

Teaching Neurodiversity Affirming Care to Trainees

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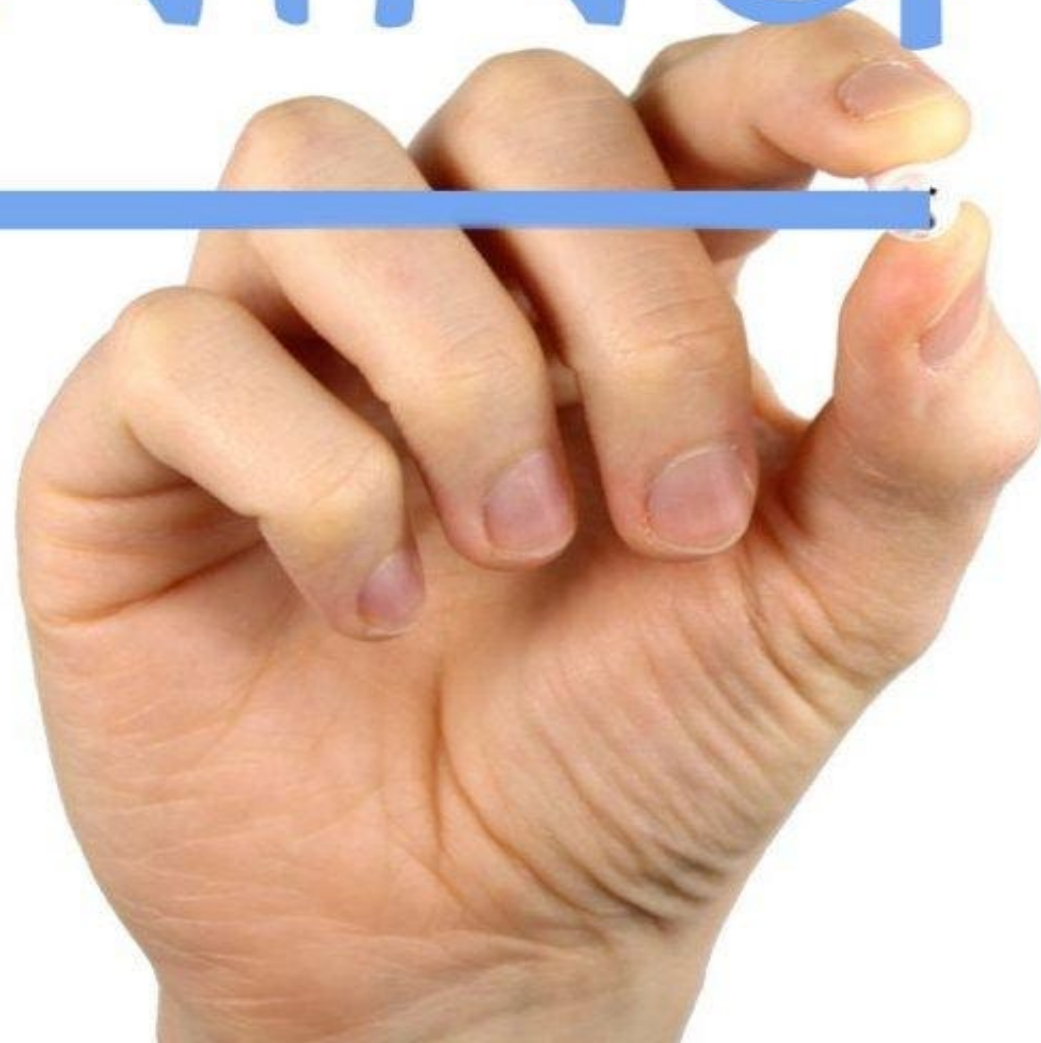
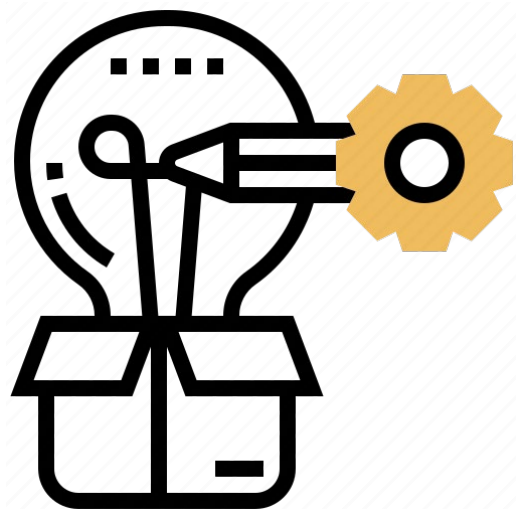
DISCLOSURES

