

# What's Neurodiversity?

## How to be Neurodiversity Affirming

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Neurodiversity Network of WNY

# Welcome!

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## 1. Introduction

- Adriana Ragland

## 2. Listen Movie-trigger warning

## 3. Overview of Neurodiversity

## 4. Building Neurodiversity Affirming Spaces

## 5. DIR Floortime

## 6. Neurodiversity Affirming Strategies

## 7. Questions/Discussion

# Neurodiversity Network of WNY

Formed in 2019

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## Our Mission:

- Acceptance and belonging of neurodivergent individuals
- Create a more equitable society that values diversity and promotes understanding and respect for neurodiversity.

## What We Do:

- Education and training programs
- Community outreach
- Support groups / Advocacy Meetings

## Our Symbol

- The rainbow-colored infinity symbol
- The Sankofa bird





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# Listen Movie

<https://youtu.be/H7dca7U7Gl8?si=sBjiSjN2qo028WqJ>







twoemb.medium.com

## Neurodiversity Terminology

**Neurodiversity  
model**



**The natural diversity of human brains  
(biodiversity)**

**Neurodiversity  
paradigm**



**The philosophy of neurodiversity**

**Neurodiversity  
movement**



**The political & social justice movement**

**Neurodivergent**



**A person whose brain differs, or  
diverges, from the statistical norm**

**Neurotypical**

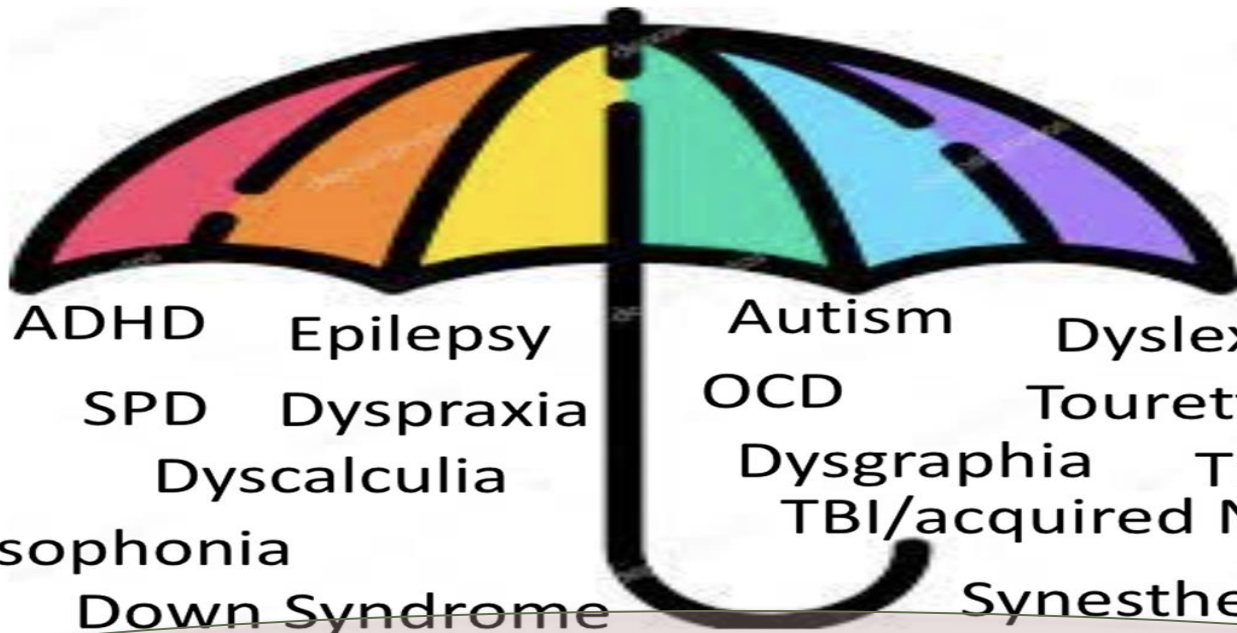


**A person whose brain does not differ  
from the statistical norm**

**Neurodiverse**



**A group of people with different types  
of brains**



ADHD

Epilepsy

Autism

Dyslexia

SPD

Dyspraxia

OCD

Tourette's

Dyscalculia

Dysgraphia

Tic disorders

TBI/acquired ND

Misophonia

Down Syndrome

Synesthesia

Schizophrenia?

