



## Iceberg Model trauma-informed guide

# Neurodiversity

## Introduction

Some children and young people who have experienced trauma may also be neurodivergent. This means that there is an underlying difference in how the child or young person's brain is organised which changes the way that they experience, interact with and interpret the world. Some examples of neurodiversity include autism, attention-deficit-hyperactivity-disorder (ADHD), Tourette's and dyslexia.

Neurodivergent children and young people may think, learn, and express themselves in unique ways.

## Tip of the iceberg (what we can see)

Some examples of behaviour that neurodivergent children and young people may present with include:

- needing a level of sameness and routine that causes disruption or inconvenience to others
- expressing themselves in blunt and literal ways
- particular interests that they spend most of their time and energy on (these might stay the same or change over time)
- preferring to play by themselves or struggling with friendships
- struggling to understand or follow some social norms like turn-taking, coping when rules change, conflict and compromise
- only being able to eat a small range of foods or drinks due to sensory issues
- being disturbed by background noises or bright lights
- having an unusually high or low tolerance for pain
- using their bodies in unique ways like flapping their hands, walking on their toes, constantly moving or tapping their fingers
- being highly disorganised, difficult to motivate and keep on track, and needing frequent reminding of daily tasks.

Many of these characteristics can also be seen in children and young people who have experienced developmental trauma. It can make it tricky to identify whether a particular child or young person is neurodivergent and/or demonstrating trauma related needs. Mental health specialists use detailed assessments and consider many factors (including the child or young person's developmental history, cultural background, whether the behaviours persist even after trauma related needs have been addressed, and whether the child or young person has been in safe, stable care for a lengthy period of time) to make diagnoses.

## What's happening underneath the surface?

Neurodiversity comes from natural life-long differences in the way that people's brains process and make sense of information.

### Sensations

Children and young people who are neurodivergent might perceive sensations as more or less intense than others do. This may lead to feeling nauseated, pained or upset by things like tastes or textures in foods, tags in clothing or by the brightness in a room. They may also have difficulties noticing signals from their bodies that may affect their balance, coordination and their ability to tell when they need to eat or go to the toilet. Neurodivergent children or young people who have also experienced harm may have additional sensory challenges related to things that were associated with their harmful experiences (such as smells, sights or sounds) which they may find highly triggering and distressing.

### Feelings

Neurodivergent children might have difficulties registering or making sense of emotions until these emotions are quite big and powerful. They might have intense reactions to things that seem minor to others and might have a lot of difficulty calming down once they are upset. They may also be highly empathetic to others' feelings but struggle to understand why someone has become upset. In some cases, neurodivergent children and young people who have experienced harm may not have had access to an attuned, responsive caregiver to help them make sense of their feelings or to teach effective emotional regulation skills.

### Executive functioning

Executive functions are skills related to managing our emotions, controlling our behaviour, planning, focus and organisation. Many neurodiversities include differences in executive functioning. For example, a child or young person with ADHD may easily process new or exciting information but struggle to remain focused on the same thing over time. The world is organised in a way that assumes we all have access to the same executive functions which can make it difficult for neurodivergent children to succeed in some settings including school. Trauma also has a negative impact on executive functioning because it encourages the brain to develop in a way which prioritises survival rather than learning or social engagement.

### Socialising

Neurodivergent children may have a social style that is different from the general population. This can lead to challenges in social engagement due to what is sometimes called the 'double empathy problem' (the idea that neurodivergent and other children and young people both have difficulties making sense of each other's social behaviours). It is important to remember that despite differences in style, neurodivergent children and young people are still socially motivated and benefit from meaningful connections with people with whom they can be their authentic selves. Traumatic experiences also significantly impact socialising as children and young people may not have been provided with consistent modelling of appropriate social behaviour nor support from a safe, attuned adult to practice their own skills.

## Masking

Masking includes suppressing or hiding thoughts, feelings, interests and impulses that a child or young person has learned other people do not like. It also includes performing behaviours or actions which feel unnatural because the child or young person has learned that they are expected. Neurodivergent children and young people may feel pressure to mask most of the time and across multiple environments. Masking requires a lot of energy, focus and working memory leaving fewer resources for learning and meaningful participation in the community. It also stops children and young people from being able to be their authentic selves and can lead to persistent feelings of isolation and loneliness. Children and young people who have been raised in harmful environments may feel even more pressure to mask especially if they have been harmed or punished for their neurodivergent traits in the past.

## Cultural attitudes and beliefs

Cultural attitudes and beliefs towards neurodiversity can influence how individuals and communities respond to and support neurodivergent children and young people. Different cultures may have varying perspectives on what is considered typical or atypical behaviour. Whilst some cultures embrace neurodiversity, others may have highly stigmatised and negative attitudes about it which may lead to neurodivergent children experiencing discrimination, delayed diagnosis, or a lack of access to culturally appropriate services and support from family and community.

