Neurodiversity Celebration Week

Luxembourg II

SCHOLA EUROPAEA

HOW TO SUPPORT MY NEURODIVERGENT CHILD?



Tuesday, June 4, 2024

Studio, ES LuxII

Sabrina Castello

Alina Oprea

APEEEL2

Schola Europaea Luxembourg II

Introduction

- Alina Oprea & Sabrina Castello
- Neurodiversity Celebration Week
- APEEEL2
- Specific cases

Neurodiversity Celebration Week

HP students (S2-S4)

Sabrina Castello

Alina Oprea



Summary

- Neurodiversity is a spectrum
- Gender differences
- Negative feedback
- The concept of camouflage
- Consequences for mental health
- Regulation examples
- Conteracting Negative Feedback
- RSD

Sabrina Castello

- NDD
- Have a better understanding of my child's disorder
- Home accommodations
- Give effective instructions
- Quality time with my child
- The power of positive feedback/reinforcement
- ADHD and adolescence
- Conclusion

Alina Oprea

Neurodiversity Terms to Know

Neurodiversity

Neurodiversity refers to the natural diversity of human minds. It is a biological fact that we are diverse in our minds just like we are diverse in our ethnicity, gender, sexuality, etc.

Neurodiversity acknowledges the whole spectrum of neurodiversity from neurodivergent individuals to neurotypical individuals.

created by Judy Singer

Neurodivergent

Neurodivergent is an umbrella term for individuals who have a mind or brain that diverges from what is typical. It can be acquired or genetic, an innate part of you or not.

Neurodivergence just means having a mind that functions differently to what is considered the norm including learning, processing, interpreting, feeling, etc.

created by Kassiane Asasumasu

Neurotypical

Neurotypical refers to having a mind or functioning that falls within the society standards of what is deemed "typical", "common" or "normal".

Neurotypical is the opposite of neurodivergent, someone who diverges, and it is not a negative word at all but a neutral word.

Neurodiverse

Neurodiverse is a term to describe a group of individuals who represent the spectrum of neurodiversity which includes neurotypical and neurodivergent individuals.

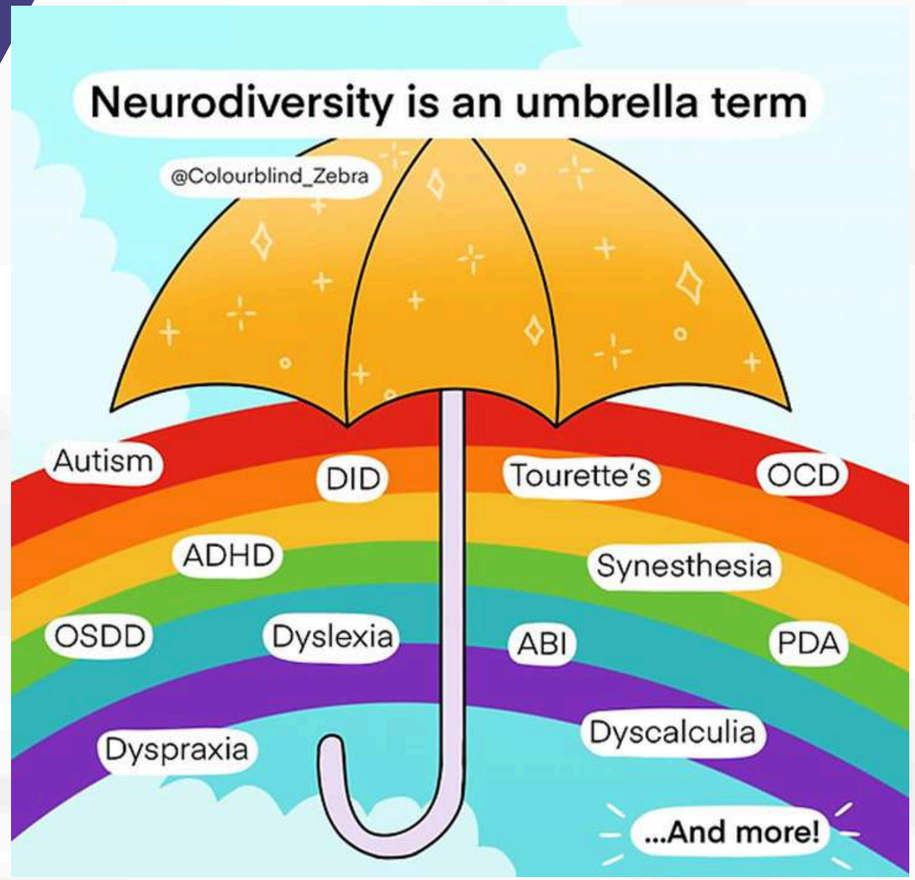
Remember, an individual cannot be neurodiverse. Individuals who aren't neurotypical would be neurodivergent.

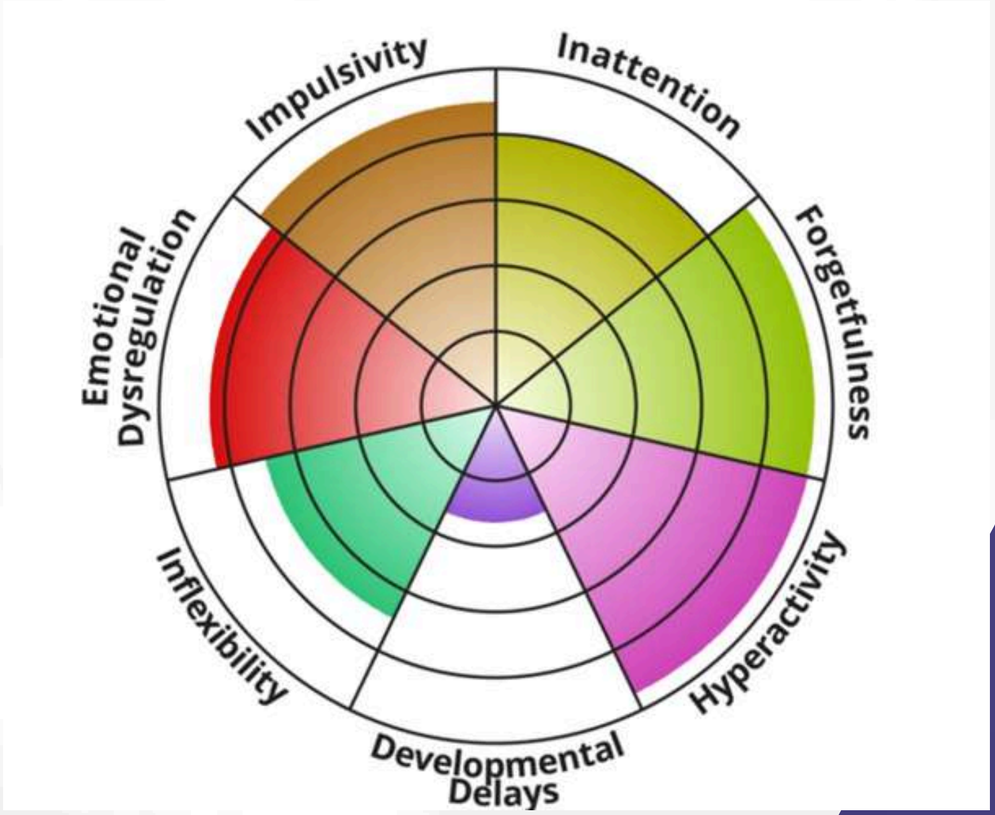
www.livedexperienceeducator.com

@livedexperienceeducator

Neurotypical - Neurodivergent

Neurodiversity is a spectrum





Gender bias



- Neurodivergent traits present differently in girls and boys
- Because of differences in socialization and biases in early research, girls are still under diagnosed
- Girls tend to mask more