Bipolar?

Other mental health conditions?

Mad Studies

Evolutionary Psychiatry

SPD = Sensory Processing Difference/Disorder; TBI = Traumatic Brain Injury; ND = neurodivergence

# Neurodivergent umbrella?

# Multiple Neurodivergence

## Autism and ADHD: Shared Symptoms, Traits, and Challenges

- inattention to non-preferred tasks; hyperfocus on interests
- hyperactivity and restlessness
- impulsivity
- executive dysfunction (manifested by issues with organization, time management, planning, etc.)
- hypo or hypersensitivity to sensory input
- social and communication issues, including fear of rejection
- inflexibility; difficulty with change and transitions

## ADHD + autism = AuDHD

- emotional dysregulation; meltdowns
- sleep problems
- self-esteem issues
- anxiety
- masking
- perfectionistic tendencies
- dichotomous, all-or-nothing thinking

Saporito (2025), *ADDitude*



# AUTISM SPECTRUM

The Autism Spectrum is NOT linear



Less autistic

Very autistic

The Autism Spectrum  
looks more like:



- Social differences
- Interests
- Repetitions
- Sensory sensitivities
- Emotional regulation
- Perception
- Executive functioning
- Other

Terms like “high functioning” &  
“low functioning” are harmful and  
outdated

# THE ADHD WHEEL

Just like Autism, ADHD is a spectrum of traits, needs and  
experiences – if you’ve met one ADHDer, you’ve met one ADHDer.

- internal hyperactivity
- impulsivity
- external hyperactivity
- executive functioning differences
- sensory and stimulation
- emotional regulation
- differences in time perception
- attention differences



person A's ADHD may look like this:



person B's ADHD may look like this:

[www.livedexperienceeducator.com](http://www.livedexperienceeducator.com)

@livedexperienceeducator

# Terms to consider...

**Ableism/Ableist:** Refers to discrimination and social prejudice against disabled people. This can be overt or microaggressions.

**Double empathy:** When people with very different experiences of the world interact with one another, they will struggle to empathize with each other. This is likely to be exacerbated through differences in language use and comprehension (different operating systems).

**Identity first language:** Puts the identity before the person “Autistic person”

**People first language:** Puts the person first “Person on the autism spectrum”

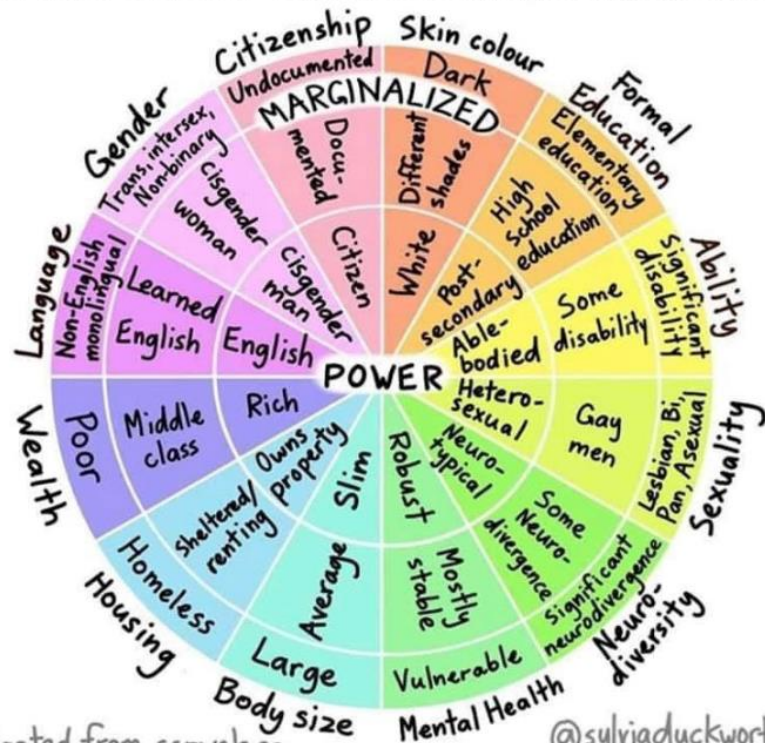
**Masking:** The conscious or unconscious suppression of elements of a person’s autistic identity

**Nonspeaking:** some advocates are shifting away from the word “nonverbal” in favor of “non-speaking” because they believe that former implies that someone doesn’t understand language.

