


**Empowering
Neurodiversity:
Dismantling Ableism
in and out
of the Playroom**

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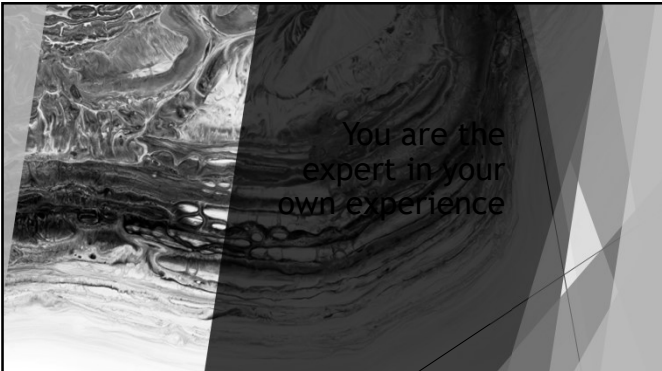
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Creator of The Empowering Neurodiversity
(END) Model™

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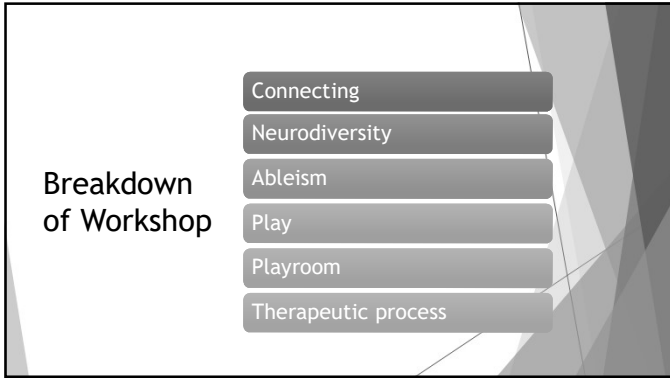


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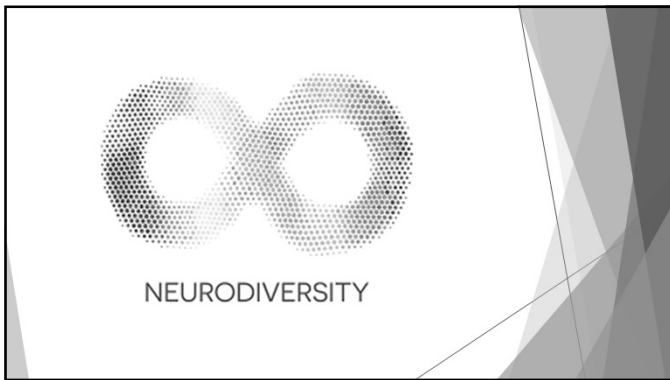


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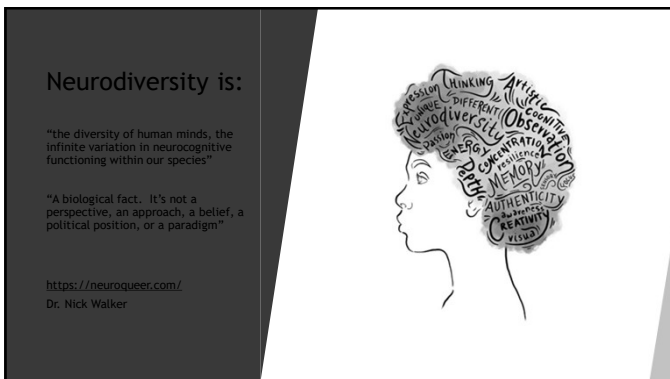
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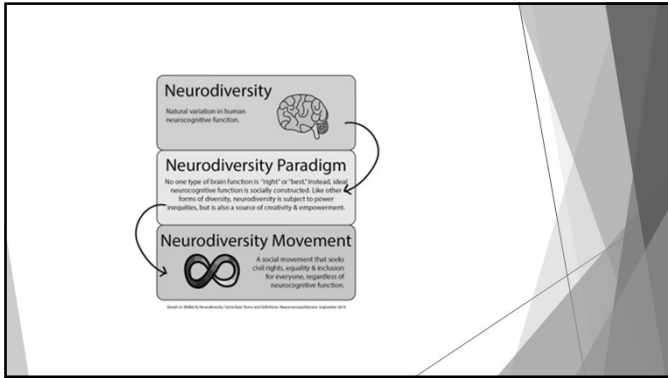
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Terminology