Negative Feedback

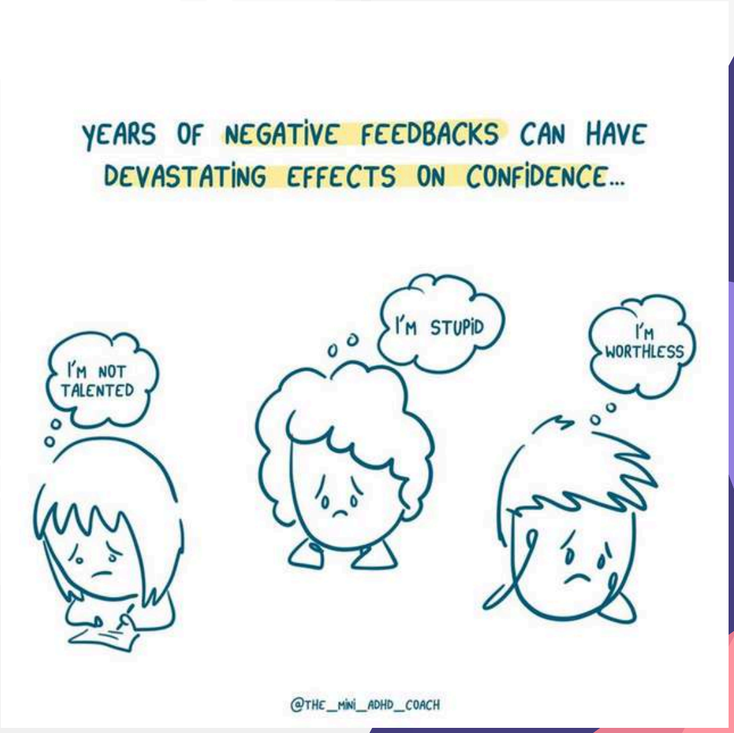
·Neurodivergent pupils are confronted with negative feedback from an early age.

*·This negative feedback may be **direct** (it may come from their parents, educational staff, other children, etc.)*

Psychiatrist and author William W. Dodson, MD, estimates that by age 12, children who have ADHD receive 20,000 more negative messages from parents, teachers, and other adults than their friends and siblings who do not have ADHD.

*·Or it might be **indirect** (the pupil realises themselves that they are unable to carry out certain tasks like their peers)*

·This negative feedback is then internalised and puts a strain on their self-esteem.



Negative Feedback and Masking

- Frequent negative feedback = developing masking skills, which enable them to mask their traits in order to fit in.
- Because they often feel misunderstood, they don't feel safe without this masking.
- Masking is used to protect themselves from discrimination, harassment or the “revelation” of their condition.
- Masking is most often involuntary and can occur without any awareness of it.
- **Masking should be seen as a defense mechanism.**



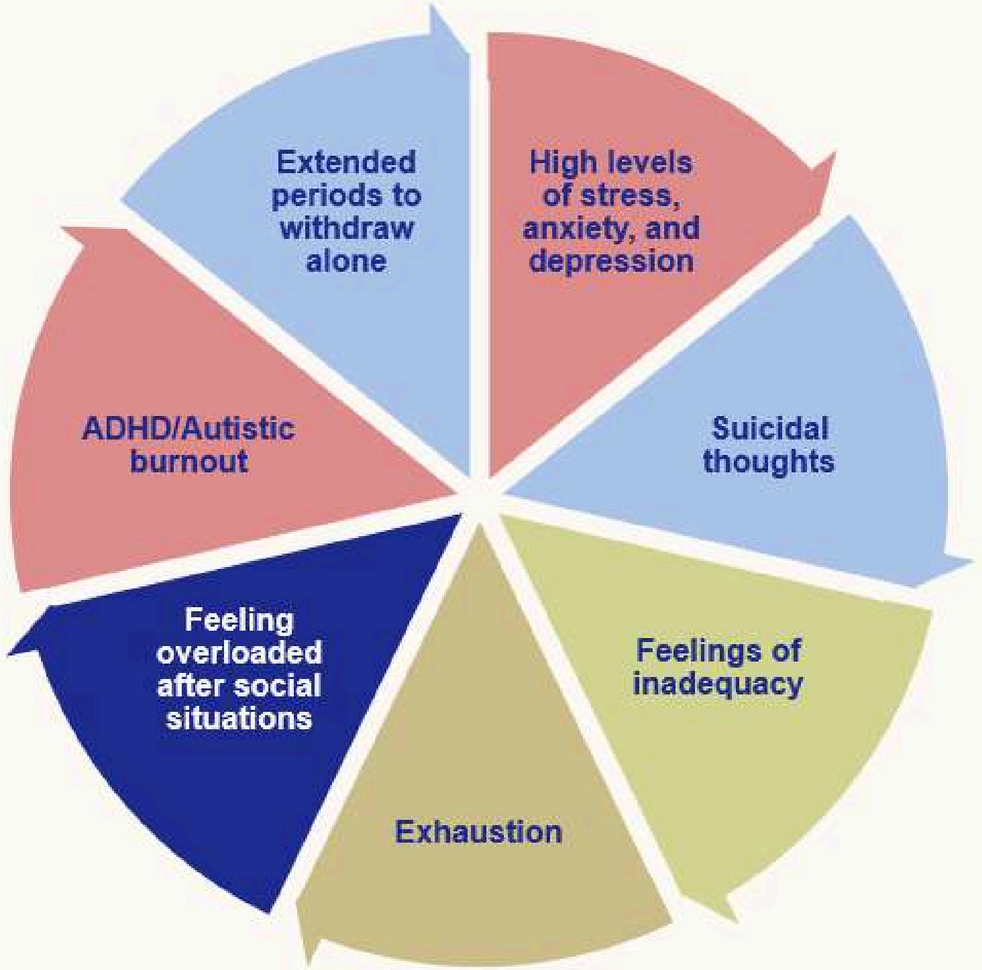
Examples of Masking

- Copy a person's tone of voice or body language
- Pretending to understand and follow a conversation
- Imitating facial expressions and gestures
- Forcing themselves to endure uncomfortable sensory discomfort



→ **Example : staying in a noisy room, making eye contact, etc.**

Consequences of masking



How to unmask ?

