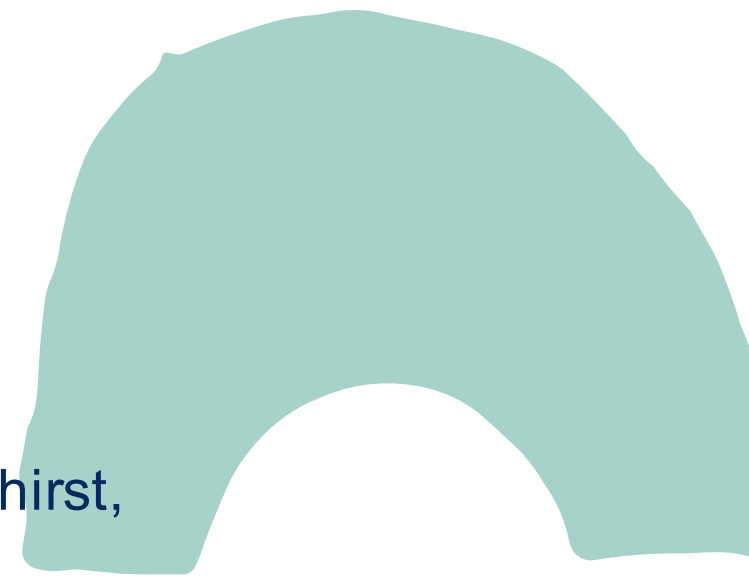
Interoception is our eighth sense

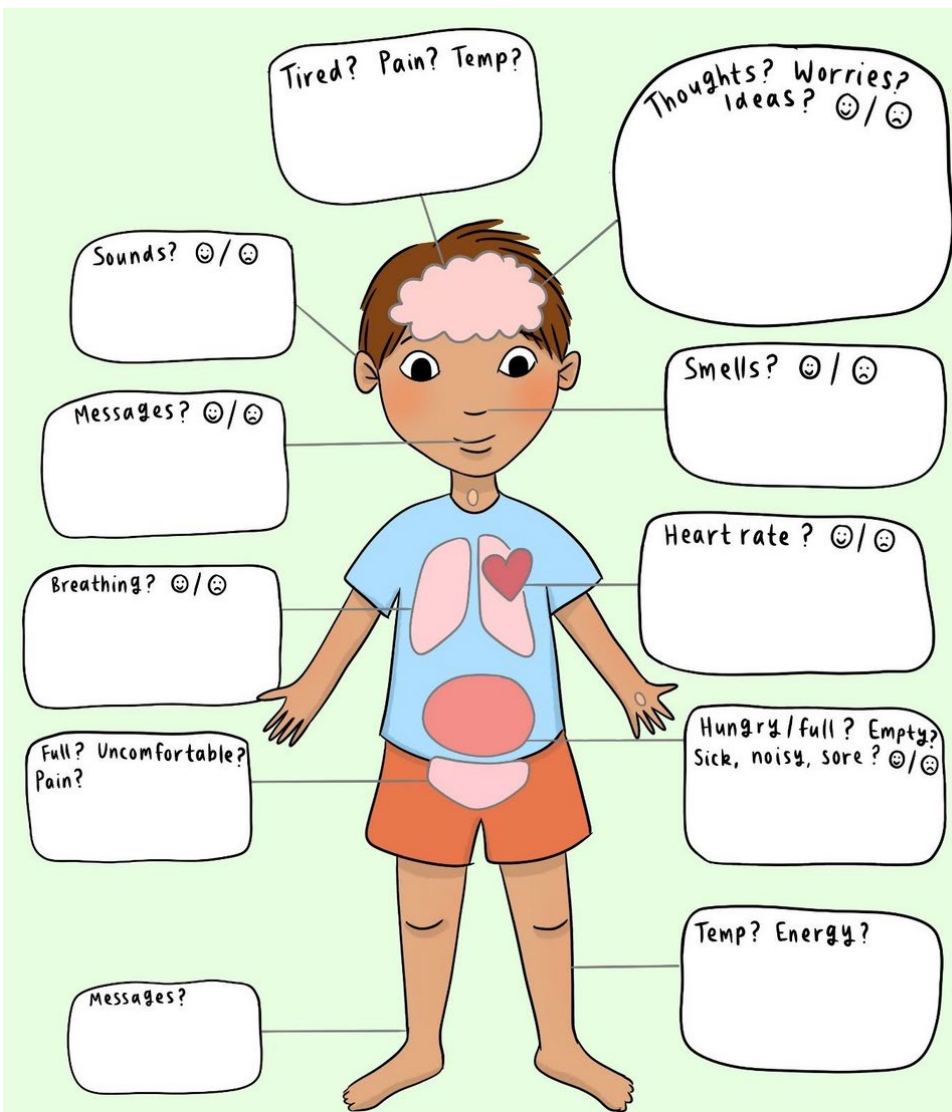
Refers to our body's internal cues, including hunger, thirst, bathroom needs, temperature, illness, fatigue

Many neurodivergent students may have differences in how readily they recognize or interpret these internal cues

Unrecognized or unaddressed internal cues can cause dysregulation

We can work with students to become attuned to their bodies





Interoception Check
Any quiet or loud messages?

COLLABORATION WITH OT

So much of neurodivergent individuals' perceptions of selves is embodied

Bodymind is a materialist feminist disability studies concept from Margaret Price that refers to the enmeshment of the mind and body

This is why occupational therapy is so crucial when working with neurodivergent youth

We can emphasize supporting sensory needs, and identifying internal feelings and connections between the body and mind by doing interoception work

ND-AFFIRMING 504s & IEPs

We can provide supports and accommodations that actually help the student rather than focusing on what will help the adult

BUT our overall focus should be on the larger goal of having classrooms, schools, clinics, and societies that are set up for everyone to be safe and comfortable

