
Supporting Neurodiversity

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Playful Therapy Connections



Affirming Identities

Building Connections

Celebrating Neurodiversity



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Intentions

Understanding and seeking neurodiversity affirming care for autistic individuals.

- Neurodiversity
- Strengths-based Autism Criteria
- Adjusting our Language, Lens & Approach
- Finding Neurodiversity Affirming Care
- Creating an Affirming and Supportive Atmosphere at Home
- Autistic Culture



What is Neurodiversity?

Neurodiversity is:

- a state of nature to be respected
- an analytical tool for examining social issues
- an argument for the conservation and facilitation of human diversity



We may hear the term “neurodiversity” being used interchangeably with “autism” and/or “ADHD” when in fact, it is an umbrella term that covers an entire spectrum of neurotypes and is meant to be an inclusive term, though today we are focusing specifically on autism.



“Neurodiversity is a **natural and valuable** form of human diversity.”

- Dr. Nick Walker

<https://twitter.com/LoganNBeyer/status/1288245851975024640/photo/1>



“Neurodiversity is a **natural and valuable** form of human diversity.”

The Neurodiversity Paradigm

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

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



Medical Model of Disability

Disability is a “problem” that belongs solely to the disabled person.

Disability must be managed by medical professionals with an focus towards a cure.

You are:

- Different
- Abnormal
- A tragedy
- To be pitied
- Incapable
- Less than



Social Model of Disability

“Disability is the result of the interaction between people living with impairments and an environment filled with physical, attitudinal, communication and social barriers.”

You are:

- A natural expression of diversity
- Deserving
- Worthy
- Capable
- Equal

Different Neurotypes

- No neurotype is inherently disordered or bad.
- No neurotype is inherently better or good.
- They are just different.



Strengths-Based Autism Criteria

To meet diagnostic criteria for ASD according to DSM-5, a person must have persistent differences in each of 3 areas of social communication and interaction plus at least 2 of the 4 types of repetitive behaviors.

Autistic people are born with these traits, but learn how to mask them.

These traits primarily cause other people distress .

Are not due to intellectual disability.

“Note: The DSM only indicates impairment when it affects other people or jobs, but not when it’s a daily issue that we learn to live with.”



Strengths-Based Autism Criteria

Different social communication and interaction as evidenced by the following:

- Differences in communication
 - Tendency to go off on tangents, talk passionately about special interests and to not engage in small talk
- Differences in nonverbal communication
 - Including stimming while talking, looking at something else while talking and being bored with conversations
- Due to the above communication differences, autistic people tend to be shunned by neurotypicals and therefore are conditioned to believe that they are somehow less social



Strengths-Based Autism Criteria

Repetitive behavior or interests as evidenced by at least 2 of the following:

- Stimming or engaging in echolalia
- Security in routines
 - Autistic people do not have a sensory filter so the world is perceived as a constant state of chaos. Routines and expectations give comfort to overwhelmed autistic people.
- SPecial INterests (SPINs)
 - Due to hyperconnected brains, autistic people feel more passionately about what they love, so when they have a special interest, they tend to fawn over and fixate on it.
- Hyper- or Hypo- Reactivity to stimuli
 - Due to hyperconnections, autistic people feel things more intensely. Sometimes, however, they may feel things less intensely because we tune them out in favor of other stimuli.



A visual representation of the Autism
“spectrum” can be found on Matt Lowry’s
website along with other great resources:
<https://www.mattlowrylpp.com/meme-gallery>



How Can Caregivers Help?



First we need to understand...

A child does not need therapy, medication, or support because they are neurodivergent.

They might need it because of co-existing diagnoses, distress, or environmental mismatches.





Learn by Centering Autistic Voices



Change our language, our lens, and our approach

- Shift to **identity first language**, unless your child has a different preference (e.g., Autistic person)
- Autistic not “on the spectrum,” “with Autism,” or ASD
- **No more functioning labels!**
- Describe in terms of strengths and support needs, keeping in mind support needs may change
- Presume competence
- Look for services based on your child’s expressed needs and desires and areas in which you need support
- Learn about the “double empathy” problem
- Move away from “teaching social skills” - we might help decode and/or help a child who chooses to make changes in their interactions
- Adapt the environment for your child
- Consider differences or vulnerabilities vs. deficits, weaknesses, or impairments
- Understand traits and supports vs. symptoms, treatments, and interventions
- Most importantly, allow home to be the safe place!