## Strategies to promote healing

### Get to know the child or young person and their needs

All neurodivergent children and young people are unique and will have different strengths and needs. Knowledge about the specific child or young person help others to understand and support them more effectively. It is important to be curious about the child or young person and share information and insights with their care team which can help strengthen relationships and meaningful supports. Attending workshops and seminars, listening to feedback from neurodivergent communities and reading books, in addition to consulting with paediatricians, child psychologists and other specialists in child development will also help to develop the skills and knowledge required to support a child or young person with neurodiversity.

It is also important to recognise the influence cultural factors may have had on how a child or young person understands themselves and how they are understood by others.

### Remember; it is can't, not won't

Caring for neurodivergent children and young people who have also experienced trauma requires a high level of patience, empathy and reflection. When feeling overwhelmed, there may be a tendency to see the child or young person as intentionally "making bad choices" or "being difficult." It is important to take a step back and remember that children and young people do well if they are given the opportunity. This means that if we are seeing big meltdowns or behaviours, this is telling us that the child or young person **does not have the capacity** to comply with whatever is being asked of them in that moment. These capacities can change day by day depending on other factors like environmental stressors, existing cognitive and emotional load, available resources and cumulative fatigue for example. This is normal and does not mean that the child or young person is choosing not to comply or "putting it on" on days that their capacities are lower.

## Create space for the child or young person to be their authentic selves

Making a placement a safe place in which the neurodivergent child or young person can be themselves can be a very powerful support to their mental health. Supporting the child or young person to interact in ways that feel safe and comfortable (for example, ensuring they can constantly move around, jiggle, twirl, speak bluntly or talk intensely about an interest) and to let go of trying to force more typical ways of engaging (such as unwanted eye contact) can be very therapeutic. Praising neurodivergent children and young people and providing positive feedback about their natural skills and abilities is important. For example, a caregiver could say *"I love asking for your ideas about solving problems – you always have ideas that my brain can't think of!"* or *"I saw you pat the dog – you are a very kind and caring person"* or showing interest in the child or young person's interests is also a great way to boost their confidence and build rapport.

## Communicate clearly and directly

Neurodivergent children and young people often have a difficult time identifying implied information or 'filling in the blanks.' Try to make communication simple, clear and direct. Avoid using idioms, analogies or asking questions when you actually intend to make a statement. For example, avoid saying *"what are you up to?"* when what you mean is *"I would like to join in your activity"* or *"you have a really big piece of cake"* when what you mean is *"I want you to give some to your sister."* Try to give extremely explicit and clear with instructions when asking the child or young person to do something.

Some neurodivergent children and young people have additional speech and language support needs and benefit from augmented communication like using picture cards or apps with pre-recorded options. In these circumstances, work with the care team for more targeted guidance.

## Support routine and predictability

Neurodivergent children and young people who have also experienced harm benefit greatly from predictability and routine. It may be beneficial to let the child or young person be actively involved in designing the routines which support them through daily living. Use a variety of methods to make these routines explicit and easily accessible. Create a chart to plan out the week's activities or a visual checklist to document the steps involved in getting ready for bed or what needs to be packed in their schoolbag. It should be noted that the child or young person may initially need a lot of support to use these resources, but this does not mean that they will not work. While caregivers may need to offer extensive prompting and support over time, it is likely that the child or young person will be able to use these supports more independently in time.

## Help the child or young person manage their feelings

Neurodivergent children and young people will need support from caregivers to process their emotions when they are distressed. Caregivers can help the child or young person recognise emotions building up in their body by labelling what can be seen and heard and making an *"I wonder"* statement about how they might be feeling. For example, a caregiver might say, *"I've noticed that you're frowning, you're not looking at me, and your voice has become short and sharp. I wonder if you're cross because I stopped playing with you?"* These gentle reflections will help build the child or young person's ability to identify and process what they may be feeling and why.

When the child or young person is highly distressed, it is important that caregivers stay with them to help them regulate. Taking the child or young person to a safe space and offering sensory supports

may help. Use knowledge about the child or young person to create a plan together ahead of time and decide what to do when they feel upset. It can be helpful to practice this when the child or young person is calm so that it becomes predictable and familiar.

### **Offer sensory accommodations**

Many neurodivergent children and young people have support needs related to the environments that they spend their time in. For example, they may need headphones for noisy spaces, prefer to sit further away from busy thoroughfares, concentrate better if they have something to do with their hands or benefit from prompts and reminders about transitions. Understanding how the child or young person processes different sensory information, developing strategies to support them and advocating for them in other contexts (such as school or extracurricular interests) will make a big difference.

