GRYFFIN CORE

NEURODIVERGENT CARE

Addressing the weakest links to increase collective strength.

Presented by:
Jax Bayne, CPC

Presented for:
WA COD Tx, Oct 2024, Yakima

NEURODIVERGENT CARE OVERVIEW

01 **Identity & Culture** (10 mins)

02 **Science & Statistics** (15 mins)

03 **Health & Wellness** (10 mins)

04 **Support Needs** (5 mins)

05 **Communities** (5 mins)

06 **Systems of Care** (5 mins)

07 **GC Solutions** (10 mins)

08 **Q&A/Discussion** (10 mins)

Neurodivergent
Identity & Culture

Hi! I am **Jax Bayne** *(they/he)*, a Disabled Self-Employed Neurodivergent Adult.

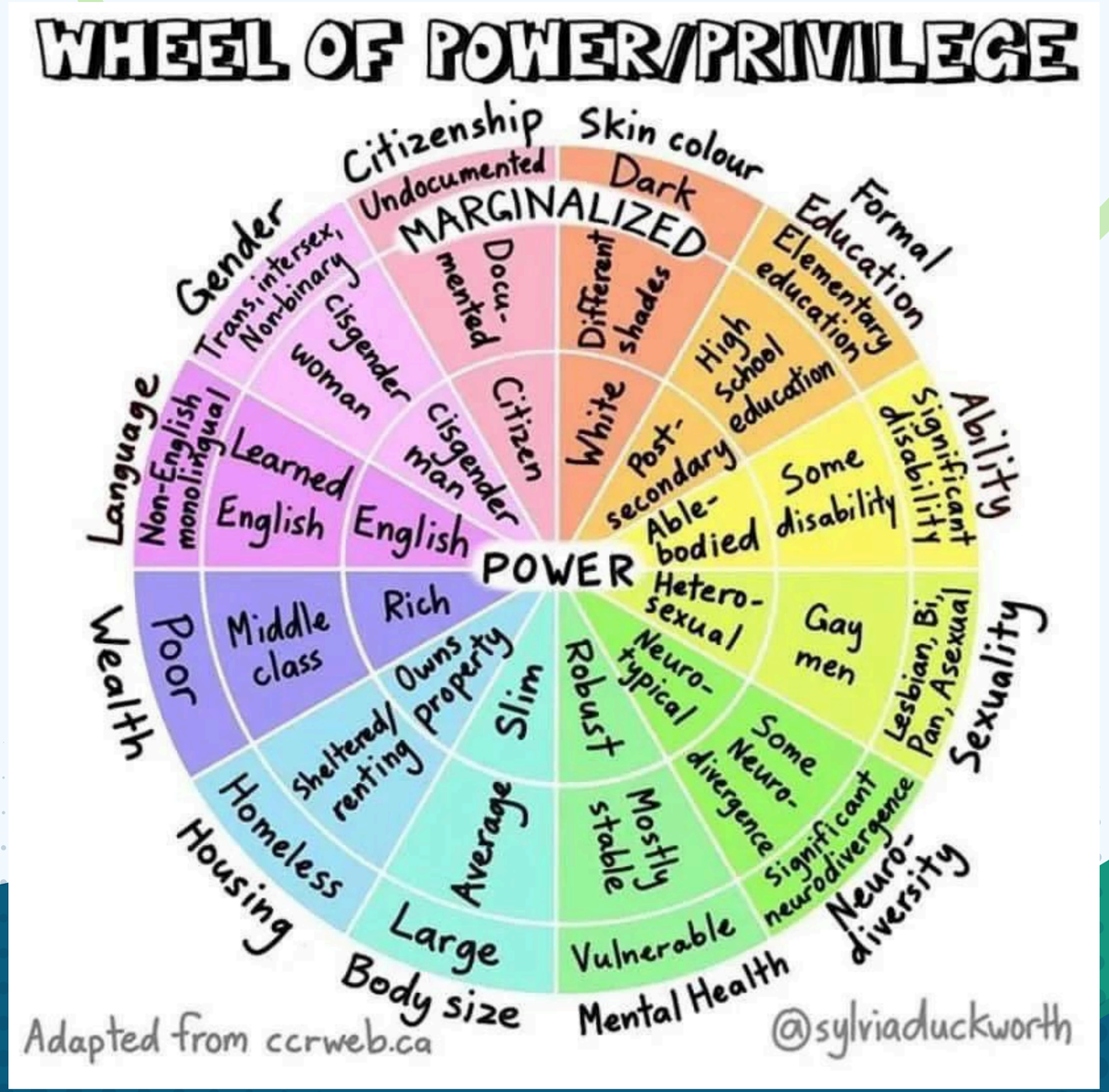
Aspects of Jax's Neurodivergent Cultural Identity

- Hispanic
- Catalan-Cuban-American
- White Passing
- European/Euro-American
- Multicultural/Multi-ethnic
- Chronically ill
- Plant-based, vegetarian
- Nonbinary/Enby
- Neurodivergent
- Transmasculine
- AFAB/Assigned Female At Birth
- BIPOC/BIPGM
- Latinx/Latine/Latin
- Plural
- Disabled
- Autistic
- Neuroqueer
- Queer
- Transgender
- Gifted/2e/Twice Exceptional

Aspects of Jax's Neurotypical Identity: Freak, weirdo, poser, loser, misfit, outcast, dork, nerd, geek, outsider, foreigner, stranger, awkward, odd, defective, broken, unloved, unwanted, etc.

POWER, PRIVILEGE, & MARGINALIZATION

- Systemic discrimination includes community and family systems, not just legislation & policy.
- No one ultimately benefits from discriminatory systems because they are unsustainable and inefficient.
- It's uncomfortable to acknowledge our privileges & biases
- All statuses in society have both pros and cons
- being privileged isn't necessarily a positive or negative value judgement
- The word privilege is a social commentary on systemic inequities, not personal faults.
- The faults of the system do not fall on the shoulders of any one human, group of humans, but instead on all humans who are choosing to live in a society together.



From Autism Spectrum Disorder (ASD) to Autism

DOMAIN	CRITERIA
1	**Impairment in social interaction and communication** Subcriteria (impairment in all 3 required) • social and emotional reciprocity • nonverbal communication • creating and maintaining relationships
2	**Abnormal and repetitive behaviour, interests, and activities** Subcriteria (2 of 4 required) • stereotyped speech and behaviour • resistance to change • fixated interests • hypersensitivity or hyposensitivity to sensory input
3	**Presentation in early childhood development**
4	**Limited and hindered everyday activities**

DSM-V—*Diagnostic and Statistical Manual of Mental Disorders*, 5th ed.
Data from the American Psychiatric Association.[3]

We need to start separating out the co-occurring developmental trauma from the neurodivergence so we aren't continuing to conflate the two.

CARD
CENTER FOR AUTISM & RELATED DISORDERS

DSM IV

- **Autistic Disorder: Total of 6 or more symptoms < age 3**
  - **Social Deficits (2)**
    - **Eye Contact**
    - **Showing/Sharing**
    - **Emotional Reciprocity**
  - **Communication Deficits**
    - **Language**
    - **Pretend Play**
    - **Conversation**
  - **Stereotypic/Repetitive Behaviors**
    - **Routines**
    - **Preoccupation**
    - **Intense focus**