Learn all the terms

- Ableism - discrimination that suggests 'abled' people are somehow better
- AAC - Communication Devices
- Allistic - not autistic
- Stimming - Self-soothing behaviors (we don't try to change these unless they are causing harm)
- Info-dumping
- Non-speaking vs non-verbal
- Special interest or SPIN
- Masking
- Neurotypical



More Terms

- Neurodiverse - a group of people including those who may be neurotypical and neurodivergent
- Neurodivergent
- Autistic burnout
- Autistic meltdown
- Spoon Theory (from the chronic pain community, some apply this to neurodivergent people as well)
- Pathological Demand Avoidance or Persistent Drive for Autonomy
(<https://www.pdasociety.org.uk/wp-content/uploads/2021/04/What-is-PDA-booklet-website-v2.1.pdf>)
- Support Needs
- Binary Thinking
- Sensory and self-soothing behavior



Supports

There is no one size fits all support approach, and it is important to recognize that a child does not necessarily require support just because they are neurodivergent.

Seek whole-person support that allows your child and family to actively participate in embracing who they are, consenting to supports they want, and focusing on strengths to aid positive growth, when change is desired.

Look for ways to help the environment change.

Consider sensory needs.

Improve communication between neurotypical and neurodivergent family members, while recognizing that neither needs to change just because of how their brain works. Embrace differences and work to understand each other.

Focus on connection. Not rewards and punishments.

Build self-esteem and self-compassion. Reduce shame.



Build Connections In Every Interaction to Shift Your Lens

Get to know your child. Marvel at who they are.

Notice their strengths, interests, and skills.

Pay attention to how they think, speak, and learn.

Reflect on ways they are growing.

Look for positive mirror traits. For example, they can't focus on their homework very well, but they can spend all day creating a detailed Lego structure, drawing a picture, or programming a computer.

Engage with them around their interests, and share your own.

Really listen.

Set daily 1:1 time with your child. Let them lead the play of activity. This is a time for both of you to put electronics away and give each other your full attention. Even 10 minutes a day can make a difference.



Use your child's strengths, interests, and skills to:

- Help offset vulnerabilities
- Build self-esteem
- Create a stronger connection between you as you engage with them
- Help manage transitions
- Help them cool down during or after difficult moments
- Aid repair when you mess up



What should therapy look like?

Ableist Therapy....

“Focuses on neurodivergent people achieving clinical neuronormative outcomes at the cost of dignity, masking and camouflage, violation of body autonomy, and emotional and psychological harm.”

Respectful Therapy...

“Presumes competence, and recognizes personal agency, self determination, and self advocacy no matter the form.”

“Focuses on getting neurodivergent people what they want and need.”

Engages the child through interests and focuses on areas of identified distress

Often based in the relational neurosciences



What does respectful testing look like?

Takes a strengths-based approach.

Helps the child better understand their brains, identify supports that address vulnerabilities, and highlight and explore strengths that can help overcome or balance out vulnerabilities, and lead to paths for hobbies, careers, relationships, and general well-being.

Helps the child identify positive mirror traits that outweigh the negative aspects of the vulnerabilities.

Frames differences in neurodiversity rather than focusing on deficits.

Changes the language to be affirming (think difference vs. deficit).

Recommendations should be evidence based but not based in reward/punishment models



What might respectful psychiatric care look like?

Looks at the 'whole person'

Maximizes nutrition, exercise, and sleep

May evaluate genetics to inform underlying differences and potentially inform medication efficacy

Considers brain modulation (e.g., TMS, Neurofeedback, eTNS)

Medication is utilized to assist with distressing and unwanted coexisting diagnoses, emotions, and sensations like anxiety, mood fluctuations, irritability, and impulsivity not simply because neurodivergent traits are present.



Team Approach

Many neurodivergent individuals benefit from supports in a variety of areas including: therapy, testing, medication management, occupational therapy, speech language therapy, and tutoring, etc.

In each case, affirmative care is crucial, and care is intended to: increase comfort, facilitate communication in a way that supports individual differences, and reduce unwanted and uncomfortable coexisting diagnoses, sensations, and emotions.



What about ABA and other rewards/consequences?