Collaborate with students on goals and needs

Emphasize providing a safe and welcoming space for students



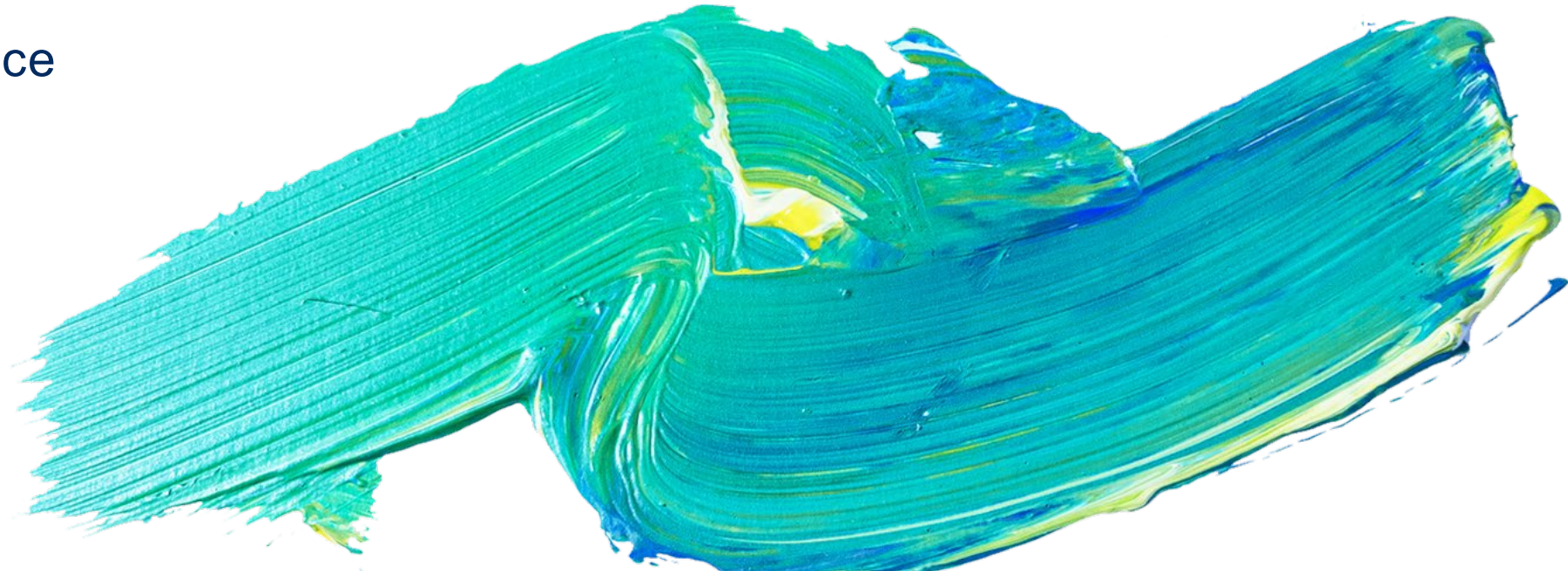
ABCs OF MOTIVATION

Three basic needs of children:

A - Autonomy

B - Belonging

C - Competence



IEP GOAL WRITING

Is the goal written specifically for compliance at the expense of the child's physical, psychological, or emotional well-being?

Is the goal for the benefit of the parent, adult staff, teacher, or the student?

Is the goal focused on student compliance?

Are we trying to support their specific interests?

Are the goals ableist?

Who is deciding on the goal and why?





ACCOMODATIONS

Accommodations are only accommodating if they work for the person who is receiving them

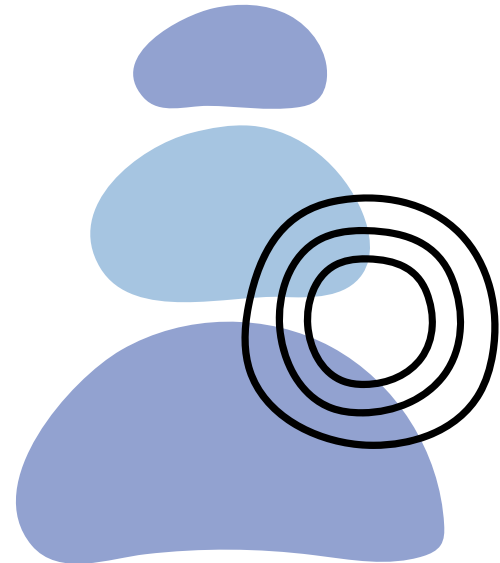
Promote inclusive spaces for kinetic learners

Embrace movement-based learning

Address sensory needs

NOT contingent on anything

Non-conditional acceptance and real inclusion



ND-AFFIRMING “GOALS”

Respect and validate student's sensory processing differences

Respect and validate student's neurodivergent learning style

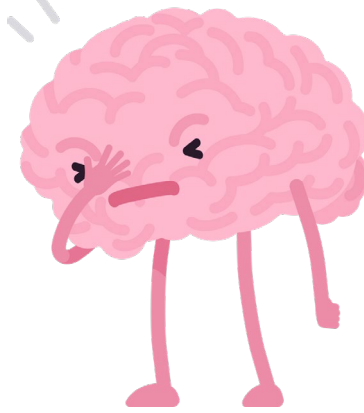
Goals focused on creating neurodiversity-affirming environment in the schools and training staff

Collaborative problem-solving approach

Offering mental health support and helping student develop a positive identity

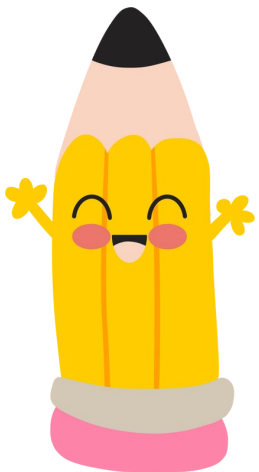
Emily Hammond, NeuroWild

ANNOTATING THE IEP



Joe will develop social understanding skills as measured by the following benchmarks:

- He will raise his hand and wait to be called on before talking aloud in group settings 4/5 opportunities to do so
- He will develop an understanding of the relationship between his verbalizations and actions/effect on others...
- He will engage in appropriate cooperative social play interactions initiated by others...
- He will engage in appropriate turn-taking skills by attending to peer's turn and waiting for own turn...
- He will appropriately acknowledge an interaction initiated by others by giving an appropriate response, either verbal or non-verbal...
- He will develop an understanding of the rationale for various social skills by stating the reason when asked (i.e., Why do we say excuse me?)...
- He will increase social awareness of his environment by stating what is taking place in the environment or imitating actions of others...
- He will identify appropriate social rules and codes of conduct for various social situations...
- He will refrain from interrupting others by exhibiting appropriate social interaction skills...



IEP MAKEOVERS FOR NEURODIVERGENT CHILDREN

Therapist Neurodiversity Collective International

• Therapy • Advocacy • Education •
Established January 2018

Before an IEP goal is accepted, determine if all possible supports, modifications and accommodations are implemented and actually being used for the student.