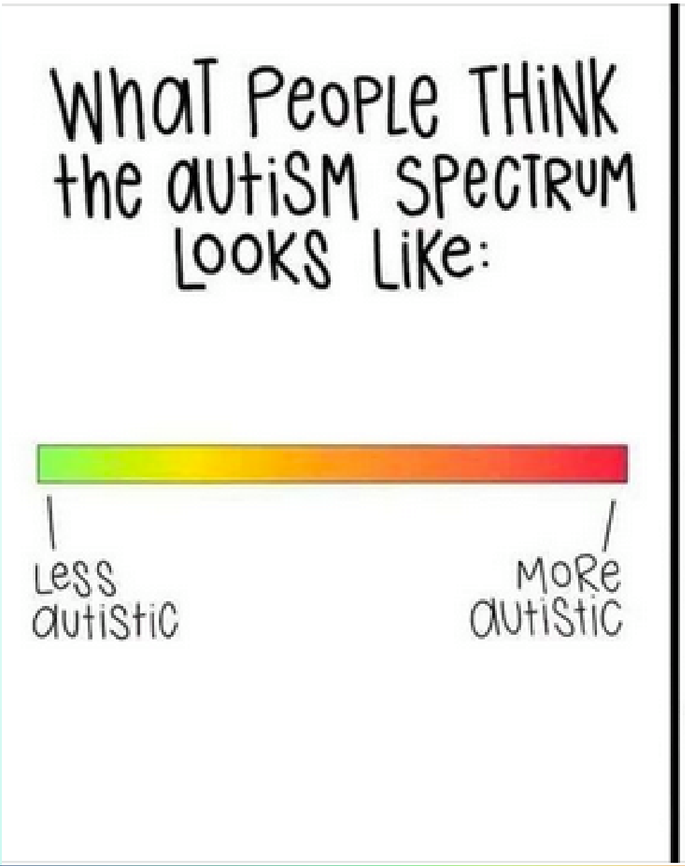
Reframing Autism

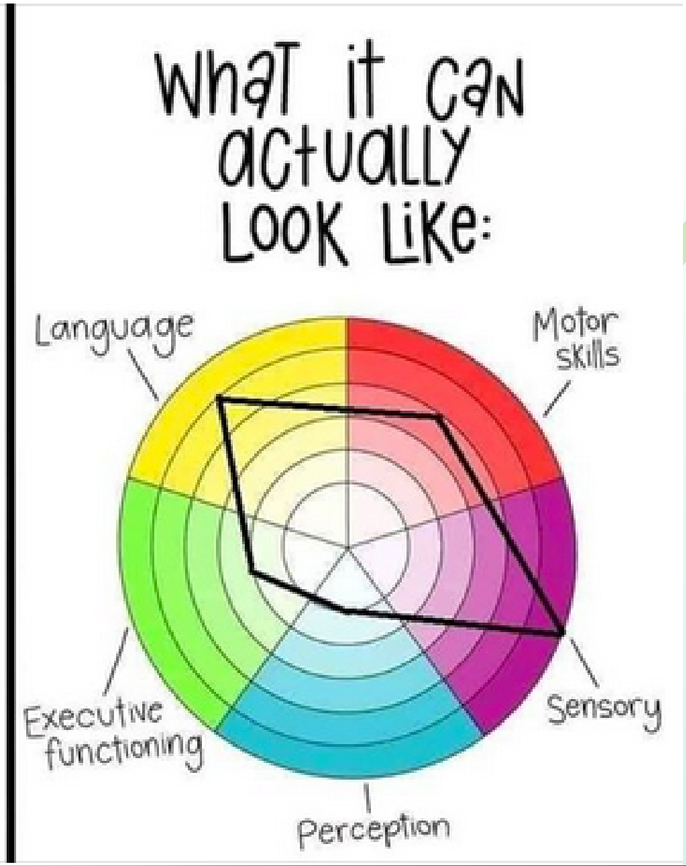
Autism from the Neurodiversity Paradigm

ACTUALLY AUTISTIC TRAITS

(from the BAPCO-DMAP)

- Increased Attention
- Increased Memory
- Increased Nonconformity
- Object vs Social Focus
- Sensory/Perceptive Differences
- Systemizing

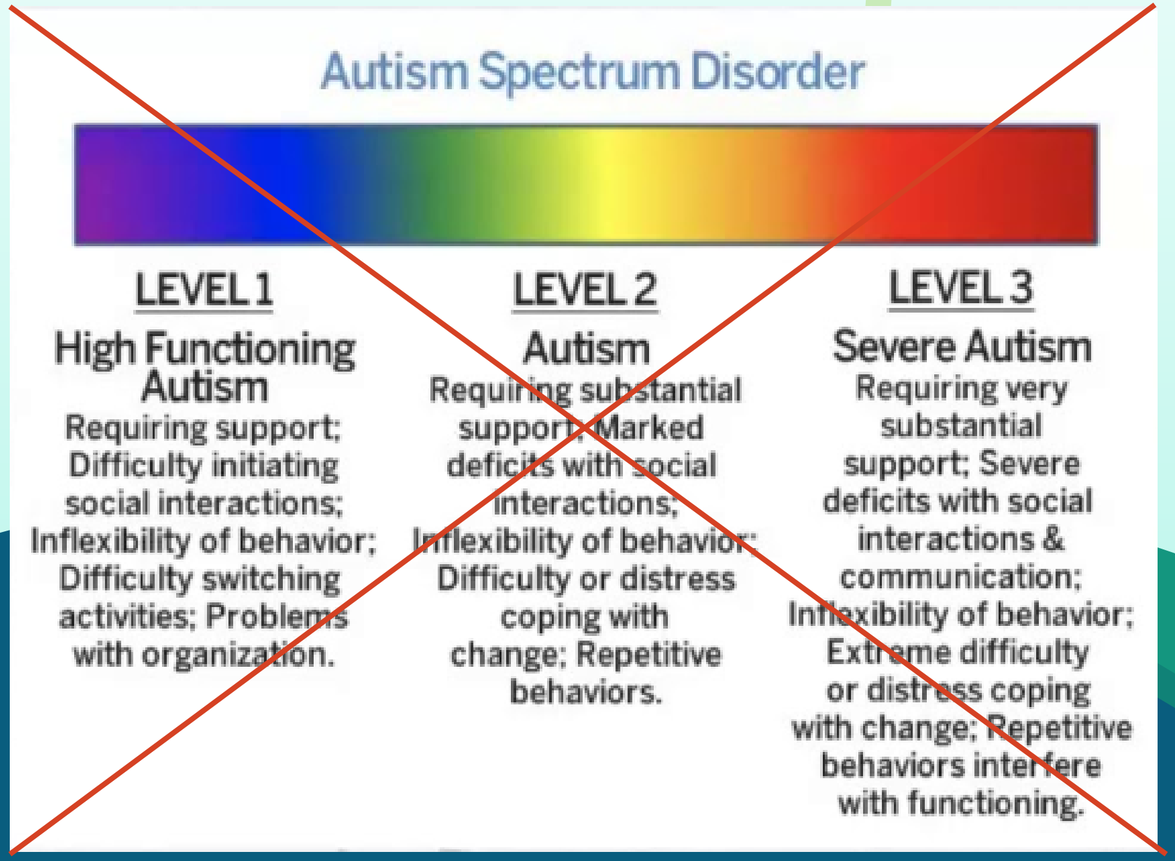




Pragmatic Language	Social Awareness	Monotropic Mindset	Information Processing	Sensory Processing	Repetitive Behaviors	Neuro-Motor Differences
Social communication including body language, eye contact, small talk, and turn-taking in conversation.	Ability to pick up on etiquette, social norms, taboos. Ability to form and maintain relationships.	Narrow but intense ability to focus, resulting in "obsessive" interests and difficulty task-switching.	Ability to assimilate and apply new information quickly or to adapt to new environments or situations.	Challenges interpreting sensory information, hypersensitivity or hyposensitivity to stimuli.	Tendency to "stim" in response to varying emotions. Can be beneficial or harmful in nature.	Ability to control body movements. Ranges from clumsiness to complete loss of ability to move with intention.