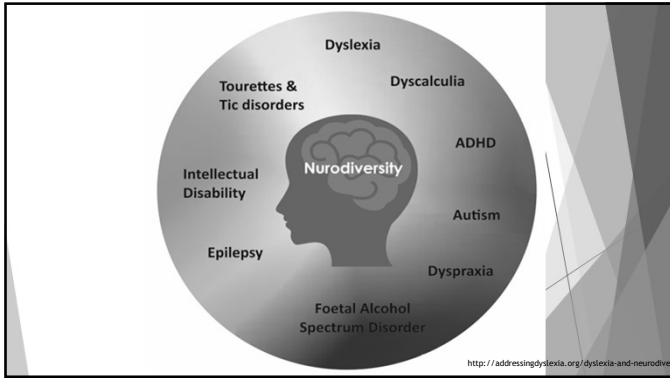
- ▶ **Neurodiversity** - Term coined Judy Singer (1998), highlighting human neurological functioning diversity. Neurodiversity refers to more than brain or neurocognitive functioning, but all neurological functioning. Neurodiversity is a biological fact.
- ▶ **Neurodivergent (ND)** (*noun or adj.*) Broad term coined by Kassiane Asasumasu (2000) describing someone whose neurology functions in ways that diverge significantly from dominant societal standards of normal. Neurodivergence, or the state of being neurodivergent, can be largely innate or acquired, or a combination of both. Not synonymous with Autistic. A person's neurological functioning that diverges in multiple ways can be **multiply neurodivergent**.
- ▶ **Neurodiversity Paradigm** - A social activist movement that promotes that there is no standard or ideal type of neurological functioning. The **Neurodiversity movement** focuses on dismantling ableism and oppression and seeks civil rights, equity, respect, and full societal inclusion for the neurodivergent.
- ▶ **Neurodiversity movement** - Introduced by Autism activist Jim Sinclair at the 1993 International Conference on Autism in Toronto in his speech entitled "Don't mourn for Us". The movement has moved beyond the autism rights movement to one that seeks rights, inclusion, accommodations, and equity for all, regardless of neurotype

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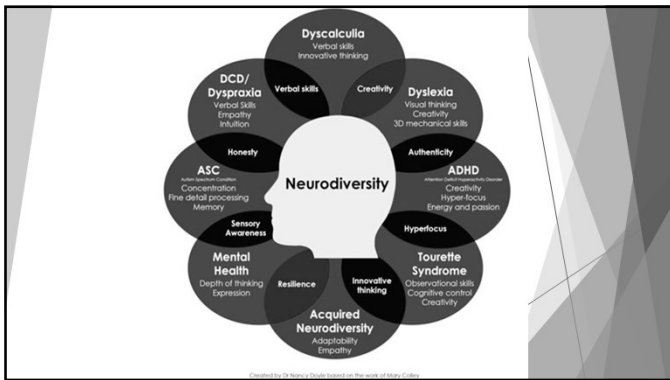
Terminology

- ▶ **Neurotype** - Refers to an individual's neurological or neurocognitive functioning, often analogous to a person's diagnosis or lack thereof. For example, "autistic" is a neurotype, and so is "neurotypical."
- ▶ **Neurotypical (NT)** (*noun or adj.*) - Having a style of neurological or neurocognitive functioning that falls within the dominant societal standards. Not synonymous with Allistic.
- ▶ **Neurominority** (*noun or adj.*) - A neurodivergent population who share a similar form of neurodivergence. Some neurominorities include Autism, ADHD, dyslexia, FASD, and TBI. It is also possible to be neurodivergent without being a member of a neurominority group.
- ▶ **Neurodiverse** - A group (not to describe individuals) where one or more members' neurotype differs from other members. The opposite is **neurohomogenous**.
- ▶ **Neuronormative** - **Focusing on, or privileging, the neurotypical over the neurodiverse**
- ▶ **Allistic** - a person who is not autistic/non-autistic

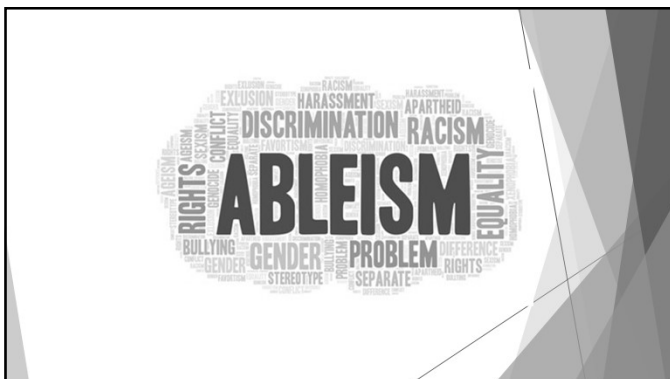
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Ableism

Adapted from the working definition created by Talia "TL" Lewis, lawyer and disability rights activist (2021)

A system that places value of people's bodies and minds based on societally constructed ideas and ideals of normalcy, morality, appearance, intelligence, capacity, and excellence.

These constructed ideas and ideals of normalcy, morality, appearance, intelligence, capacity and excellence are deeply rooted in racism, anti-Blackness, anti-Indigeneity, eugenics, colonization, and capitalism.

Ableism created the stage for the patriarchy, kyriarchy, sexism, homophobia, transphobia, xenophobia, imperialism, classism, agism, sanism, fat shaming, and disablism.

