Neurodiversity: A multicultural competency for clinicians and student-affairs professionals

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Outline and Purpose of Discussion

- Describe relevant nomenclature

- Discuss legal considerations

- Review key theoretical frameworks

- Examine biases

- Explore social change

WHY?
Raise Awareness
Inclusive Education
Social Change

Neurodiversity

- Atypical neurological development as a normal difference

- Focuses on positive interpretation & empowerment

- Advocates for civil and human rights movement
  - Social model versus medical

- Views disability as a construct of identity vs. disorder.

- **<u>Neurological disability</u>** - Occurs when inclusion into general public activities is unnecessarily restricted

Developmental Differences/Disabilities

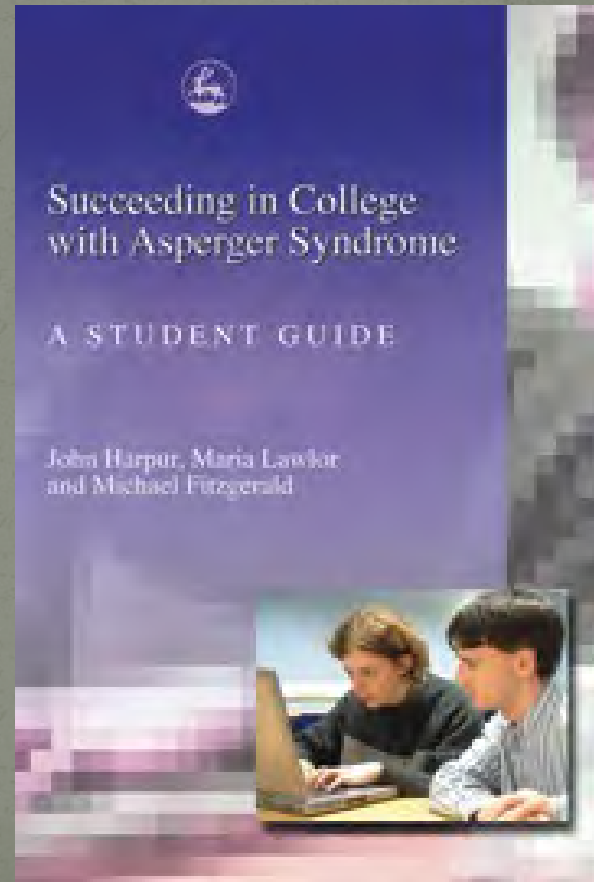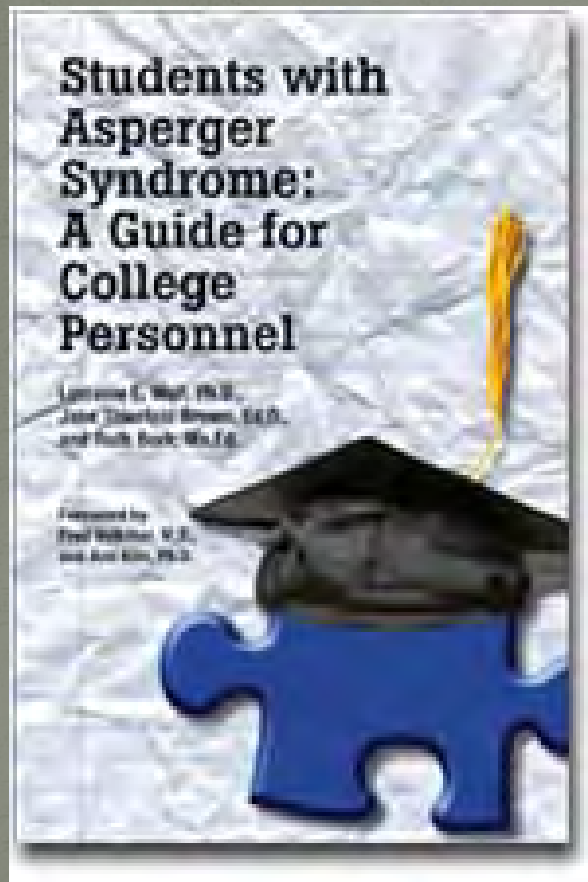## Neurotypical view