NeuroClastic.com

On Autism & Functioning Labels

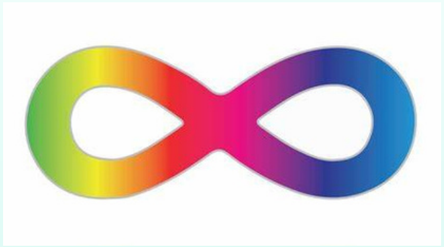


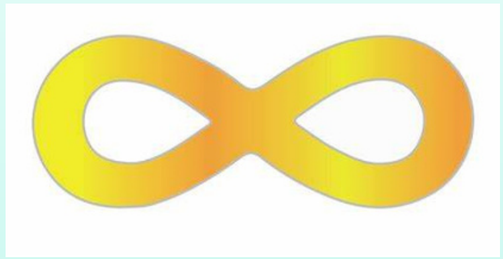
NeurodiversityMB.ca

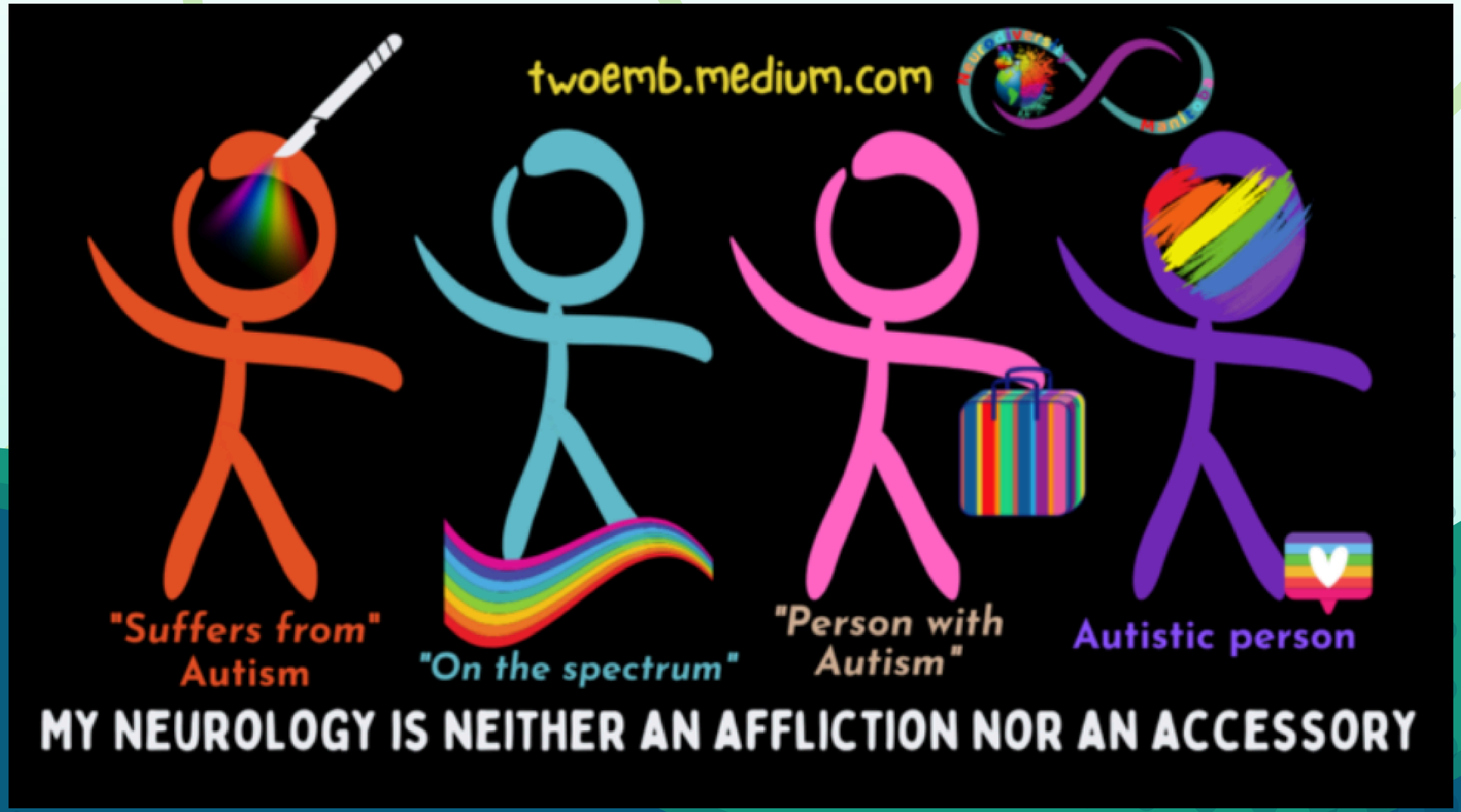
A person is not simply "low functioning" or "high functioning". Everybody varies between high, medium, and low-functioning throughout their day depending on a large number of factors.

- Jillian Enright, Neurodiversity MB

Neurodivergent Language:
The Problem with Person First Language







BRIEF ACTIVITY BREAK!

Activity 1: Challenging Our Implicit Cultural Biases

Directions: hold colored plastic sheet in front of eyes when viewing object then describe object to group members and see what you can agree on based on your perception, not your memory or knowledge base

The Neuroscience Behind Neurodivergence

Causes:

Epigenetic Factors

- gene deletion or activation

Environmental Stressors

- Stress Influenced Neurodevelopmental Trajectory

Differences in Perception:

Mirror Neuron Differences

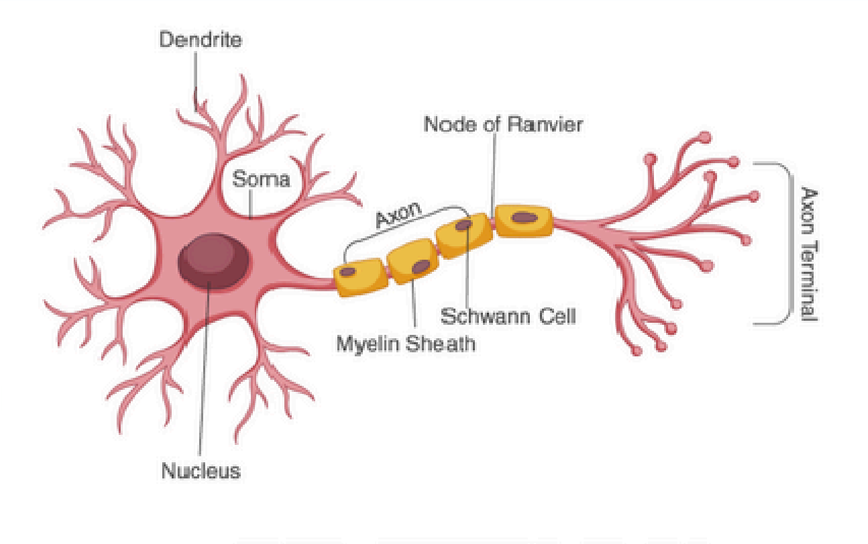
Neuroceptive Differences

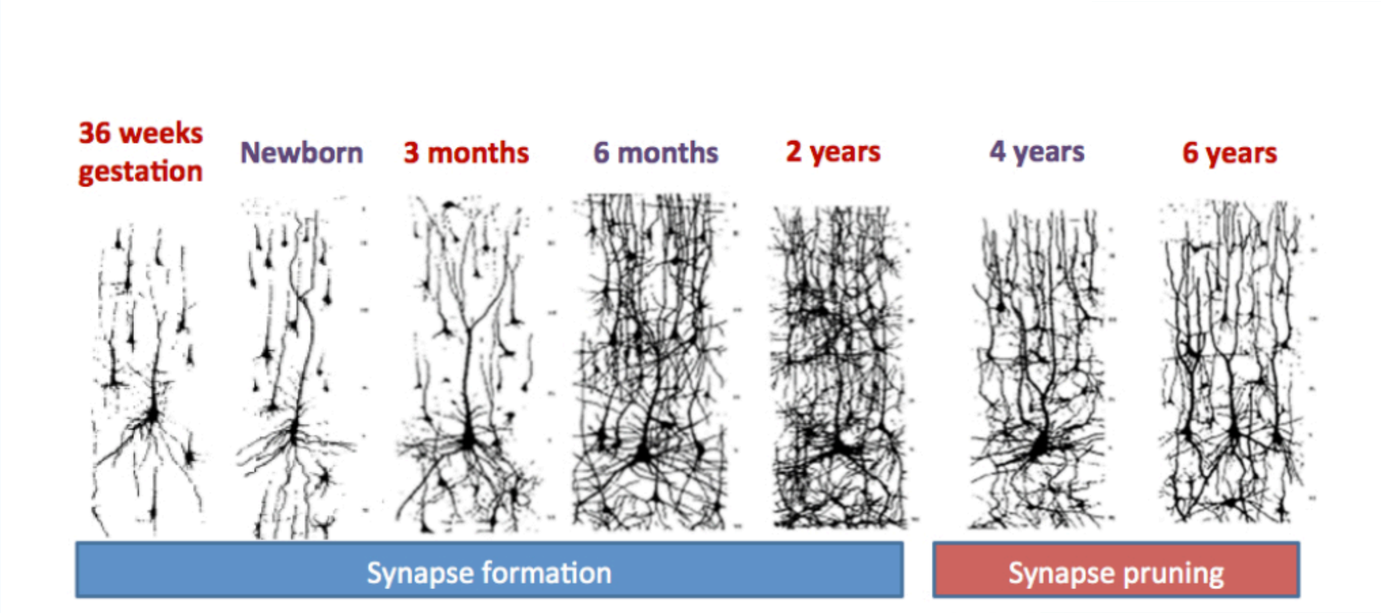
Synaptic Pruning Differences, etc. Lead To:

Neural Hypercomplexity

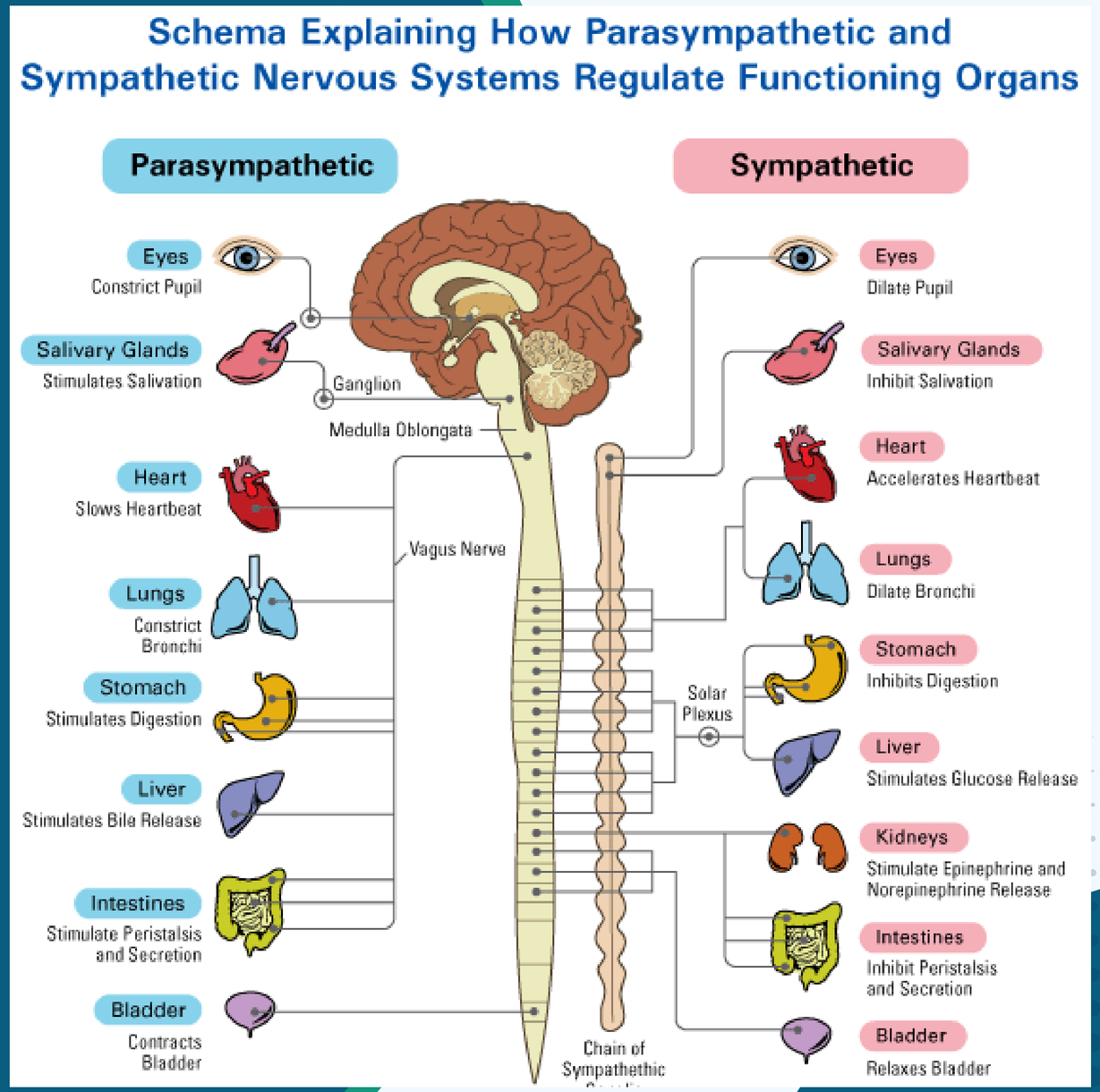
Neural Hyperconnectivity

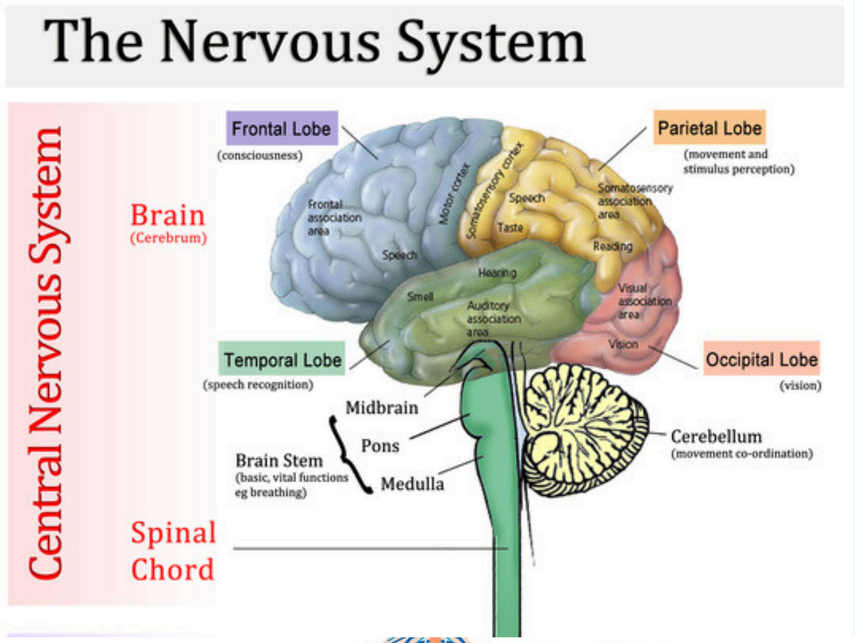
Neural Hyperactivity

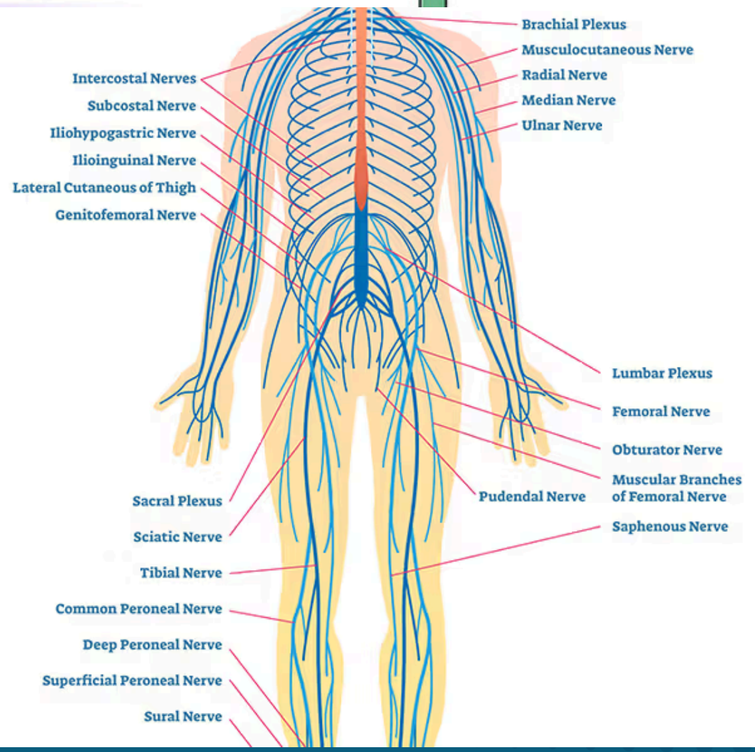




Neurotypes

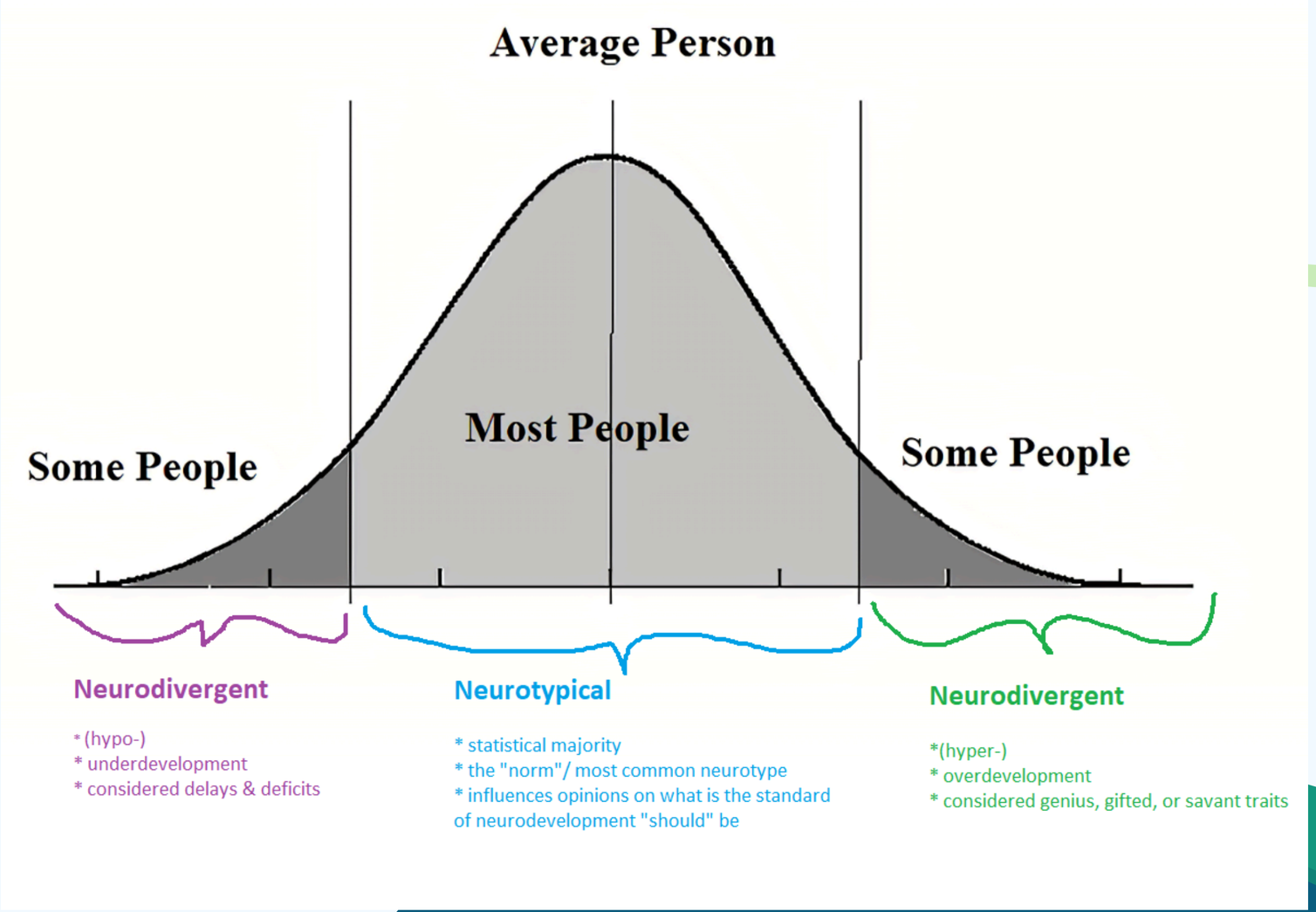

Schema Explaining How Parasympathetic and Sympathetic Nervous Systems Regulate Functioning Organs
Parasympathetic
Sympathetic
Eyes
Constrict Pupil
Salivary Glands
Stimulates Salivation
Ganglion
Medulla Oblongata
Heart
Slows Heartbeat
Vagus Nerve
Lungs
Constrict Bronchi
Stomach
Stimulates Digestion
Liver
Stimulates Bile Release
Intestines
Stimulate Peristalsis and Secretion
Bladder
Contracts Bladder
Eyes
Dilate Pupil
Salivary Glands
Inhibit Salivation
Heart
Accelerates Heartbeat
Lungs
Dilate Bronchi
Stomach
Inhibits Digestion
Solar Plexus
Liver
Stimulates Glucose Release
Kidneys
Stimulate Epinephrine and Norepinephrine Release
Intestines
Inhibit Peristalsis and Secretion
Bladder
Relaxes Bladder
Chain of Sympathethic