**Functioning Labels:** High/low functioning; high/low severity is not helpful. Instead, consider describing specific strengths and needs, and acknowledgment that the level of support needs likely varies across domains (e.g., requires substantial support to participate in unstructured recreation activities, but minimal support to complete academic work).

**Neuro-majority:** those whose behaviors and ways of being are deemed socially acceptable

# WHEEL OF POWER/PRIVILEGE

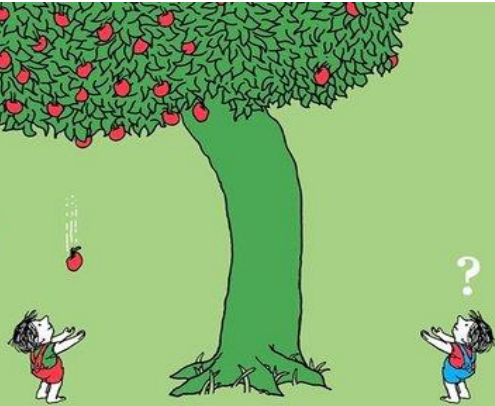


Adapted from ccrweb.ca

@sylviaaduckworth

# Inequality

Unequal access to opportunities

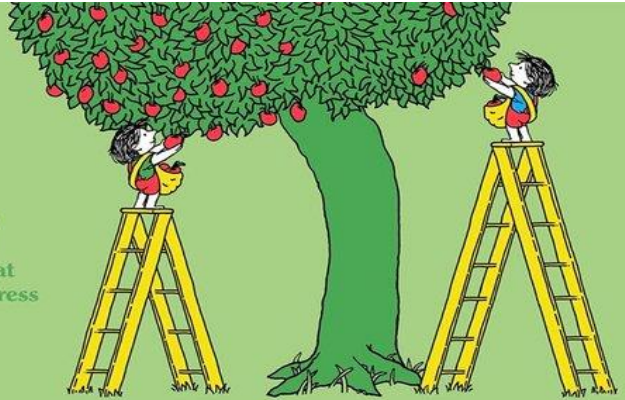


With apologies to Shel Silverstein from @lunchbreath

2019 Design In Tech Report | Addressing Imbalance

# Equity

Custom tools that identify and address inequality



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# Equality?