One problem with rewards and consequences, which are inherent in ABA and many other systems, is that children end up shamed.

“Kids do well if they can” if they can’t, punishing them for it only increases shame, as does offering rewards they can’t achieve.

In the classroom, rewards and consequences can negatively single out neurodivergent students.

ABA also destabilizes kids’ sense of connection to caregivers when rewards and consequences involve giving or taking away time with them

Models like Mona Delahooke’s, Ross Greene’s, and Dan Siegel/Tina Payne Bryson’s recognize the need for connection instead.

<https://stopabasupportautistics.home.blog/2019/08/11/the-great-big-aba-opposition-resource-list/>

<https://www.altteaching.org/wp-content/uploads/2019/11/TRICARE-Autism-Report.pdf>



What about the Social Thinking curriculum and traditional social stories?

In the Social Thinking curriculum, the villains are all Neurodivergent traits.

Traditional social stories promote masking. They are based in teaching neurodivergent people to be more neurotypical.

Creating social stories that center the needs and communication styles of both neurodivergent and neurotypical individuals to help promote double empathy is appropriate.



Sonny Jane Wise who is neurodivergent and calls themselves a “lived experience educator.” They have fantastic resources, including red and green flags for neurodiversity affirming practice: [@livedexperienceeducator](https://www.instagram.com/livedexperienceeducator)

[@livedexperienceeducator](https://www.instagram.com/livedexperienceeducator)





Red Flags

Be cautious of:

- Floortime when parents are treated through an ABA-like system
- PCIT and aspects of traditional CBT and DBT that reduce the individual's trust in themselves
- Exposure Therapy - make sure the provider understands the sensory basis for some behaviors
- Autism Speaks
- Puzzle Pieces
- "New" ABA
- "Social Skills" training
- Other rewards and punishment based systems like PBIS (<https://therapistndc.org/applied-behavior-analysis-aba/>)
- Behavior charts, sticker charts, clip charts, "quiet" body and "criss-cross applesauce", traditional active listening skills



What Are Some Other Things I Should Know?





AUTISTIC CULTURE

Similar to the way that Deaf people have developed their own kind of subculture and community, so have autistic folks. It is especially strong online.

Lived Experience

“Nothing about us without us.”



Intersectionality



The **interconnected** nature of social **categorizations** such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and **interdependent** systems of discrimination or disadvantage.

Janae Elisabeth aka “Trauma Geek” is an autistic person who has both lived experience with and a special interest in complex trauma. Janae differentiates between Autistic Traits - innate divergence based on the autistic neurotype - and Autistic Trauma - distress symptoms caused by developmental trauma.

“Healing developmental trauma does not make an autistic person more typical. Trauma interventions can increase an autistic person’s atypical behaviors as they re-connect with their genetically divergent bodymind.”

- Janae Elisabeth, Trauma Geek

<https://www.traumageek.com/>



Autistic Meltdown, Shutdown, and Burnout all exist.

Academic Autism Spectrum Partnership in Research and Education (AASPIRE) conducted a qualitative study to better understand and define autistic burnout.

They defined autistic burnout as:

“a syndrome conceptualised as resulting from chronic life stress and a mismatch of expectations and abilities without adequate supports. It is characterised by pervasive, long-term (typically 3+ months) exhaustion, loss of function, and reduced tolerance to stimulus.”

<https://www.autism.org.uk/advice-and-guidance/professional-practice/autistic-burnout>



“Can’t vs Won’t” & “Kids Do Well if They Can”

- Drs. Dan Siegel and Tina Payne Bryson explain the importance of distinguishing between can’t vs. won’t in figuring out the ‘why’ and disciplining. Often a child misbehaves because they simply can’t find a better way of self-regulating in that particular moment.
- Dr. Ross Greene uses the terms “lagging skills” and “unsolved problems” and explains that “kids do well if they can.” If they “can’t,” we see this in behavior.
- Dr. Greene explains that we need to understand what is getting in the way, in order to help a child. It is our job to figure out why and to help with skill building. We also likely need to shift our lens and change our expectation.



EVERY CHILD EXPERIENCES MOMENTS OF CALM, MOMENTS OF HIGH AROUSAL, AND FAULTY “ALARMS.”