The Nervous System
Central Nervous System
Brain
(Cerebrum)
Frontal Lobe
(consciousness)
Parietal Lobe
(movement and stimulus perception)
Temporal Lobe
(speech recognition)
Occipital Lobe
(vision)
Midbrain
Pons
Medulla
Brain Stem
(basic, vital functions eg breathing)
Cerebellum
(movement co-ordination)
Spinal Chord


Brachial Plexus
Musculocutaneous Nerve
Radial Nerve
Median Nerve
Ulnar Nerve
Intercostal Nerves
Subcostal Nerve
Iliohypogastric Nerve
Ilioinguinal Nerve
Lateral Cutaneous of Thigh
Genitofemoral Nerve
Lumbar Plexus
Femoral Nerve
Obturator Nerve
Muscular Branches of Femoral Nerve
Pudendal Nerve
Saphenous Nerve
Sacral Plexus
Sciatic Nerve
Tibial Nerve
Common Peroneal Nerve
Deep Peroneal Nerve
Superficial Peroneal Nerve
Sural Nerve

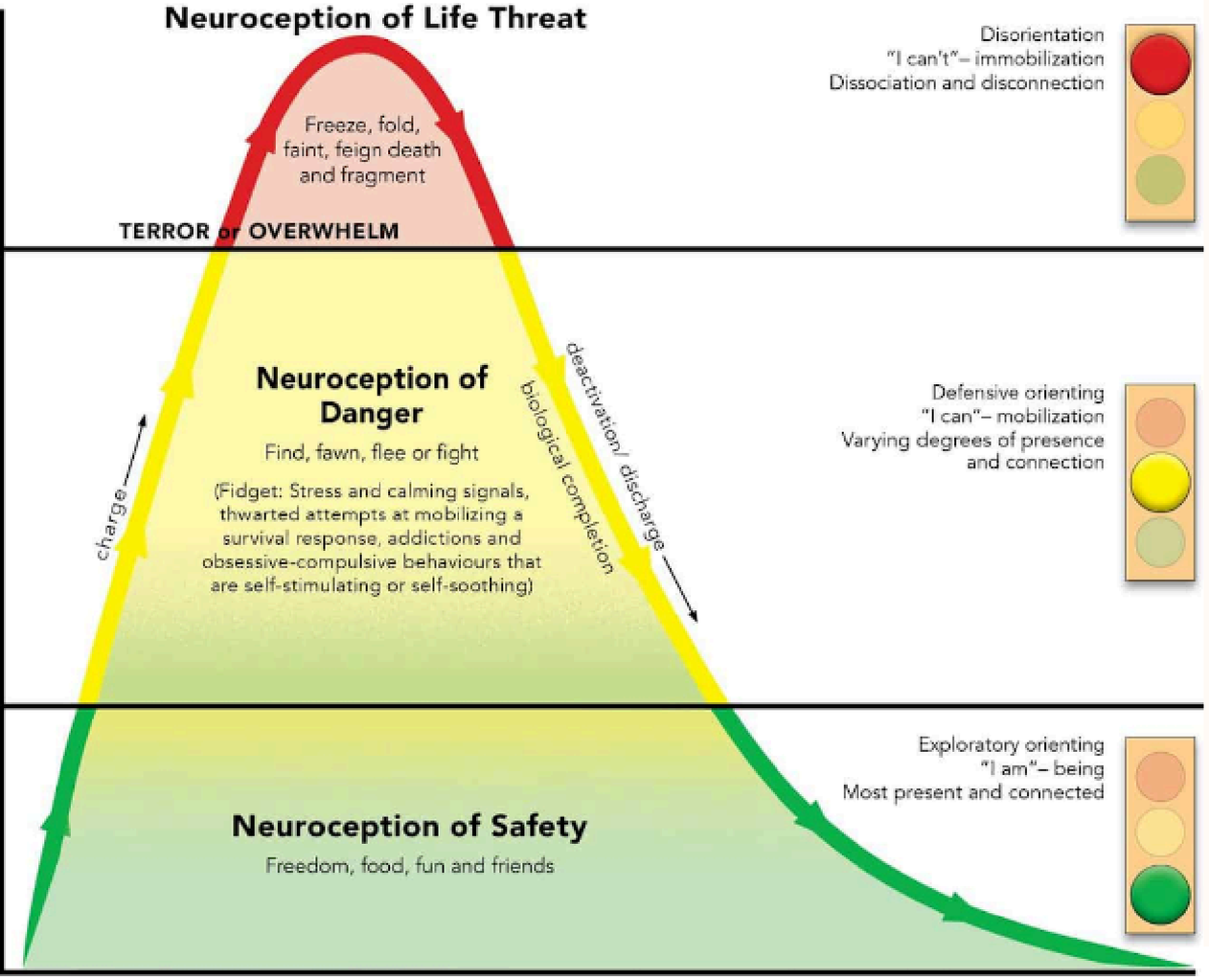
Neuronormativity vs Neurodivergence

- A **neurotype** that falls within the statistical **majority** of the human population
- Highly **resilient**, **adaptable**, **flexible**, and fewer challenges with **change**, **conformity**, and **novelty**



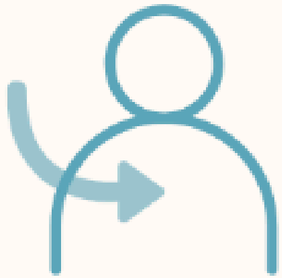
- **Highly unique and specialized** neurotypes
- **Outliers** and **extremes** of human data sets
- **Spiky or unbalanced developmental** profiles

Neuroception / Polyvagal Theory

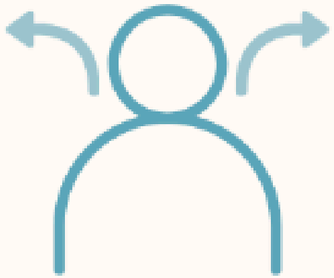


Neuroception

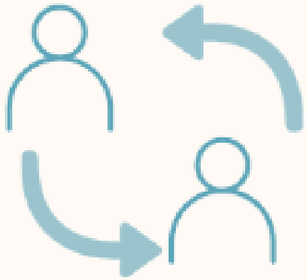
describes the neurobiological mechanisms involved in perceptions of safety, danger or life threat from