- masking might seem to facilitate social interactions but it has mainly negative consequences

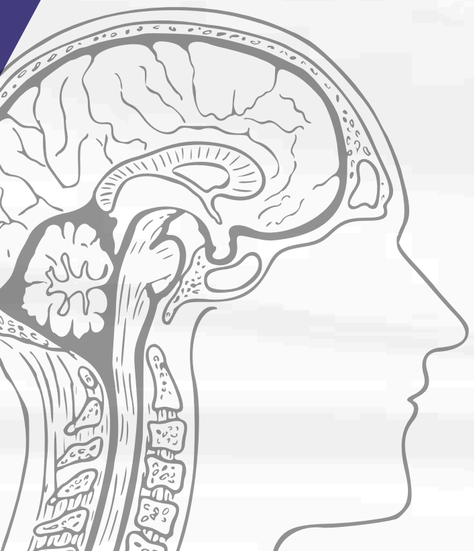
Unmask can look like



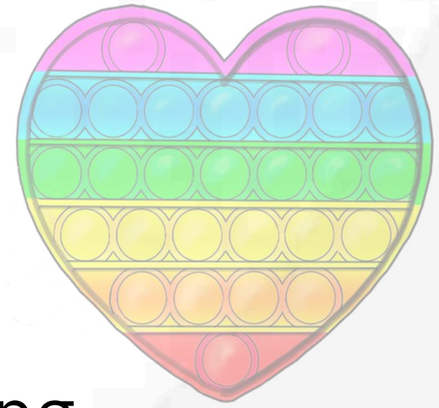
- Taking breaks often
- Sensory level awareness, sensory breaks
- Learn to say no (social events, situations)
- Regulation techniques, fidgeting, stimming
- Find the right crowd, a “safe” crowd
- etc.

How to support my child

- Understanding when my child is over-stimulated by camouflage
- Communicate openly on the subject
- Try different methods of regulating the nervous system



Regulation examples

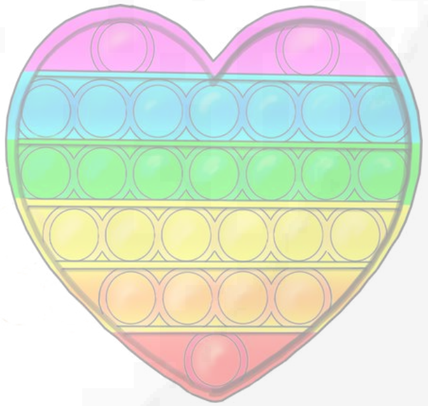


- Mindfulness breathing exercises, guided breathing
- Body in motion, sport, physical activity
- Music, art, drawing
- Hugs, cuddly toys and soft toys
- Regular routines and schedules (sleep, meals, etc.)
- Balanced diet (comfort foods)
- Hydration

Work on autonomy-related goals



Regulation examples



- Sensory regulation (sensory toys to manipulate, chew on (safe chew), soft light, quiet environment quiet moments, weighted blanket, etc.
- vestibular stimulation (rocking movements, circular movements)

Counteracting negative feedback

1. Reinforce strengths and talents

- *Specific praise*
- *Encourage passions*

2. Creating a supportive and understanding environment

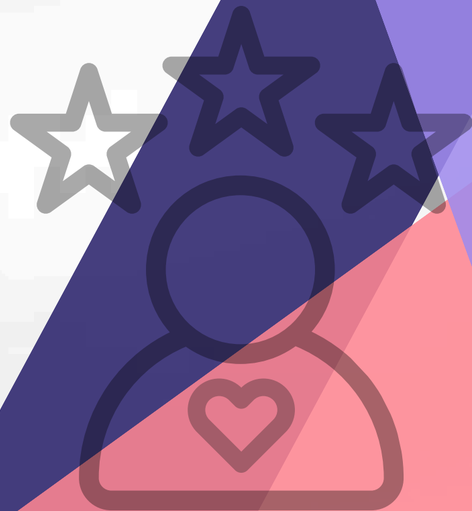
- *Open communication*
- *Emotional validation*

3. Model positive and constructive behaviors

- *Respond positively to mistakes*
- *Use positive language*

4. Provide resilience resources and tools

- *Inspirational books and stories*
- *Teach stress and emotional management techniques*





- Neurodivergent family
- Adventures
- Heroes
- Neurodivergent creators

Rejection-sensitive dysphoria (RSD)

Sensitivity to rejection is characterized by extreme emotional sensitivity and pain due to real or perceived rejection, mockery and criticism.





- Learn more about the subject
- Suggest keeping an emotional diary
- Validation, empathy, reassurance