This form of systemic oppression leads to people and society determining who has value and worth based on people's appearance, presentation, and/or their ability to satisfactory fit in, relate to others, express themselves, communicate, move, produce, excel, and "behave".

You do not have to be disabled or have disabilities to experience ableism.

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Ableist Language to avoid

- ▶ That isn't normal behaviour
- ▶ Social skills training
- ▶ Pro-social behaviour
- ▶ That's so autistic
- ▶ Full blown FASD
- ▶ They are high functioning
- ▶ They are low functioning
- ▶ Non verbal
- ▶ I'm being such a spaz dropping things
- ▶ That is so rStar5d
- ▶ My child is special needs
- ▶ My ideas fell on deaf ears
- ▶ The blind leading the blind
- ▶ I'm super OCD about how I clean my apartment
- ▶ That's crazy
- ▶ I don't even think of you as disabled
- ▶ I am being so ADHD right now, I can't focus
- ▶ I worked out so hard I feel like a cripple today

Eisenmenger (2019) <http://www.accessibility.org/newsroom/blog/ableism-101>

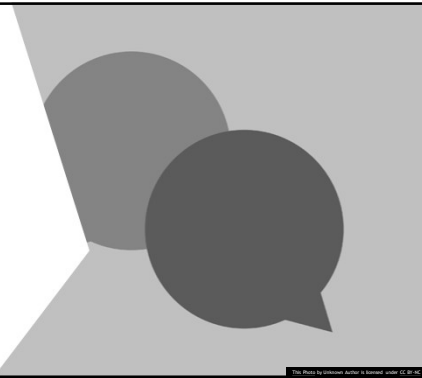
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Medical Model of Disability	Social Model of Disability
<ul style="list-style-type: none"> ▶ Disability is created by physical, neurological, or mental impairment ▶ The individual is considered impaired and is or has a problem that needs to be treated or fixed ▶ Diagnosis as labels, as a bad thing ▶ Focus is on cures, alleviating the symptoms or control ▶ No consultation, prescriptive treatments, institution orientated ▶ Paternalism ▶ Charity, pity, or sympathy ▶ Celebrating "inspirational" stories, focusing on disability was overcome ▶ Disability understood through a white, wealth, and otherwise privileged lens 	<ul style="list-style-type: none"> ▶ Systemic oppression creates barriers and inaccessibility ▶ This includes to physical spaces, services, language, communication, education, employment, and community engagement ▶ Prejudice, stigma, stereotyping and discrimination as forms of oppression ▶ Social justice movement focused on inclusion, eliminating barriers, representation, and empowering strengths ▶ Disability and diagnosis can provide identity and community ▶ Disability status is complex and not assumed ▶ "Nothing about us, without us"

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The power of language

- ▶ Language is important
- ▶ It is not about being politically correct nor is it about what was the intent
- ▶ As play therapists, we understand the power of words. We use words to help our clients connect feelings, link experiences, and to foster insight and integration
- ▶ Depending on how you wield it, language can promote healing and empowerment or can cut down and destroy
- ▶ Language is the easiest way to change our input into systems of oppression



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Person-First Language & Identity-First Language

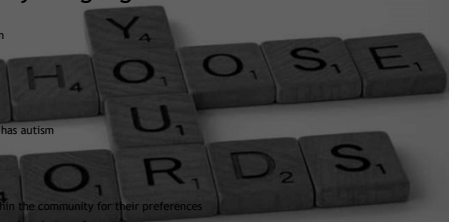


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Neurominority Language Preferences*

- ▶ Neurodivergent Person
- ▶ Autistic Person
- ▶ ADHDer
- ▶ Person with FASD
- ▶ Disabled Person
- ▶ Parent of a child who has autism


*Not universal
 Language is not
 Check with adults within the community for their preferences
 Always ask your clients what their preference is
 If they are unsure, this is a place to explore their relationship with their neurodiversity



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What's a label got to do with it?


"Systems can fear labels. How does avoiding a label help others in the child's life? Diagnoses or self identification can be affirming, empowering, and liberating. Association with a neurominority can create connection and strengthen identity. It can also help a child connect to their authentic self."



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Neurodiversity Affirming Play Therapy*

- ▶ Neurodiversity is not considered something that requires fixing, curing, or solving
- ▶ Provides Cultural Safety
- ▶ Welcomes, validates, confirms, and accepts a child's neurotype, experiences, neurological, neurocognitive, and sensory needs
- ▶ Does not prescribe neuronormative goals or masking
- ▶ No use of behavioural/compliance base models in the therapeutic process including ABA



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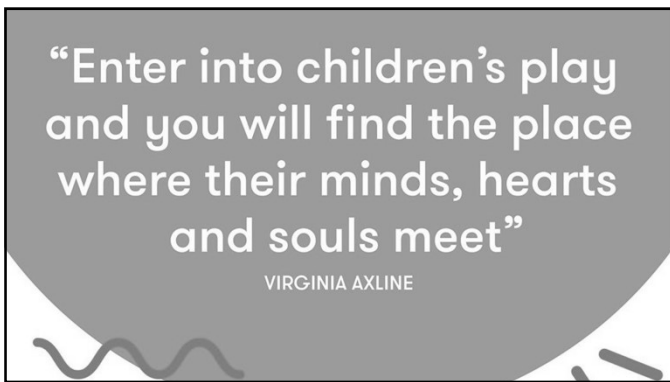


Play is Affirming!