Then consider which of the two, either A or B, the IEP addresses: A) Access to education, communication access/AAC, language development for educational purposes, functional ability, fine/gross motor skills, self-determination, self-advocacy, equitable access?

B) Correcting or masking Autistic 'deficits' (differences) as compared with neuromajority peers?

DEFICIT/PATHOLOGY MODEL

During unstructured free time or play time or recess:

1) After a teacher models a request for play initiation, and prompts the child to verbally repeat it, the child will repeat the demonstrated request 2 times within a 20- minute play session.

2) Student will play (participate, share, follow directions/rules, take turns during free time or recess) with 1-2 peers for 10 minutes.

EYE CONTACT goal of any kind.

Stopping/Reducing Stimming

Stopping/Reducing Echolalia

NEURODIVERSITY MODEL

IEP Goals for free time or play time - NONE: IDEA mandates that special education and related services be provided in the LEAST RESTRICTIVE ENVIRONMENTS (LRE).

Neurodivergent students deserve the same unstructured free time, playtime and recess as neuromajority students to play as they choose.

Forced contact goals are archaic, ableist and not based on scientific research.

Stimming has function. Why regulate it unless it is harmful (and then help with replacements)? Sensory strategies, not extinguishment.

Echolalia often, but not always, has communicative purpose (e.g. request, initiate conversation exchange, draw or gain attention, affirmative reply, protest). Model expansions.

Using Deprivation Reinforcement, (only having access to desired foods, objects or activity when therapist allows), and hand over hand prompting, and/or prompting from second adult from behind child:

Child will express desire for food using PECS®/signs/words.

Child will express desire for activity using PECS®/signs/words. Child will express desire for toy/object using PECS®/signs/words

(Source: The Problem with PECS® by Therapist Neurodiversity Collective.
<https://therapistndc.org/the-problem-with-pecs/>)

Using a Total Communication Approach, including spoken, Core Language AAC, sign, gestures, behavior, and therapist modeling, child will increase expressive communication and self-advocacy to:

Request Protest
Comment Direct Ask
questions Give opinions
Share News Start a
conversation

(Source: All the reasons we communicate by AssistiveWare.
<https://www.assistiveware.com/learn-aac/consider-communication-functions>)

Given a verbal instruction, student will look at the person, say “okay,” and do it right away in 4/5 incidents.

Using positive reinforcement, Learner will watch various video clips that model desired (neurotypical) social skills and behaviors, and then will appropriately imitate the behaviors depicted on the video.

Using a social story, cartooning, or a written script as a guide, student will appropriately respond in social situations. Student will greet all peers and adults encountered while establishing and maintaining eye contact and saying, “hi” to a variety of peers and adults across at least three different environments.

XXX will tolerate Choral Reading without screaming or running away by sitting quietly.

Student will communicate personal, academic, and sensory needs, modifications, accommodations and supports to which he is entitled, verbally and/or via AAC.

With fading support and access to AAC, XXX will identify personal areas of need for self-advocacy, and then identify strategies for communicating and expressing needs/wants, asking for clarification, explanation, or need for an example, to be presented when he does not understand a comment, direction, or activity.

Demanding tolerance for sensory triggers is abusive.
Supports, accommodations: Earphones for choral reading activities - not compliance with tolerance.

(Source: "...findings suggest that these autistic children would not benefit from 'exposure therapy,' in which a therapist gradually exposes a person to increasing levels of a troublesome stimulus." Green SA, Hernandez L, Lawrence KE, et al. Distinct Patterns of Neural Habituation and Generalization in Children and Adolescents With Autism With Low and High Sensory Overresponsivity. Am J Psychiatry. 2019;176(12):1010-1020. doi:10.1176/appi.ajp.2019.18121333)

TYPES OF THERAPY

Play therapy and AutPlay therapy

Expressive arts therapy

Somatic work/experiencing

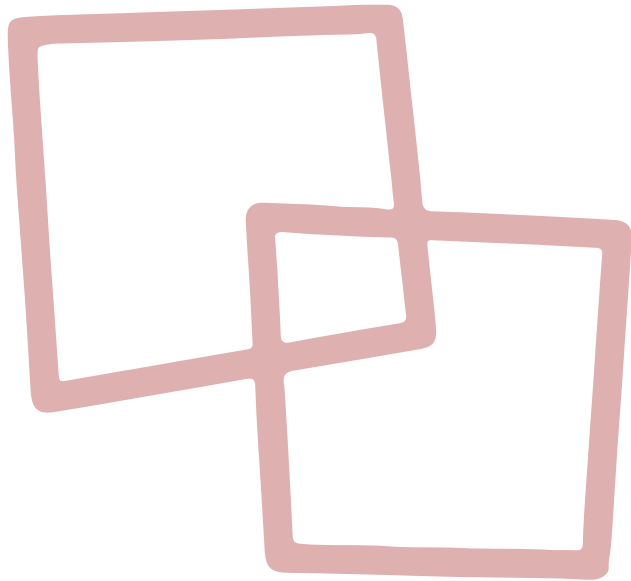
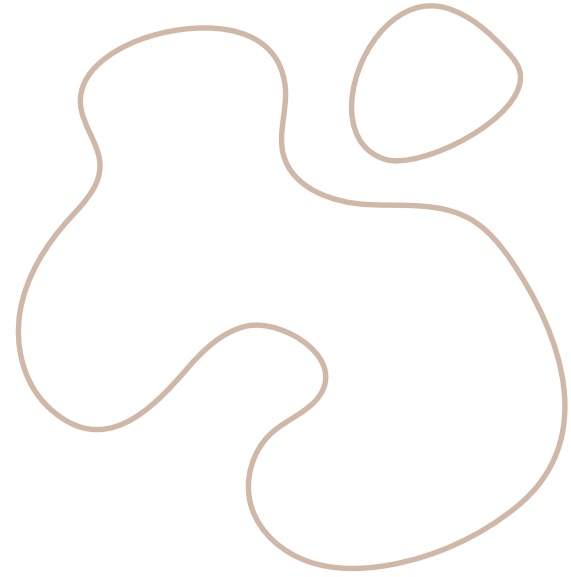
Gestalt therapy

Narrative therapy

Internal family systems therapy

Trauma-focused therapy

Mindfulness therapy



ND-AFFIRMING THERAPY

A red abstract line drawing consisting of several curved, overlapping strokes, resembling a stylized 'e' or a calligraphic flourish, located in the top right corner of the slide.