➪ **Develop better methods of self-awareness**

Neurodiversity Celebration Week

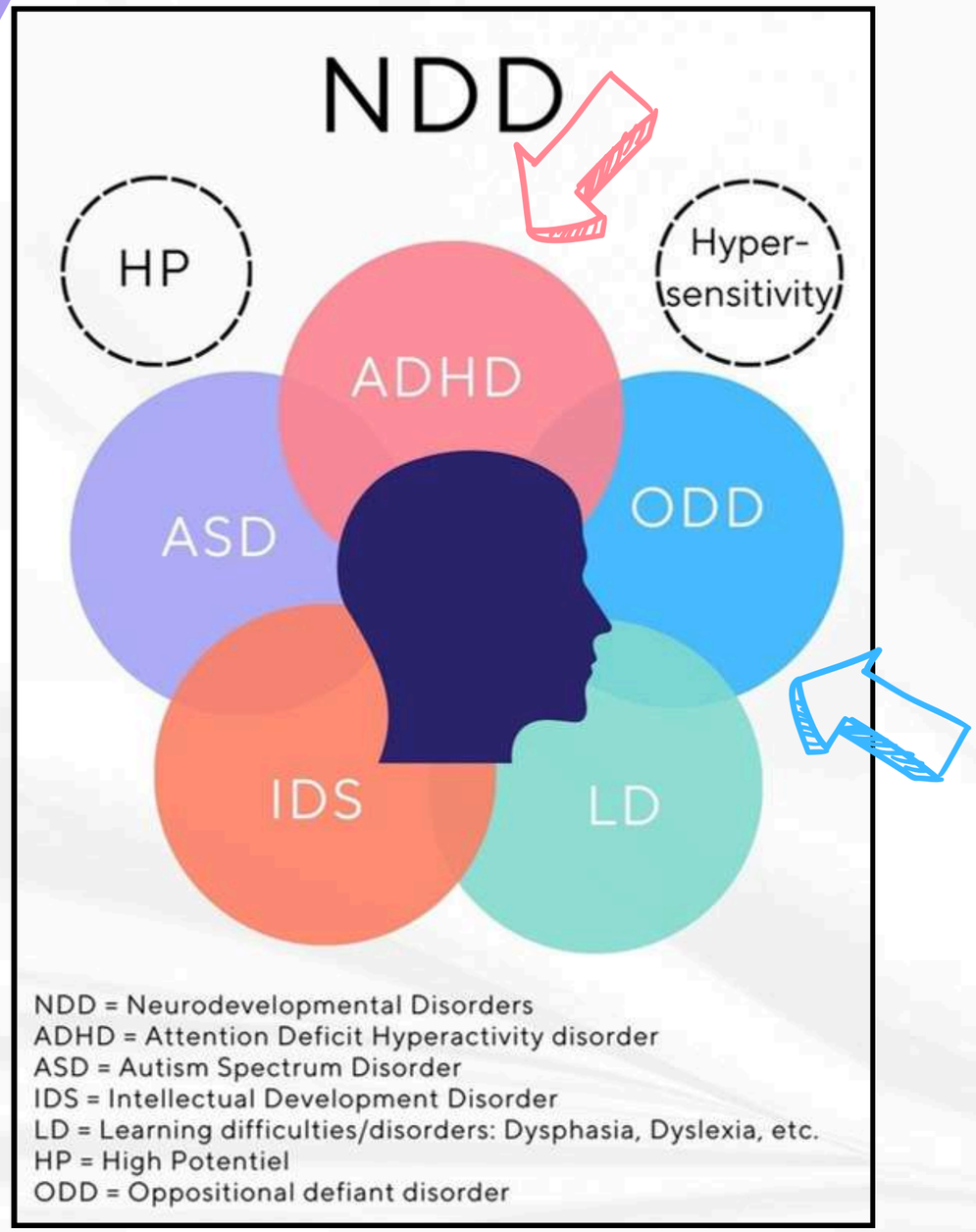
SCHOLA EUROPAEA



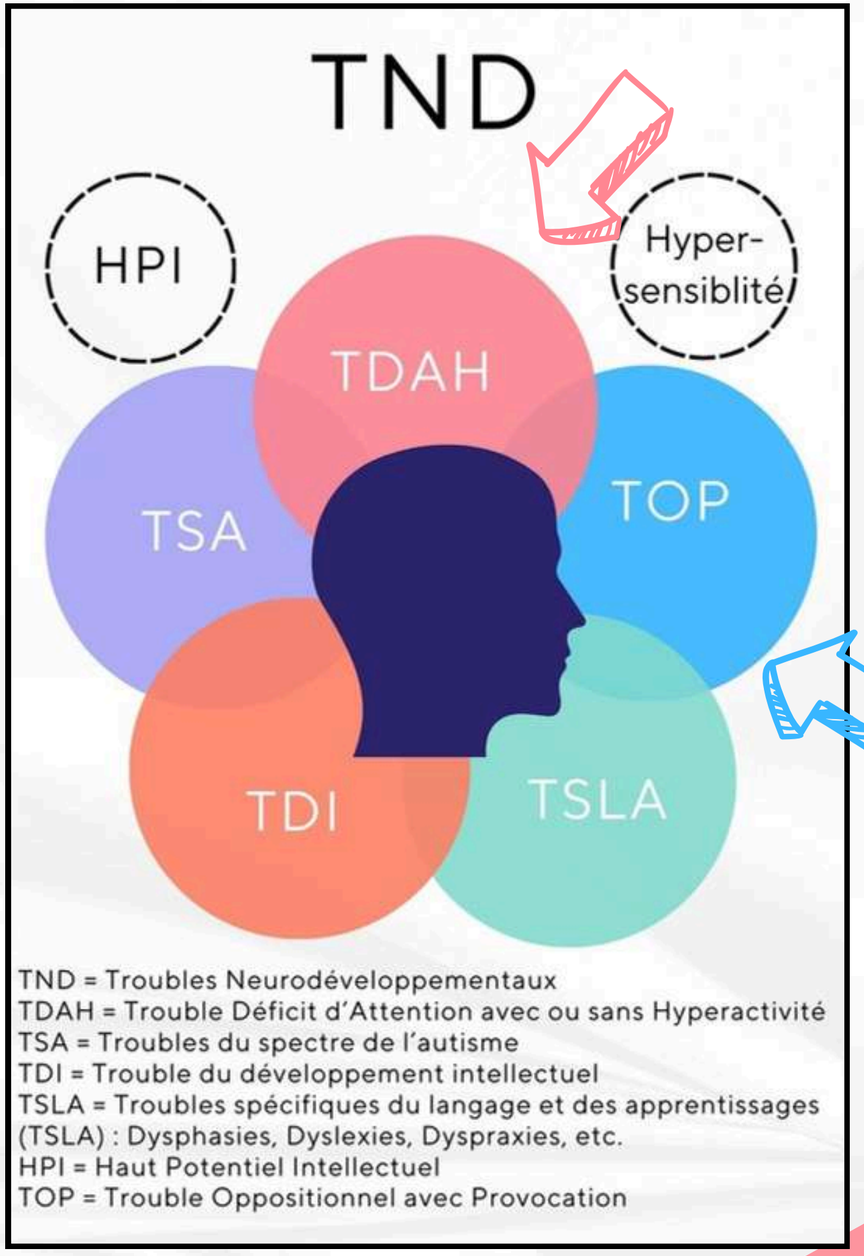
1. NDD

2. Have a better understanding of my child's disorder
3. Home accommodations
4. Give effective instructions
5. Quality time with my child
6. The power of positive feedback/reinforcement
7. ADHD and adolescence
8. Conclusion

Alina Oprea



NDD = Neurodevelopmental Disorders
ADHD = Attention Deficit Hyperactivity disorder
ASD = Autism Spectrum Disorder
IDS = Intellectual Development Disorder
LD = Learning difficulties/disorders: Dysphasia, Dyslexia, etc.
HP = High Potentiel
ODD = Oppositional defiant disorder



TND = Troubles Neurodéveloppementaux
TDAH = Trouble Déficit d'Attention avec ou sans Hyperactivité
TSA = Troubles du spectre de l'autisme
TDI = Trouble du développement intellectuel
TSLA = Troubles spécifiques du langage et des apprentissages (TSLA) : Dysphasies, Dyslexies, Dyspraxies, etc.
HPI = Haut Potentiel Intellectuel
TOP = Trouble Oppositionnel avec Provocation

1. NDD

2. Have a better understanding of my child's disorder

3. Home accommodations
4. Give effective instructions
5. Quality time with my child
6. The power of positive feedback/reinforcement
7. ADHD and adolescence
8. Conclusion

Have a better understanding of my child's disorder

REMEMBER: although ADHD is not a fatality, keep in mind a disability perspective. Why is it so impairing?