FOR SOME CHILDREN, ESPECIALLY THOSE WITH UNDERLYING SELF-REGULATION CHALLENGES DUE TO NEURODIVERGENCE LIKE AUTISM OR ADHD, ANXIETY, SENSORY PROCESSING CONCERNS, ADOPTION, OR TRAUMA, **THE ALARM GOES OFF MORE FREQUENTLY.**



Understanding the difference between Mona Delahooke's Bottom-Up and Top-Down Behaviors

“Bottom-up or body-up behaviors are reflexive, self-protective, automatic responses and do not involve conscious thought.”

“Top-down thinking develops over time and allows us to eventually develop intentional control over behaviors and impulses, to learn and reflect on our actions, and to pursue long-term goals.”



DR. MONA DELAHOKE EXPLAINS
BEHAVIOR IS ONLY THE TIP OF THE
ICEBERG.

*WE NEED TO LOOK FOR, ATTUNE TO,
AND SUPPORT THE WHY'S UNDERNEATH,
LIKE:*

*INTERNAL BODY PROCESSES (HUNGER, THIRST,
ETC.)

*SENSATIONS PROCESSED IN THE BRAIN/BODY
(TOO LOUD, TOO BRIGHT, ETC.)

*EMOTIONS

*THOUGHTS

*MEMORIES

*IDEAS

*ABILITY TO PLAN AND EXECUTE ACTIONS
(MOTOR CONTROL)

*DEVELOPMENTAL CAPACITIES AND PROCESSES





It is critical to understand the Double Empathy Problem.

<https://www.autism.org.uk/advice-and-guidance/professional-practice/double-empathy>

How else can I help?

- Make home the safe space, where your child can unmask, embrace their SPINS, stim comfortably, meet their sensory needs, and embrace their natural ways of being.
- Seek out your child's strengths and help them see them.
- Help your child understand and embrace their differences. Normalize brain differences within your family.
- Help your child decode and problem solve without shaming or forcing neurotypical social standards.
- Educate their teachers, providers, and other family members about the neurodiversity paradigm.



WE CAN HELP THROUGH ATTUNEMENT AND CO-REGULATION

BUILDING RELATIONSHIPS
THROUGH CONNECTION,
EMPATHY, AND RESPECT



<https://www.theotttoolbox.com/co-regulation/>
<https://monadelahooke.com/tag/co-regulation/>
<https://genmindful.com/blogs/mindful-moments/what-co-regulation-looks-like>

ONCE YOU ARE CALM, YOU ARE READY TO CO-REGULATE BY
PROVIDING YOUR CHILD WITH THE NECESSARY CUES FOR SAFETY



Spoon Theory

- “Spoons” represent “Units of Energy” required to complete tasks
- Spoons can only be replenished through rest
- Spoons vary throughout the day
- Tasks can take different amounts of spoons depending on your particular energy levels that day
- Spoon theory began in the chronic pain community. While some members of that community feel it should only related to chronic pain, many neurodivergent individuals have found it to be an accurate description of their experiences as well.



Navigating a Predominantly Neurotypical World

- Help identify ableism and work on environmental changes when and where you can to reduce the pressure on the Autistic individual.
- Help the Autistic individual understand when they are masking so they can decide whether they do or do not need/want to do so. Support them in looking at both the cost to them of the masking, and ways to replenish and engage in self-care if they have masked.
- Educate others (e.g., teachers, doctors) and be an ally in centering Autistic voices.
- Make home the safe landing space and look for the 'why' beneath the behavior.
- Presume competence and meet the Autistic person 'where they are.'
- Help decode - if the Autistic person wants to understand the neurotypical expectations or social norms, help them do so and then help empower them to figure out what is most comfortable for them.
- Support the Autistic person in asking for accommodations they need and want, as well as in when and how they want to disclose.
- Normalize brain differences, focus on strengths as well as vulnerabilities, support sensory needs, embrace SPINS, and embrace stimming.

Resources



Konfident Kidz and AUsome Training

“When Autistic kids are taught social skills they are inadvertently taught that their way of communicating and being is wrong.”

- Evaleen Whelton

Konnect Social Program: <https://konfidentkidz.ie/>

AUsome Training: <https://ausometraining.com/autism-training-for-parents/>

Konnect Workbooks: <https://konfidentkidz.ie/social-skills-books/>

<https://konfidentkidz.ie/15-reasons-why-we-dont-teach-neuro-normative-social-skills/>





Spectrum Critter Energy Meter

What is your arousal state compared to the current environment?