Aims to help the youth with something they feel they need help with rather than trying to fix them or cure them

Focuses on the student's own goals, not adult goals

Meets the individual where they are at

Incorporates their own interests and what is meaningful to them

Promotes self-compassion and acceptance, and self-advocacy

Activities are child-led and not dependent on the child doing something non-preferred first

A large, solid yellow star shape with five points, located in the bottom left corner of the slide, partially overlapping the text.

RADICAL INCLUSIVITY

Radical inclusivity goes beyond the idea of just accepting differences

It confronts neuronormativity

Inclusion isn't about just tolerating differences or grudgingly accommodating needs; it's also not about valuing individuals only for their worth deemed by society

Radical inclusion means people are accepted and included because they are human beings, period



REFLECTION

How does ableism operate in your school/health center/workplace?

How does neuronormativity operate?

What policies, practices, and aspects of institutional culture have perpetuated these norms?

What ideologies or assumptions do you think are behind these?

What has allowed them to persist?

ADVOCACY

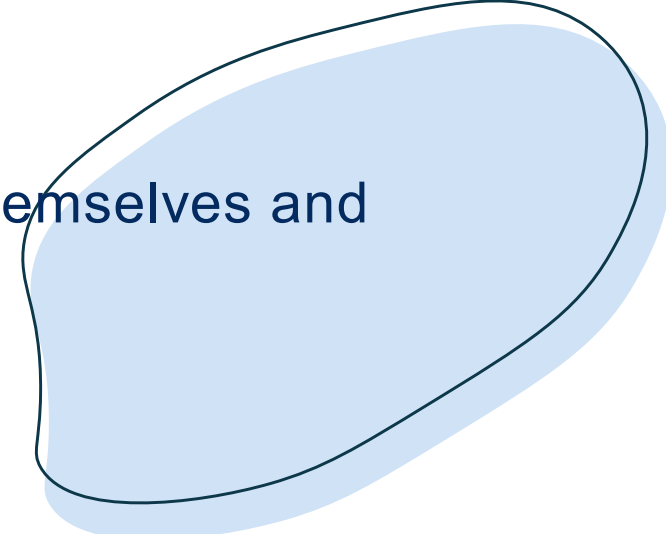


Supporting neurodivergent students isn't just about 1:1 work, it's also about advocating for their needs and helping them find their voice to advocate for themselves

We can help to make change in our schools, in our health centers, in our private practices...

We can demand change to ableist practices and policies

We can also help students to learn how to advocate for themselves and to push back against injustice



WE CAN HELP THESE KIDS!

There is a common refrain that these students are too “complicated” for us to work with

But what does every kid want first and foremost?

To feel like they belong, and that someone cares about them

School-based health workers are on the front lines and often have the most contact with families and educators and can be the bridge between the two

YOU CAN'T BE NEUTRAL ON A MOVING TRAIN

This is political work!

The neurodiversity movement is a human rights and social justice movement

Being neurodiversity-affirming is not value-neutral.

We have to be willing to do the work and stand up for what is right

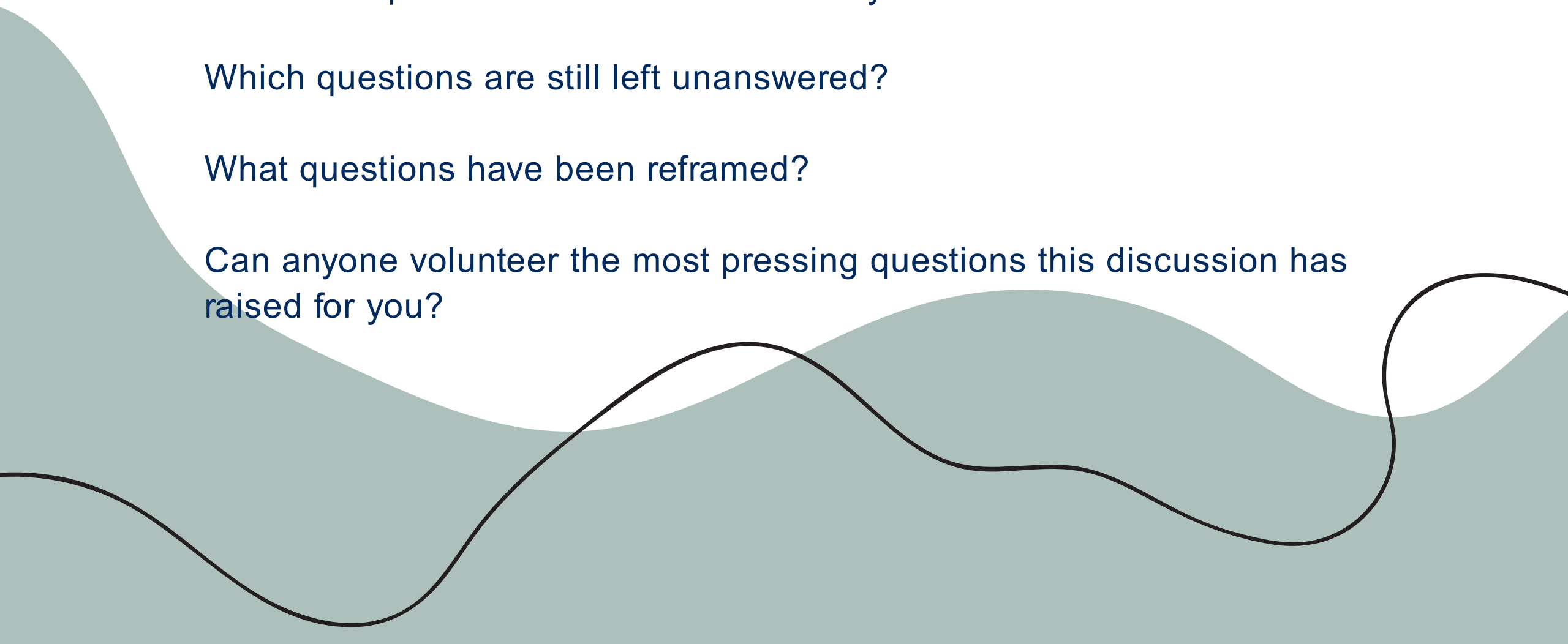
TAKEAWAYS

What new questions have we raised today?

Which questions are still left unanswered?

What questions have been reframed?

