NEURODIVERSITY

Embracing Human Differences
AGENDA

- What is neurodiversity?
- What does neurodiversity look like?
- Why is neurodiversity important?
- Benefits of neurodiversity.
- A different perspective on disability.
- Building neuro-inclusive society.
- Q&A
The concept of neurodiversity provides a paradigm shift in how we think about mental functioning.

Instead of regarding large portions of the American public as suffering from deficit, disease, or dysfunction in their mental processing, neurodiversity suggests that we instead speak about differences in cognitive functioning.
WHAT IS NEURODIVERSITY

- The term originated back in the late 1990’s in reference to individuals with autism (ASD).
- The term has since expanded to include a broader range of neurological-based conditions such as; learning differences, (e.g. Dyslexia, ADHD, ASD) and mental disorders (e.g. anxiety, mood disorders, depression, bi-polar), TBI’s and other conditions.
- Neurodiversity asserts that atypical neurological development is a normal human difference that is to be tolerated and respected as any other human difference.
What is Neurodiversity?

Some people’s brains are similar enough that they behave in ways that are categorised and labelled. Some of these labels are typical, schizophrenic, bipolar, autistic, and epileptic.

All of these labels (except “typical”) indicate neurodiversity, that is, a deviation of a brain from society’s expectation of normality.

Not all neurodiversity is diagnosed, or even diagnosable. This means that not all people who are perceived as neurotypical are in fact so.

Neurodiversity is neither “good” nor “bad.” A person can be born with it, or it can be acquired. It is up to each neurodivergent individual to decide what help they desire.

Pat and friends are comfortable with their individual divergences and their diversity as a group. They support each other’s rights to self-determination, and they value the strengths they each bring to their group of friends.

For more resources visit hellomichelleswan.com

Copyright Michelle Swan & Erin Human
The truth is though, someone who is neurodiverse in some areas of their brain, will also be no different to your average person in other areas of their brain.

You see, the autistic spectrum looks something more like this.

- Social and Communication
- Cognition – Thinking
- Executive Functions
- Emotional Response
- Information Processing: auditory, verbal and sensory
- Motor skills
Neurodiversity is about abilities being out of balance

Whilst neurodiverse people may struggle with:
- Organisational skills
- Planning and prioritising
- Time keeping
- Background noise

They may be brilliant at:
- Connecting ideas
- Thinking outside the box
- 3Dimensional thinking
- Seeing the big picture

Neurodiversity is not tied to IQ

Overall IQ can be anywhere in the range. The key difference is the spikes in the profile.
NEURODIVERSITY
A GROWING POPULATION

- In the past 60 years the number of categories of psychiatric illnesses has tripled.
- 1 in 5 students age 13-18 live with a mental health condition and 50% of the US adult population is projected to be diagnosed with a mental health condition by age 40.
- 1:59 are diagnosed with ASD (Autism Spectrum).
- 6.1% of children are being treated for ADHD and 4.4% the adult population has been diagnosed with ADHD.
- 1 in 5 children in the US have learning or thinking differences.
- 1 in 16 public school students have IEP’s for learning or other health issues.
GREAT INNOVATION AND CREATIVITY COMES FROM DIFFERENTLY WIRED BRAINS
**A DIFFERENT PERSPECTIVE ON DISABILITY**

**what is a "model" of disability?**
In this case, "model" means a certain way of thinking about disability.

**what is the Social Model of Disability?**
To understand this concept, it's useful to compare it to the "medical model" of disability.

<table>
<thead>
<tr>
<th><strong>Medical Model</strong></th>
<th><strong>Social Model</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The person is disabled by the abnormalities and deficits of their own body and/or brain.</td>
<td>The person is disabled by their environment and its physical, attitudinal, communication, and social barriers.</td>
</tr>
<tr>
<td>Disabled people are broken, abnormal, or damaged versions of human being and should be fixed, cured, and/or prevented.</td>
<td>Disabled people are normal, valid varieties of human being and should have equal rights and access to society, just as they are.</td>
</tr>
<tr>
<td>Since the disabled person's impairments prevent them from functioning normally, they need caregivers and professionals to make decisions for them. The disabled person is an object of charity and receiver of help.</td>
<td>Since the disabled person is inherently equal, they have a right to autonomy, choice, and free and informed consent in their own lives.</td>
</tr>
<tr>
<td>The disabled person should adjust to fit into society, since they are the one who is not normal. Being part of society means rising above disability.</td>
<td>The disabled person should be supported by society, because they are equal and have a right to inclusion. Their community should adjust its own barriers and biases.</td>
</tr>
</tbody>
</table>
NEURODIVERSITY AND INCLUSION

1. Learn about neurodiversity and brain-based differences.
2. Accept differences and stop trying to fix them.
3. Support and accommodate differences versus fix behaviors.
4. Treat the whole person, not just a group of symptoms or conditions.
5. Increase collaboration across the system of care.
6. Simplify access to information, programs, services.
7. Align programs and services around individual needs versus a diagnosis or label.
8. Embrace a growth mindset to facilitate individual growth.
9. Adopt best practices to affirm strengths and support individualized needs.
10. Enable individuals to work in their strength zones.