Evenly distributed tools and assistance

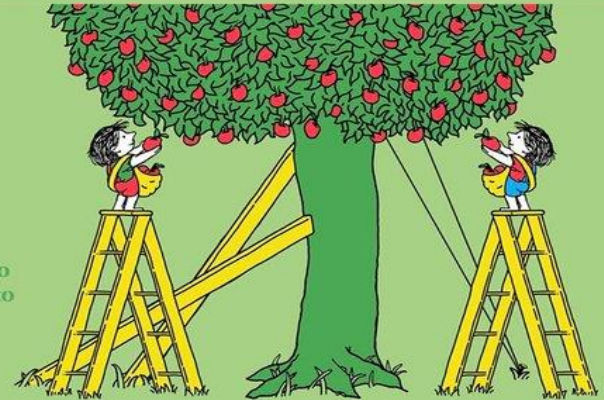


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# Justice

Fixing the system to offer equal access to both tools and opportunities



With apologies to Shel Silverstein from @lunchbreath

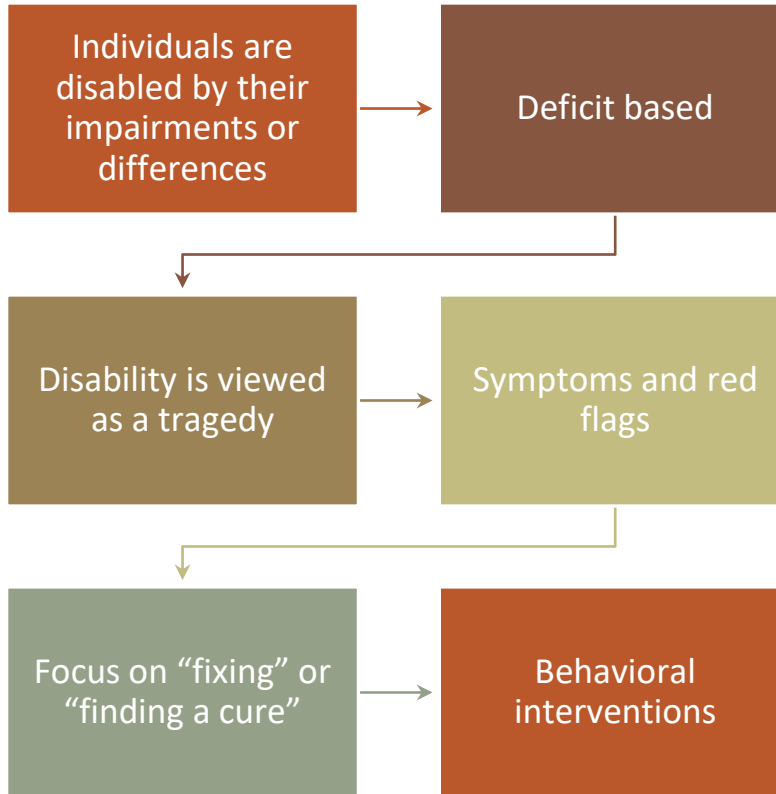
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# Medical Model of Disability vs Social Model of Disability





# Medical Model of Disability



# Social Model of Disability

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- Individuals are disabled by their environment and its physical, attitudinal, communication, and social barriers.
- Strengths based
- Disability is considered a natural part of the human condition.
- Focus is on removing barriers to inclusion.
- Developmental approaches to support and accommodate

# Situating the Neurodiversity Approach

| Medical model   | Neurodiversity approach  | Strong social model  |
|---|--|--|
| <ul style="list-style-type: none"><li>• Disability reflects disorders, deficits, and diseases that exist within the disabled person</li><li>• These diseases and disorders may be innate or they may have originated through developmental cascades and interactions with the environment, but either way, they exist within the person</li><li>• Disability should be addressed by curing or normalizing the disabled person to make them more like an abled, typical individual</li></ul> | <ul style="list-style-type: none"><li>• Disability is the product of an interaction between the characteristics of a disabled person and the environment around them</li><li>• Disability can be addressed by reshaping environments and society (e.g., by working to reduce stigma) or by changing an individual (e.g., by teaching them adaptive skills)</li><li>• Curing or normalizing the disabled person should not be goals</li><li>• Diversity of minds and brains should be valued and individuals with neurological disabilities should be accepted for who they are</li></ul> | <ul style="list-style-type: none"><li>• Disability is caused by barriers imposed on the disabled person by society</li><li>• Individuals may have impairments in their minds and biology, but these impairments are not disabling unless society imposes restrictions on people with impairments</li><li>• Disability should be addressed by reforming society to provide accommodations, increase accessibility, and decrease stigma and discrimination</li></ul> |



**Building Neurodiversity Affirming Spaces**

## Overview

**Foundations:** The Theory, Research, and values underpinning Neurodiversity affirming care

**Floorplan:** the internal experience

**Walls:** the intricate human support structure

**Roof:** the protective people and systems



The Safe House Framework  
by Valli Jones Clinical Psychologist



# Foundations

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What are some of the Barriers to full meaningful participation?