Can anyone volunteer the most pressing questions this discussion has raised for you?

The bottom of the slide features a decorative design consisting of several overlapping, wavy, light teal-colored shapes. A thin, dark brown line meanders across these shapes, creating a sense of movement and depth.

GOING FORWARD

Seek out trainings, presentations, talks, books, etc. by individuals with lived experience

Talk to the students in your school who are neurodivergent!

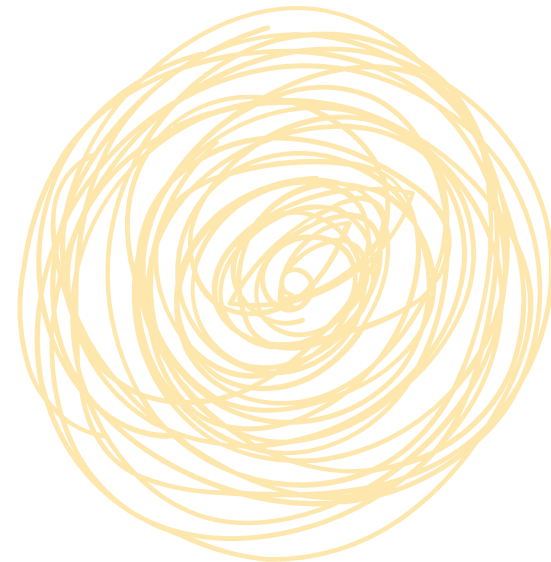
Listen more than talk!

Find small ways to start changing the conversation on neurodiversity - try group activities with your colleagues and school staff

Push back against the status quo

Question your own assumptions

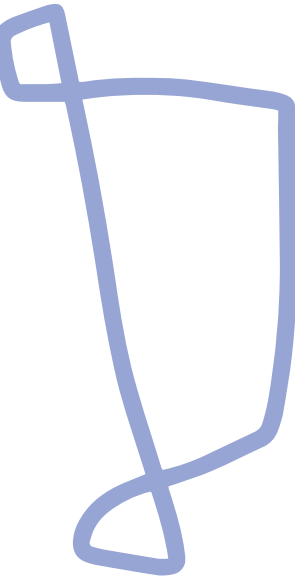
Always use a critical neurodiversity lens





ACTIVITIES FOR STAFF

Some ideas for activities you can try with school staff and colleagues to help foster understanding of neurodiversity-affirming practices



"Reframe & Redesign: Creating Neurodiversity-Affirming Support Plans"

1. Warm-Up (5–10 minutes): "Challenge the Default"

Each group lists 2–3 traditional approaches used in schools to support students who are neurodivergent (e.g., behavior charts, exclusionary discipline, compliance-based IEP goals). Then, they reflect briefly on:

- Who benefits?
- Who is excluded?
- What assumptions about “normal” behavior are being made?

2. Case Scenario Work (25–30 minutes): Give each group a fictional case scenario (e.g., a student with ADHD who is often disciplined for being out of seat, or an Autistic student overwhelmed by noise in the cafeteria).

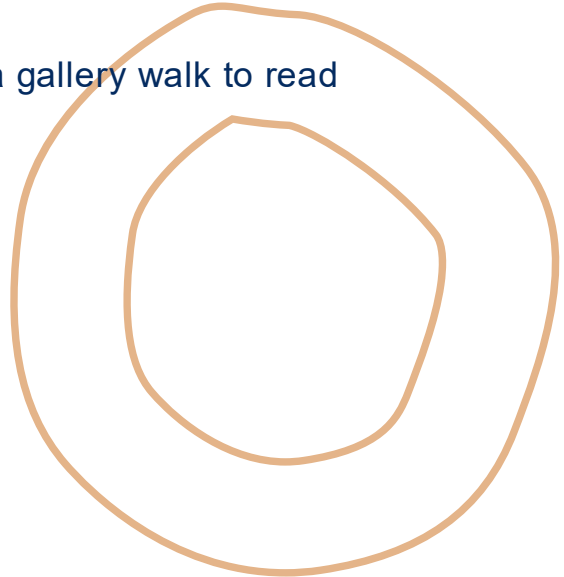
Task: Using the neurodiversity-affirming principles handout, groups must:

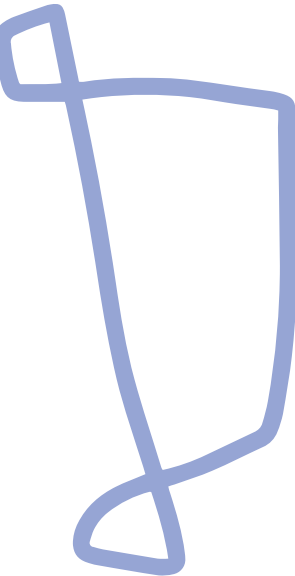
- Identify what non-affirming practices are present.
- Reframe the “problem behavior” from a strengths-based and neurodiversity-affirming lens.
- Develop a support plan that affirms the student's neurotype, includes student voice, and promotes belonging (not just accommodation).
- Encourage use of inclusive language, environmental design, and natural supports.

3. Gallery Walk or Share-Out (10–15 minutes): Groups either present their redesigned plan or do a gallery walk to read each group's ideas. Facilitator guides a short debrief:

- What themes emerged?
- What shifts did you notice in your thinking?
- How can these ideas be brought back to your own schools?

Why This Works:

- Encourages critical thinking and unlearning.
 - Models affirming practices by centering student agency and environment-based supports.
 - Builds community and idea-sharing across professional experience levels.
- 



The "Why Ladder"

Purpose: Unpack underlying beliefs behind school practices.

How it works:

- Present a common school practice (e.g., "Students must sit still and be quiet to learn").
- In small groups, ask "Why?" repeatedly (aim for five layers deep) to uncover the root assumptions behind it.
- Reflect: Are those assumptions universally true? Whose needs are centered?
- Outcome: Helps participants identify ableist or outdated beliefs embedded in "normal" practices.

"What Is Normal?"

Purpose: Deconstruct the idea of normalcy in school expectations.