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Neurodiversity Empowering Play Therapy

- ▶ Creates a space for the child that moves beyond affirming to celebrating and empowering a child's neurotype
- ▶ The playroom becomes a space where the child can express their neurological, neurocognitive, and sensory needs
- ▶ The child experiences feeling felt and understood as their authentic neurodivergent self. Safety develops through this therapeutic connection.
- ▶ The child discovers what relationship they want to have with their body, mind, and spirit through identity exploration
- ▶ Somatic and sensory play (embodiment) fosters co-regulation capacity
- ▶ Focused on dismantling areas of oppression and ableism in the child's life outside of the playroom

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PEOPLE HAVE 2 NEEDS
ATTACHMENT
AUTHENTICITY
WHEN AUTHENTICITY THREATENS ATTACHMENT
ATTACHMENT TRUMPS AUTHENTICITY
 GABOR MATÉ

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Play Therapy and Identity Formation

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Identity Formation

- ▶ Identify is a human right
- Al Tamimi Y. Human Rights and the Excess of Identity: A Legal and Theoretical Inquiry into the Notion of Identity in Strasbourg Case Law. Social & Legal Studies. 2018;27(3):285-298. doi:10.1177/0864563817722598
- ▶ Identify is developed through social interaction
- ▶ Oppression affects identity formation
- Hall, S (1990) Cultural identity and diaspora. In: Rutherford, J (ed) Identity: Community, Culture, Difference. London: Lawrence & Wishart, pp. 222-237
- ▶ Neurotype can be a part of one's identity
 - ▶ That is why many neurominorities prefer identity first language
- ▶ Within the social model of disability, disability as identity can be empowering
- ▶ Dismantling internalized ableism
 - ▶ Shifts worth from how well we fit in, comply, achieve, or mask (ableist neuronormative goals) to reflecting authentic neurodivergent strengths

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"If we focus on the things a neurodivergent child does well, that becomes their story, and everyone deserves to be the hero in their own story"

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"The things that make me different are the things that make me... ME"
Winnie The Pooh

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Stigma Trauma

- ▶ Stigma is a form of trauma
- ▶ Stigma targets a person's belief about themselves
- ▶ Stigma undermines a person's humanity and overshadows the fullness of their identity
- ▶ Stigma can shift a person into a hyper-arousal state of defensive safety seeking or guarded withdrawal and self isolation
- ▶ Ableism and the assumption that neurodiversity requires "fixing" is at the root of neurodiversity stigma
- ▶ Neurodivergent children can experience shame, rejections, and devaluing of their authentic selves

Gates, G. (2019). Trauma, stigma, and autism: Developing resilience and loosening the grip of shame. Jessica Kingsley.

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Neurodiversity and unmasking

Masking

- ▶ Learned behavior that neurodivergent children employ to disguise their neurotype

Neurodivergent Overwhelm

- ▶ Navigating oppressive environments, frequent demands, and continuous sensory input can be physically, mentally, and spiritually fatiguing and can leave children with "no spoons"

Neurodivergent Meltdowns

- ▶ An emotional "explosion" caused by sensory and/or emotional overstimulation.
- ▶ Meltdowns can involve crying, screaming, arguing, yelling, aggressive and/or self-injurious behavior or can look and feel like panic attacks
- ▶ Meltdowns are the body's way of releasing and purging.

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Neurodiversity and unmasking

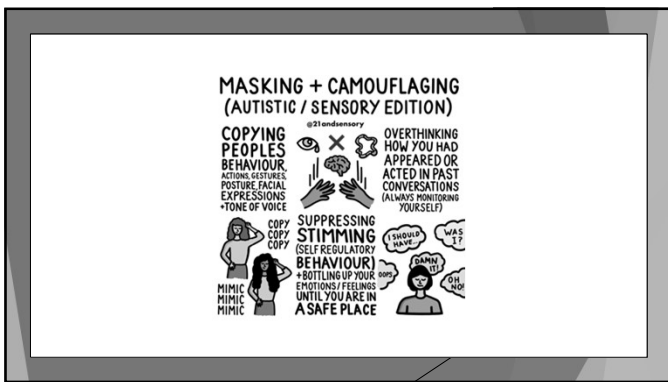
Neurodivergent Shutdown/Sensory Hangover