Crystal Cederna, Ande Jones, Katie Kastner

- No relevant financial relationships to disclose. Will not discuss off label use or investigational use in this presentation.



LEARNING



Your Presenters



Crystal Cederna, PsyD
(she/hers)



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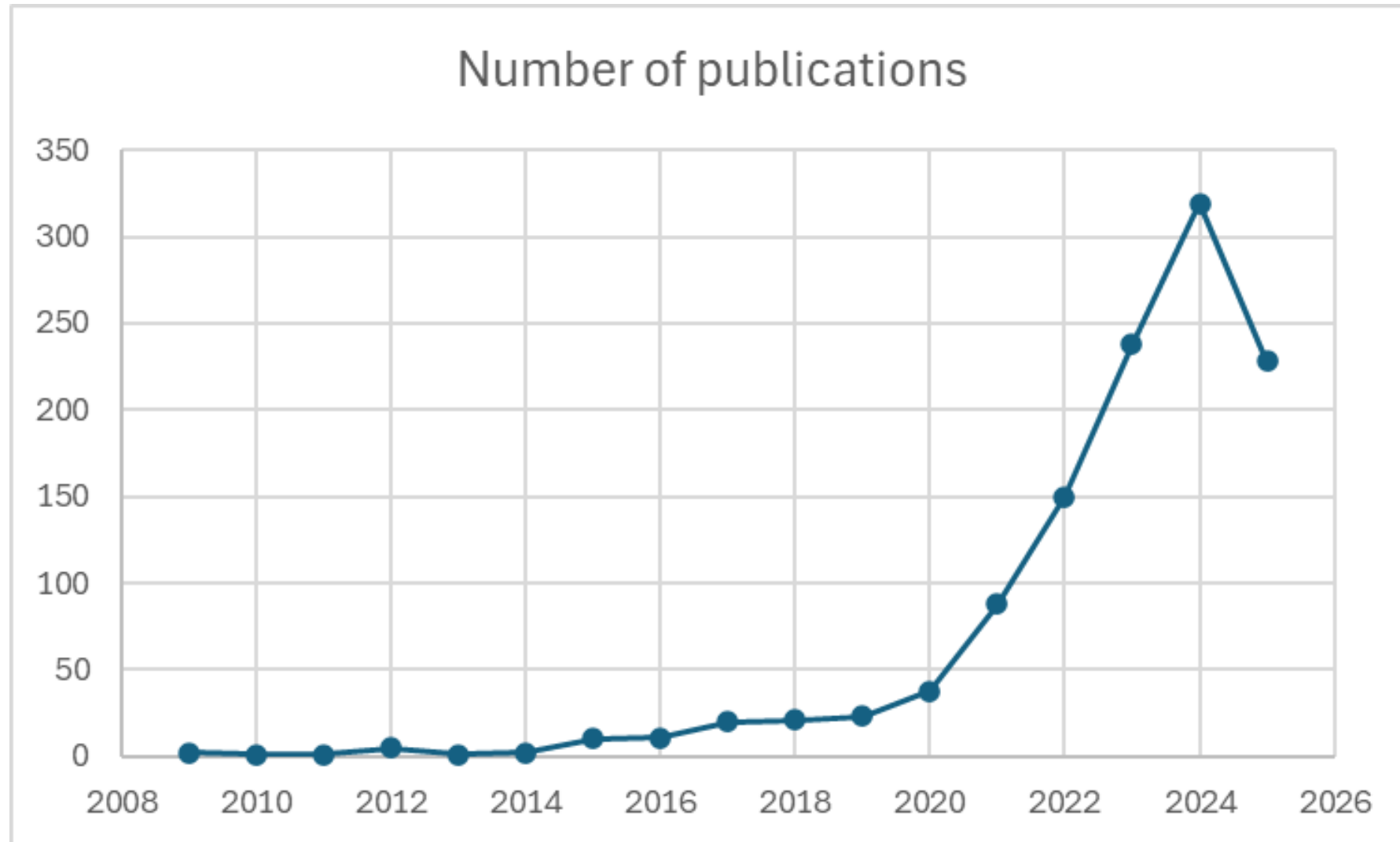
Your Learning Community Today