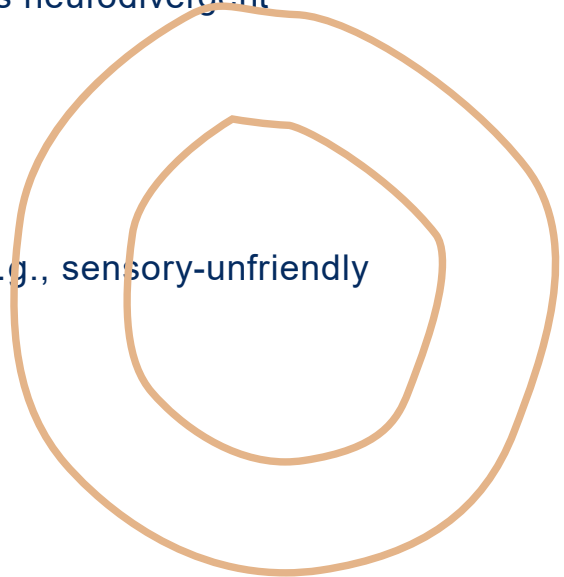
How it works:

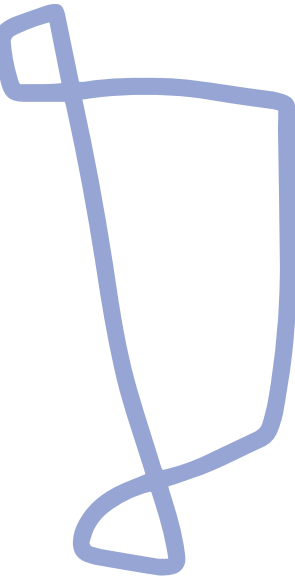
- Write down a list of "normal" behaviors expected in school (e.g., eye contact, timed testing, group work).
- Discuss in groups:
 - Who defines these norms?
 - Who benefits, and who is marginalized?
 - Are these expectations culturally or neurologically biased?
- *Outcome*: Builds awareness of how neuro-normativity shapes school systems and marginalizes neurodivergent students.

Role-Reversal Scenarios

Purpose: Promote empathy and shift perspective.

How it works:

- Present a scenario where a neurodivergent student is expected to conform to a rigid system (e.g., sensory-unfriendly classrooms, punitive behavior plans).
 - Ask: What if the teacher or principal had to follow these same expectations?
 - How would it feel to lose autonomy, be constantly corrected, or mask?
 - Debrief with a discussion on double standards and the emotional labor of masking.
 - *Outcome*: Encourages perspective-shifting and empathy-based critique of power dynamics.
- 



“System Swap”

Purpose: Imagine new systems by replacing outdated ones.

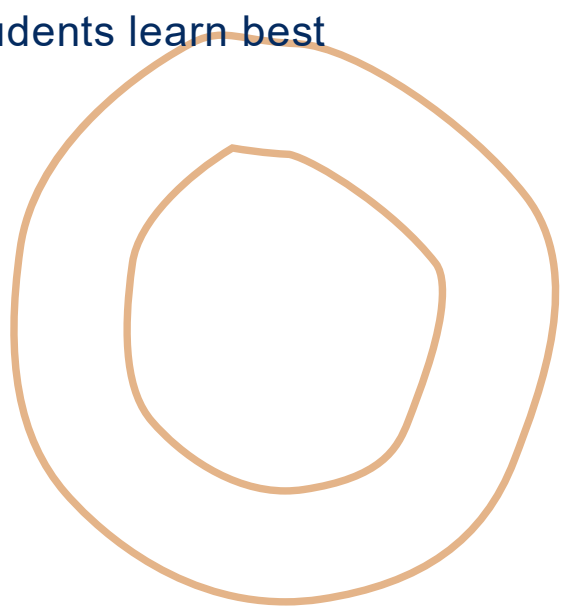
How it works:

- List common school practices or policies (e.g., zero-tolerance discipline, standardized testing).
- Challenge each group to:
 - Identify the harm or inequity in the system.
 - Brainstorm a neurodiversity-affirming alternative.
 - Explain how their idea would change student outcomes or school culture.
- Outcome: Fosters creative thinking and empowers change-making.

“Fact vs. Social Construct”

Purpose: Distinguish between biology, behavior, and bias.

How it works:

- Read a series of statements (e.g., “Students with ADHD are disruptive,” “All students learn best when sitting still”).
 - Groups label each one as:
 - Fact (evidence-based truth)
 - Social construct (culturally agreed-upon norm)
 - Bias (stereotype or ableist assumption)
 - Discuss where these ideas show up in practice, policy, or attitudes.
 - Outcome: Encourages participants to examine beliefs and practices critically.
- 

RESOURCES

- Organizations:
 - Autism Self Advocacy Network (ASAN)
 - Autistic Women and Nonbinary Network (AWN)
 - Association for Autistic community
 - Autistics 4 Autistics
 - Therapist Neurodiversity Collective
- Websites:
 - Stimpunks.org
 - SinsInvalid.org
 - Austicality.co.uk
 - LivedExperienceEducator.com
 - AutCollab.org
 - NeuroClastic.com
 - Aucademy.co.uk
- Theories, Studies, Movements:
 - Critical autism studies
 - Disability justice movement
 - Neurodiversity studies
 - Mad studies/mad pride
 - Crip theory
 - Critical psychology
 - Queer studies
 - Liberation psychology
 - Disability studies
- Experts/Educators/Lived Experiencers:
 - Nick Walker
 - Kelly Mahler (Interoception)
 - Robert Jason Grant (AutPlay)
 - Raelene Dundon
 - Emily Hammond (NeuroWild)
 - Janae Elisabeth (Trauma Geek)
 - Greg Santucci (OT)



Neurodiversity Affirming

Checklist

These are non-negotiable. They must do these to *be* neurodiversity affirming.

- ☐ goals are defined by the individual *only*.
- ☐ listens to and learns from lived experience and the community they are supporting.
- ☐ rejects neuronormative, capitalist definitions of success or independence.
- ☐ their focus is on reducing distress, not traits.
- ☐ they allow individuals to define what is meaningful for *them* as well as what is functional or distressing for *them*.
- ☐ recognises, accommodates and respects stimming, sensory needs, eating differences, special interests and communication needs.
- ☐ prioritises connection over compliance.
- ☐ values different ways of playing, socialising, paying attention and learning.
- ☐ presumes competence.
- ☐ focuses on the why behind *all* responses, behaviours and distress.
- ☐ teaches and encourages self-advocacy
- ☐ accommodations are given and available regardless of a diagnosis
- ☐ recognises intersectionality.
- ☐ respects mind and body autonomy.

These are preferable but negotiable. If they do, you've hit the jackpot but if they don't, they may still be learning.