May include:

- Institutional/systemic
- Environmental
- Attitudinal
- Communicative

“A social model perspective both acknowledges the reality of the impairment and its impact on the individual, and challenges society to change in order accommodate people living with impairment through simple inclusive practices such as universal design.”(Banes, 2021)

- Embracing Neurodiversity with the Safehouse Framework by Valli Jones Clinical Psychologist

# Floorplan

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When supporting others take into consideration:

- Individual Profile of strengths
- Differences: ADHD, Anxiety, GI, Sensory sensitivities, sleep concerns, nutrition (ARFID)
- Needs
- Abilities

“The Reality of Autism is such that support needs are dynamic, varying from day to day, situation to situation and across the lifespan”

- Embracing Neurodiversity with the Safehouse Framework by Valli Jones Clinical Psychologist

# Walls

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The walls of the safe house refers to the team of people supporting the Neurodivergent individual.

- Parent/caregiver
- Support team (respite, family, community)
- Professional team

Limits in this area can harmful and devastating

“Collaboration between team members is widely considered best practice and is invaluable when well coordinated. ”

- Embracing Neurodiversity with the Safehouse Framework by Valli Jones Clinical Psychologist



# Other Considerations

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**The Roof** – Self Advocacy or the people, systems and legislation whose role is to protect the rights of neurodivergent people.

**The Window**- the lens through which behavior is viewed. Questions: what does the behavior tell us about the person emotional experience( frustration, anxiety, excitement, overwhelm, etc.). What need is the person attempting to meet (Escape, Respect, Space, Understanding). What support can be provided(coregulation, choice, self regulation, advocacy)?

**Door**- the ways in which the person connects with others with emphasis on their preferred method of connection. Questions: how do they feel about physical touch or proximity? Do they understand or enjoy indirect communication (metaphors, sarcasm, etc.?) what are their special interests?

**Landscape**- The landscape refers to the social-political environment in which the person lives, learns, works, and plays. Questions: What are the local community's cultural values around diversity in general, and more specifically around disability? What information services, and supports are available for neurodivergent folks, specifically?



# DIR Floortime

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**D**EVELOPMENTAL

**I**NDIVIDUAL DIFFERENCES

**R**ELATIONSHIP BASED



# Functional Emotional Developmental Capacities(FEDCs):

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1. Self-Regulation and Interest in the World
2. Engaging and Relating
3. Purposeful Two-Way Communication
4. Complex Communication and Shared Problem Solving
5. Using Symbols and Creating Emotional Ideas
6. Logical Thinking and Building Bridges between Ideas



# Individual Differences

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- Health status and biological differences
- Family system and familial support
- Culture
- Community support
- Sensory integration
- Motor planning and praxis
- Communication and language
- Trauma



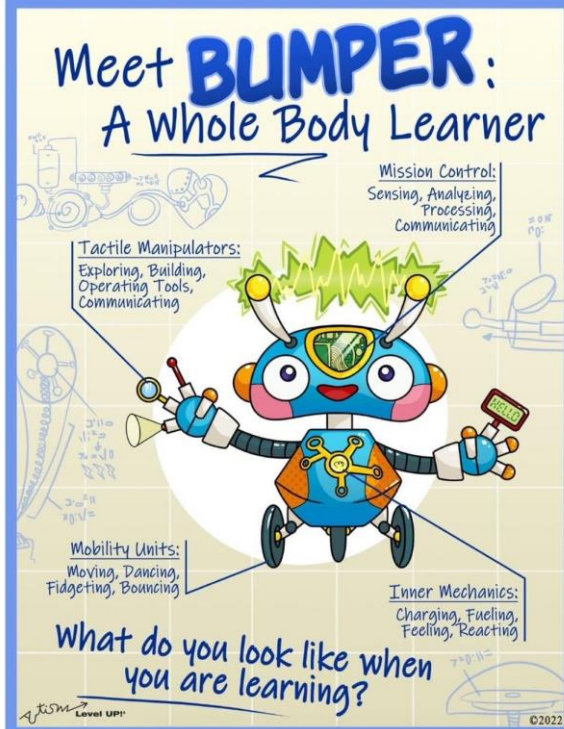
# Sensory Integration

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- Tactile
- Vision/Visual Spatial
- Auditory
- Taste
- Smell
- Proprioception
- Vestibular
- Interoception