Neurodiversity



PubMed results: search term "Neurodiversity"



Mentimeter

- What defines neurodiversity affirming care?

Neurodiversity Affirming Care Principles

- Respect for autonomy
- Promoting self-advocacy
- Presuming competence
- Validating differences
- Prioritizing lived experience
- Individualized care
- Meaningful goals
- Honoring all forms of communication
- Nurturing positive self-identity
- Intersectionality

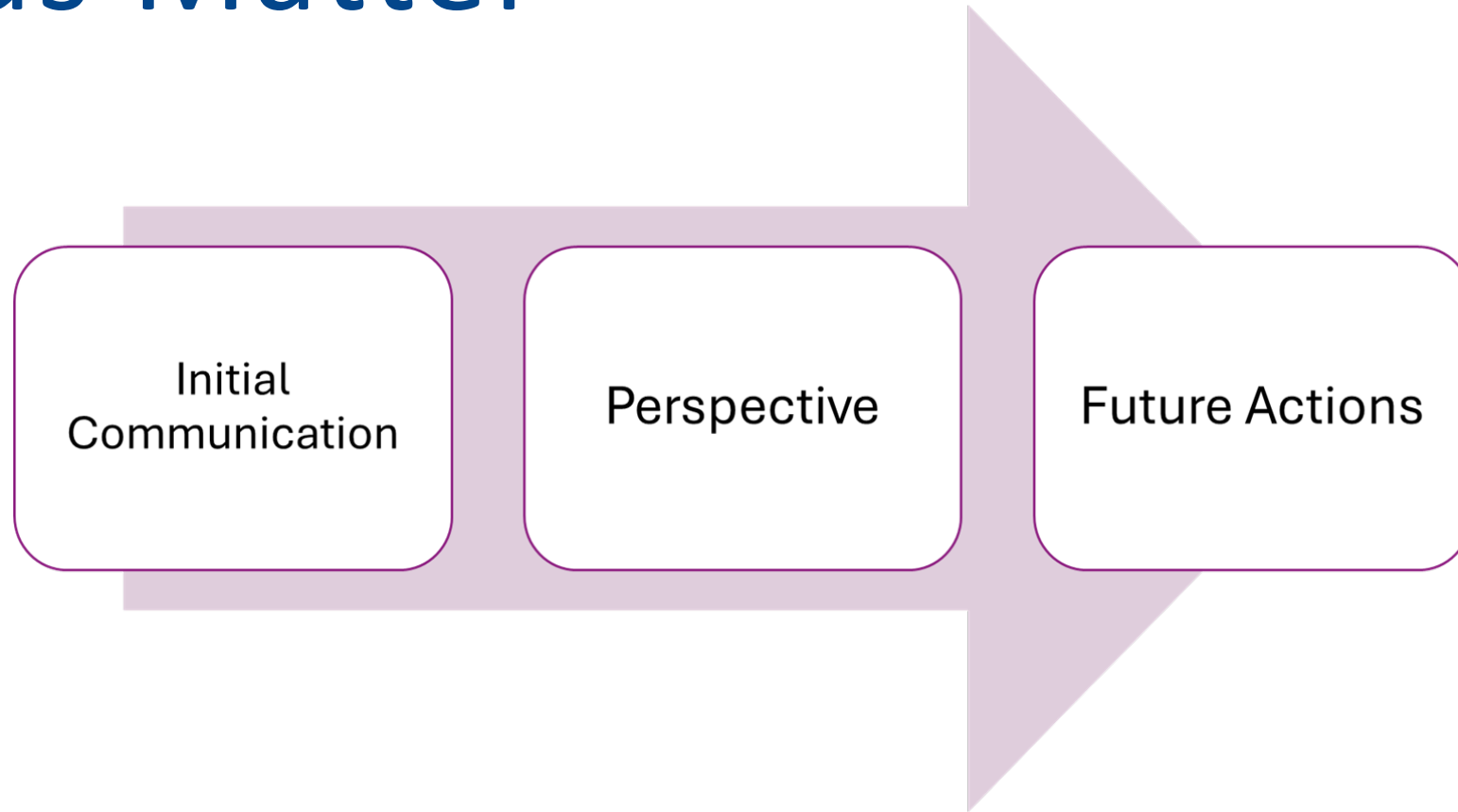
Weitzman et al. Pediatrics. 153 (5). 2024

