CREATING RESPONSIVE ENVIRONMENTS THROUGH UNDERSTANDING NEURODIVERGENT YOUTH

SEPARATING THE CHILD FROM THE BEHAVIOR

1

LEARNING OBJECTIVES:

1. DEFINE NEURODIVERSITY AND THE CAUSES OF BRAIN DIFFERENCES

2. PROVIDE AN OVERVIEW OF THE NEUROBEHAVIORAL MODEL

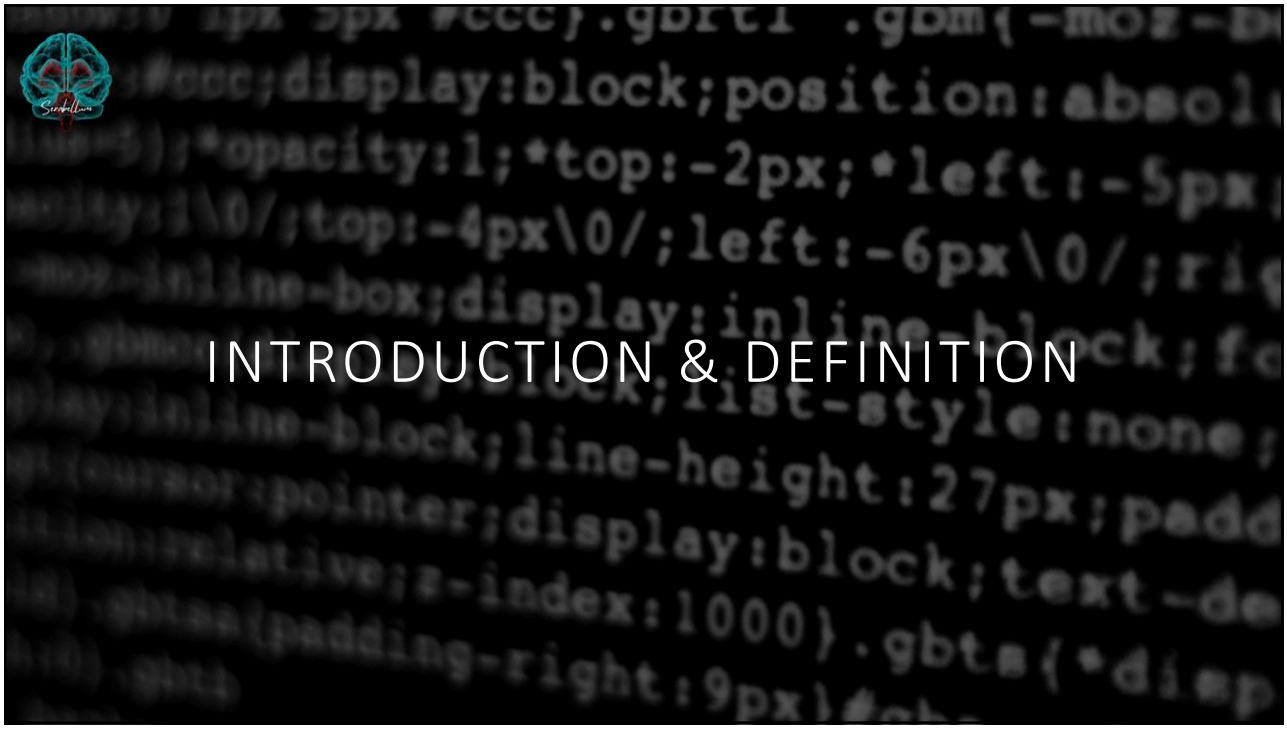
3. LEAVE WITH WAYS TO PROVIDE ACCOMMODATIONS AND/OR RESPOND DIFFERENTLY TO CHALLENGING BEHAVIORS

WHAT'S IN IT FOR ME?

