



# What words come to mind when you think about Neurodiversity?

(i) Start presenting to display the poll results on this slide.

# Autism and Neurodiversity

Supporting Children and Families Through a Neurodiversity-Affirming Approach





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- Family 4: Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.
- Family 5: Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities.

# We Go Way Back



# **Neurodiversity Affirming Practice**



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It is our **responsibility** to learn about Autism in a way that **supports** and **values** Autistic people.

We get the **privilege** of being about to do this for Autistic children and their families while they are very young.



# How often do you talk about Autism with families in your position?

### Service Coordinators





### Early Interventionists



# Leadership, Intake Coordinators, etc...

# The El Process

Transition/Discharge

**Ongoing Services** 

ASP/ISFP

Eligibility

Referral/Intake

**Referral/Intake** 

# You lay the foundation!



### Words Choice Matters



# **Observations** vs

looked back towards Mom as he ran down the hallway

pretended to feed Dad play food

approached the SC and touched their badge

great eye contact good play skills very social

Opinions

### Also consider:

- Tone
- Facial expression
- Body language



### Help! A parent brought up Autism at Intake. Stamp a statement that you would be likely to use.

"Thank you for sharing, we have a tool that lists some of the most common characteristics of Autism that we can complete together."

"How are you feeling after the pediatrician shared information about Autism with you?"

"You shared that you have Googled Autism, what have you learned? " "I will document what you have shared with me and bring it back to our team of early interventionists."

# The El Process

Transition/Discharge

**Ongoing Services** 

ASP/ISFP

Eligibility

Referral/Intake

Eligibility

# Administering Screening Tools

RISKS AHEAI

# **Atypical Eligibility**

Child is determined NOT eligible for the Infant & Toddler Connection of Virginia Referral(s) were made to

Child is determined eligible for the Infant & Toddler Connection of Virginia based on the following criteria (check all that apply)

Developmental Delay - Children who are functioning at least 25% below their chronological or adjusted age in at least one area of development

Atypical development

A diagnosed physical or mental condition that has a high probability of resulting in a developmental delay

Area(s) of atypical*	
Select values	•

Atypical or questionable sensory-motor responses

Atypical behaviors that interfere with acquisition of developmental skills

Atypical or questionable social-emotional development

Impairment in communication skills with restricted/repetitive behaviors

# The El Process

Transition/Discharge

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Eligibility

Referral/Intake

ASP/IFSP



# What characteristics of Autism do you first notice when you meet a child?

### How to Shift the Focus to Successes



### A Pattern of Characteristics

Think of neutral ways to ask about the characteristics you might notice.

You shared that Kate loves Paw Patrol, what body language, sounds, or facial expressions does she use to let you know?

### How does Bobby know to transition to the table at dinner time?

Tell me about your favorite way to spend time together? What does Miles do to show you his interest/enjoyment?

How does Ryan prefer to spend his time when outside/at the playground?

What do you notice Mollie engaging in the most during independent play?

How do you know Jayla is interested in something you say/do when hanging out as a family?

# Reframing narrative statements:



# Juan engages in repetitive movements when watching TV.



Juan expresses his joy while watching Mecha Builders by jumping up and down.



### Reframe these narrative statements in the chat:

- Cierra does not point or use words to communicate what she wants to eat or drink at mealtimes.
- Liam ignores Mom when she calls his name when it is time to leave the playground.

# Spiky Developmental Profiles

12 months	<ol><li>Finger-feeds self for part of meal</li></ol>	+
	8. Takes off hat, shoes	+
	9. Cooperates in dressing	-
	10. Inhibits drooling	+
14 months	11. Chews most foods well	+
	12. Pulls off socks	+
15 months	13. Climbs stairs on hands and knees	+
	14. Shows wet or soiled pants	
	15. Overcomes simple obstacles	+
	16. Vocalizes and gestures to indicate wants	+/-
16 months	17. Holds cup and drinks with some spilling	+
	18. Imitates housework	-
17 months	19. Fetches or carries familiar objects	-
18 months	20. Uses spoon with little spilling	-
	21. Walks up stairs, one hand held	+
	22. Places only edibles in mouth	-
	23. Moves about house without adults	+
	24. Hands empty dish when finished eating	-
	25. Unzips zippers	+
	26. Gets onto adult chair unaided	+
	27. Uses toilet when taken by adult	
21 months	28. Creeps backward down stairs	+
	29. Steps upstairs with hand on rail	+
	30. Replaces some objects where they belong	
22 months	31. Puts shoes on part-way	1.
	32. Unwraps candy	+
24 months	<ol> <li>Squats, holds self, or verbalizes toilet needs</li> </ol>	-
	34. Takes off clothes, with help on buttons	+
	35. Pulls pants or shorts off and on	+/-
	36. Spoon-feeds without excessive spilling	-
30 months	37. Dries own hands	+
	38. Helps carry and put things away	-
33 months	39. Dresses with supervision	-
		_