Shear et al. Journal of Child Neurology Online. May 29, 2025

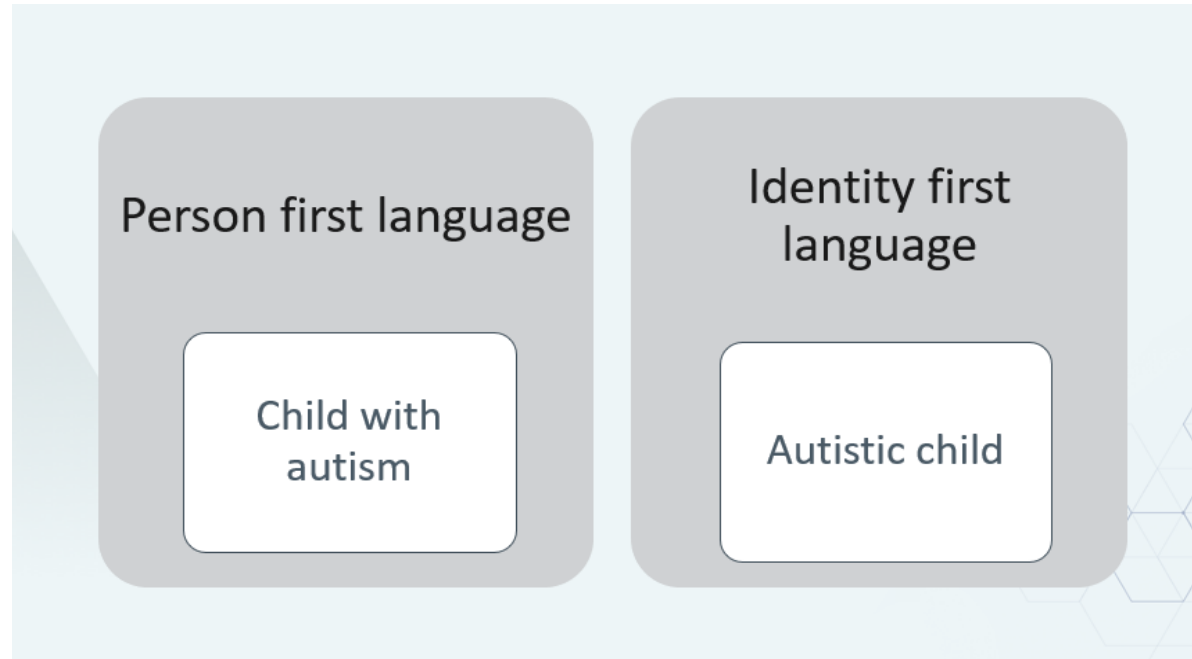
Neurodiversity Affirming Care



Words Matter



Preferred Language



Inclusive Language

Non-inclusive language	Possible alternative
Disorder	Disability
Deficit	Area of challenge, difficulty
Symptoms, red-flags	Characteristics, traits
Risk	Likelihood
Developmental problem	Developmental difference, delay
High-functioning/low-functioning	Description of a person's specific strengths and needs
Wheelchair bound	Wheelchair user
Special needs, handicap	Person with a disability; disabled person
Normal	Non-disabled; neurotypical

Many people believe the Autism Spectrum to be something like this...