2


AGENDA
INTRODUCTION & DEFINITION
CAUSES OF BRAIN DIFFERENCES
NEUROBEHAVIORAL MODEL
CHALLENGES & ACCOMMODATIONS
TIPS & TAKEAWAYS

3


INTRODUCTION & DEFINITION

4

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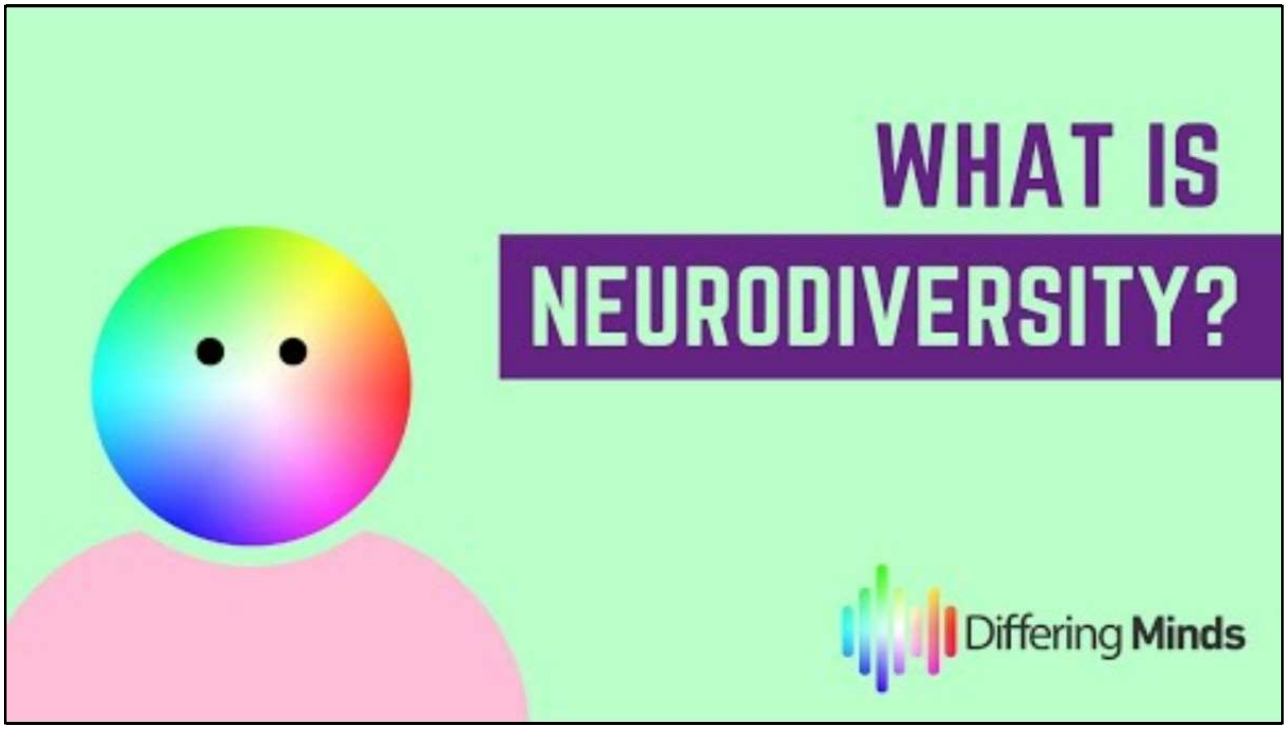
WHO IS SHE?

5

DEFINITION

WHAT IS NEURODIVERSITY?