### **Offer additional support during transitions**

Any imminent changes to routine or new experiences should be discussed with the child or young person as soon as is practical to do so. Developing a visual schedule (such as a calendar) with the child or young person and drawing their attention to their upcoming events (for example, their dentist appointment next week) will reduce the likelihood of this event catching the child or young person by surprise and subsequently causing distress. If they have not been to the dentist before, they may benefit from some extra preparation for what this experience will be like. For example, the child or young person may benefit from doing a “practice trip” in the car to the dentist so they can see where it will be, having a look at the website of the practice so they can see a photograph of the rooms or what the dentist treating them will look like, watching videos on Youtube of children and young people at the dentist, reading a story about going to the dentist or drawing pictures of what the child’s experience might be like.

### **Celebrate the child or young person’s strengths**

Neurodiversity comes with strengths and challenges, and it is important to take the time to reflect on these for individual children or young people. For example, a neurodivergent child or young person may:

- accept quirkiness or imperfection in others
- be a fiercely loyal friend
- see the best in others
- be consistently and refreshingly honest
- have a unique and interesting sense of humour (often enjoying sarcasm, satire, and puns)
- have a strong sense of social justice (relating to and advocating for the vulnerable, including victims of bullying and animals)
- absorb and retain large amounts of information, especially if in relation to their particular interests
- think ‘outside the box’ to generate novel and creative solutions to a problem.

It is important to help the child or young person recognise their strengths and to communicate admiration for them.

When the child or young person is highly distressed, it is important that caregivers stay with them to help them regulate. Taking the child or young person to a safe space and offering sensory supports may help. Use knowledge about the child or young person to create a plan together ahead of time and decide what to do when they feel upset. It can be helpful to practice this when the child or young person is calm so that it becomes predictable and familiar.

### **Additional considerations when providing care for Aboriginal and Torres Strait Islander children and young people.**

The experiences of Aboriginal and Torres Strait Islander children and young people need to be understood within the context of historical, political and systematic disadvantages and the ongoing overrepresentation of Aboriginal and Torres Strait Islander children and young people in the child protection system. When caring for Aboriginal and Torres Strait Islander children and young people, caregivers should ensure that they have received appropriate training and support from their caregiver support agency or the relevant departmental staff. When Aboriginal and Torres Strait Islander children and young people are cared for by non-Aboriginal and Torres Strait Islander caregivers, children are likely to experience culture shock which impacts on their behaviour and responses towards the caregivers. Therefore, caregivers should develop an understanding of the child or young person's cultural background to strive to create a culturally safe and inclusive environment to strengthen their relationship with the child or young person and to continue to offer culturally responsive care.

When caring for and thinking about the social and emotional wellbeing of Aboriginal and Torres Strait Islander children and young people, additional factors that may contribute to their needs and behaviour need to be considered. These include cultural and intergenerational trauma caused by harmful practices associated with colonisation such as forced dispossession of land and Country, forced suppression of culture, the Stolen Generations, assimilation policies, and systemic racism and oppression. Aboriginal and Torres Strait Islander children and families may also hold broader notions of wellbeing that include spirituality, community, and interconnectedness with land that must be recognised and supported.

Perceptions and expressions of neurodiversity are influenced by cultural beliefs, values, and practices. Globally, there are cultural differences in what is considered to be "normal" childhood behaviour. Therefore, a child may be ascribed as displaying neurodivergent behaviour from a western perspective when their behaviour is considered normal for their culture. For example, lack of eye contact in western culture is typically expected. In Aboriginal and Torres Strait Islander culture, to make direct eye contact can be viewed as rude, disrespectful, or even aggressive. It is considered respectful to avert or lower eye gaze in conversation.

When an Aboriginal and Torres Strait Islander child is neurodivergent, it is important to keep in mind the historical trauma which has contributed to an increased prevalence of neurodivergence in this population. Diagnostic materials and labels are often not culturally appropriate or accessible. Therefore, support to neurodivergent Aboriginal and Torres Strait Islander children and young people should be provided in culturally responsive ways. This may involve consultation with community members and Elders to help interpret behaviours. By working in partnership with the child's community and broader kinship system to navigate a child's presentation or diagnosis, Aboriginal and Torres Strait Islander children and young people can be empowered and supported effectively.

## **Additional considerations when providing care for children and young people from culturally and linguistically diverse backgrounds**

Children and young people from culturally and linguistically diverse (CALD) background may also have different perceptions and understanding of neurodiversity which may differ from caregiver's understanding of the concept. Therefore, it is important for caregivers to receive additional information, training and support from their caregiver support agency or relevant departmental staff when caring for children and young people from culturally and linguistically diverse backgrounds.

Caregivers can connect with local CALD organisations to continue to enhance their understanding of the child or young person's cultural background and how neurodiversity is viewed and perceived in their culture and community.

If you have any further questions, please do not hesitate to contact your case worker for further support.