# Spiky Developmental Profiles

Cognitive			
1-1 Develop	ment of Sy	mbolic Play	1-2 0
+	1.13	2.5-4	•
+	1.15	3-6	
+	<b>4.39</b>	5.5-7	-
+	1.35	6-9	
+	1.23	7-9	-
+	1.36	6-11	-
+	5.35	9-12	1-5 S
Emerging+/-	1.59	10-15	+
-	5.52		+
-	5.52a	15-18	+
-	5.52b	18-24	+
-	5.77	24-30	+
-	1.13	24-30	+
1.4 Problem	Solving		+
+	1.25	5-6.5	+
+	1.26	5-9	-
+	1.49	6.5-7.5	-
+	1.45	8-10	-
+	1.47	8-10	+
+	1.46	8-11	
+	1.53	9-12	1.6 0
+	1.74	9-12	-
+	1.79	13-15	+
+	4.64	12.5-18	Eme
+	4.66	13.5-19	Eme
+	1.95	17-24	-
+	6.55	21-23	<u> </u>

1-2 Gest	ural Informati	on
	1.42a	7-8
	1.42b	9-11
	1.66	11-14
	1.84	14-17
	1.96	17-20

1-5 Spatial R	elationshi	os
+	1.58	10-11
+	4.60	12-13
+	1.76	12-13
+	4.61	12-16
+	1.79	13-15
+	1.64	13-15
+	1.75	12-18
+	4.66	13.5-19
-	1.88	15-18
-	1.105	18-24
-	1.128	24-27
+	1.147	30-36

	: Pictures	
-	1.44	8-9
+	1.6	10-14
Emerging+/-	1.82	14-15
Emerging+/-	1.107	19-27
-	1.117	21-30
_	1 1 2 9	24-28
## Spiky Developmental Profiles

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## **Age Levels**

| Age:                   | 25 months                                              | Adjusted Age           | N/A                                            | Cognitive   | 13-19 mos. |
|------------------------|--------------------------------------------------------|------------------------|------------------------------------------------|-------------|------------|
| Receptive<br>Language  | 18-20 months                                           | Adaptive/<br>Self-Help | 24 months;<br>atypical sleep                   | Gross Motor | 24-28 mos. |
| Expressive<br>Language | 15-18 months,<br>some skills at 30<br>months; atypical | Social-<br>Emotional   | Scattered<br>upwards to 25<br>months; atypical | Fine Motor  | 15-24 mos. |

"Language is changing from "deficits and delays" to things like "differences and strength-based descriptions". Our tools and process that we are required to use are still of the "medical model" and we still need to convince people like insurance companies to pay for our services, so you may hear some outdated terms.

We value your child, and we will always presume competence. This means that we (the experts in child development) will work with you (the expert in your child and your family) to find the best ways we **together** can help your child learn."

- Fairfax ITC Therapist

## **Decision Tree**

Descriptions often reflect a delay better than atypical development.



### Neurodiversity-affirming goals should...



### Neurodiversity-affirming goals should...

# include and accept multiple forms of communication.

### Neurodiversity-affirming goals should...

support family/community participation with accommodations and sensory supports.



## **Examples of Goals**

When playing outside, Jai will engage in an activity of interest (ball, collecting sticks, jumping, etc.) alongside his brother each day for 2 weeks.





# What makes this goal neurodiversity-affirming?

When on Facetime with Grandparents, Michaela will show her interest by saying their names, labeling items, or bringing items near the phone 4x a week for 2 weeks.



**Nevaeh** will request (words, gestures, or pictures) a specific support (hug, bouncy ball, blanket swing, etc...) when she needs it during the evening routine at each opportunity for 2 weeks.



## The El Process

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Referral/Intake

## Ongoing Services



What is the purpose of the goal or activity?

Facilitating development v. empowering engagement in activities that facilitate joy



### Use Child Interests













## Put in the chat fun interests of the children you have worked with?

#### Challenging Traditional Views of Shared Attention

- Peripheral vision
- Proximity
- Participation
- An item of interest
- Hand leading
- Continued conversation



#### Helping Families Understand Communication

## Building relationships/positive interactions

Identifying & accepting all forms of communication

A child's response indicates the effectiveness of the strategy

Learning a child's boundaries and limit:





## How comfortable are you supporting a family with behaviors that harm the child or others?

## Behaviors

- Regulation v. emotional manipulation
- What purpose does the behavior serve?
- What other ways can the child work to communicate those feelings/needs?





- What do we do to keep the child safe in the meantime?
- Validate experiences and emotions
- Work to identify sensory/regulatory supports & environmental changes



## Service Coordination: Check-ins, Reviews, and Annuals

- Share information with therapist
- Follow up with therapist and family





## **Uncomfortable Conversations**



## Uncomfortable Conversations



What if you notice signs of Autism but therapist hasn't brought it up?

#### Not sure of your next steps?

#### Ask your team!

## The El Process

Transition/Discharge

**Ongoing Services** 

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Eligibility

Referral/Intake

## Transition/Discharge

## Transition/Discharge



- Child Find process
- Next steps for family support (respite, ongoing therapy, community activities)
- Discussions about what school services look like
- Advocating for their child



# What is one thing you want to do moving forward?

## **Questions?**



### Stay tuned for next month!

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