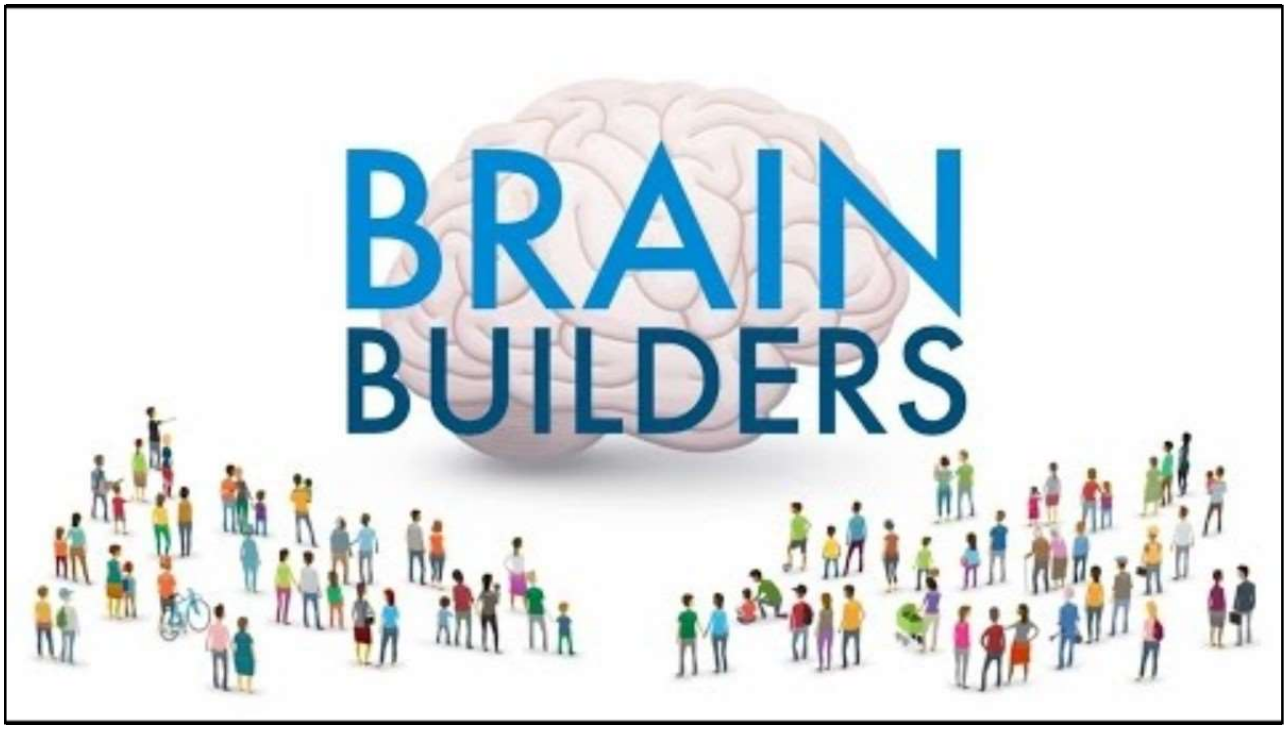
6


WHAT IS
NEURODIVERSITY?
Differing Minds

7


CAUSES OF BRAIN DIFFERENCES
WHY DOES THIS HAPPEN?

8



9

INVITATION TO REFLECT

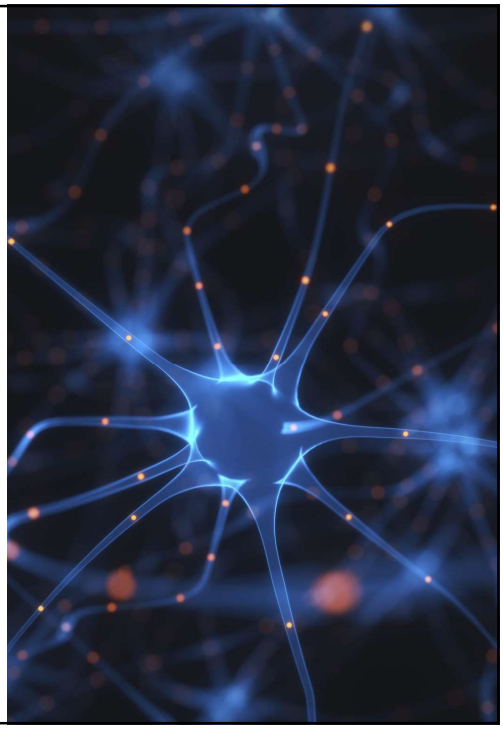
- Quietly review the prompts individually and write down any thoughts you have:

1. When you think about neurodiversity, what kinds of challenging behaviors come to mind?
2. What do you think is the source of these challenging behaviors?
3. When addressing challenging behaviors, specifically problematic sexualized behaviors, where do you tend to start?

