

Wednesday, May 18, 2022

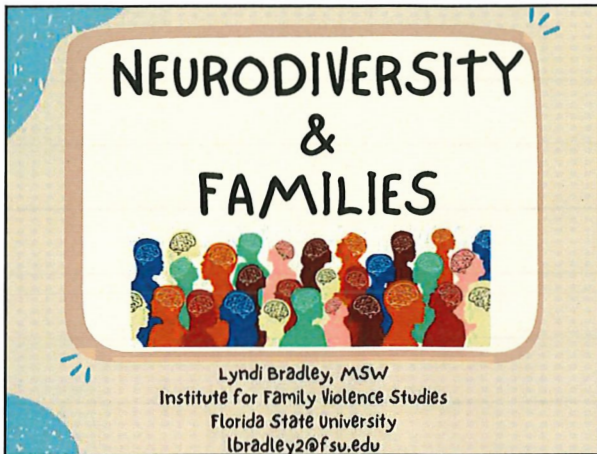
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# Clearinghouse on Supervised Visitation Phone Conference/Webinar Agenda



## Discussion

1. **Welcome and Announcements – Everyone is invited!**
2. **Check the listings on the website to ensure your program information is up to date and correct for the quarterly report. If you need to add or change anything, email Lyndi Bradley at [lbradley2@fsu.edu](mailto:lbradley2@fsu.edu)**
3. **June Phone Conference Date: June 15, 2022**
4. **Questions from Directors**
5. **Training on Neurodiversity and Families**



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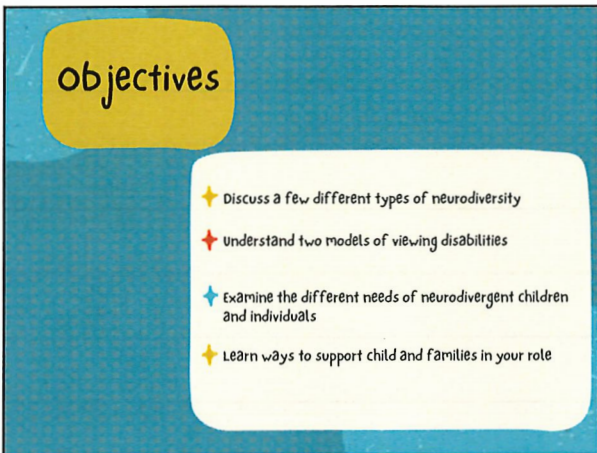
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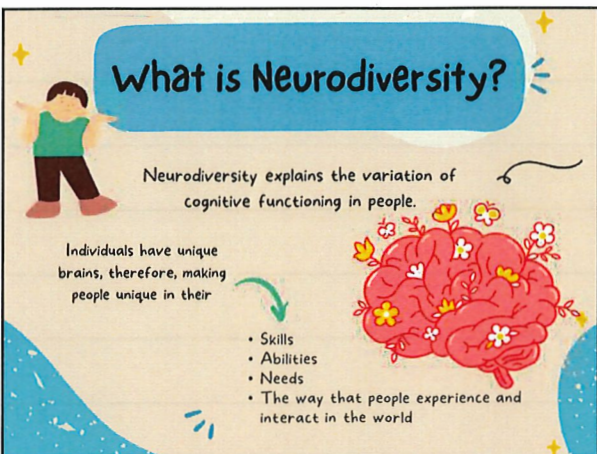
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**TERMS TO KNOW**

Neurodiversity is the idea that it is normal and acceptable for people to have different brains from the norm.

People whose brain processing and function vary from the norm are considered neurodivergent.

A person who has the standard brain processing and functioning is considered neurotypical.

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**THE DIVERSITY OF ONE'S COGNITIVE ABILITIES CAN HAVE AN IMPACT ON AN INDIVIDUAL'S:**

- Socializing
- Attention
- Learning
- Moods & Emotions
- Behavior

• It is important to note that when understanding neurodiversity there is not one normal or healthy type of brain.

• It is just a normal variation of cognitive functioning in the human population, as there is no one correct way of thinking and processing the world.