- ☐ uses neurodivergent over neurodiverse.
- ☐ recognises altered states, plurality and hearing voices as a part of the diversity of being human and not as signs of an illness.
- ☐ honours and learns from Mad Pride, Psychiatric Abolition, The Hearing Voices Movement and other radical movements.
- ☐ recognises that what we label as a mental illness or disorder is a cultural judgement rather than a biological reality.

This is the stay away list. If they do these things, they aren't affirming.

- ☐ they prioritise compliance and label individuals as non-compliant.
- ☐ withholds a desired object or activity to achieve compliance.
- ☐ enforces eye contact and keeping still.
- ☐ refers to Autism and ADHD as a disorder.
- ☐ uses exposure and tolerance to treat sensory and eating differences.
- ☐ focus is on getting you to fit in, appear normal or meet neuronormative goals
- ☐ expectations or standards.
- ☐ reinforces binary ways of thinking e.g. right/wrong, normal/abnormal.
- ☐ refers to individuals as naughty, lazy attention-seeking, needy or demanding.
- ☐

BOOK RECOMMENDATIONS

- Authoring Autism: On Rhetoric and Neurological Queerness by M. Remi Yergeau
- NeuroTribes: The Legacy of Autism and the Future of Neurodiversity by Steve Silberman
- Empire of Normality: Neurodiversity and Capitalism by Robert Chapman
- Punished by Rewards: The Trouble with Gold Stars, Incentive Plans, A's, and Praise by Alfie Kohn
- The Explosive Child by Ross Greene
- Beyond Behaviors: Using Brain Science and Compassion to Understand and Solve Children's Behavioral Challenges by Mona Delahooke
- Autistic Community and the Neurodiversity Movement: Stories from the Frontline by Steven K. Kapp
- What Can We Do When School's Not Working? An Illustrated Handbook for Professionals by Abigail Fisher and Naomi Fisher
- Care Work: Dreaming Disability Justice by Leah Lakshmi Piepzna-Samarasinha
- Somatic Internal Family Systems Therapy by Susan McConnell
- A Mismatch of Salience: Explorations of the Nature of Autism from Theory to Practice by Damian Milton
- The Neurodiversity Reader: Exploring Concepts, Lived Experience and Implications for Practice by Damian Milton
- The Simple Guide to Understanding Shame in Children: What It Is, What Helps, and How to Prevent Further Stress or Trauma by Betsy de Thierry
- Autistic Masking: Understanding Identity Management and the Role of Stigma by Amy Pearson and Kieran Rose
- Understanding Others in a Neurodiverse World: A Radical Perspective on Communication and Shared Meaning by Gemma Williams
- I Will Die On This Hill: Autistic Adults, Children, and the Need for Acceptance by Meghan Ashburn and Jules Edwards
- Decolonizing Therapy: Oppression, Historical Trauma, and Politicizing Your Practice by Jennifer Mullan
- Trauma and Expressive Arts Therapy by Cathy Malchiodi



BOOK RECOMMENDATIONS

- Divergent Mind: Thriving in a World That Wasn't Designed for You by Jenara Nerenberg
- The Little Book of Madness: Words About Madness, Autism, and the Liberation of Neurodivergent Bodyminds by David Gray-Hammond
- Healing Justice Lineages: Dreaming at the Crossroads of Liberation, Collective Care, and Safety by Cara Page and Erica Woodland
- Fix Injustice, Not Kids and Other Principles for Transformative Equity Leadership by Paul Gorski
- Improving Mental Health Therapies for Autistic Children and Young People: Promoting Self-agency, Curiosity and Collaboration by Georgia Pavlopoulou, Laura Crane, Russell Hurn, and Damian Milton
- Youth Resistance for Educational Justice: Pedagogical Dreaming from the Classroom to the Streets by Miguel N. Abad, Gilberto Q. Conchas
- Neurodiversity and Mental Health by Andrew Eddy, Timothy Frawley, Blánaid Gavin, Etain Quigley, and Charlotte Valeur
- The Neurodiversity Affirmative Child Autism Assessment Handbook by Dr Maeve Kavanagh, Dr Anna Day, Davida Hartman, Tara O'Donnell-Killen, and Jessica K. Doyle
- Interoception: The Eighth Sensory System by Kelly Mahler
- Pathological Demand Avoidance Syndrome – My Daughter is Not Naughty by Jane Alison Sherwin
- The Teacher's Introduction to Pathological Demand Avoidance: Essential Strategies for the Classroom by Clare Truman
- Embodied Education: Creating Safe, Neurodivergent-Affirming Learning Spaces by Kay Louise Aldred and Dan Aldred
- Disability Visibility: First-Person Stories from the Twenty-First Century by Alice Wong
- Mindful Monsters Therapeutic Workbook by Lauren Stockley
- Neurodiversity-Affirming Psychotherapy: Clinical Pathways to Autistic Mental Health by Ruth M. Strunz
- AutPlay Therapy Play and Social Groups: A Neurodiversity-Affirming Model by Robert Jason Grant and Tracy Turner-Bumberry



BOOK RECOMMENDATIONS

- Disability Studies and Critical Race Theory in Education by David J. Connor, Beth A. Ferri, and Subini A. Annamma
- Crip Kinship: The Disability Justice & Art Activism of Sins Invalid by Shayda Kafai
- Good Inside by Becky Kennedy
- Raising Kids with Big, Baffling Behaviors by Robyn Gobbel
- A Practical Parent's Guide to PDA and Autism: Reduce Meltdowns, Navigate Diagnosis & Access School, Insurance and Financial Resources to Transform Your Life Now by Michelle Davis
- Low-Demand Parenting by Amanda Diekman
- *Embracing the Exceptions: Meeting the Needs of Neurodivergent Students of Color* by JPB Gerald
- *Supporting Neurodivergent Children and Families* by Lhara Mullins
- Loud Hands: Autistic People, Speaking by Julia Bascom
- PDA by PDAers by Sally Cat
- Neurodiversity-Affirming Practices in Early Childhood: An Empowering Guide to Diverse Development and Play by Kerry Murphy
- The Highly Sensitive Child by Elaine Aron
- *No Talk Therapy for Children and Adolescents* by Martha Straus
- *The AutPlay Therapy Handbook* by Robert Jason Grant
- *Play Interventions for Neurodivergent Children and Adolescents* by Robert Jason Grant
- *The Big Book of Interoception Games* by Kelly Mahler
- *Understanding and Treating Chronic Shame: Healing Right Brain Relational Trauma* by Patricia DeYoung
- *Cool, Calm, and Connected* by Martha Straus
- *The Neurodivergent Friendly Workbook of DBT Skills* by Sonny Jane Wise
- *Assessment of Young Children* by Lisa Fiore
- *Unlearning Shame* by Devon Price
- *Laziness Does Not Exist* by Devon Price
- *Troublemakers: Lessons in Freedom from Young Children at School* by Carla Shalaby
- *Supporting Children's Mental Health and Wellbeing: Therapeutic Approaches for Working with Children and Families* by Alison Prowle and Nicola Stobbs