10

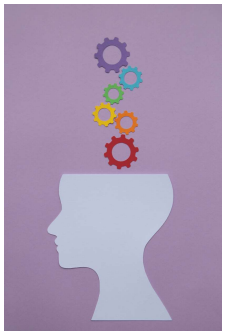
BRAIN DIFFERENCES AND SEXUALIZED BEHAVIORS

- Hormones regulate most aspects of social behavior (i.e., reproduction, mate choices, social interactions, aggression, etc.)
- The regulation of hormones is largely involved in regulating choices related to sexual attraction, preferences, and behaviors
- If there is an identified brain difference there could be neurological differences in the ways in which hormones are regulated, secreted, and received that could impact an individual's sexualized behaviors



11

WHY BRAIN DIFFERENCES CAN INCREASE RISK FOR SEXUALIZED BEHAVIORS



- Difficulty understanding social cues, body language and expressions, as well as verbal communication of others
- Lagging communication skills
- Sensory (hypo- and hyper) sensitivities
- Lagging processing skills
- Stereotyped or repetitive language or behavior
- Excessive adherence to rules and routines
- Rigid thinking
- Vulnerable population

12

SEXUAL AWARENESS

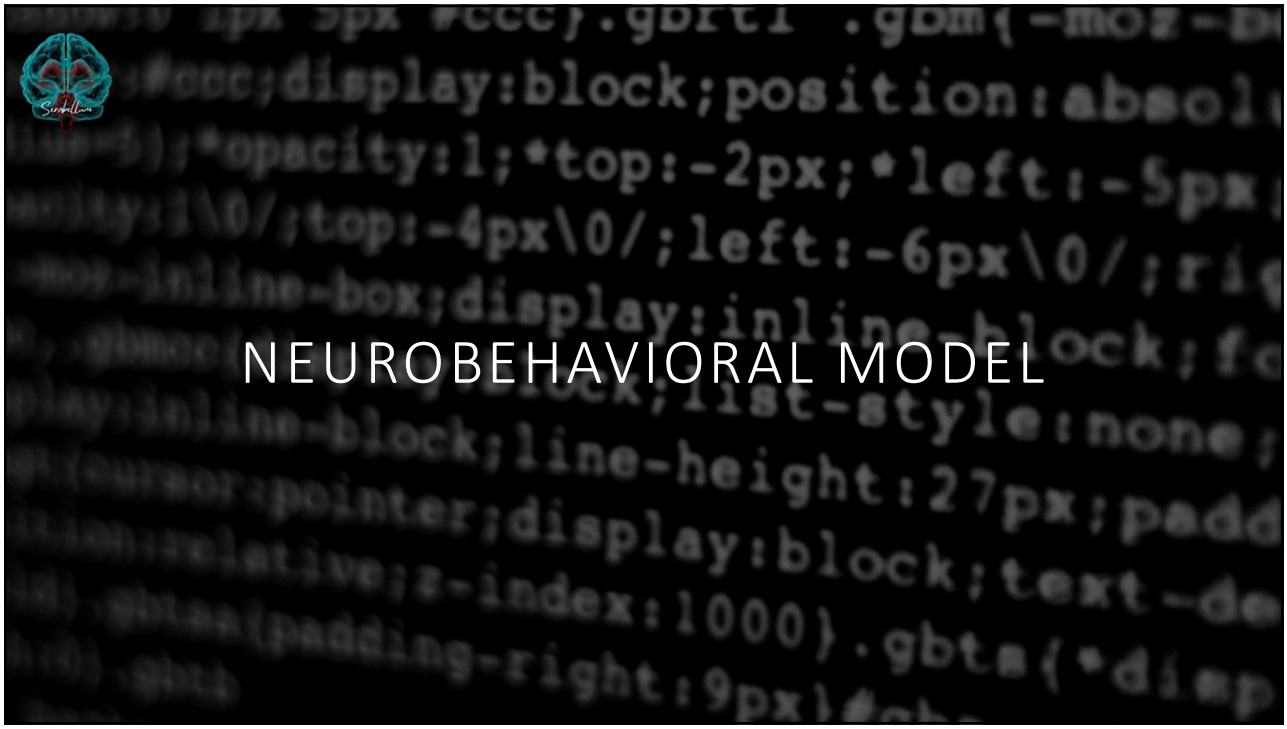
1. Sexual consciousness- allows reflecting and thinking about your sexual properties (i.e., paying attention to one's own signals of sexual arousal and motivation)
2. Sexual monitoring- perception of the evaluation of others on one's own sexuality
3. Sexual assertiveness- being confident in one's own sexuality
4. Consciousness of sexual appeal- awareness of one's own public sensuality