'Mildly Autistic'
'High Functioning'
Level 1



'Moderately
Autistic'
Level 2



'Severely
Autistic'
'Low Functioning'
Level 3

Where more Autism = less value.



When really, it's like this...



And all brains are equally valuable.



Foxes who get labelled 'HIGH FUNCTIONING'...



Are LESS likely to:

Receive appropriate
Supports

Receive empathy +
understanding when
their abilities are
inconsistent

Are MORE likely to:

Mask their Autistic
traits + experience burnout

Be expected to meet
NT expectations

Have their difficulties
be treated as intentional
misbehaviour



Foxes who get labelled 'LOW FUNCTIONING'...

Are more likely to be:

Underestimated

Dismissed

Talked over + talked about negatively

Assumed unintelligent

Assumed aggressive and dangerous

Excluded in decision-making



Therapy/Intervention



Goals



Strategies



Outcomes

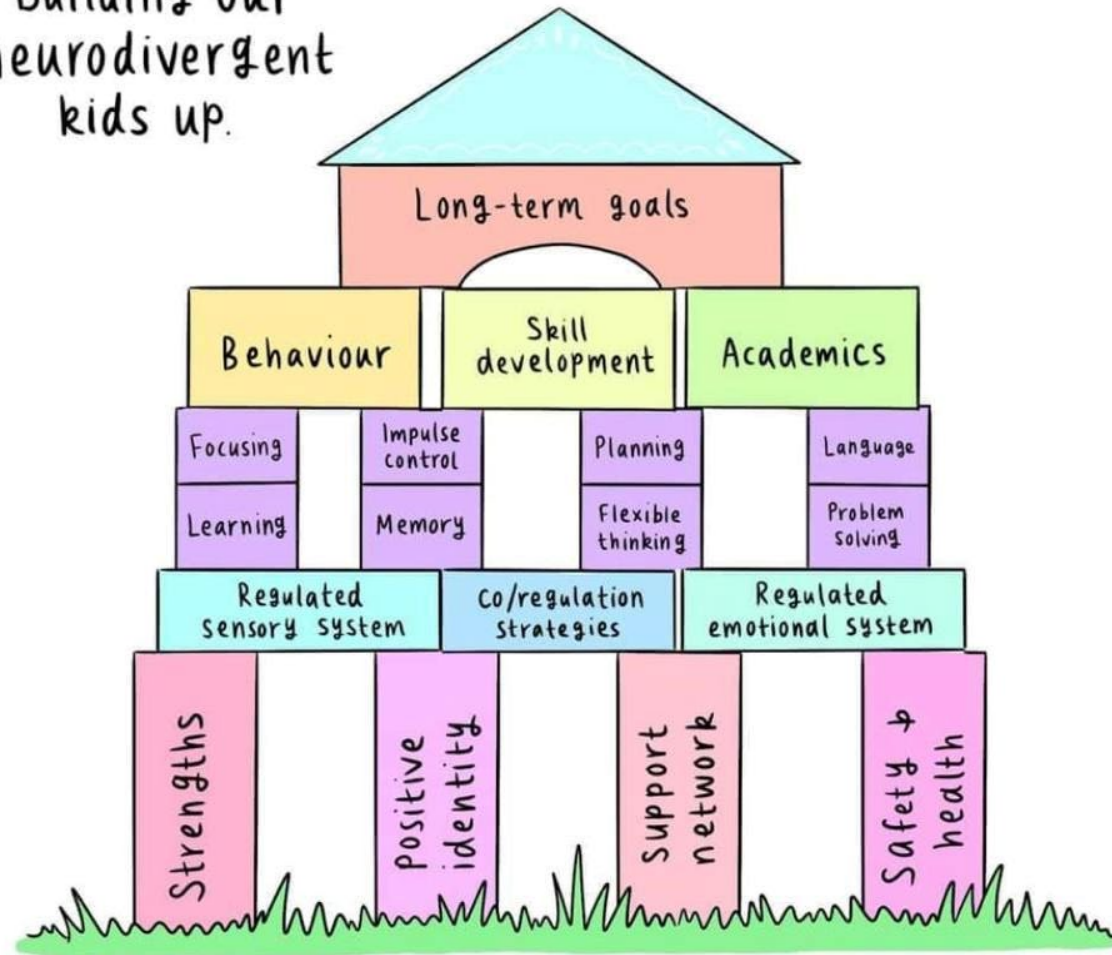
Therapy/Intervention

Strengths based approach

Quality of life

Meaningful, individualized

Building our
neurodivergent
kids up.



Medical Care

Supporting Access For Everyone

NDD Healthcare Bill of Rights