# Shift expectations to meet needs

## Whole Body Listening



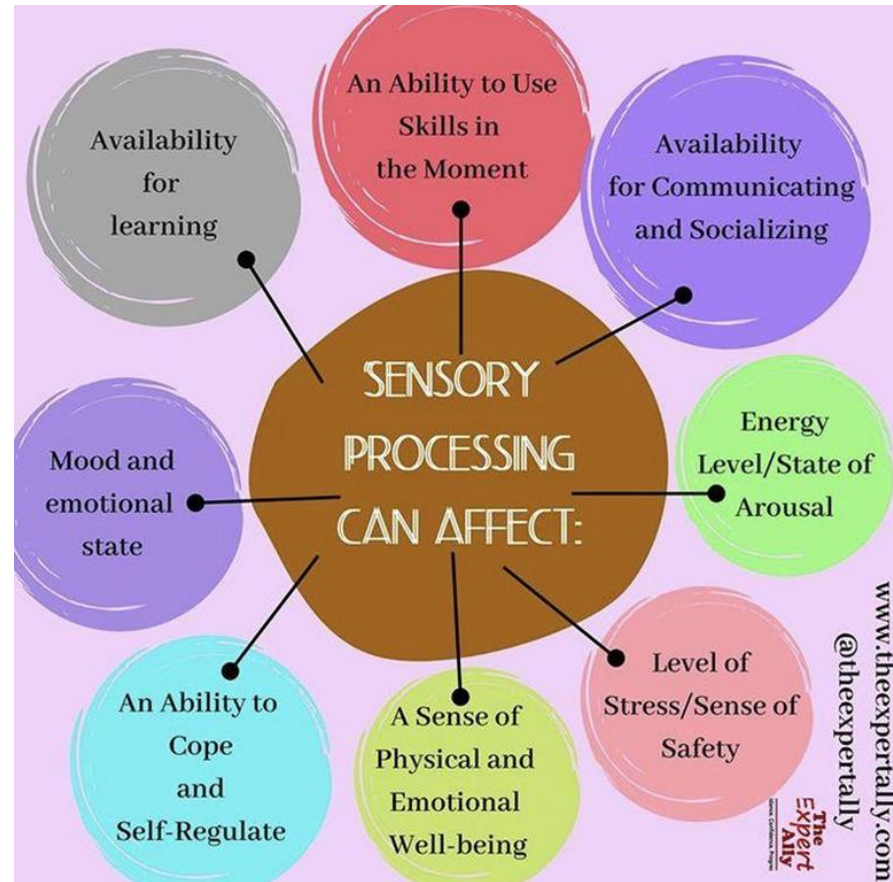
Fidgets as a tool



Accept and Value ALL communication  
Spelling to communication

## Work with an OT to provide Sensory Supports

- Lighting
- Food
- Fidgets
- Sensory activities
- Sensory evaluation
- Alternative seating
- Noise cancelling headphones
- Visual schedules/ visual aids





on **R**elationships



# Be AGILE!

Affect

Gesture

Intonation

Latency

Engagement

Can you make it to  
the end?



What are the person's strengths? interests?

How can we use those strengths to support specific goals?

What strategies work?

Follow their lead

- How are they responding to your approach?
- Do you need to lean in or back away?

Video: loop

# Shift Your Perspective

# Rethink Behaviors



# Reframe your Language

## 7 things to say instead of CALM DOWN

Leah | @onewordwellness

- I hear that you may be feeling \_\_\_\_.
- You're safe.
- I'm here with you.
- How can I help in this moment?
- It's okay if you need some time.
- You have a right to feel your feelings.
- Let's figure this out together.



# Normalize Stimming

## STIMMING

**Self-stimulating actions that are repeated in order to stimulate the senses.**

**Most commonly talked about in neurodivergent individuals (Autism, SPD) because it is generally more frequent, different, and more intense**

**Stimming helps neurodivergent individuals stay regulated and should NOT be stopped, blocked, or discouraged (unless harmful)**

**In truth, almost everyone stims at times - including Neurotypical people - in some way: pencil tapping, hair twirling, chewing on pens, etc**

Mrs. SPEECHIEP

*Tips for your Tuesday*

### DO'S & DON'TS WHEN A PERSON IS STIMMING



**DO**

- Think about your own biases when you see a person stimming and accept it as OKAY
- Provide stim toys and give sensory breaks
- Talk to children about the benefits of stimming to help normalize it
- Redirect stims that involve self-harm (head banging, scratching, etc). If you can figure out the root-cause, and take steps to prevent before it occurs, that is best!