BOOK RECOMMENDATIONS

- Toward Liberation: Educational Practices Rooted in Activism, Healing, and Love by Jamilah Pitts
- Mad World: The Politics of Mental Health by Micha Frazer-Carroll
- Teaching to Transgress: Education as the Practice of Freedom by bell hooks
- *Unconditional Education: Supporting Schools to Serve All Students* by Robin Detterman
- *Practicing Liberation: Transformative Strategies for Collective Healing and Systems Change* by Tessa Hicks Peterson
- *Searching for a Rose Garden: Challenging Psychiatry, Fostering Mad Studies* by Jasna Russo and Angela Sweeney
- Abolition and Social Work: Possibilities, Paradoxes, and the Practice of Community Care by Mimi E. Kim, Cameron Rasmussen, and Durrell M. Washington
- How to Be, and Remain, a Compassionate Educator: Learning from Neurodivergent Students for the Benefit of All by Anne Emerson
- The New Normal: Autistic Musings on the Threat of a Broken Society by David Gray-Hammond
- Original Sins: The Mis(education) of Black and Native Children and the Construction of American Racism by Eve L. Ewing
- The Myth of Mental Illness: Foundations of a Theory of Personal Conduct by Thomas S. Szasz
- *Saving Our Own Lives: A Liberatory Practice of Harm Reduction* by Shira Hassan
- Madness and Civilization by Michel Foucault
- Raised to Obey: The Rise and Spread of Mass Education by Agustina Paglyan
- *The Future Is Disabled* by Leah Lakshmi Piepzna-Samarasinha
- *Stigma* by Erving Goffman
- Redefining Neurodiversity: Designing Practical Solutions Through Lived Experience by Sara Simblett, Faith Matcham, Ashley Polhemus, and Rebekah Jamieson-Craig
- The Autism Dialogue Approach Handbook: Transforming Communication in Neurodiversity by Jonathan Drury
- Neurodiversity in the Early Years: Practical and Proven Strategies to Enable Neurodivergent Children to Thrive by Cheryl Warren



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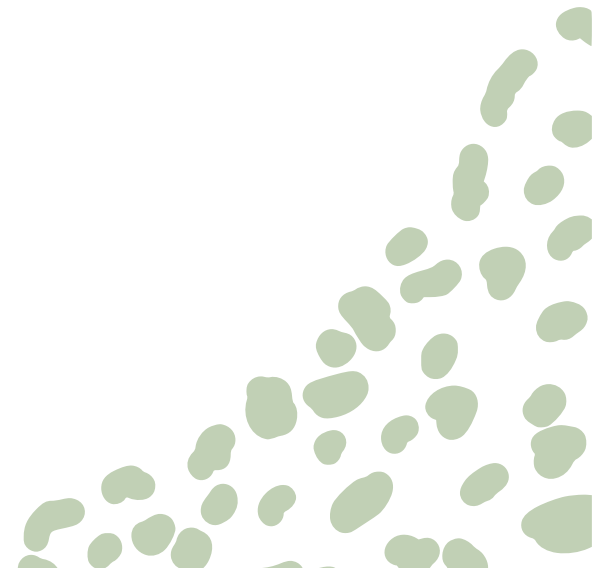
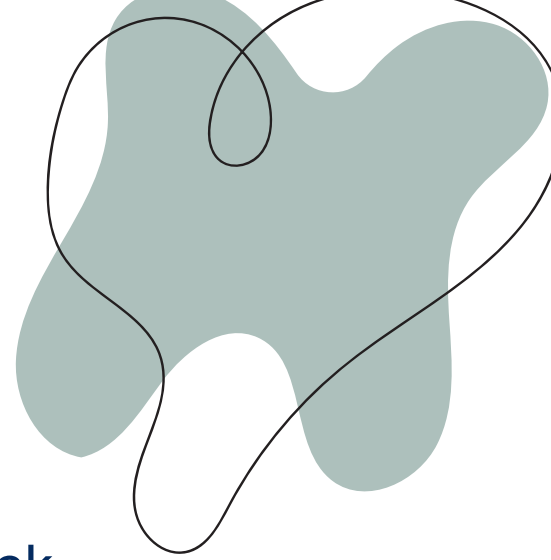
- A Therapist's Guide to Neurodiversity Affirming Practice with Children and Young People by Raelene Dundon
- *Understanding Sensory Differences: A Neurodiversity Affirming Guidebook for Children and Teens* by Robert Jason Grant
- *Understanding Autism: A Neurodiversity Affirming Guidebook for Children and Teens* by Robert Jason Grant
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- *The Healing Power of Play* by Eliana Gil
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- *Neurodiversity-Affirming Schools: Transforming Practices So All Students Feel Accepted & Supported* by Emily Kircher-Morris and Amanda Morin
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- *Diverse Bodies, Diverse Practices: Toward an Inclusive Somatics* by Don Hanlon Johnson
- The Heart of Trauma by Bonnie Badenoch
- *Shame: The Power of Caring* by Gershen Kaufman
- *Decolonizing Trauma Work: Indigenous Stories and Strategies* by Renee Linklater
- *Treating Trauma and Traumatic Grief in Children and Adolescents* by Judith Cohen, Anthony Mannarino, and Esther Deblinger
- Autistic and Black: Our Experiences of Growth, Progress and Empowerment by Kala Allen Omeiza
- The Routledge International Handbook of Critical Autism Studies by Damian Milton and Sara Ryan
- Is This Autism? A Guide for Clinicians and Everyone Else by Donna Henderson, Sarah Wayland, and Jamell White
- Is This Autism? A Companion Guide for Diagnosing by Donna Henderson, Sarah Wayland, and Jamell White
- *Essential Art Therapy Exercises* by Leah Guzman



THANK YOU!

Please reach out with any questions, comments, feedback,
or if you just want to discuss these topics

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