Individuals with NDDs are human beings who are entitled to human rights and dignity. This **NDD Healthcare Bill of Rights** articulates that people with NDDs have the right to:

- Give or refuse consent/assent and participate in shared or supported decision-making.
- Access care that is proactively adapted to meet their needs.
- Use their preferred mode of communication (spoken words, sign language, AAC, etc.) and be communicated with in a format they can understand, with the support and technology they need.
- Receive effective pain and anxiety management.
- Advocate for their own needs and best interests.
- Receive care that is not traumatizing.
- Be treated as a person, not simply a diagnosis.
- Experience timely, courteous, and respectful care.
- Be free from restraint, coerced care, and maltreatment.

PEDIATRICS' PERSPECTIVES

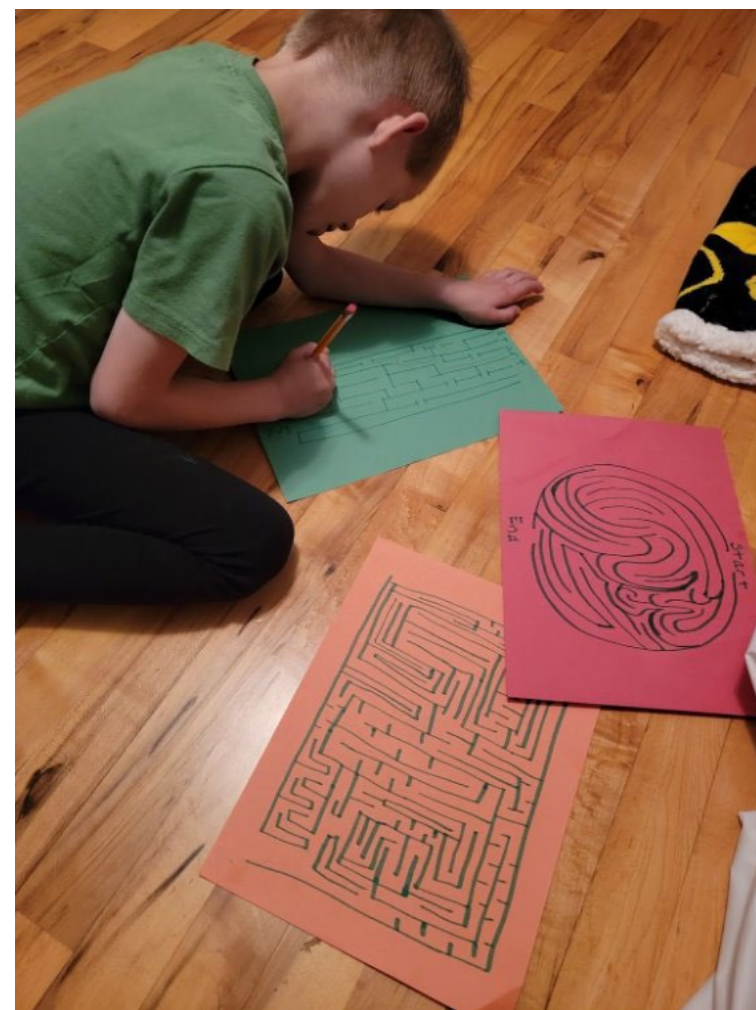
Listen Up: Autistic Youth Need to Be Heard

Jace E. Pooley

Pooley, J. Pediatrics. Volume 155, Issue 1, January 2025

"I felt the focus was not on making autistic youth like me happy, calm, or positioned to succeed on our own terms. Instead, it was making me fit into somebody else's conception of "normal."