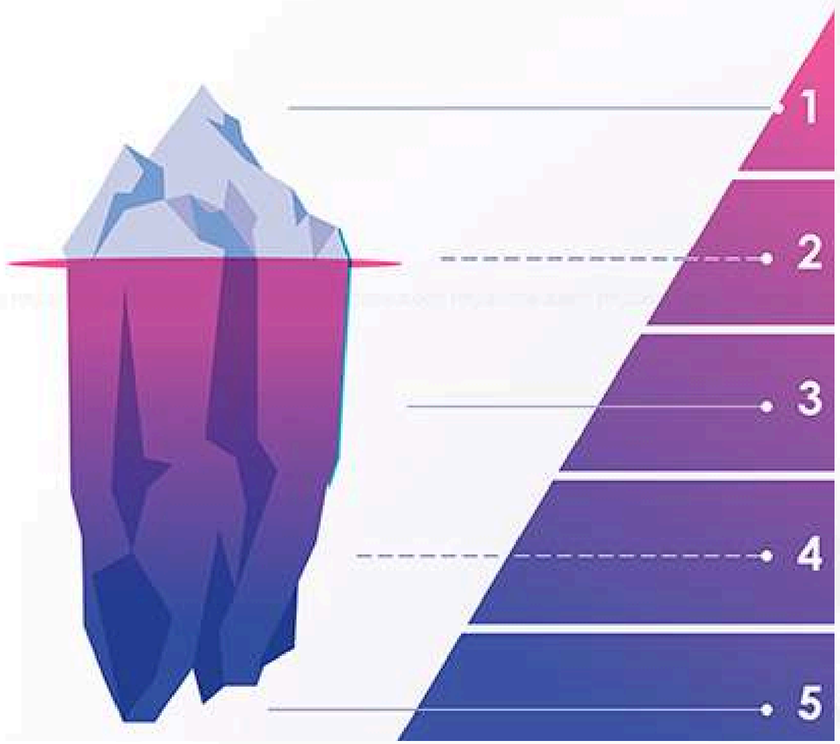


⟶ *ADHD = a "silent" disability because it gives off no physical stigmata or other reminders that the child is disordered or developmentally disabled in some way.*

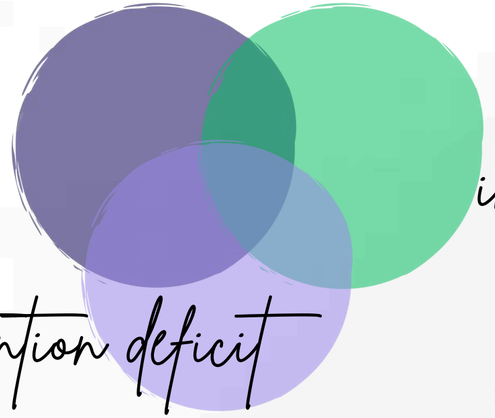
⟶ *The signs of the disorder are all in the child's behavior and cognition.*

⟶ *ADHD symptoms lead to impaired functioning in major life activities, such as social (family, peers, community), academic, or occupational activities.*

Have a better understanding of my child's disorder



Why?



= 10%

90% of the difficulties are invisible

- time blindness
- self-regulation disorder
- ODD
- anxiety
- challenges in learning
- executive dsyfunction
- poor working memory
- sleep issues
- irritability
- rejection sensitive dysphoria
- abnormal reward and punishement sensitivity
- poor frustration tolerance
- insufficient levels of dopamine

1. ADHD = self-regulation disorder

Self-regulation = the ability to remain focused and alert, which often requires a capacity for self-control.



According to dr. Russell Barkley : **ADHD = a disorder in the development of behavioural inhibition skills. The inability to inhibit/delay a response is at the root of the difficulties associated with ADHD.**

- *Disruptive motor and verbal behaviour*
- *Fidgeting, moving, etc.*
- *Inability to pursue medium- or long-term goals*
- *Lack of attention = lack of inhibition (constant need of reacting to exterior stimuli)*
- *Cognitive impulsiveness*
- *Emotional dysregulation and impulsiveness (easily angered, irritability, quick, display of emotions, etc.)*

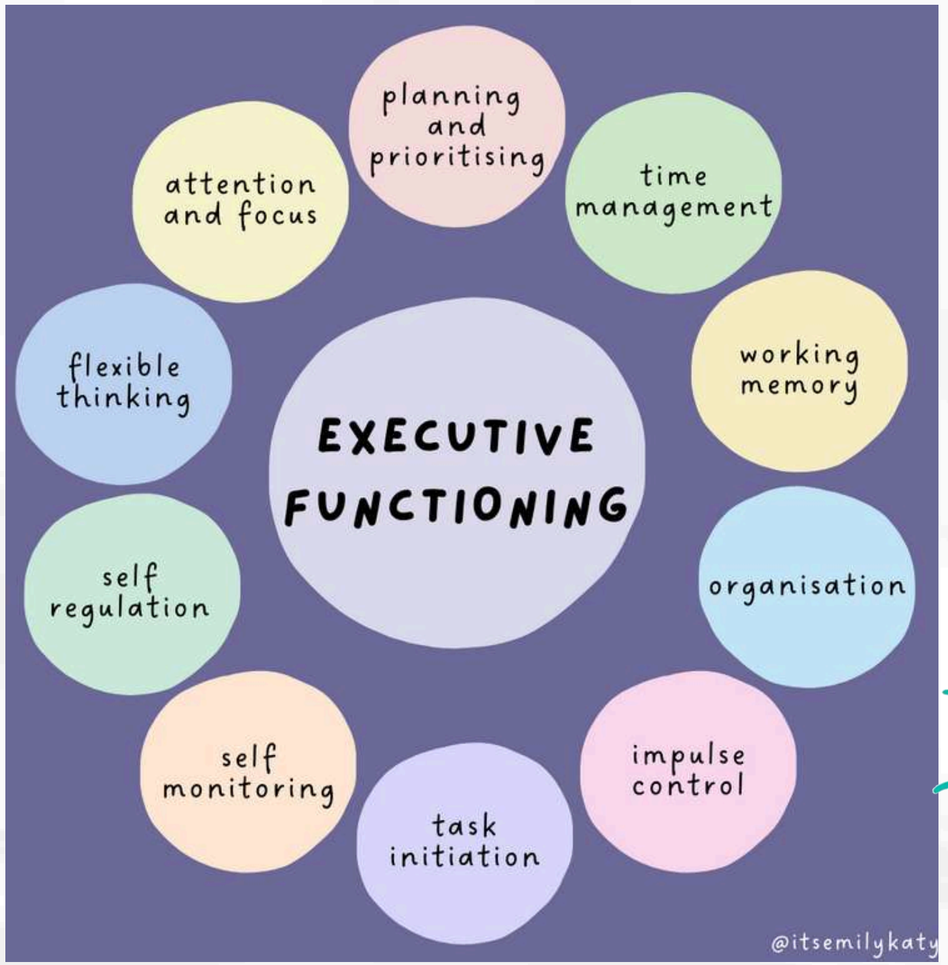
1. ADHD = self-regulation disorder

Why is this important?