- ▶ An emotional “implosion” in an autistic person, caused by sensory and/or emotional overstimulation.
- ▶ Shutdowns can involve crying, being unable to speak (“going nonverbal”), becoming stiff and immobile, and trying to hide

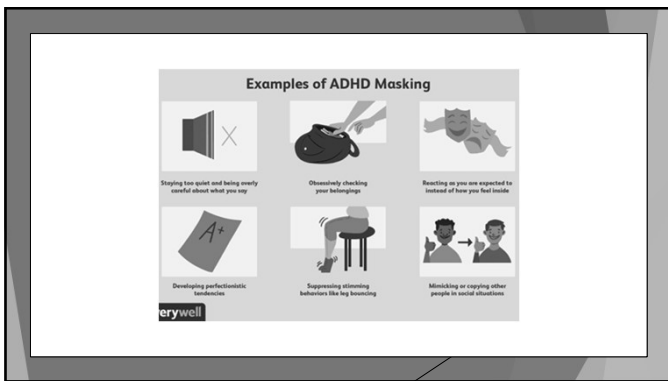
Neurodivergent Burnout

- ▶ A long-term state of executive dysfunction and sensory/emotional dysregulation
- ▶ Burnout can be caused when an environment doesn’t meet a child’s needs or due to long term masking
- ▶ Symptoms include lethargy, frequent nonverbal episodes, deteriorating personal hygiene, and demand avoidance

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FASD Overwhelm and Meltdowns

Sensory overload

Change and confusion

Memory inaccessibility

Fatigue

Communication overwhelm

Pain and medical conditions

Processing overwhelm

Stress

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Dismantling Internalized Ableism

- ▶ What should you hold about being "professional"?
- ▶ What should you hold about being an expert?
- ▶ What should you hold about being a play therapist?
- ▶ What should you hold as a learner?
- ▶ What should you hold about "self care"?
- ▶ What should you hold about your neurotype?
- ▶ What should you hold about your mental health?

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Neurodiversity and Play

- ▶ There is no right way to play
- ▶ Play is play even if it does not look like play
- ▶ Children cannot fail at play
- ▶ Play belongs to the child and is informed by the child
- ▶ Play is not an intervention
- ▶ Play is not used to "fix" children
- ▶ Play should focus on how children learn, not just what they learn
- ▶ Consent is key in play
- ▶ Sensory play is therapeutic play

ALL PLAY IS BEAUTIFUL!

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Ableism and play

- ▶ Throw out neurotypical play goals:
 - ▶ Play should be developmentally and age appropriate
 - ▶ Play should be with others and in person
 - ▶ Play should be cooperative
 - ▶ Play should teach children social skills like turn taking
 - ▶ Play should have a purpose
 - ▶ Play should not inhibit the ability to communicate through speech
 - ▶ Play should be able to end and not get in the way of non-preferred activities
 - ▶ Play should not be online
 - ▶ Play should have variety
 - ▶ Play should not be restrictive or repetitive
 - ▶ Play should be with toys
 - ▶ Play should be appropriate for the environment
 - ▶ Play should not be messy, loud, or disrupt others
 - ▶ Play should follow rules
 - ▶ Play should be flexible and adaptable to changing rules
 - ▶ Play should be imaginative
 - ▶ Play should be symbolic or involve pretend play
 - ▶ Play should not be an escape or a way to avoid non-preferred activities

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What Pathologising Autism Looks Like

Four groups were presented this image of 10 year old Cedric's creation. Over 200 comments were received from the groups. This is a summary of those responses.



- Group 1 (Mama Group of Typically Developing Children)**
"Beautiful," "Gorgeous colours", "A piece of art", "Love it, it reminds me of a 50 year long", "What a great display of patience".
- Group 2 (Neurotypical Led Support Group for Parents of Autistic Children)**
"It's sad they don't know how to play", "My kid does this too, it's so frustrating", "Yep, my kid is always making a mess too".
- Group 3 (Autistic Led Support group for parents of autistic children)**
"Wow, that's a kid with determination", "Epic", "I just love the creativity", "So beautiful and artistic".
- Group 4 (Professionals Led Autism Education Group)**
"ABA and SDCI can help with developing more appropriate play skills", "I would use the interest in the toys to direct mutual attention and unwanted behaviour".

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Neurodivergent play consideration

- Echolalia**
 - ▶ May repeat others' words or sentences of familiar people (parents, teachers), their own phrases, or from things they have seen/heard
- Special Interests**
 - ▶ Passionate interest in a certain topic or activity, something they are very invested in and knowledgeable about. These are much more intense than neurotypical people's interests.
- Infodump**
 - ▶ When a neurodivergent person provides intricately detailed summaries of their topic of interest in single heaps. This can occur in conversation both online and offline. Also known as 'speaking in paragraphs'
- Stimming**
 - ▶ Short for self-stimulatory behavior, repetitive motions, actions, or vocalizations that regulate sensory and emotional input.
- Hyperfixation**
 - ▶ A topic or activity that a neurodivergent person is currently extremely focused on, often causing them to forget to do certain basic necessities like bathe and eat.
- Hyper focus**
 - ▶ The state of being extremely focused on a hyperfixation. This is the time tilted state (inability to sense the passing of time) that neurodivergent people enter when we become fixated on a thought, topic, interest, or activity.
- Safe Food**
 - ▶ A food that a ND person eats a lot and enjoys. It removes some anxiety from eating as well as removing preparation work. It may also help with switching tasks as the person knows what is coming next and can look forward to it.