- What does this level of energy feel like?
- What does this level of energy look like?

By not using emotional labels, we can remove a barrier for those who struggle to identify and express emotions.

We can instead focus on supporting clients in shifting their energy levels to allow for engagement in their activities.

<https://autismlevelup.com/spectrum-critter-energy-meter-compliments-of-ra-vashtar/>

<https://autismlevelup.com/energy-meter/>

“Bumper is a Whole Body Learner, and they use all of their tools, tricks, gears, and processing mechanisms to take in and analyze information.”

Bumper “provides a framework for students to investigate how they use their mission control (aka head), tactile manipulators (aka hands and arms), mobility units (aka legs, feet, wheels), and inner mechanics (aka fuel and feelZzz) to learn. “

<https://autismlevelup.com/meet-bumper-a-whole-body-learner/>



Additional Autism Level Up Resources

[https://autismlevelup.com/wp-content/uploads/VS The Regulator 2-0.pdf](https://autismlevelup.com/wp-content/uploads/VS_The_Regulator_2-0.pdf)

[https://autismlevelup.com/wp-content/uploads/VS Power Plan.pdf](https://autismlevelup.com/wp-content/uploads/VS_Power_Plan.pdf)



Non-Speaking Resources

<https://xminds.org/Nonspeaking-Autistics>

<https://www.kelly-mahler.com/resources/blog/interoception-and-the-non-speaking-client/>

<https://notanautismmom.com/2021/01/30/spell-type-point-resource-list/>



Additional Resources

- Interoception: <https://autisticadvocacy.org/>
- Affirming OT: <https://gregsantucci.com>
 - *Including why reward charts are problematic*
- Why Not Rewards?: <https://www.alfiekohn.org>
- Autistic Self-Advocacy Network: <https://autisticadvocacy.org/>
- Understanding the Spectrum - The Art of Autism:
<https://the-art-of-autism.com/wp-content/uploads/2017/11/UnderstandtheSpectrum.pdf>



Centering Autistic Voices:

<https://neuroclastic.com>

<https://neurocosmopolitanism.com>

<https://notanautismmom.com/2020/07/20/autism-books/>

<https://ausometraining.com>

<https://aucademy.co.uk>

<https://autismlevelup.com>

<https://autisticadvocacy.org>

<https://bookriot.com/books-about-neurodiversity/>

<https://autisticadvocacy.org/book/start-here/>

NeuroTribes: The Legacy of Autism and the Future of Neurodiversity by Steve Silberman

<https://therapistndc.org/>

<https://www.mattlowrylpp.com/meme-gallery>

<https://howtoadhd.com>

<https://neuordivergentrebel.com>

Neurowild on Teachers Pay Teachers, Insta & Facebook - great illustrations to better understand ND

<https://neurodivergentinsights.com/>

<https://www.pdasociety.org.uk/resources-menu/>

Books: *Divergent Mind*, *Unmasking Autism*, *Your Child is Not Broken*, *I Will Die on this Hill* to name a few



PDA

- www.pdasociety.org.uk/life-with-pda-menu/family-life-intro/
- www.atpeaceparents.com/
- www.treehousenm.com
- www.kindtherapyandwellness.com
- www.thenurtureprogramme.co.uk
- www.kristyforbes.com/au



More Resources!

- Dr. Mona Delahooke: bottom-up, connection, co-regulation (www.monadelahooke.com)
- Greg Santucci, OT (www.gregsantucci.com)
- Alfie Kohn (www.alfiekohn.org)
- Dr. Ross Greene: “Kids do well if they can” and the Collaborative & Proactive Solutions model (www.livesinthebalance.org)
- Dr. Dan Siegel and Dr. Tina Payne Bryson’s research and Connect-Redirect (The Whole Brain Child, No Drama Discipline, etc.)

These can all help in schools too. It is important to understand that most schools are anchored in the traditional behavioral model and are not affirming.



Talking to Autistic Kids About their Neurotype

- Explaining Autism to Kids:

<https://brainbuildingbook.com/explaining-autism/>

- How To Explain a Diagnosis to Kids:

<https://drlizangoff.com/2021/01/19/how-to-explain-a-diagnosis-to-kids/>



Questions?

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