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Neurodiversity looks to change how society views disorders relating to the brain and remove the negative stigmas associated with such conditions. Neurodiversity aims to demonstrate that brain differences are not errors that must be fixed; neurodivergent individuals have strengths too!

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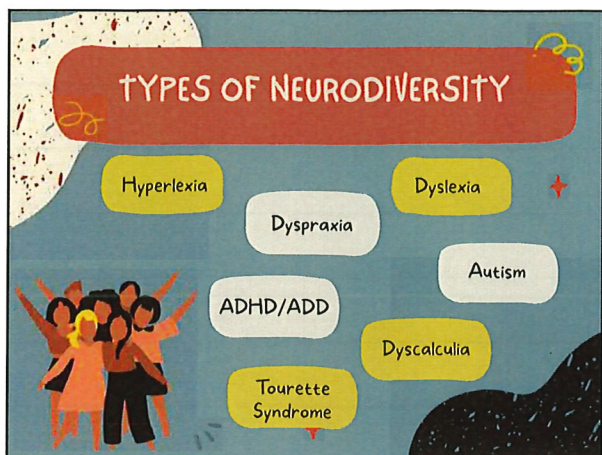
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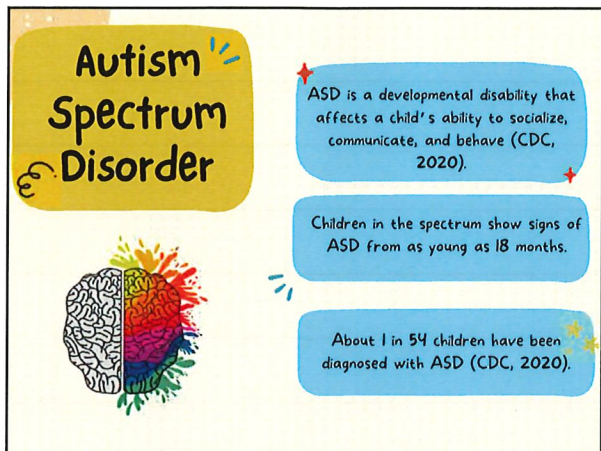
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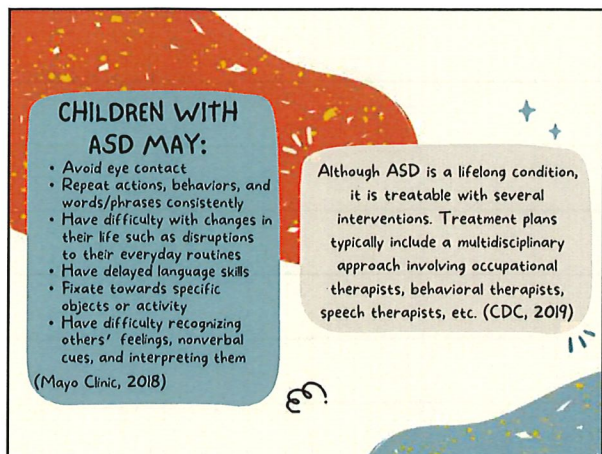
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## Hyperlexia

Hyperlexia is the incredible ability to read at a surprisingly early age.



Typically falling under the category of ASD, children with hyperlexia may lack other skills, such as communication and social, due to their fixation with letters.



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## ADHD/ADD

Individuals with ADHD/ADD exhibit difficulty paying attention, staying focused, and having less control over their behaviors and emotions.



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### Some Symptoms of ADHD include:

- Daydreaming frequently
- Fidgeting
- Easily distracted
- Forgetting to complete tasks



Boys who have ADHD tend to be more hyperactive than girls who tend to be more inattentive (Mayo Clinic).



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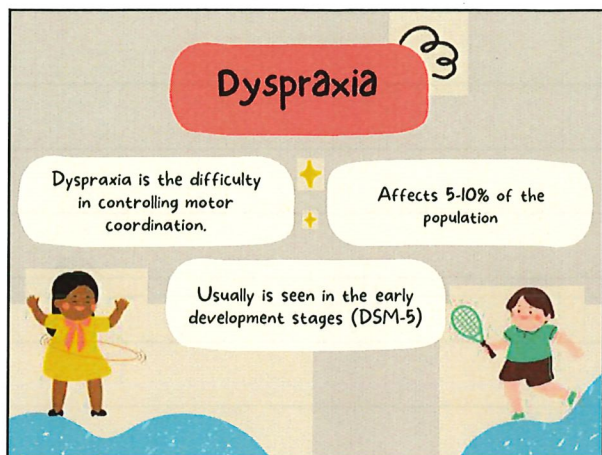
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**Dyspraxia**

Dyspraxia is the difficulty in controlling motor coordination.