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Neurodivergent play considerations

- ▶ **Augmentative and Alternative Communication (AAC)**
 - ▶ includes all forms of communication (other than oral speech) that are used to express thoughts, needs, wants, and ideas.
- ▶ **Central Auditory Processing Disorder**
 - ▶ condition where the nervous system has difficulty processing the sounds it hears. This can result in difficulty in telling the difference among similar sounds in words and making sense of what is being said
- ▶ **Rejection Sensitivity Dysphoria**
 - ▶ The extreme emotional sensitivity and pain triggered by the perception that a person has been rejected or criticized by important people in their life. It may also be triggered by a sense of falling short—failing to meet their own high standards or others' expectations.
- ▶ **Pathological Demand Avoidance (PDA)**
 - ▶ is a profile that describes those whose main characteristic is to avoid everyday demands and expectations to an extreme extent.

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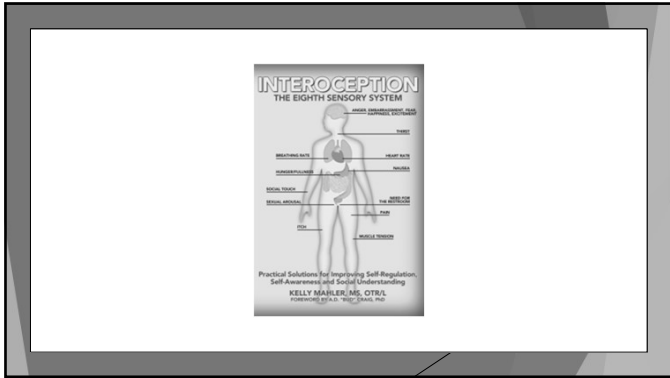


Sensory processing

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Sensory considerations in the playroom

Sensory Processing Disorder

- ▶ May have difficulty processing information from the senses and may have over or underactive responses to stimulation. (Hyposensitivity and/or Hypersensitivity)

Synesthesia

- ▶ One sense is simultaneous perceived as if by one or more additional sense or may also join objects such as letters, shapes, numbers or people's name with a sensory perception

Misophonia

- ▶ Certain sounds can trigger an emotional or physiological response that is heightened

Aphantasia

- ▶ Difficulty creating voluntary mental imagery

Hyperphantasia

- ▶ Ability to create vivid mental imagery

Apraxia/Dyspraxia

- ▶ Dyspraxia is the partial loss, whereas apraxia is the complete loss, of the ability to co-ordinate and perform a familiar skill. May refer to gross and fine motor skills or speech.

Prosopagnosia

- ▶ Difficulty with face perception

Alexithymia

- ▶ Difficulty identifying and describing emotions experienced by one's self and may experience confusion around bodily sensations connected to emotions.


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Neurodivergent Friendly Playroom

- ▶ Create a space that can meet different sensory needs
 - ▶ Always offer choice, needs may change based on the regulatory need
- ▶ Avoid too much visual stimuli
 - ▶ Create options for toys or materials to go behind doors, curtains, screens, containers if needed
- ▶ Be mindful of lighting options
 - ▶ limit overhead lights, do not use fluorescent lights, provide options to different light levels, including darkness
- ▶ Be mindful of scent and auditory sensitivity
- ▶ Provide access to materials that meet different sensory needs (all 8 senses)

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The Toys Do Matter



- ▶ Provide diversity in toys, craft materials, and art supplies
 - ▶ Do you have toys that look like the kids you work with?
 - ▶ Do you have toys that reflect human diversity?
 - ▶ Do you have toys that depict harmful stereotypes or are stigmatizing to certain groups?
 - ▶ Do you have art and craft materials for different abilities
- ▶ Does every child you work have equal access to every toy in the playroom?
 - ▶ Are there breakable or off limit toys?
 - ▶ Is the room wheelchair user friendly?
 - ▶ Do not display toys in the playroom unless they can be used
 - ▶ Create containers or bins for materials you want to reserve for different age groups, remove from playroom when not in use
- ▶ Create spaces for dysregulation and big sensory play
 - ▶ Have sand that can come out of the sandtray!
 - ▶ Have different containers for sand/sand alternatives that can be mixed with water or kinetic sand
 - ▶ Shower curtains, plastic sheets are really helpful