Inner World



Outer World



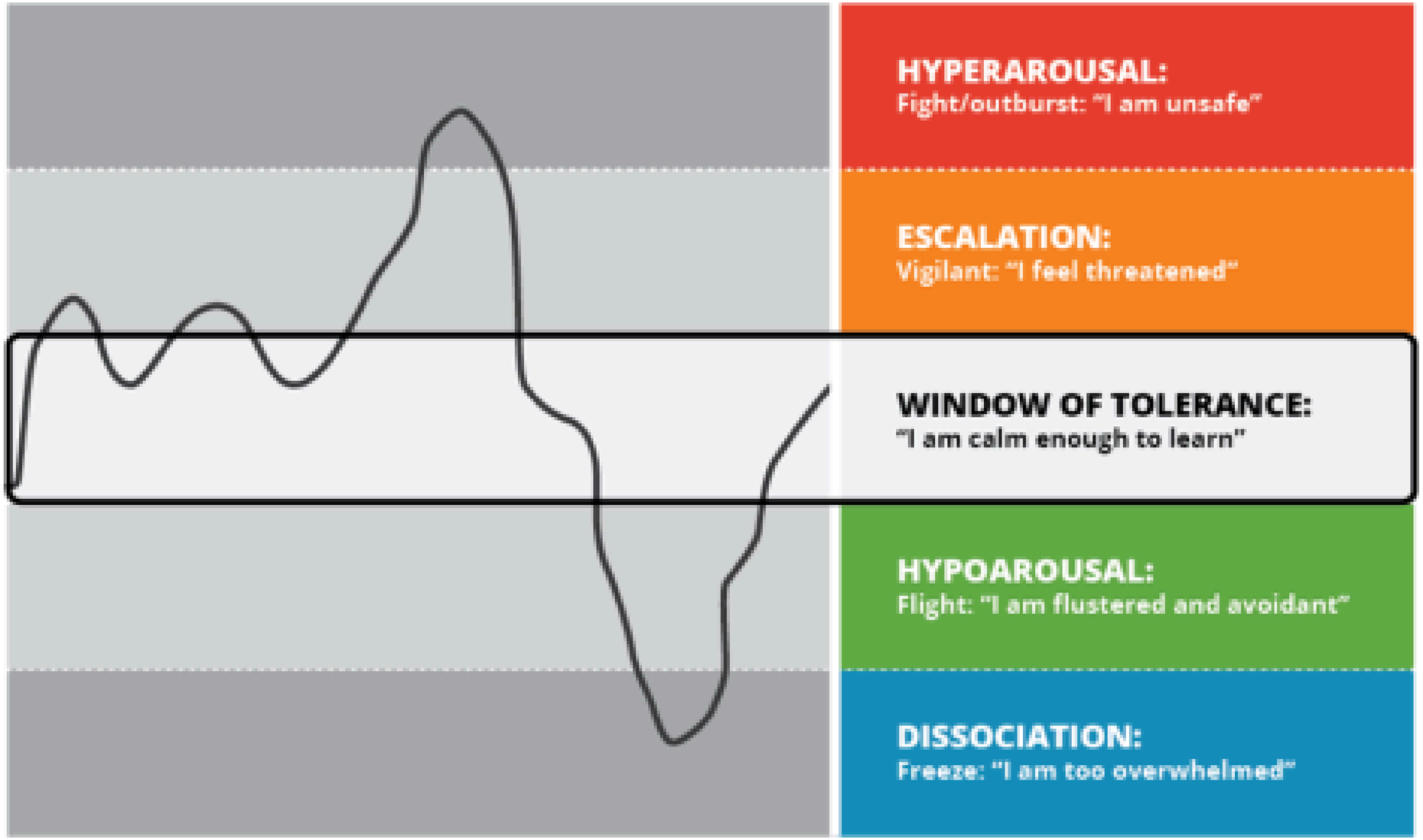
Between Relationships

Hidden Treasure with Tracey Farrell

Adapted from the work of Stephen Porges & Deb Dana

Chronic Overwhelm & Neurodivergent Burnout

- Existing in a state of constant nervous dysregulation (distress/overwhelm) leads to burnout
- Burnout leads to Executive Dysfunction
- Prolonged ED leads to depression, anxiety, disability, cPTSD, etc.



Systemic Abuse, Epigenetics, Developmental Trauma, & Dynamic Disability

SYSTEMIC ABUSE

Neurominorities, and especially those existing at the intersection of multiple marginalized identities have far more developmental trauma than anyone else.

EPIGENETICS

The developmental trauma and other conditions acquired in life that aren't resolved are passed down genetically and compound in each generation not treated.

DEVELOPMENTAL TRAUMA (DT)

Inherited predisposition towards neurodivergence + epigenetic/generational trauma + environmental stressors = higher chance of DT.

DYNAMIC/INVISIBLE DISABILITY

All of these factors, with chronic stress (distress AND eustress if emotional regulation skills aren't taught) will exacerbate the inherited conditions and activate new developed ones that are stress related.

Developmental Trauma

EXPANDED DEFINITION

- "[Developmental] Trauma is not just the bad stuff that happens to us, but also the good stuff that doesn't happen to us."

- Trauma can refer to any form of neurodevelopmental need that is not being met for whatever reason

- There are many types of trauma or "neurological wounding" that are have different causes, symptoms, and treatments.

- Nervous Hypervigilance
- Neural Hypoconnectivity
  Neural Hypoactivity
- Nervous Dysregulation
- Somatic/Sensorimotor Amnesia (somatosensory amneisa)

Experiences alter children's brain development

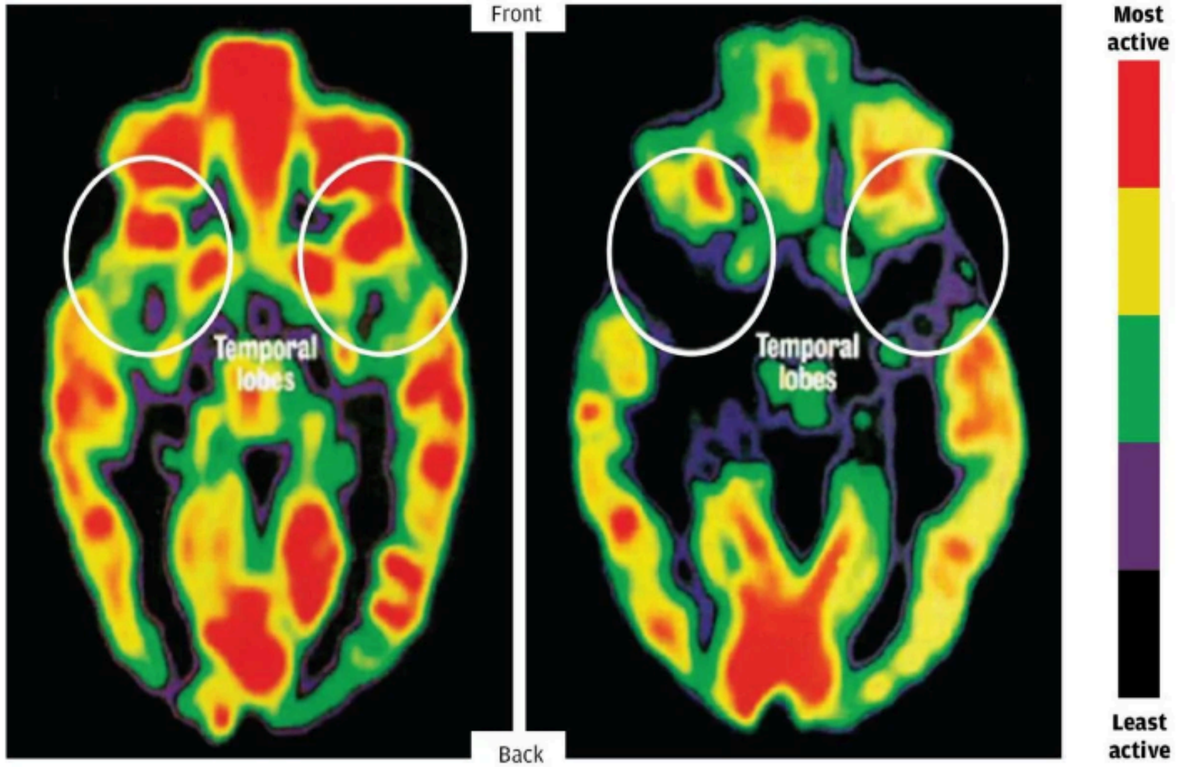
The brains of young children develop in response to the environment around them. If a developing brain is exposed to stressful, dangerous, and fear-inducing experiences, it will be more wired for self-protection and safety. If experiences are loving, nurturing and feature strong relationships, wiring of areas that deal with long-term thinking and regulating emotions is promoted.

Healthy brain

Brain scan of a typically developing child shows high activity (red) in the temporal lobes, which allow for regulating emotion and other functions.

A deprived brain

Brain scan of a child from a Romanian orphanage whose emotional needs were neglected. Compared to a typically developing child, the temporal lobes are far less active.



SOURCE: Dr. Dipesh Navsaria; Centers for Disease Control and Prevention

State Journal

Commonly Co-Occurring Stress Disorders

DEVELOPMENTAL TRAUMA CONDITIONS

(Symptoms of chronic stress on a developing nervous system)

- **Distressing, compulsive or self-injurious stimming** (including BFRBs like skin picking, hair pulling, etc.)
- **Sensory Processing Disorders** (hypersensitivity to sound, light, smell, taste, touch, etc.)
- **Cognitive Processing Disorders** (learning challenges with words, numbers, images, concepts, etc.)
- **Praxis Disorders** (communication issues in brain/CNS)
- **Executive Dysfunction** (self-regulation & management issues)
- **Mood Disorders** (c/PTSD, Anxiety Disorders, Depression, etc.)

- Fibromyalgia
- Ehlers-Danlos Syndrome

- Irritable Bowel Syndrome
- Gastroparesis
- Gastroesophageal reflux disease

- Endometriosis

- Delayed Sleep Phase Syndrome
- Insomnia or Hypersomnia

- Chronic pain disorder
- Chronic fatigue disorder
- Migraine disorders
- Brain fog

Chronic Illness

CAUSES

- Often Developmental Trauma
- cPTSD/DTDs Account for 90%
- Can be activated due to acute simple (intensely stressful/painful single event)
- Chronic complex (ongoing, minorly or majorly stressful/painful) trauma wounds

SYMPTOMS

- Can be rapid or delayed onset
- Often “invisible” & dynamic

TREATMENTS

- Is a form of developmental disability
  - Can be treated/healed
    - Can lead to needing IDD care

(Developmental) Disability

- Can happen in utero/prenatal
  - Can happen at any age
    - IDD is currently a definition reserved for those diagnosed before the end of asolescence (age 25-30)
- Social vs Medical Models
  - Dis-Ability is Ableism
    - Bodily & Social Differences

Important Neurodivergent Statistics

- Autistics are 3x as likely to attempt and complete suicide as their allistic peers
- Neurodivergents are 2x as likely to form substance dependency compared to neurotypical peers
- Almost all neurodivergents have at least one chronic illness, but most have more than one
- 70-80% of neurodivergents identify as queer
- More than 50% of autistics struggle with suicidal ideation
- Roughly 40% of neurodivergents are unemployed, and up to 80% of autists are unemployed due to barriers to self-employment, health challenges, and lack of adequate supports

BRIEF ACTIVITY BREAK!