Affects 5-10% of the population

Usually is seen in the early development stages (DSM-5)

The infographic features a title 'Dyspraxia' in a red rounded rectangle. Below it are three text boxes: one defining dyspraxia, one stating it affects 5-10% of the population, and one noting it is usually seen in early development stages. There are two illustrations: a girl in a yellow dress with a hula hoop and a boy in a green shirt with a tennis racket. The background is a light beige with blue wavy patterns at the bottom.

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**DYSPRAXIA**

Activities like playing sports, biking, skiing, and driving may be affected.

However, it does not affect one's intelligence, cognitive ability, and analytical skills.

With practice, children can master activities that require coordination and increased motor skills such as writing, riding a bike, or tying a shoelace (Miller, 2021).

The infographic has a purple background. The title 'DYSPRAXIA' is in a white rounded rectangle. There are three text boxes: one about affected activities, one about unaffected cognitive skills, and one about mastering skills with practice. There are two illustrations: a girl in orange overalls and a brain with a lightbulb. The background has blue wavy patterns at the bottom.

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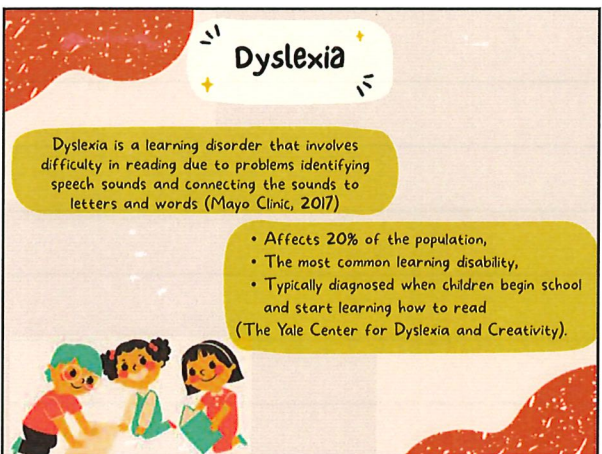
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**Dyslexia**

Dyslexia is a learning disorder that involves difficulty in reading due to problems identifying speech sounds and connecting the sounds to letters and words (Mayo Clinic, 2017)

- Affects 20% of the population,
- The most common learning disability,
- Typically diagnosed when children begin school and start learning how to read (The Yale Center for Dyslexia and Creativity).

The infographic has a light beige background with red wavy patterns at the top and bottom. The title 'Dyslexia' is in a white rounded rectangle. There are two text boxes: one defining dyslexia and one with a bulleted list of statistics. There is an illustration of three children sitting together. The background has red wavy patterns at the top and bottom.

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### SIGNS A CHILD MAY HAVE DYSLEXIA INCLUDE:

- Having difficulty learning and remembering the name of letters in the alphabet
- Reading at a slower pace
- Confusing letters that look or sound similar
- Having trouble breaking up the word and separating the individual sounds in the word

Treatment for dyslexia involves:

- Multisensory teaching (using sight, sound, movement, and touch to help kids connect language to words)
- Getting an Individualized Education Program (IEP) or a 504 Plan for accommodation at school



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### Dyscalculia

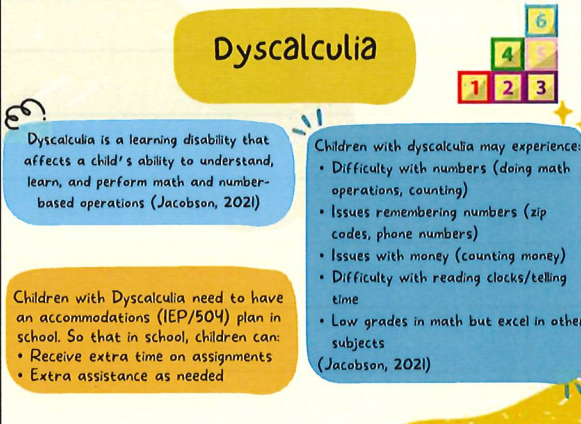
Dyscalculia is a learning disability that affects a child's ability to understand, learn, and perform math and number-based operations (Jacobson, 2021)