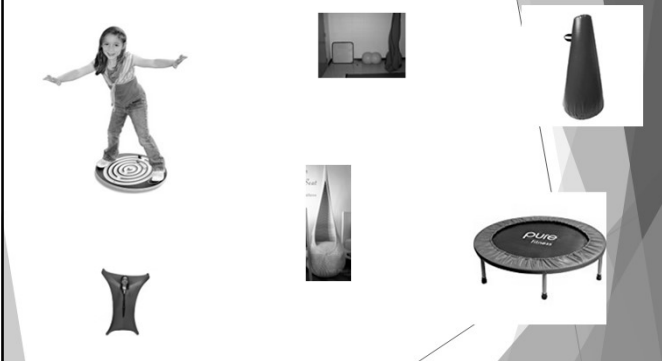
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A Sampling of Sensory Tools



- ▶ Bed Tent
- ▶ Bean bag chair
- ▶ Curtains
- ▶ Weighted Blanket
- ▶ Massagers
- ▶ Balance Board
- ▶ Trampoline
- ▶ Fidgets
- ▶ Putty
- ▶ Knitting
- ▶ Ear pods

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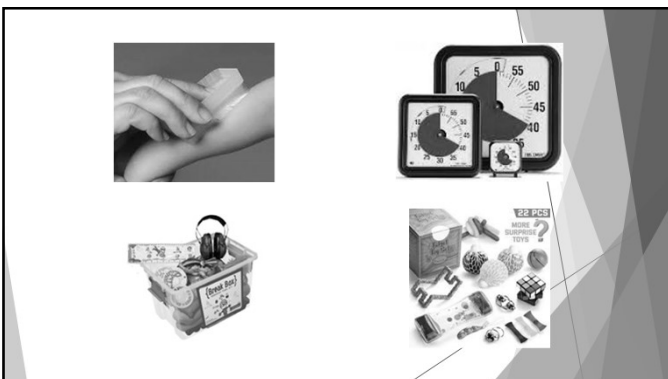
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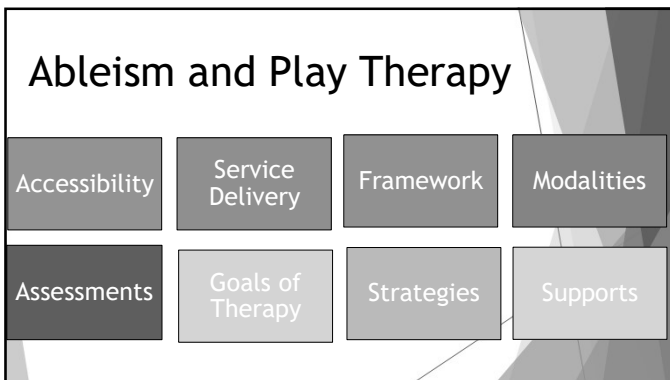
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Questions for Play Therapists

- Is your intent to change the child?
- Do you hope the child learns how to be different?
- Do you hope the child will play?
- Do you hold yourself of the child, the caregivers, or you should be?
- Are you more accepting of some behaviours than others?
- Do you have a low tolerance for messiness?
- Do you have a need to rescue the child from pain or difficulty?
- Do you have a need to be liked by the child?
- Do you feel safe with the child?
- Do you trust the child?
- Do you expect the child to deal with certain issues?

Adapted from Landreth (2012)

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Start at the beginning

- ▶ Evaluate if your space and practice is accessible for all:
 - ▶ Entrances to building, waiting area, and playroom
 - ▶ Create policies for inclusivity
 - ▶ Wheelchair user accessible
 - ▶ Visually impaired, deaf, or hard of hearing accessible
 - ▶ Access to parking, public transit
 - ▶ Washroom access
 - ▶ Do you have offer alternate ways to communicate - AAC friendly?
 - ▶ Booking appointments
 - ▶ Appointment Reminders
- ▶ Website Language
- ▶ Description of your approach, processes, and theoretical framework for working with ND clients
- ▶ Format for working with parents
- ▶ 15 minute telephone consultation

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Play Therapy Intake Process

- ▶ Determining Fit
- ▶ Inclusion
- ▶ Accommodations
- ▶ Barriers to access and attendance
- ▶ Sensory needs
- ▶ Communication needs
- ▶ Intake forms
- ▶ Assessments
- ▶ Simplifying processes
- ▶ Intake sessions
- ▶ Consent and Confidentiality
- ▶ Therapeutic process - first session, format and length of sessions, closing
- ▶ Concrete explanation of processes