Asperger's and Autism

- Disease

- Spectrum of neurodevelopmental disorders

- Characterized by impairments in:
  - Verbal abilities
  - Social reciprocity
  - Obsessive & repetitive behaviors

  - High Functioning (HFA)
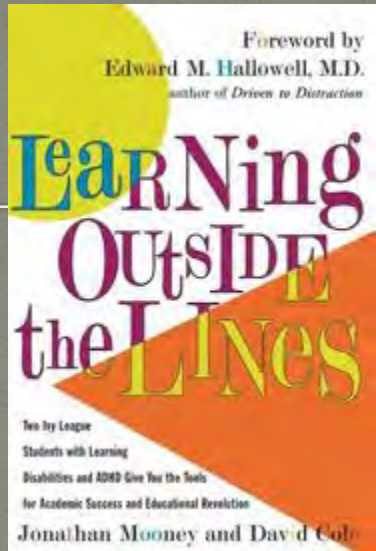 - Low Functioning (LFA)

Neurodiverse view

Asperger's and Autism

- Neurological needs and psychological traits that regulate thoughts and behavior on a continuum that extends from normal to pathological.

- No deterioration of health or mental status over time.

- Complex constellation of + and – traits, difficult to separate.

Resources:
## Students with Asperger Syndrome

Students with Asperger Syndrome: A Guide for College Personnel

Succeeding in College with Asperger Syndrome

A STUDENT GUIDE

John Harpur, Maria Lawlor and Michael Fitzgerald

Cognitive Difference/Disability

Psychological Difference/Disabilities

- Cognitive Disabilities ~ dyslexia, ADHD, dyspraxia, dyscalculia
  - Without label cannot receive ADA assistance.

  - Learning difference ~ ↑ academic self-esteem, self-efficacy, high career ambition, clear & positive goals.
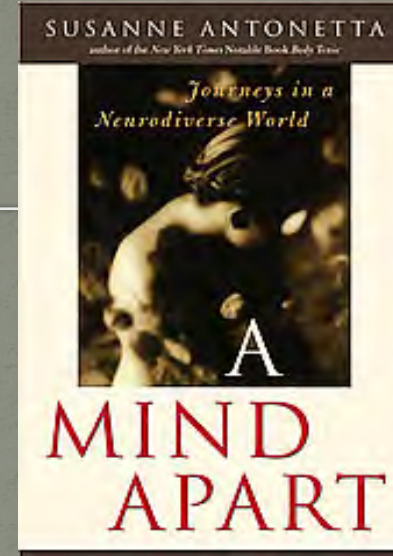
- Psychopathology – manifestation of mental disorders involving impairments and/or deviance
  - Bipolar – potentially harmful untreated

- Psychopathology is myth - Thomas Szaz

Disability and Legal Considerations

- Prior to 1973 – 14th Amendment

- 1973 - Section 504 of the Rehabilitation Act

- 1983 - Federal law 42 U.S. C Section

- 1990 – Americans with Disabilities Act

- 1990 – IDEA (Individuals with Disabilities Education Act)

- 2004 - IDEAIA – Public Law 10 8-446

Theoretical Considerations

Medical Model

➤ Diagnostic labels
  ➤ disorder, deficit, or condition

➤ Co-morbidity vs. diversity

➤ Symptoms and abnormalities

➤ Cure or treatment to eliminate disorder

➤ Within-person problem

Social Model

➤ Social construction theory

➤ Disability a social construction

➤ Rights-based movement toward socio-political change

➤ Promotes social justice in educational practices

➤ Advocates for full inclusion.

➤ Strength based approach

Theoretical Considerations

Disability Studies in Education (DSE)

- Recently developed scholarly field

- **Mission** – increase awareness of social model of disability and challenge medical framework as disability relates to education

- Research aimed at social & educational advocacy

- Research prior to DSE focused on special education

- Parallels feminist, queer, and anti-racist democratic frameworks

- Examines social policy and political economy.

- Expects schools to play a role in transforming culture.