Activity 2: Identifying Our Support Needs

Directions:
Write a list of as many support needs as you can think of that you have in the next 30 seconds.

Burnout & Executive Dysfunction

- Chronic/constant nervous dysregulation (distress/overwhelm) leads to burnout
- Burnout leads to Executive Dysfunction
- Prolonged ED leads to depression, anxiety, disability, cPTSD, etc.
- Exceeding Sustainable Rate of Change, Energy Envelope, Running out of spoons, neural energy, bandwidth, capacity, etc.

EXAMPLES OF SUPPORT NEEDS

PHYSICAL

- Motor Function/Praxis Challenges
- Apraxia
- Dyspraxia

COGNITIVE

- Intellectual Challenges
- Learning Barriers
- Visuospatial Processing
- Service Animal

CULTURAL

- Unexpected cultural affiliations
- Often feeling out of step with native or modern cultures

EMOTIONAL

- Impulse Control
- Emotional Dysregulation
- Alexiythymia
- Dissociation/cPTSD
- Intense & Sudden Emotions
- Emotional Support Animal

SOCIAL

- Social Anxiety
- Language Processing Difference
- Echolalia
- Differences in nonverbals
- Perspective taking (for allistic individuals as well as autistic individuals)

SENSORY

- Auditory/sensory processing
- ARFID, texture challenges
- Overwhelm/overstimulation
- Meltdowns & Shutdowns

Neurodivergence & Co-Occurring Conditions

DEVELOPMENTAL TRAUMA

"...impact of early, repeated abuse, neglect, separation and adverse experiences that happen within the child's important relationships."

-Lyons, Whyte, Stephens, & Townsend, 2019, p 1.

EXPANDED DEFINITION

The impact of early, repeated stress (including physical) on a child's nervous system, which influences the neurodevelopmental trajectory.

When stress is too frequent and/or too severe for a child to adequately cope with, developmental trauma conditions occur.

DEVELOPMENTAL TRAUMA CONDITIONS

(Symptoms of chronic stress on a developing nervous system)

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TO SUPPORT, TREAT, & HEAL WHEN POSSIBLE

Medical Treatments vs Disability Accommodations

TABLE 1 Piaget's Stages of Cognitive Development

Stage	*Age*	*Characteristics of Stage*
Sensorimotor	0–2	The child learns by doing: looking, touching, sucking. The child also has a primitive understanding of cause-and-effect relationships. Object permanence appears around 9 months.
Preoperational	2–7	The child uses language and symbols, including letters and numbers. Egocentrism is also evident. Conservation marks the end of the preoperational stage and the beginning of concrete operations.
Concrete Operations	7–11	The child demonstrates conservation, reversibility, serial ordering, and a mature understanding of cause-and-effect relationships. Thinking at this stage is still concrete.
Formal Operations	12+	The individual demonstrates abstract thinking, including logic, deductive reasoning, comparison, and classification.

Occupational Therapist

Physical Therapist

Gastroenterologist

Cardiologist

Neurologist

Psychiatrist

Nutritionist

Osteopathy

Immunologist

Treatments vs Accommodations

Erikson's Stages of Psychosocial Development

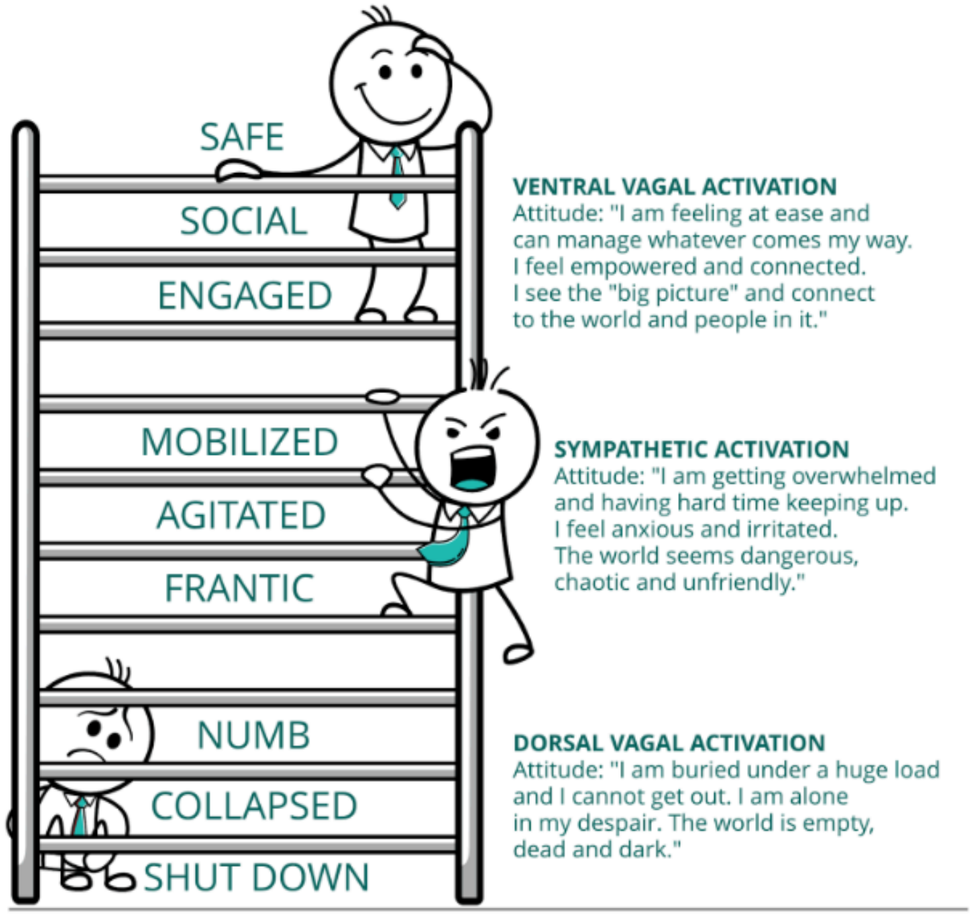
Stage	Psychosocial Crisis/Task	What Happens at This Stage?
1	Trust vs Mistrust	If needs are dependably met, infants develop a sense of basic trust.
2	Autonomy vs Shame/Doubt	Toddlers learn to exercise will and do things for themselves, or they doubt their abilities.
3	Initiative vs Guilt	Preschoolers learn to initiate tasks and carry out plans, or they feel guilty about efforts to be independent.
4	Industry vs Inferiority	Children learn the pleasure of applying themselves to tasks, or they feel inferior.
5	Identity vs Confusion	Teenagers work at refining a sense of self by testing roles and then integrating them to form a single identity, or they become confused about who they are.
6	Intimacy vs Isolation	Young adults struggle to form close relationships and to gain the capacity for intimate love, or they feel socially isolated.
7	Generativity vs Stagnation	The middle-aged discover a sense of contributing to the world, usually through family and work, or they may feel a lack of purpose.
8	Integrity vs Despair	When reflecting on his or her life, the older adult may feel a sense of satisfaction or failure.

- eCPR, neuromastery, somatic experiencing
- healing justice, restorative justice, disability justice
- Neurodivergent DBT Workbook
- Neuroinclusive, Neuroaffirming, Trauma-Informed Skills Training Workshops
- Peer Support Programs
- Neurodivergent Community Centers
- Intersectional and Accessible Sensory & Disability Friendly Community Activities / Events and Groups
- Supported Independent Living Communities & Services

Eustress vs Distress

(Being challenged vs Overloaded)

AUTONOMIC NERVOUS SYSTEM AS A LADDER



VENTRAL VAGAL ACTIVATION
Attitude: "I am feeling at ease and can manage whatever comes my way. I feel empowered and connected. I see the "big picture" and connect to the world and people in it."

SYMPATHETIC ACTIVATION
Attitude: "I am getting overwhelmed and having hard time keeping up. I feel anxious and irritated. The world seems dangerous, chaotic and unfriendly."

DORSAL VAGAL ACTIVATION
Attitude: "I am buried under a huge load and I cannot get out. I am alone in my despair. The world is empty, dead and dark."

Adapted from *The Polyvagal Theory in Therapy* by Deb Dana

- Am I exceeding my sustainable rate of change?
- Am I staying within my energy envelope?
- Do I have enough support?
- Do I have capacity for this?
- What sources of stress can be addressed?
- What can I do to release some stress?