- **inhibition deficit** = core feature of ADHD and has a neurogenetic cause
- "~~where there's a will, there's a way", "try harder!"~~
  = ADHD children don't adopt an inappropriate behaviour on purpose
- **peer rejection** = children with ADHD struggle with making and keeping sustained friendships with other children.

2. ADHD, ASD = executive functions disorder



EF =the cognitive abilities needed to achieve goals

A person with ADHD may encounter :

- difficulties to plan / organize / prioritize
- emotional dysregulation
- rigid thinking
- impulsiveness
- poor working memory

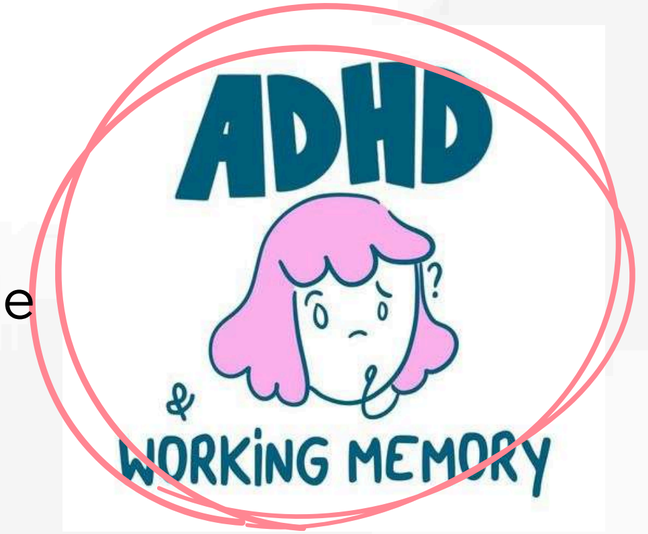
all these EF are essential in the learning process!

ADHD = EFDD (Executive Function Deficit Disorder

ADHD = SRDD (Self-Regulation Deficit Disorder)

2. ADHD, ASD = executive functions disorder

WORKING MEMORY = a "temporary storage system" in the brain that holds several facts or thoughts while solving a problem or performing a task. Working memory helps people hold information long enough to use it in the short term, focus on a task, and remember what to do next.



Deficits in working memory explain why children and adults with ADHD struggle with tasks such as staying on track, being organized, finishing projects.

externalize the short-memory: visual aids (agenda, post-it, TO DO lists, etc.)

3. ADHD = time-blindness



Neurotypical child



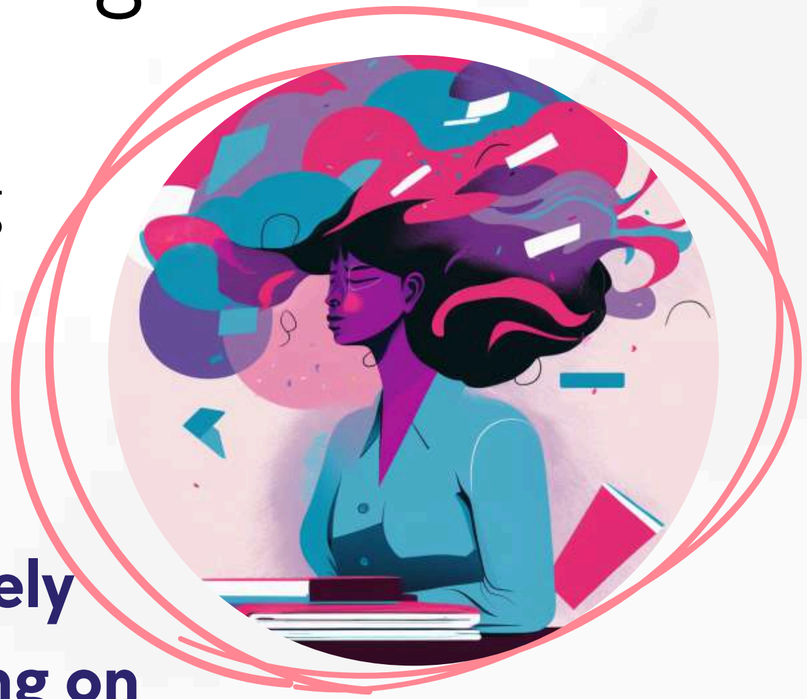
ADHD child

- **time and future escape them**
- problems with using their interne sense of time to guide their behaviour
- they live in the present : they don't anticipate the future, don't prepare for assignments ahead of time
- impatience : they are less able to wait for events, rewards, etc.

look at the E-R-O arrangements

4. ADHD and hyperfocusing

Hyperfocus is highly focused attention that lasts a long time. You concentrate on something so hard that you lose track of everything else going on around you.

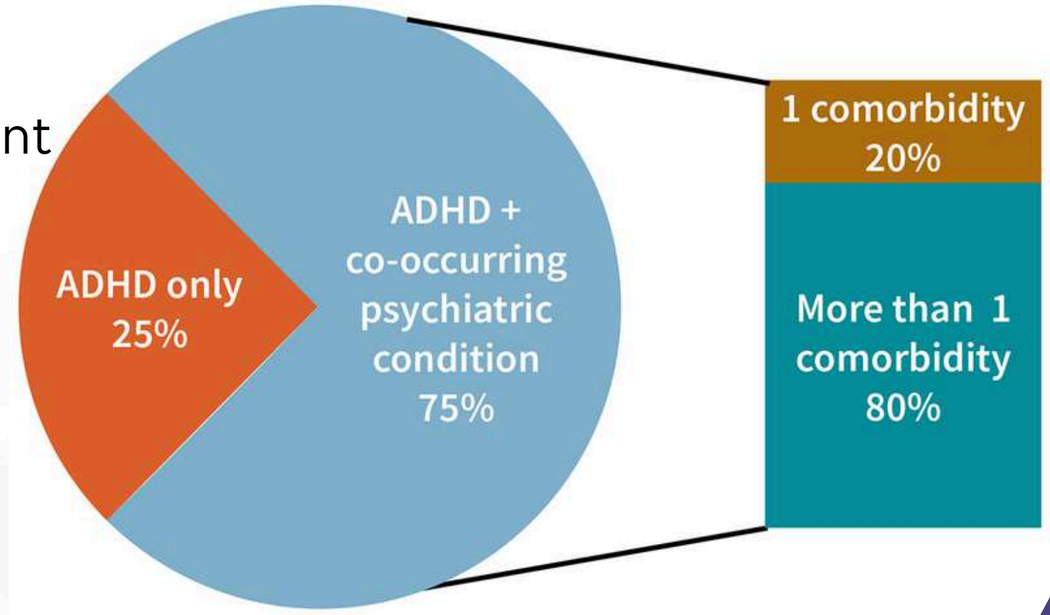


- **ADHD = not really an attention disorder....**
- **in order to hyperfocus, the activity needs to be extremely interesting: this does not mean your child is not focusing on other activities on purpose**
- **hyperfocus - ADHD is an auto-regulation disorder**
- **hyperfocus might prevent them to do things that are really important**



5. ADHD and comorbidities

- most people with ADHD have **at least 1 co-occuring disorder**
- most common **comorbidities**: oppositional defiant disorder (ODD), conduct disorder (CD), specific learning disabilities (SLD or LD), depression and anxiety.
- symptoms of ODD are emotional responses involving temper, anger, defiance, hostility, and being easily annoyed = **ADHD is highly comorbid with ODD (65–85%).**



⇨ each disorder needs to be **diagnosed** and understood

⇨ increase **acceptance**, understanding, forgiveness

⇨ **Parenting Skills Training Program** (PSTP) for specific disorders

Have a better understanding of my child's disorder

How?