13

SPECIFIC SEXUALIZED BEHAVIORS

- HYPERSEXUALITY
  - MEDICAL CONDITION, UNCONTROLLABLE, DISTRESSING
- PARAPHILIC FANTASIES
  - INTENSE & PERSISTENT, DISTRESSING AND/OR DISABLING

14



15

NEUROBEHAVIORAL MODEL

PRIMARY	SECONDARY	TERTIARY
Behavioral symptoms associated with differences in brain structure and function	• Defensive behaviors • Some can be considered "normal" reactions to discomfort	Often develop over time due to chronic "poor fit" in environment

16

SYMPTOMS

PRIMARY	SECONDARY	TERTIARY
DSM Diagnoses/presenting concerns: • Attention Deficit/Hyperactivity Disorder (ADHD) • Autism Spectrum Disorder (ASD) • Intellectual Disability (ID)/Developmental Disabilities (DD)	Behaviors/labels: • Easily fatigued • Elopement • Refusal • Aggression/property destruction • Sexualized behaviors	Multi-system involvement: • Trouble in school- attendance or achievement • Homelessness • Addiction/Mental Health issues • Suicidal ideation/gestures • Contact with law enforcement

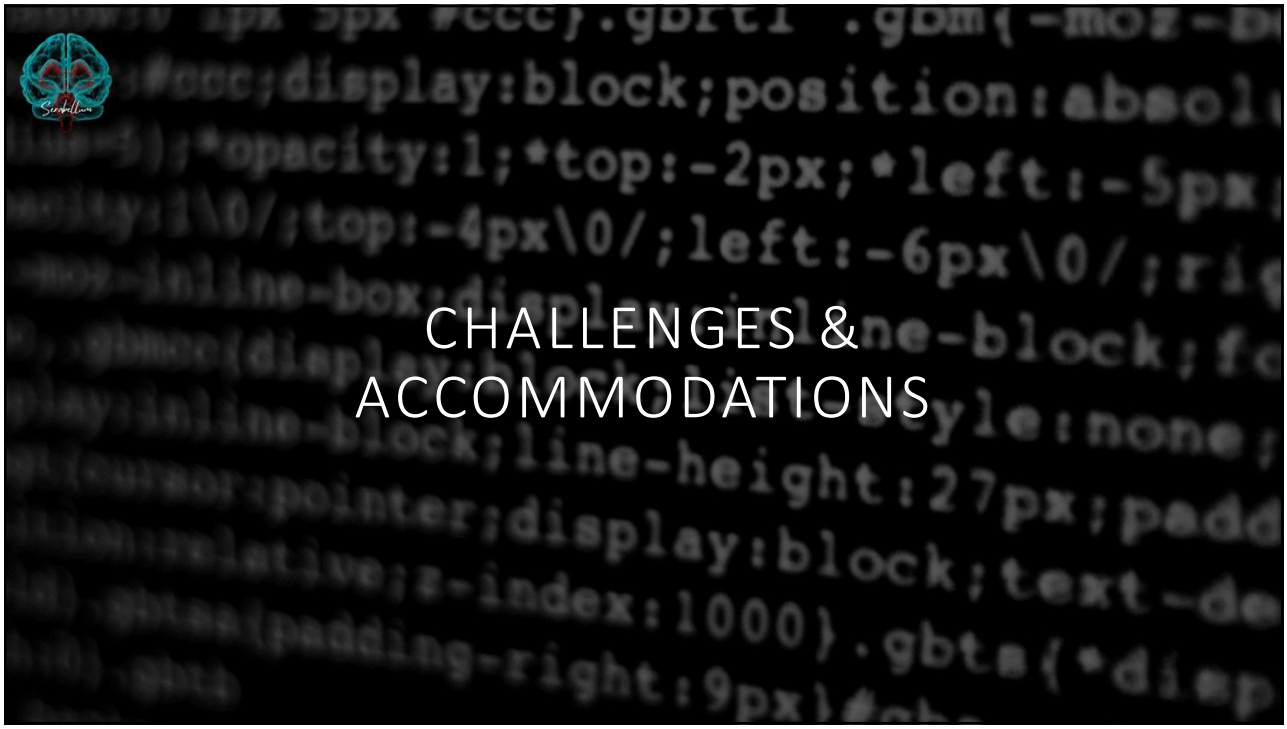
17

INVITATION TO REFLECT

- Quietly, individually, review the prompts and write down any responses you have:

1. Considering what has been shared about the neurobehavioral model, how does this impact your conceptualization of challenging behaviors?
2. What do you think is the source of these challenging behaviors? Has your perception changed?
3. What are some common barriers you face when trying to address these behaviors?

18



19

DYSMATURITY

Dysmaturity is not immaturity, it refers to being developmentally younger (or older in some cases) than one's chronological age.

Primary Characteristic	Values, Expectations	Interpretation/ Feelings	Intervention	Secondary Symptom	Accommodation
Dysmaturity	Act your age	Acting like a baby, lazy, not trying	Punish- isolate, consequence	Anxiety, anger	Think younger, adjust expectation
Confabulation	Honesty	Lying, manipulative, personalizing, fear	Punish- consequence	Anger, denial	Recognize brain difference, alter communication
Memory problems	Value attention and recall, Remember	"Should know", anger	Punish- name call, shame	Anger, frustration	Accept need to reteach
Slow processing	Think fast, remember	Not trying, "on purpose". Anger	Punish- yell, embarrass, speed up	Confusion, anxiety, frustration	Show rather than tell, reteach

20

MISSED OPPORTUNITIES

Systems

Traditional parenting
Education
Justice
Mental/behavioral health
Addictions treatment
Social services
Others?

Techniques

Traditional talk therapy
Rewards/bribes
Timeouts
Points/levels system
Consequences/punishment
Threatening/lecturing
Others?

21

BREAKING DOWN ASSUMPTIONS

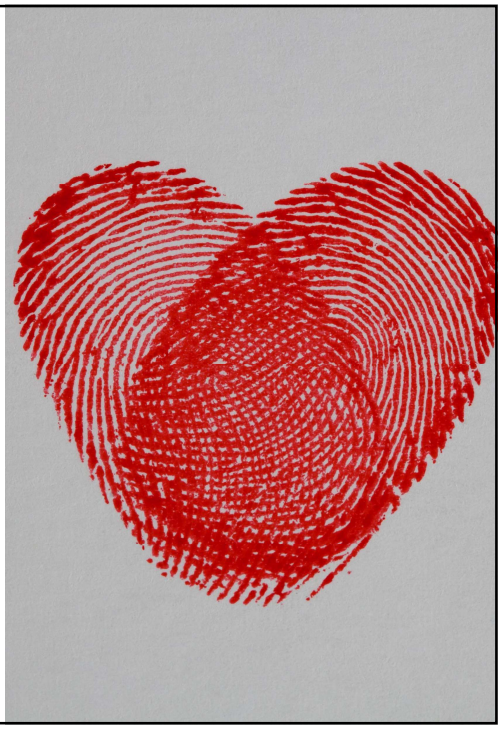
Common Assumptions	Brain Differences
Can think fast, listen fast, and understand	Have difficulty with verbal processing, process slowly
Can predict/plan ahead	Difficult to see what's coming next
Can follow multi-step directions and prioritize logically	May struggle to follow more than 1 or 2 steps at a time, need to be retaught/coached
Can learn, remember, and apply learning	Have difficulty with learning and memory
Can recognize there is a problem and brainstorm ways to solve it	Have difficulty identifying the problem, let alone navigating complexities of problem-solving
Can inhibit impulses and manage sensory input	Impulsive and easily overstimulated

22

POWER OF CONNECTION

"The energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgment; and when they derive sustenance and strength from the relationship."