- Provides nine standards for educators

Theoretical Considerations

Student Identity Development

- Student identity clearly linked to meaning of 'label'
  - Difference versus Disorder

- Student identity connected to
  - Previous educational experiences
  - Academic & social self-esteem
  - Career ambition

- Difference view → social model of disability
  - Greater academic self-esteem and ambition
  - Negative teacher attitudes exist, but lead to an activist response

- Deficit view → medical model of disability
  - Reduced self-esteem and educational aspirations
  - View changes support groups shifts view to difference

Inclusive Education

- Schools constructed through lens of DSE
  1) Presuming Competence
  2) Naming Oneself
  3) Agency vs. Independence

- Does your campus succeed in answering these 5 questions?
  1) Accessibility – Do students get to where they need to go?
  2) Accommodation – Are they able to do what they want to do?
  3) Resource Availability – Are their special needs getting met?
  4) Social Support – Are these students accepted by others?
  5) Equality – Are these students seen as equals?

Recognize and Challenge Bias'

- *Ableism* – discriminatory and exclusive practices due to a belief that able-bodiedness is *superior*

- Creates institutional power toward unequal social structure

- Confronting able-bodied privilege → ally to social justice

- Failure to see how ideas of normalcy shape disability ableist dominant view.

- Two phase process

PHASE 1: RECOGNIZING ABLEISM

Contact through kinship, friendship or employment.

↓

Discomfort and uncertainty, struggle with beliefs and assumptions.

↓

Effects of dissonance weaker than those of affirmation. Practice construed as work of ëgood people.í — YES → Ableist beliefs affirmed

NO
↓

PHASE 2: DISESTABLISHING ABLEISM

↓

Dis/ability understood as a feature of human experience.

↓

A new way to be. Understanding the social construction of dis/ability. Taking responsibility for personal change.

Figure 1. Process of recognizing and disestablishing ableism

RECOGNIZING & CHALLENGING DISABILITY BIAS'

Phase 1: Recognizing

1. Make contact
2. Develop relationship
3. Challenge established beliefs & assumptions
4. Recognize if return to previously held beliefs

Phase 2: Disestablishing

1. Stopping & Thinking
2. Ethical Decision-making

KEY: - **reflective process of dissonance of uncovering entrenched believes of privilege** (18)

Being Neuro-inclusive on Colleges Campus:

Inclusive Educational Practices

1) Increase interactions with students with disabilities
2) Reduce focus on diagnostic labels
3) Integrate principles of non-segregation
4) Partner with families
5) *Principles of Partnership, Community, & Equity*
6) Evaluate faculty and staff attitudes and biases
7) Examine policies and organizational structures

Being Neuro-inclusive on Colleges Campus:

Student Life and Affairs Offices

- Residential Education → Train RAs, Topics to train include available resources, emergency plans, conduct procedures, and disclosure issues

- Health & Counseling → Develop referral network, assist with medical leave process, understand concurrent mental health issues, crisis management response, assistance with medication management.

- Student Activities, Multicultural Center, & Community Services →
  - Provide key social opportunities, examine accessibility issues.

- Career Services → educate staff on disclosure issues, access to work opportunities with supervision, assessments toward fit, interview skills, help with personal organization strategies

- Food & Dining Services → Asperger's/Autism Spectrum education about sensory sensitivities or dietary restrictions.

- Judicial Affairs → Disability doesn't excuse unacceptable behavior. Outline code of conduct clearly and train campus safety

Being Neuro-inclusive on Colleges Campus:

Disability Coordinators

- Authorizing body for students with disabilities

- Policy, service eligibility, and coordinate accommodations

- Liaison to campus community and campus accessibility issues
  - Resolve conflicts between academic affairs and students.

- Tutoring and academic support services

- Partners with families

- Assistive technology

Being Neuro-inclusive on Colleges Campus:

Faculty and Academic Affairs

- *EDUCATE, EDUCATE, EDUCATE*
  - Most common issue is lack of awareness
  - Consult with Provost office and department chairs

- Liaison relationship with Disability Services office

- Address barriers to *Reasonable Accommodations* for students.

- Examine accessibility of course delivery
  - Consider multisensory learning styles

- Course selection and advising key

Learning Outcomes:

1. Understand history of the neurodiversity field.
2. Know the impact of a neuro-inclusive school.
3. Have increased awareness of personal biases.
4. Know the role student-affairs has in social change.
5. Understand the role of mental health professionals.
6. Increased momentum toward advocating for neuro-equality on your college campuses.

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Culture Change:
1) **Knowledge**
2) **Access**
3) **Support**

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