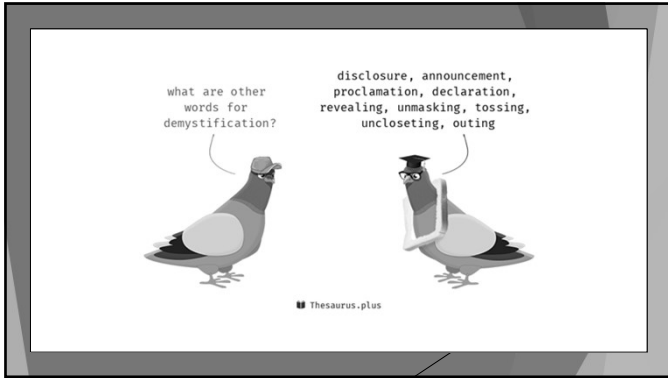
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ND Empowering Strength Based

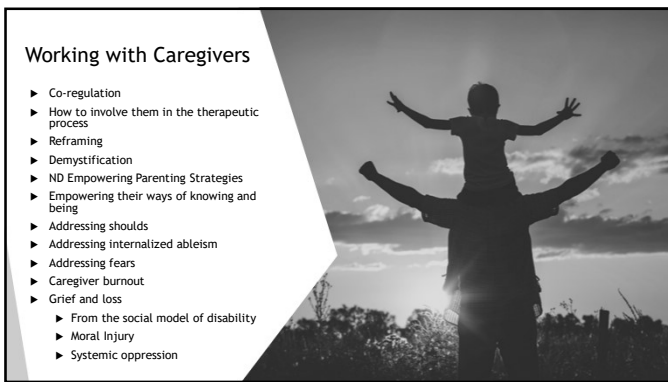
- ▶ requires a reconfiguring of relationships of power
- ▶ structure over stereotypes
- ▶ Privileging, promoting, and empowering other ways of knowing, being and doing
- ▶ Not focused on cure, fixing, social masking, behaviour elimination, making fox fit in
- ▶ Prosocial behaviour ≠ fitting in
- ▶ Ethical prerequisite
- ▶ Demystifying neurodiversity and diagnoses
- ▶ Self-advocacy
- ▶ Identify interests
- ▶ Promote self-soothing/stimming
- ▶ Find something that the person likes to do and is regulating and arrange to have the person do that every day regardless of behaviour

Figgs, W., Lowell, M., Langanbary, J., Nelson, M.J., DeCosta, D. (2019). *From Cure to Strength: A New Approach to Challenging the Narrative of Abnormality and Fostering Self-Regulation, Health and Wellbeing*. Melbourne, VIC: The University of Melbourne.

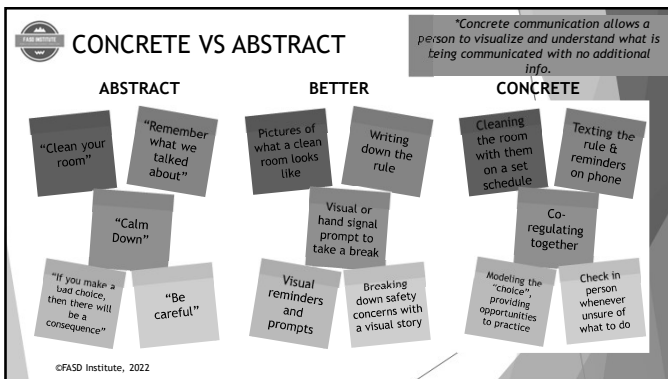
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Healing the Overwhelm: Caregiver Burnout

Community isolation: exhausting wearing all the hats & no breaks

Unhelpful advice & services that are not through an ND lens

Fears for the future
Pressure to teach and keep safe

Fighting multiple systems
Lack of ND tailored supports

ND can be complex :
Pulled in multiple directions

Connection: who/what/where regulates understands & supports

Trust: permission to fight for your child's rights. You know them best

Hope: provide a soft place to land and learn after making mistakes

Grieve: seeing your child experience systemic barriers and oppression

Rest: practice gentleness. Building long-term resources one at a time

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It is not burnout: it is moral injury

Moral injury: witnessing behaviors that go against your values and moral beliefs as a play therapist

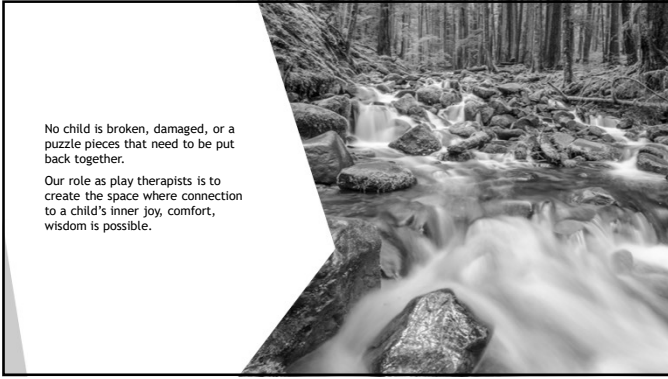
Competing system goals	Ableism	Multiple systems of oppression	Hyper responsibility
Barriers to access	Lack of services	Financial limitations	Navigating multiple systems

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Shouting "self-care" at people who actually need "community care" is how we fail people.

Nakita Valerio

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