Children with Dyscalculia need to have accommodations (IEP/504) plan in school. So that in school, children can:

- Receive extra time on assignments
- Extra assistance as needed

Children with dyscalculia may experience:

- Difficulty with numbers (doing math operations, counting)
- Issues remembering numbers (zip codes, phone numbers)
- Issues with money (counting money)
- Difficulty with reading clocks/telling time
- Low grades in math but excel in other subjects (Jacobson, 2021)



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### Tourette Syndrome

Tourette Syndrome is a neurological disorder where children experience tics that are not easily controlled.

Tics typically appear around 2 to 5 years old.

Males are more likely than females to develop Tourette Syndrome



(Mayo Clinic, 2018)

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## Benefits of Neurodiversity

As social service providers, we should work to empower our clients to understand their potential through a strength perspective approach.

Individuals with neurodiversity possess many abilities that allow them to have unique strengths.



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## Strengths of Individuals with Neurodiversity

- Musical abilities**
- Strong visual-spatial skills**
- Strong abilities with systems, programming, and mathematics.**
- Being able to approach situations in a unique way. Individuals have the ability to "think outside the box" and prescribed social norms.**
- Lack of societal pressure to prescribe to social norms**
- A heightened sense of creativity**
- Increased ability to attention to detail**



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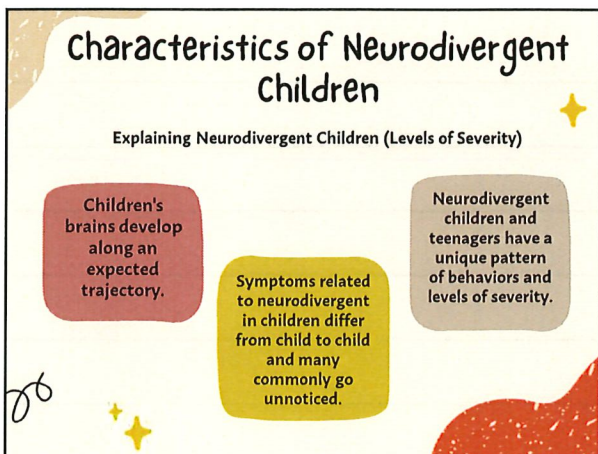
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## Characteristics of Neurodivergent Children

### Explaining Neurodivergent Children (Levels of Severity)

- Children's brains develop along an expected trajectory.
- Symptoms related to neurodivergent in children differ from child to child and many commonly go unnoticed.
- Neurodivergent children and teenagers have a unique pattern of behaviors and levels of severity.



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### The DSM classifies Autism Spectrum Disorder among three levels of severity:

LEVEL 1	LEVEL 2	LEVEL 3
When support is needed	Individual needs substantial support	Individual needs very substantial support
Individuals at this level may have symptoms that do not interfere much with relationships, school, or work.	Individuals at this level require some level of outside support in daily activities. Support can range from speech therapy or social skills training.	This level requires substantial outside support that is characterized by full-time assistance or intensive therapy.

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### Symptoms of Neurodivergence in Children

- No babbling or pointing by age 1
- No single words by 16 months
- No two-word phrases during or by age 2
- No response to name
- Regression or loss of language and social skills previously acquired
- Poor eye contact
- Lack of social responsiveness

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### Later indications in children could be seen in indicators such as:

- Limited ability to socially engage with peers or make friends
- Repetitive or unusual use of language
- Abnormally intense or focused interest
- A sense of preoccupation with certain objects or subjects
- Inflexible adherence to specified routines or rituals

(National Institute of Neurological Disorders and Stroke, 2013)