Lived Experience



"But he's fine!"

"You worry too much."

"You need to be firmer with him."

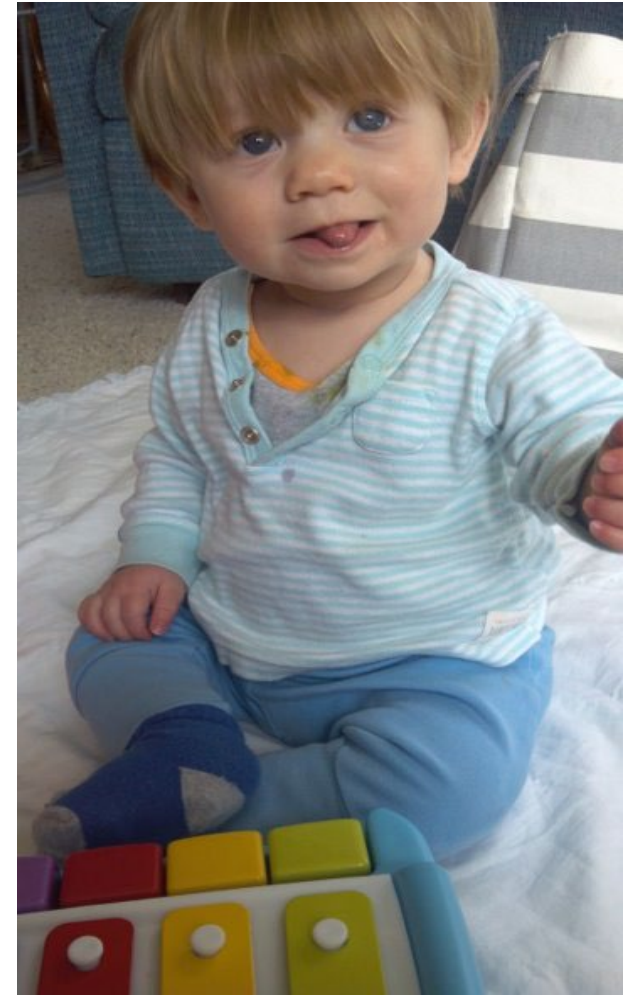
"You should have more structure."

"Don't you think those time outs are harmful?"

"Do you think it's because you work too much?"

"But he is NOTHING like child X with autism?"

"I think he acts like this because you did cry-it-out"



WINNER OF THE AUTISM SOCIETY'S
TEMPLE GRANDIN LITERARY WORK OF THE YEAR AWARD

UNIQUELY HUMAN

A DIFFERENT WAY
OF SEEING AUTISM

BARRY M. PRIZANT, PhD
WITH TOM FIELDS-MEYER

 Not an
Autism Mom
MEGHAN ASHBURN

Home

Book Lists

Blog ▾

Welcome to Not An Autism Mom

ASK AUTISTIC ADULTS
A RESOURCE FOR PARENTS OF AUTISTICS



NEW YORK TIMES BESTSELLER

"Beautifully told, humanizing, important."
—The New York Times Book Review

NeuroTribes

The Legacy of **Autism**
and the Future of Neurodiversity

PLEASE READ GROUP RULES & 'ABOUT'
SECTION BEFORE JOINING GROUP

Welcome to

Ask Me, I'm Autistic

The first 24 hours of each post is reserved for
responses by autistic members only



 Autism Society
South Central Wisconsin
PARENT GROUP

 NeuroWild

"The husband of my patient said (inappropriate thing) that make me really uncomfortable!"
"Uhhg, that sucks. Sounds like some aspy weirdo."

"My three year old is having a lot of challenging behaviors such as XYZ. How can I help him?
I'm worried his is autistic and turning into a sociopath."