Learn about neurodiversity and brain-based differences.
Accept differences and stop trying to fix them.
Support and accommodate differences versus fix behaviors.
Treat the whole person, not just a group of symptoms or conditions.
Increase collaboration across the system of care.
Simplify access to information, programs, services.
Align programs and services around individual needs versus a diagnosis or label.
Embrace a growth mindset to facilitate individual growth.
Adopt best practices to affirm strengths and support individualized needs.
Enable individuals to work in their strength zones.

NEURODIVERSITY AND INCLUSION

Learn about neurodiversity and brain-based differences.
Accept differences and stop trying to fix them.
Support and accommodate differences versus fix behaviors.
Treat the whole person, not just a group of symptoms or conditions.
Increase collaboration across the system of care.
Simplify access to information, programs, services.
Align programs and services around individual needs versus a diagnosis or label.
Embrace a growth mindset to facilitate individual growth.
Adopt best practices to affirm strengths and support individualized needs.
Enable individuals to work in their strength zones.

NEURODIVERSITY AND INCLUSION

Learn about neurodiversity and brain-based differences.
Accept differences and stop trying to fix them.
Support and accommodate differences versus fix behaviors.
Treat the whole person, not just a group of symptoms or conditions.
Increase collaboration across the system of care.
Simplify access to information, programs, services.
Align programs and services around individual needs versus a diagnosis or label.
Embrace a growth mindset to facilitate individual growth.
Adopt best practices to affirm strengths and support individualized needs.
Enable individuals to work in their strength zones.

NEURODIVERSITY AND INCLUSION

Learn about neurodiversity and brain-based differences.
Accept differences and stop trying to fix them.
Support and accommodate differences versus fix behaviors.
Treat the whole person, not just a group of symptoms or conditions.
Increase collaboration across the system of care.
Simplify access to information, programs, services.
Align programs and services around individual needs versus a diagnosis or label.
Embrace a growth mindset to facilitate individual growth.
Adopt best practices to affirm strengths and support individualized needs.
Enable individuals to work in their strength zones.

NEURODIVERSITY AND INCLUSION

Learn about neurodiversity and brain-based differences.
Accept differences and stop trying to fix them.
Support and accommodate differences versus fix behaviors.
Treat the whole person, not just a group of symptoms or conditions.
Increase collaboration across the system of care.
Simplify access to information, programs, services.
Align programs and services around individual needs versus a diagnosis or label.
Embrace a growth mindset to facilitate individual growth.
Adopt best practices to affirm strengths and support individualized needs.
Enable individuals to work in their strength zones.

NEURODIVERSITY AND INCLUSION

Learn about neurodiversity and brain-based differences.
Accept differences and stop trying to fix them.
Support and accommodate differences versus fix behaviors.
Treat the whole person, not just a group of symptoms or conditions.
Increase collaboration across the system of care.
Simplify access to information, programs, services.
Align programs and services around individual needs versus a diagnosis or label.
Embrace a growth mindset to facilitate individual growth.
Adopt best practices to affirm strengths and support individualized needs.
Enable individuals to work in their strength zones.

NEURODIVERSITY AND INCLUSION

Learn about neurodiversity and brain-based differences.
Accept differences and stop trying to fix them.
Support and accommodate differences versus fix behaviors.
Treat the whole person, not just a group of symptoms or conditions.
Increase collaboration across the system of care.
Simplify access to information, programs, services.
Align programs and services around individual needs versus a diagnosis or label.
Embrace a growth mindset to facilitate individual growth.
Adopt best practices to affirm strengths and support individualized needs.
Enable individuals to work in their strength zones.

NEURODIVERSITY AND INCLUSION

Learn about neurodiversity and brain-based differences.
Accept differences and stop trying to fix them.
Support and accommodate differences versus fix behaviors.
Treat the whole person, not just a group of symptoms or conditions.
Increase collaboration across the system of care.
Simplify access to information, programs, services.
Align programs and services around individual needs versus a diagnosis or label.
Embrace a growth mindset to facilitate individual growth.
Adopt best practices to affirm strengths and support individualized needs.
Enable individuals to work in their strength zones.