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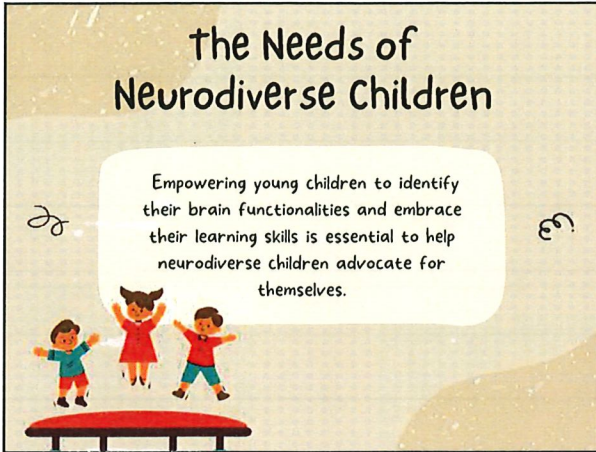
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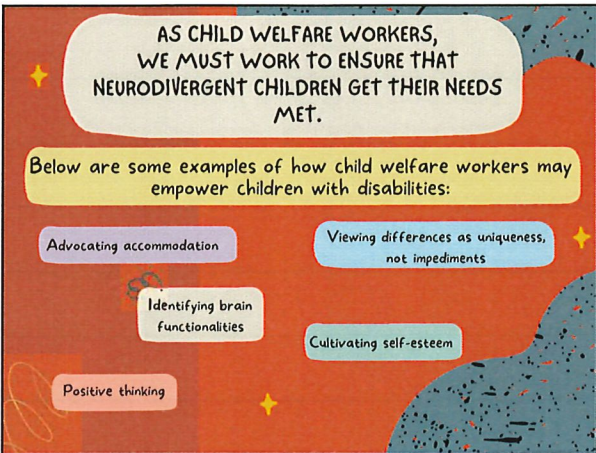
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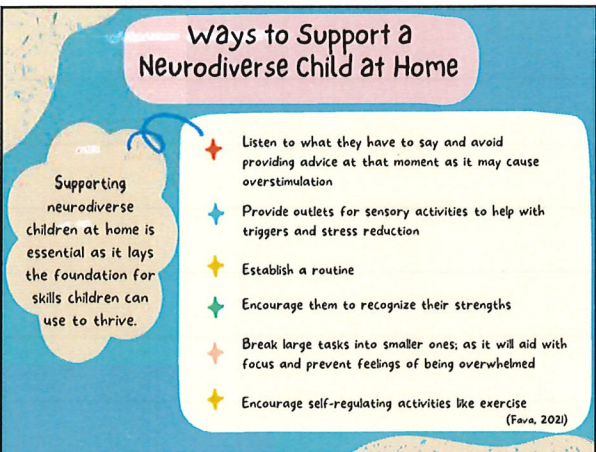
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### Easy and Effective Accommodations for Someone who is Neurodivergent

- Awareness and willingness to be flexible
- Changing and replacing things that may cause sensory challenges
- Providing tech support for time management
- Being sensitive to social differences
- Focusing on various options for communicating information
- Providing opportunities to learn and communicate in preferred ways

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### SUPPORTING CAREGIVERS OF NEURODIVERSE CHILDREN

Raising neurodiverse children can be a challenge for parents. Caregivers of neurodiverse children may face challenges such as:

- Ensuring that the child receives their accommodations as needed
- Adjusting their parenting skills to meet the needs of their child
- Getting the proper diagnosis for their child
- Facing the stigma surrounding neurodiversity

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### SUPPORTING CAREGIVERS

Caregivers should be encouraged to seek assistance or services

Examples of activities that caregivers can do to manage and cope include:

- Learning about resources available to assist the child and their families
- Joining a support group for parents of neurodiverse children
- Read books written by and for parents with neurodiverse children
- Individual therapy

(Brown et al, 2020)

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### Supporting children during social situations

- Understanding the various triggers that your child experiences in social situations is important to provide outlets and resources to comfortably integrate themselves into society.
- Reinforce positive behaviors and celebrate strengths.
- Talk through possible social scenarios and use visual aids if necessary.
- Model and practice desired behaviors
- Provide them with sensory items they can use throughout the day. (ex. fidget spinner or stress ball)
- Find tools to minimize triggers in social situations.
- If your child suffers from anxiety, consider making speech cards to help them speak to other people.