"I had a frustrating visit with a patient. I prefer mom to bring them because it's easier. Dad brought them this time, and he's definitely on the spectrum."

"Anyone else offended by the 'autism is my superpower' initiative? I love my son but this diagnosis makes our lives so incredibly difficult."



Mentimeter

- What is the current state of neurodiversity affirming care training for learners at participants' institutions?

Creating a Training & Teaching Methods

CREATE

- Identify local needs
- Generate specific aims





**Attitudinal
Adjustments**

**Skill-
Building**

Generate Specific Aims

Five white wooden blocks with black letters spelling out the word "TEACH" are arranged in a row on a wooden surface. In the background, there are several stacks of books, some with orange and green covers, and a teal-colored book or folder. The background is slightly blurred.

T E A C H

Knowledge, Skills, Attributes
Cognitive, Behavioral, Affective

CREATE

- Identify local needs
- Generate specific aims
- **Apply relevant teaching methods**



Overarching teaching conditions

- Safe educational space
- Reliance upon experts or expert informed tools
- High perceived relevance/utility

**Select methods
based on
educational aims
& feasibility**

Attributes/Affect

- First-person accounts, parent / provider interviews & panels
- Reflective writings
- Balint groups
- Family led academic grand rounds

Knowledge/Cognition

- Didactics, assigned readings, webinars
- Matching games, crosswords, escape rooms
- Multiple choice questions, quizzes, pre/post tests
- Observation & shadowing of expert(s)

Skills/Behaviors

- Video review & analysis
- Practice with direct observation and feedback
- Checklist-driven evaluation

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Incorporating lived experience educators into educational sessions

- Relatively new
- Shifting terminology
- Limited guidance as applied to medical education



Parnell, Fiske, Stastny, Sewell, & Nott, 2023; Seetharaman, Fox, & Millar, 2025; Vasquez, Kim, & Santaella, 2023

Incorporating lived experience educators

- Important considerations
- Potential topics
- Potential sources

Parnell, Fiske, Stanstny, Sewell, & Nott, 2023; Seetharaman, Fox, & Millar, 2025; Vasquez, Kim, & Santaella, 2023



Incorporating lived experience educators

- Modeling as an educator
- First-hand exposure
- Methods of engagement



Parnell, Fiske, Stanstny, Sewell, & Nott, 2023; Seetharaman, Fox, & Millar, 2025

Example



- Former LEND trainee & part of LEND Indiana Facebook group
- Recruited 8 people
- Co-developed a learning experience with volunteer parents/caregivers that shared their life with youth with developmental differences and disability(ies)
 - Panel
 - Introductions
 - Pre-set, co-constructed questions
 - Bidirectional open forum, Q&A, and final pearls
 - 1 hour, virtual, in "everyday life" (as comfortable)
 - 2-3 panelists per session / 1 session per DBP rotation (~8 per year; scheduled based on caregiver availability)
- Total commitment annually per parent: 2 hours
 - Lifetime of lessons learned for residents
 - Valuable awareness building, empowering, & educational opportunity for parents/caregivers

Practice via role play with feedback



- Skill-specific, low stakes practice as provider & observer
- Checklist & behaviorally anchored feedback + affective experience (especially if no in-house experts)
- Large group debriefing with key points, Q&A
- Content expert amongst facilitators or facilitator guide

Let's Practice!



Role Play

Groups of at least 3 (two participants in the role play, others are observers)

Complete role play, then give feedback. The observer completes the checklist

Small group debrief

Case 1



Case 2



Large-Group Reflections

Creating your
training
experience

Let's Build a Training Experience!

See handout on table

Choose your focus area:

- What's the need or training gap that needs to be addressed?
 - What are your teaching objectives?
 - Based on your resources and objectives, which teaching methods might work best?
 - Create a learning activity: choose a case vignette or lived experience expert session
-
- 6 minutes, then small group share out + support from your table

Take-Aways



Our Takeaway for You

There are many ways to teach
neurodiversity-affirming care.

What matters most is that you do it.

Happy session building!



Thank You!