1. Read books, articles, etc. (don't always trust google)



dr. Olivier REVOL, dr. Russell BARKLEY, dr. Gabor MATE

2. Listen to experts' conferences
3. Try a Parenting Skills Training Program (PSTP)
   - *the Incredible Years (primary)*
   - *the Barkley method (up to 13)*
   - *the Non Violent Resistance Programme (NVR)(after 14)*
4. Ask for help (coach, psychologist, teacher, etc.)

The Barkley method



= a parental guidance program for parents of children aged 4 to 13 with ADHD and/or ODD

⟶ behavioral and cognitive: it aims to modify certain thoughts and behaviors that parents may have towards their child

⟶ the program does not aim to cure the disorder, but to reduce the intensity of certain behaviors and, above all, to re-establish more serene relations between the child and his parents.

1. NDD
2. Have a better understanding of my child's disorder
3. **Home accommodations**
4. Give effective instructions
5. Quality time with my child
6. The power of positive feedback/reinforcement
7. ADHD and adolescence
8. Conclusion

Home accommodations

REMEMBER: These arrangements are essential and for life!



time/future blindness, self-regulation/inhibtion deficit, EF deficit, poor working memory, lack of "motivation"

- **make time real**
- **"externalize" forms of information (cues, prompts)**
- **externalize sources of motivation**

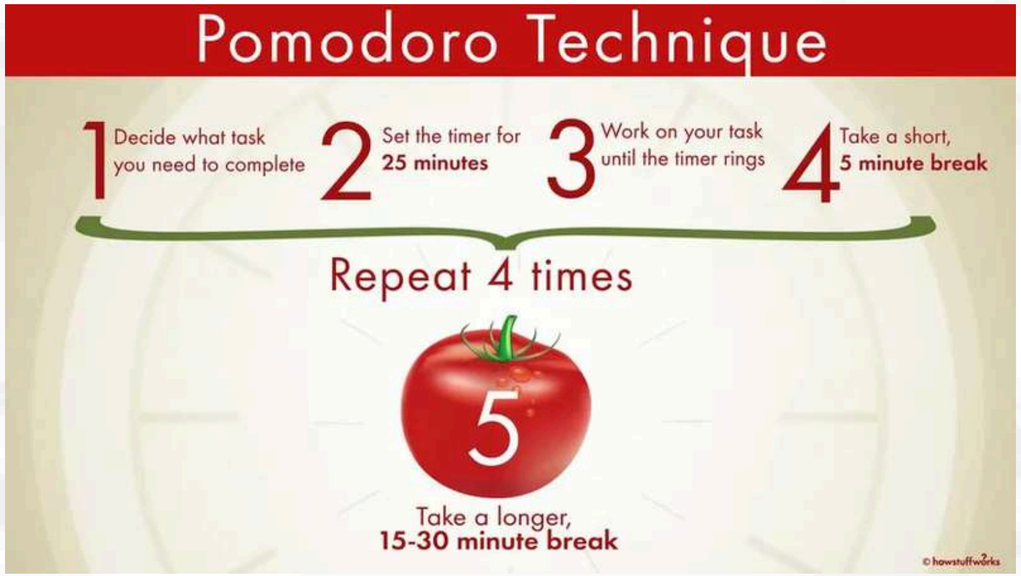
Home accommodations

Problems, difficulties	Suggestions/tools
• child-parent tensions for homework • difficulty getting down to work, to learn • doing/finalizing homework • forgetting materials, homework, etc. • difficulty revising for exams • organization	**→ the Pomodoro technique (focus, organization)** **→ Time Timer (time management)** **→ body doubling (task initiation)** → find a tutor → arrange the workspace → accept that she/he learns differently (while drawing, manipulating an object, standing, etc.) → agenda + SMS =  → revision sheets, mind maps, flash cards → prepare the day before (schoolbag, pool bag, etc.) → make to-do lists → use weekly planners, whiteboards for planning, phone alarms, etc.

Home accommodations

→ **ADHD body doubling** = practice where a person with ADHD works on and completes potentially frustrating tasks with another person. The body double's job is to help anchor the person with ADHD to the present moment and task, reducing the risk of distraction.

→ **the Pomodoro technique** = method used for time management and to help individuals with ADHD stay focused



→ **Time Timer** = With one glance, you can see how much time is left. You can have a concrete understanding of how long to complete a task.



Accommodations and time blindness

Look at the E-R-O arrangements

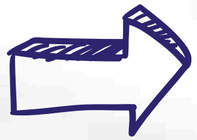
- *Event that needs to be addressed (e.g. book report)*
- *Responses to prepare for them (e.g. read the book and write the report)*
- *Outcomes/consequences/rewards for them (e.g. get a grade)*

delay

delay

1. **Minimize delays between the E-R-O**
2. **Use external timing devices that are visible while working (time timer)**
3. **For larger tasks: break them down into smaller chunks with breaks between (Pomodoro technique). Do these smaller chunks daily.**
4. **Prepare small rewards for each sub-task (provide external motivation in the immediate context).**

1. NDD
2. Have a better understanding of my child's disorder
3. Home accommodations



4. Give effective instructions

5. Quality time with my child
6. The power of positive feedback/reinforcement
7. ADHD and adolescence
8. Conclusion

Give effective instructions

- Give instructions at the right time = make sure you have your child's attention
- Give one clear, precise instruction (one at a time)
- "Touch more", "talk less", "keep it short and sweet"(dr. R. Barkley)
- Use a neutral voice (the child will not do it quicker if you raise your voice)
- Make instructions direct ("Clean up your toys")
- State instructions positively ("Get down please", not "Please, don't' climb on the counter")
- Explain rewards, consequences, and expectations
- Give frequent feedback

Effective or not ?

Dinner is ready!

You'd better put your things away

Please take these pairs of socks back to your room

Tom, I'm asking you to clean up your room, starting by putting all the legos back in their boxes.

I want you to come for lunch

Tom, tidy up the room and do your homework, and then all those things lying around in the bathroom, you'll pick them up too.

Effective instructions ✓

- I want you to come for lunch

- Please take these pairs of socks back to your room

- Tom, I'm asking you to clean up your room, starting by putting all the legos back in their boxes.