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### The Conventional Medical Paradigm

The conventional medical paradigm, also referred to as the medical model of disability which approaches autism as a disability that is primarily rooted within individuals. (Pellicano & Houting, 2021)

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The medical paradigm focuses on the notion that disability is correlated and a direct consequence of a person's biological functioning and make-up.

As social service providers, it is important to understand how neurodivergence is understood across multidisciplinary settings to equip clients with skills to understand that their perceived "deficits" do not define them and can be used as strengths to navigate the world.

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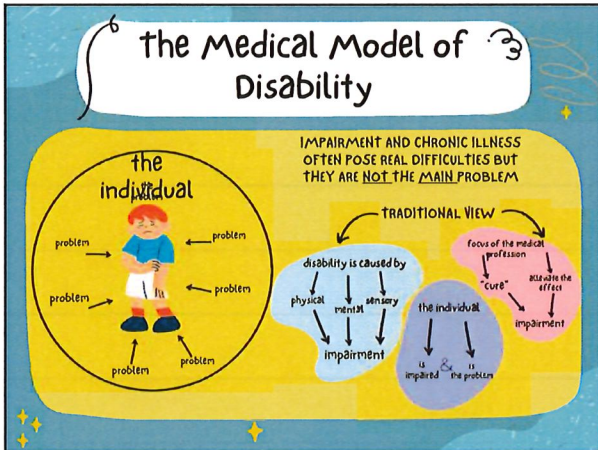
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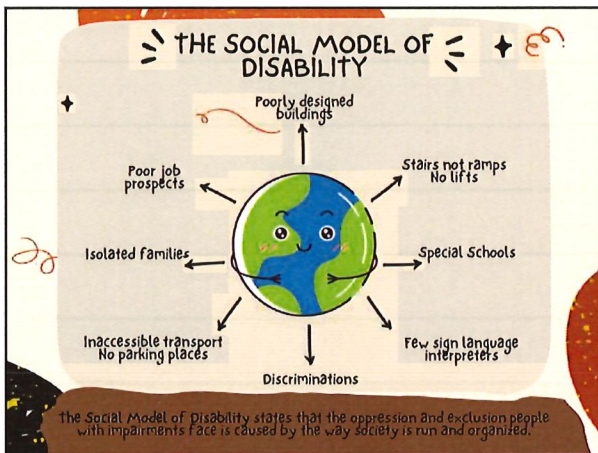
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## Neurodiversity across Cultures

Among varying cultures number of diagnoses differs based on the medical and cultural implications of how neurodivergence is viewed.

When working with children and families it is important to note that there are different views about how neurodiversity is understood and defined.

Some cultures have yet to accept the paradigm of neurodiversity and associate cognitive diversity with a mental health disorder which leads to high stigmatization underdiagnosis and misdiagnosis.

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## WHAT IS A NEURODIVERSE FAMILY?

The presence of one or more children on the spectrum within a family impacts both parents and siblings.

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## Impacts on Parents & Caregivers

Parents of neurodivergent children experience greater parenting stress compared to parents of neurotypical developing children (Bishop-Fitzpatrick et al, 2018).

Children's challenging behaviors and parent stress can impact the child-parent relationship.

Research has found that parents of children on the autism spectrum report

- increased gratitude
- increased appreciation & respect
- increased understanding of themselves (King et al, 2006)

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**Working with Neurodiverse children and their families**

Individuals with neurodevelopmental disabilities may have delays or challenges with communication, language, understanding and responding to emotion, and regulating behaviors which may cause acute stress to changes, grief, loss, and crisis.

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The following are tips and resources for social service providers and supervised visitation staff to support efforts in addressing stress responses and crises with neurodiverse families.

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**1 Be aware of how stress presents itself**

Common stress responses include emotional, physical changes, or regression of behaviors.