**DON'T**

- Block non-harmful stims
- Say "quiet hands", "quiet body"
- Stare
- Ask if the person is "okay"
- Make judgements

Special Learning, Inc.  
Autism Education for Parents, Teachers, and Therapists





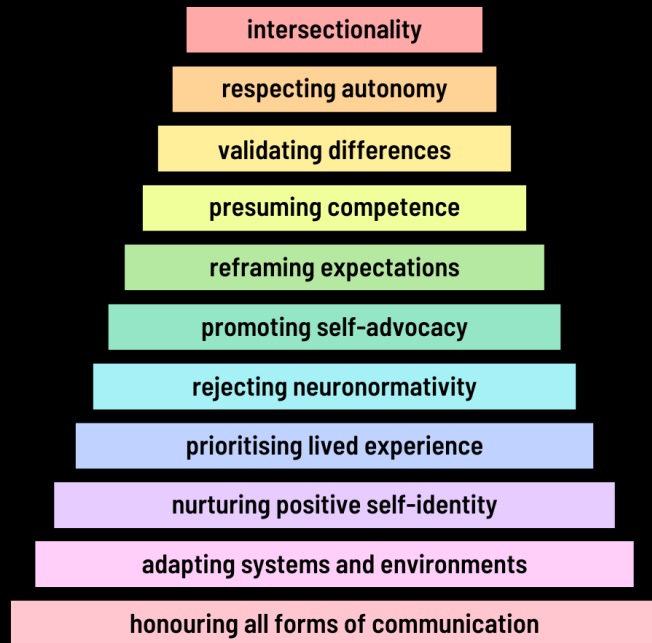
# Don't Forget to take care of **YOU!**

- Do not beat yourself up/ Self-Regulate
- Be mindful of the situation and instead ask why you responded the way you did.
- Remember, you are human.
- Give yourself grace.
- Rupture and repair.



# Neurodiversity Affirming Practice

## The Core Principles



@livedexperienceeducator

Who are you?



## Values/Principles of Trauma-Informed Practice



Institute on Trauma and Trauma-Informed Care (2021)  
Informed by Falloot & Harris (2009) Creating Cultures of Trauma-Informed Care

What happened to you?

# Questions?

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# Local Resources-Recreation and Play

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Aquarium of Niagara <https://aquariumofniagara.org/experiences/ausome-aquarium/>

Autism Nature Trail <https://autismnaturetrail.com/>

Collaborative Community Mission <https://www.collaborativecommunitymission.org/>

Community Music School <https://communitymusicbuffalo.org>

Explore and More <https://exploreandmore.org/au-some-evenings/>

Fantastic Friends <https://fantasticfriendswny.org/>

Get Air Sports <https://getairsports.com/buffalo/events/special-needs/>

Gigi's Playhouse <https://gigisplayhouse.org/buffalo/>

Sensational Fun <https://www.sensationalfun.org/>

# Self-Advocacy and Advocacy Websites

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Autism Level Up <https://www.autismlevelup.com>

Autistic Self-Advocacy Network <https://autisticadvocacy.org/>

Autistic Women and Non-binary network <https://awnnetwork.org>

Neuroclastic <https://neuroclastic.com/>

Lived Experience Educator <https://www.livedexperienceeducator.com/resources>

Rachel Dorsey: Autistic SLP <https://dorseyslp.com/>



# DIR Floortime Resources

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Affect Autism: We Chose Play <https://affectautism.com>

International Council on Development and Learning (ICDL)  
<https://www.icdl.com/home>

Profectum <https://profectum.org>

# A few folks I follow on social media:

Autism In Black Inc.

Autistic, Typing

Fidgets and Fries

I Can Network

Learn Play Thrive

The Autistic Advocate

The King of Ausome (local!!!! 😊)

More Than One Neurotype

Not An Autism Mom

OTs for Neurodiversity

Thinking Person's Guide to

Autism

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