NEURODIVERSITY AND INCLUSION

Learn about neurodiversity and brain-based differences.
Accept differences and stop trying to fix them.
Support and accommodate differences versus fix behaviors.
Treat the whole person, not just a group of symptoms or conditions.
Increase collaboration across the system of care.
Simplify access to information, programs, services.
Align programs and services around individual needs versus a diagnosis or label.
Embrace a growth mindset to facilitate individual growth.
Adopt best practices to affirm strengths and support individualized needs.
Enable individuals to work in their strength zones.
## Rethinking Education

### Figure 1. A Tale of Two Special Education Paradigms

<table>
<thead>
<tr>
<th>Focus</th>
<th>Elements of Deficit-Based Special Education</th>
<th>Elements of Strengths-Based Special Education (Grounded in Neurodiversity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment methods</td>
<td>Testing to detect deficits, disorders, and dysfunctions</td>
<td>Assessing strengths and challenges</td>
</tr>
<tr>
<td>Instructional approaches</td>
<td>Remediating weaknesses</td>
<td>Building on strengths and using them to overcome challenges</td>
</tr>
<tr>
<td>Theoretical foundations</td>
<td>Genetics, neurobiology</td>
<td>Evolutionary psychobiology, social and ecological theory</td>
</tr>
<tr>
<td>View of the brains of students with special needs</td>
<td>In many cases, the brain is seen as damaged, dysfunctional, or disordered</td>
<td>Part of the natural human variation of all human brains</td>
</tr>
<tr>
<td>Program goals</td>
<td>Meeting instructional objectives</td>
<td>Developing human potential</td>
</tr>
<tr>
<td>Student goal</td>
<td>Learning to live with your disability</td>
<td>Learning to maximize your strengths and minimize your weaknesses</td>
</tr>
<tr>
<td>Student self-awareness</td>
<td>Explaining students' disabilities to them using machine-based metaphors</td>
<td>Helping students value their diverse brains using growth mindset, neuroplasticity, and &quot;brain forest&quot; metaphors</td>
</tr>
</tbody>
</table>
• Modify recruiting and hiring practices
• Offer more flexible work options/schedules
• Make environmental modifications
• Provide access to tools/technologies work productivity
• Workforce neurodiversity education
• Content accessibility (UDL compliant)
• Access to coaching and mentors
• Job carving to align to employee strengths
• Use thoughtful and respectful language
• Identify and acknowledge potential unconscious bias
• Ask questions, make no assumptions and LISTEN
• Just because you can’t see someone's differences/disabilities doesn’t mean they don’t exist
• Simplify processes and systems wherever possible
• Provide information in multiple formats
• Value diversity – it enriches our lives
• Create supportive environments
NEURODIVERSITY ENRICHES OUR COMMUNITY
Neurodiversity: the biological reality of infinite variation in human neurocognitive functioning and behavior, akin to biodiversity in the natural world. The term is now being used to describe the fast-emerging sub-category of workplace diversity and inclusion focused on including neurodivergent people.

Neurodiversity paradigm: a perspective on neurodiversity that suggests neurodiversity is a result of natural human variation, at that there is no one “normal” brain type. Stands in contrast to the highly medicalized perspective that views Autism, ADHD, and others as disorders to be treated.

Neurodivergent: having cognitive functioning different from what is seen as “normal”. Neurodivergence can be genetic, innate or acquired (brain trauma)

Neurodivergence: state of being neurodivergent. It’s worth noting that a common misuse of language is to talk of ‘an individuals neurodiversity’ versus an individuals neurodivergence.

Neurodiverse: this term is often used instead of ‘neurodivergent’ yet is potentially problematic. A group can be neurodiverse – an individual is better described as neurodivergent.

Neurominority: a group such as people with autism or dyslexia, that share similar innate brain variations. There is significant variation within each neurominority.

Neurotypical: given the biological fact that there is no such thing as a “normal” brain, neurotypical is best thought of as ‘not neurodivergent’ – that is, with parameters of neurocognitive style that have not been either medically defined as ‘disorders’ or culturally defined as ‘neurodivergent’. It’s important not to draw simple lines in the sand between ‘neurotypicals’ and neurodivergent people – human neurodiversity is a highly complex spectrum, in which everyone sits.

Courtesy of Uptimize
THANK YOU

- Lori Uria: President and Founder of:
  - Neurodiversity Matters and Raising Atypicals Community

- Personal Contact info: luria@neurodiversymattersidaho.org
  Mobile: 208-407-8974