- Brene Brown



23

ACCOMMODATIONS

Step 1	Step 2	Step 3	Step 4
What does the task require?	What physical, sensory & cognitive skills are needed?	Which parts of the task require accommodation?	What options are realistic and feasible?
Break down the task	Match the task to the skill	Determine what accommodation best supports the child's learning	Identify available resources.
Consider specific settings, tools, skills, etc. for each step	Separate the real from the perceived requirements	Consult with the child and family, as well as extended team, if possible	Create a plan and communicate clearly with all involved
Think inclusion	Think strengths based	Think individualized	Implement and assess

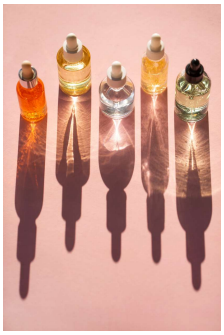
24

WHEN BRAINSTORMING ACCOMMODATIONS:

- What is the task or expectation the child is struggling with?
- What does the brain— anyone's brain— have to be able to do to successfully complete that task or meet that expectation?
- What do you know about how the child's brain functions in those areas? Do they have those skills?
- How old is the child developmentally (which might be different than their chronological age)?
- What are the secondary behaviors you see in this environment or with this specific situation?
- What are the child's strengths and interests?
- Based on all the information gathered, what accommodations need to be implemented to help this child be successful?

25

ACCOMMODATIONS YOU CAN START TODAY



- Stop fighting (disengage)
- Depersonalize, step back and take space
- Ask: what if this has to do with lagging skills?
- Think younger
- Give time, and then even more time for processing
- Radically accept the need to reteach
- Be gentle with yourself

26

INVITATION TO REFLECT

- Quietly, individually, review the prompts and write down any responses you have:

1. What are the typical missed opportunities you see in your work or personal life related to addressing secondary symptoms (aka challenging behaviors)?
2. What are the most common brain differences you encounter and what assumptions do you see being made about the individual?
3. What are some accommodations you wish to implement in your work right away? What might get in the way?

27

28

SELF CARE

Research has shown that when someone is suffering from compassion fatigue, they work harder and harder with diminishing results.

Not sure where to start? Try these:

- Sleep
- Hydration
- Nutrition
- Movement
- Meditation
- Gratitude
- Connection
- Saying no, deprioritizing something

29

30

BREAK OUT SESSION

Instructions:

- Individually complete your self-care assessment (or get as far along as you can in 1-2 minutes).
- Get together with your table groups.
- Review and discuss the prompts below.
- You will receive a 2-minute warning before being brought back to the large group.
- Be prepared to share briefly in the large group.

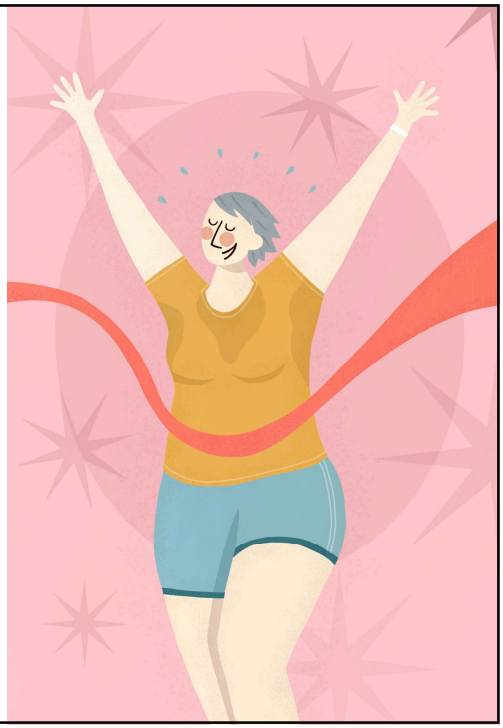
Discussion prompts:

1. What areas stand out to you as needing attention? What do you think gets in the way of these specific areas?
2. What are some tangible steps you can take immediately to address these areas or other identified self-care needs?

31

SUMMARY

1. There are many reasons a brain may be impacted and "work differently".
2. Behaviors are often symptoms of a brain difference.
3. Trying harder to change neurobehavioral symptoms exacerbates frustration and can lead to stress-conflict-punishment cycle.
4. Recognizing the brain difference and providing accommodations to address the "poor fit" prevents problems and increases positive connection.
5. This work is hard, and self-care is important.



32

THANK YOU

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33

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34