<ul style="list-style-type: none"> <li>✦ Emotional Changes</li> <li>- Sadness</li> <li>- Irritability</li> <li>- Crying</li> <li>- Silence</li> <li>- Aggression</li> <li>- Social isolation</li> <li>- Impulsivity</li> </ul>	<ul style="list-style-type: none"> <li>✦ Physical changes</li> <li>- Headaches</li> <li>- Stomach aches</li> <li>- Changes in appetite or sleep</li> </ul>
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**2** Help the individual process the situation

- Be open and talk about the situation in an honest and developmentally appropriate manner.
- Use visual supports to identify emotions if the individual is nonverbal.
- Validate and normalize feelings.
- Remind individuals that they are safe and have support in their environment
- Allow space for individuals to process the event in their own way

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**3** Maintain a consistent routine and establish a sense of normalcy after a crisis or sudden change

**4** Model calm behavior and engage the neurodivergent individual in coping exercises

**5** Know when to seek additional resources for the family

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**Recommendations for Social Service Providers**

ensure that research, diagnosis, and any proposed intervention are always rigorous, empirical, family-centered, culturally grounded, and methodologically sound (Freeth et al., n.d.).

- Establish a culture that treasures the strengths of neurodiverse individuals
- Empower neurodiverse individuals to build their identity and enhance their long-term skills
- Equip caregivers with tools to aid in reducing parental stress and increasing parent resilience
- Emphasize curiosity and holism to our clients.

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**References**

- Tins, N. (2020, November 7). *Types of Neurodiversity and Neurodivergence*. Diversity Social Diversity and Inclusion News. <https://www.sdu.ac.uk/news/2020/11/07/types-of-neurodiversity-and-neurodivergence/>
- National Institute of Neurological Disorders and Stroke. (2017). *Autism Spectrum Disorder Fact Sheet*. Nig.gov. <https://www.ninds.nih.gov/Disorders/Patient-Caregiver-Educator/Fact-Sheets/Autism-Spectrum-Disorder-Fact-Sheet>
- Brown, C. (2020, November 19). *What Does It Mean to Be Neurotypical?* *HealthyPlace*. <https://www.healthyplace.com/psychology/what-does-it-mean-to-be-neurotypical/>
- James, C. (2017). *Child Development - Supporting Neurodivergent Children in Times of Stress and Crisis*. <https://www.nationalautism.org.uk/child-development-supporting-neurodivergent-children-in-times-of-stress-and-crisis/>
- Fava, D. (2021, July 15). *How to Support Your Neurodivergent Child*. *Deviant Child Psychology*. <https://deviantchildpsychology.com/how-to-support-your-neurodivergent-child/>
- Bahig-Fayaz, L., Dabbab, S., Bawer-Ezzeln, M. J., Smith, M. J., & Magaña, S. M. (2018). *Autism spectrum disorder and the science of social work: A grand challenge for social work research*. *Social Work in Mental Health*, 27(1), 73-92. <https://doi.org/10.1080/15375019.2018.1507978>
- Pakenes, E., & Hothgill, J. (2020). *Autism Research Review: Shifting from "normal science" to neurodiversity in autism science*. *Journal of Child Psychology and Psychiatry*, 61(9), 338-356. <https://doi.org/10.1111/jcpp.15371>
- Green, M. (2020). *Neurodiversity: What is it and what does it have to do with race?* Retrieved from [https://www.researchgate.net/publication/359124747/figure/fig/1/figure-fig1/359124747-1.png](https://www.researchgate.net/publication/359124747/figure/fig/1/figure-fig1/359124747/figure-fig1/359124747-1.png)
- Fresh, M., Mink, E., Sheppard, E., & Ramachandran, R. (n.d.). *Autism Across Cultures: Perspectives From Non-Western Cultures and Implications for Research*. <https://www.autismresearch.com/wp-content/uploads/2019/07/04.pdf>
- King GA, Zwaagboom L, King S, Baxter D, Reschbaum P, & Bates A (2006) A qualitative investigation of changes in the belief systems of families of children with autism or Down syndrome. *Child Care, Health and Development*, 32(3), 353-361
- Young MC, Hara RM, & Bai BA (2018) Timing between diagnosis of autism spectrum disorder and onset of publicly-funded early intensive behavioral intervention: Do race, ethnicity and neighborhood matter? *Journal of Autism & Developmental Disorders*, 48(2), 561-571

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**THANK YOU!**

Questions?

lbradley2@fsu.edu

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**Contact the Clearinghouse at  
850-644-1715**