AM I CHALLENGED IN MY WORK OR OVERWHELMED BY IT?

Mental Challenge is a cognitive state entered when mastering a new task or solving a problem.	Overwhelm is an emotional state entered when the volume of thoughts, feelings, tasks, and stimuli shift the brain to a reactive state.
New skills create new neural pathways and can be experienced as "growing pains" in the brain.	Pre-frontal cortex shuts down and kicks the body into the "fight, flight, or freeze" response.
May experience a slow down in processing as the brain develops new pathways. Disruptions in routine can cause mild forgetfulness and anxiety. Mastering the skill causes an injection of dopamine.	Sympathetic nervous system response can lead to brain fog, difficulty completing simple tasks, forgetfulness, mood swings, and high levels of anxiety.
Practicing the skill, taking time to learn in context, and breaking new skills down into bite-sized chunks can help alleviate stress while learning new skills.	4-7-8 Breathing, Learning to recognize the response and short circuit it, and scheduling white space to decompress can help alleviate overwhelm.

ND Community / Systems of Care

PROTECTED SELF-ADVOCACY

- Needed for survival
- Autonomy over life
- Improved DSP supports & LTC services like caregivers
- IEPs for all neurotypes
- Customized, indivudalized support plans
- Interdisciplinary, Holistic, Adaptive, Functional Care

SUSTAINABLE PEER SUPPORT

- Non-hierarchical, voluntary, relevant support workers
- Integrated crisis, acute, chronic, complex, and ongoing care ranging from prenatal to geriatic care
- Improved protections legally and supports socially and medically for peer support workers and LE consultants

FORMAL TO NATURAL SUPPORT TRANSITIONS

- Supported Independent Living Communities
- Neurodivergent Health & Wellness Community Centers
- Nature and culture based, but with sensory / trauma supports & accommodations
- Trauma-informed, neuroaffirming skill intersectional coaching
- Flexible work hours, supported work, transportation, etc.

GC SOLUTIONS

01

IDENTIFY LACKING SUPPORT NEEDS

Start with peer support assessing basic needs and accessibility accommodations for trauma, disability, & neurodivergence.

02

CONNECT, HEAL, & STABILIZE

Next we assess inner needs and address them with eCPR, restorative justice healing justice disability justice

03

DEVELOP A RECOVERY PLAN

Once the individual is stable enough to dream again, we help with local & global peer community building goals

04

COORDINATE COMMUNITY SUPPORT

We connect folks to grassroots social justice and human rights movements and neurodivergent support services

05

FOLLOW UP WITH CHECK INS

We will then have case managers assigned to check in with people to see how it´s going and do what is needed to offer more support if there´s a need.

GC SELC OUTLINE

(Gryffin Core Social Emotional Learning Curriculum)

SURVIVAL SUPPORTS

distress tolerance and coping skills, meeting needs for housing, food, transportation, clothing, medical care. establish basic sense of safety/security for journey ahead.

HEALING

self-acceptance. neuro-education, trauma reprocessing, identifying and mourning developmental “gaps,” emotional regulation, logical fallacies and cognitive distortions

RE-LEARNING AND OPTIMIZATION

Strength-based development of skills, supports, and strategies. Interpersonal effectiveness. Development of undeveloped and underdeveloped areas as much as possible (including conditions which would not be disabling on their own)

CULTURAL THRIVING

Connectedness. Participation in and contribution to communities. Sense of purpose. Understanding of one’s intrinsic and unique value.

GC MISELF:
Modular Intersectional Social Emotional Learning Framework

01

BIOLOGICAL

biological (physical health, sensory, medical conditions)

02

EMOTIONAL

emotional (feelings, impressions, experiences, hopes, dreams, fears, wants, likes, dislikes, goals, beliefs, values, self-esteem, self-image)

03

INTELLECTUAL

cognitive (mental, intellectual, psychological, internal facets of behavior and brain function, academic, education)

04

CULTURAL

cultural (social, interpersonal, familial, spiritual, collective, communal, identity, role, purpose, work, function, career)

05

SOCIAL

interpersonal effectiveness, social norms, behavior that imapcts others, how the internal world translates externally

REFERENCES

- https://ydrf.org.uk/2021/09/19/privilege-wheel/
- https://myaspieworld.home.blog/understanding-autism-2/
- https://regionalneurological.com/parts-of-the-nervous-system/
- https://sloanreview.mit.edu/article/building-the-neurodiversity-talent-pipeline-for-the-future-of-work/
- https://hbr.org/2022/02/is-your-company-inclusive-of-neurodivergent-employees
- https://unorthoboxed.com/2022/04/01/at-the-cross-section-of-neurodiversity-and-lgbtqia/

- Full List: https://docs.google.com/document/d/1ZwavLjD3Ok-kr0qab0fE2oYTU7Kqm0bxIntRh3BQxTM/edit?usp=sharing

If you have any questions or would like further discussion, please feel free to contact me.

Thank You

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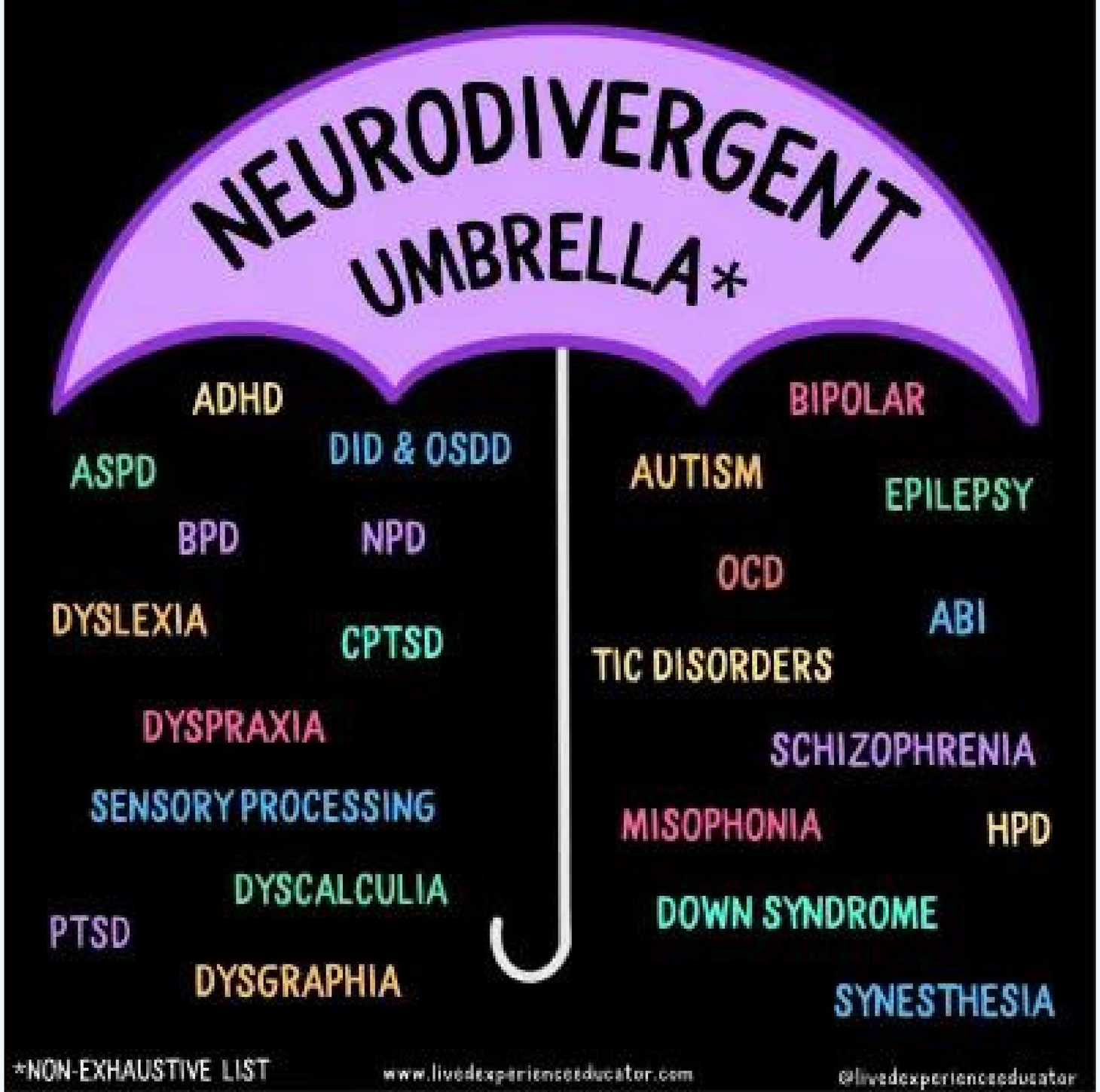
NEURODIVERGENT
UMBRELLA*
ADHD
DID & OSDD
ASPD
BPD
NPD
DYSLEXIA
CPTSD
DYSPRAXIA
SENSORY PROCESSING
DYSCALCULIA
PTSD
DYSGRAPHIA
BIPOLAR
AUTISM
EPILEPSY
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