- Tell me again what I have just asked you

improve the child's compliance

Try to avoid... ✗

- Dinner is ready!

- You'd better put your things away

- Tom, tidy up the room and do your homework, and then all those things lying around in the bathroom, you'll pick them up too.

- Come on, I'm not going to tell you 10 times

1. NDD
2. Have a better understanding of my child's disorder
3. Home accommodations
4. Give effective instructions
5. **Quality time with my child**
6. The power of positive feedback/reinforcement
7. ADHD and adolescence
8. Conclusion

Quality time with my child

HOW?

- It's 15-20 minutes at least three times a week.
- Let the child choose the game or activity (the adult doesn't take control or offer the usual criticism).
- Express how you felt during the activity.

WHY?

→To get the opportunity to give your child positive feedback or reinforcement whenever he/she has an appropriate behaviour

→To preserve a positive/healthy relationship parent-child

→ To show him/her your unconditional support and meet his/her emotional needs

→To identify your child's strengths, non-traditional aptitudes, etc.

1. NDD
2. Have a better understanding of my child's disorder
3. Home accommodations
4. Give effective instructions
5. Quality time with my child
6. **The power of positive feedback/reinforcement**
7. ADHD and adolescence
8. Conclusion

The power of positive feedback/reinforcement

The Pygmalion effect was researched in 1964-1965 by Dr. Robert Rosenthal (psychology professor at Harvard and he wanted to study the effect of expectations).

The Pygmalion Effect is a phenomenon in which **children, students or subordinates improve their level of performance** according to the level of expectation their parents, teachers or supervisors have from them.



https://www.youtube.com/watch?v=4aN5TbGW5JA&ab_channel=Sprouts

The power of positive feedback/reinforcement

Positive feedback = positive information provided in response to an action that has already taken place or behaviour that has already been demonstrated.

Positive reinforcement = a reward for a desired behavior. Reinforcing a behavior will increase the likelihood that the behavior will reoccur.

→ **decrease inappropriate or problem behaviors**
→ **children will tend to reproduce the appropriate behaviour**
→ **improve the parent-child relationship**
→ **improve your child's self-esteem**

Give positive feedback/reinforcement

TYPES

- verbal reinforcement = parental attention
- rewards (stickers, extra points, money, etc.)
- quality time with your child
- privileges

RATIO

for 1 negative remark, 3 to 4 positive remarks

WHEN

immediately

WHAT

the outcome/results but also the efforts

HOW

- Use positives before negatives
- Set up a reward program to encourage desired behaviors.
- Ask your child for a favor : it will become a pretext for giving positive feedback.
- Identify the moments when the child is behaving appropriately: make a special effort to value the child at these moments
- Express your appreciation for what the child is doing

The power of positive feedback/reinforcement

Why?

- ADHD is associated with altered reinforcement and reward sensitivity: ADHD children are more apt to respond and improve performance when given a reward.
- ADHD children need external motivation
- this will boost their level of dopamine
- by the age of 10, kids with ADHD receive 20,000 more negative messages and critiques than their peers ...



1. NDD
2. Have a better understanding of my child's disorder
3. Home accommodations
4. Give effective instructions
5. Quality time with my child
6. The power of positive feedback/reinforcement
7. **ADHD and adolescence**
8. Conclusion

ADHD and adolescence



Warning: the symptoms may seem to diminish in adolescence. Symptoms are often less visible, but still have a strong impact on your teenager's life.

hyperactivity is less obvious: “behavioral” symptoms can manifest themselves as internal tension, impatience, impulsivity and difficulties with emotional regulation

“cognitive” symptoms of ADHD will manifest themselves through “dreamy” behavior , problems with organization, planning, motivation and time management

risks to which adolescents with ADHD are more exposed: drug use, risk-taking, risky sexual behavior, mood disorders and even suicide attempts

ADHD and adolescence

ADHD teenagers experience **difficulties or conflicts with authority**

they have l**ittle concern for own safety** (injuries and accidents)

they have **low self-esteem**

slowness, lack of motivation for school work

driving: the frequency of automobile accidents and violations is greater among teens with ADHD compared to their neurotypical peers

difficult relationships with their peers



Conclusion: keep in mind...



1. There are **solutions** and tools that can help your child
2. The challenges will always be there: the **accommodations** are for life
3. ADHD can become a subtle **force** if :

= you get an early diagnosis

= you try a multi-modal care: a range of tools (treatment, psychological follow-up, support at school, etc.)

= you have an encouraging attitude (family tolerance, understanding and supporting teachers/environment)

4. A **firm but caring approach** (“la fermeté bienveillante”)
5. **Barkley’s formula for success** : *Acceptance + Treatment + Talents and Aptitudes + Ressources + Supportive loved ones*

Keep in mind...



« Je [*enfant avec TDAH*] suis comme un cerf-volant, si quelqu'un ne tient pas la bobine, je m'envole... Et toi [*maman, papa*], c'est drôle, je me dis souvent que tu es assez fort pour me retenir et assez intelligent pour me laisser filer. »

Anna Gavalda ("Je l'aimais") :

"I [ADHD child] am like a kite, if someone doesn't hold the spool, I fly away... And you [mom, dad], it's funny, I often tell myself that you're strong enough to hold me back and smart enough to let me fly."

Reading suggestions

- Revol, Olivier : On se calme!
- Revol, Olivier : J'ai un ado, mais je me soigne...
- Barkley, Russell : "12 Principles for Raising a Child with ADHD
- Maté, Gabor : Scattered Minds: The Origins and Healing of Attention Deficit Disorder
- Gooding, Louise : Wonderfully wired brains
- Gendron, Alice : Le petit guide illustré du TDAH
- Reber, Deborah : Differently Wired: Raising an Exceptional Child in a Conventional World
- Mavir, Heidi : Your Child is Not Broken: Parent Your Neurodivergent Child Without Losing Your Marbles
- W. Greene, Ross : The explosive child
- Diekman, Amanda : Low Demand Parenting
- M. Prizant, Barry : Uniquely Human: A Different Way of Seeing Autism
- Jaya Ramesh, Priya Saaral, et al. : Parenting at the Intersections: Raising Neurodivergent Children of Color
- Emily Paige Ballou, Sharon daVanport, et al. : Sincerely, Your Autistic Child: What People on the Autism Spectrum Wish Their Parents Knew About Growing Up, Acceptance, and Identity
- Nerenberg, Jenara : Divergent Mind: Thriving in a World That Wasn't Designed for You Gebundene Ausgabe
- Paul Ellis , Amanda Kirby, et al. : Neurodiversity and Education
- Kirby, Amanda : The Adolescent with Developmental Co-ordination Disorder (DCD)
- Kirby, Amanda : 100 idées pour aider les élèves dyspraxiques



Thank you for your your time and attention!

sabrina.castello@teacher.eursc.eu

alina-gabriela.oprea@teacher.eursc.eu