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Neurodiversity Inclusion in Audiology Education and Practice

Shade Avery Kirjava, AuD ABA-C (they/them)

Kate Witham, AuD (they/she)

Shade Kirjava, AuD, ABA-C

Shade Avery Kirjava (they/them) is a clinical audiologist in Los Angeles, California working in private practice. They are also a PhD student studying public health at the University of California, Irvine. Their research focus is hearing healthcare services research, and diversity, equity, and inclusion in clinical audiology.

Kate Witham, AuD

Kate Witham (they/them/she) is a clinical audiologist in Syracuse, New York, working in private practice. They are a co-chair of the ADA's Diversity, Equity, & Inclusion committee. Their passion is accessibility.

Disclosures

- **Presenter Disclosure:** Financial: Shade Kirjava is a clinical audiologist in Los Angeles, California working in private practice. They received an honorarium for this course. Non-financial: Shade Kirjava has no relevant non-financial relationships to disclose. Financial: Kate Witham is a clinical audiologist in Syracuse, New York working in private practice. They received an honorarium for this course. Non-financial: Kate Witham has no relevant non-financial relationships to disclose.
- **Content Disclosure**: This learning event does not focus exclusively on any specific product or service.
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Learning Outcomes

After this course, participants will be able to:

- List conditions commonly considered to be neurodiverse.
- Explain how neurodiversity affects audiology graduate education.
- Identify supportive strategies for neurodiverse students and colleagues in their clinical practice.

Introduction and Positionality

Shade Avery Kirjava is a private practice vestibular audiologist and PhD student in public health in Los Angeles, CA

Kate Witham is a private practice audiologist in Syracuse, New York and co-chair for the Academy of Doctors of Audiology Diversity, Equity, & Inclusion Committee

Both presenters identify as neurodiverse and have experience advocating for accessibility for diverse people

Terminology

- Neurodiversity Model:
  - The natural diversity of human brains (biodiversity)
- Neurodiversity Movement:
  - A political and social justice movement
- Neurodivergent
  - A person whose brain differs, or diverges, from the statistical norm
- Neurotypical
  - A person whose brain does not differ from the statistical norm
- Neurodiverse:
  - A group of people with difference types of brains.

Traits of Neurodiversity

Dyspraxia
- Verbal skills
- Empathy
- Intuition

Dyslexia
- Visual thinking
- Creativity
- Spatial reasoning

Autism Spectrum Condition (ASC)
- Attention to detail
- Memory
- Deep focus
- Divergent thinking

Dyscalculia
- Verbal skills
- Innovation

ADHD
- Creativity
- Hyper-focus
- Energy & passion

Mental Health
- Depth of thoughts and feelings

Tourette's
- Creativity
- Observational Skills

Acquired Neurodivergence
- Empathy
- Adaptability

Medicalization, Pathologization of Neurodiverse Characteristics

Neurodiversity Movement

- Characteristics vs. Symptoms of Otherness
- The DSM is not concrete. Science has no idea how to define neurodivergences such as autism and ADHD.
- Changes to DSM definition most recently made in March 2022

Issues Today

- Autistic characteristics being seen as "bad" in audiology programs
  - Performance rules against autistic characteristics
  - Introversion should not be seen as a weakness.
  - Extroversion is not unprofessional.

https://www.spectrumnews.org/news/evolution-autism-diagnosis-explained/

Difficulties in Identifying/"Diagnosing"

- Historically, neurodivergent conditions have been diagnosed based on what neurotypicals interpret from observed behaviors.
- This has resulted in women being left behind.
  - Males are diagnosed with Autism and ADHD 4x more than females
    - Only because researchers only studied boys for decades.
- Girls present differently and often become really good at masking.
  - Autistic masking refers to the suppression of autistic or neurodivergent traits to pass within society and is a major focus of current neurodiversity research.
  - It is such a tremendous challenge to diagnose women who have learned how to mask what makes them different.
- The current shift is Self-Diagnosis.
  - For adult women, surveys are all we have.
  - Many women feel ignored and dismissed by psychiatrists and therapists who say things like, "You're good at making eye contact, so you couldn't possibly have autism."
  - https://embrace-autism.com/

https://psychcentral.com/autism/comparison-of-boys-and-girls-living-with-autism-spectrum-disorder#boys-vs-girls

Diversity is good for business and patient care.

Teams that are diverse have:

- **Enhanced creativity**
- **Better problem solving and decision making**
- **More innovation**
- **Greater financial gains**

Phillips (2014), (Tulane University School of Public Health and Tropical Medicine, 2021)

Ethical Considerations - Shade

- Whether people are should be provided healthcare services or supportive accommodations depends on your ethical perspective
  - Christian Bioethics informs much of the contemporary American healthcare system
  - Utilitarianism says ethical choices are the choices that benefit the most people
  - Principalism says ethical choices maintain people's inherent rights

Christian Bioethics

- Western healthcare is deeply rooted in Christian ethics and bioethics (de Jong, 2017)
- Views about identity and neurodiversity:
  - Diversity
  - Disability

Christian Bioethics - Diversity

- The Christian bioethics perspective of diversity says that differences in human development are created by their god
  - Health conditions may be differences, not problems
  - Differences should be celebrated like any other creation
- Diversity perspective and neurodiversity:
  - Differences such as gender diversity or neurodiversity do not need ‘fixed’ as they are not problems

Christian Bioethics - Disability

- The Christian bioethics perspective of disability says that differences in human development are illnesses
  - Christians have a duty to 'help' vulnerable or marginalized populations
  - The nature of 'help' and whether the individual believes they need help are less important
- Disability perspective and neurodiversity:
  - Typically pathologizes neurodiversity
  - Accommodations for neurodiversity should be provided to minimize effects of disability

Utilitarianism

- Utilitarianism focuses on: (Ashcroft, 2007)
  - Outcomes, not actions to reach outcomes (Devettere, 2010)
    - Actions aren't inherently good or bad, actions are good or bad depending on how well they help the most people
  - Maximizing 'good' for the most people possible
    - 'Good' is defined as being healthy and supporting individual autonomy
    - 'Good' is applied to everyone without favoritism or discrimination

Utilitarianism

- Criticisms of utilitarianism:
  - Doesn't account for different people having different ideas of what 'health' is
  - Can be used to justify withholding care to a minority if a majority would benefit
- Utilitarianism and neurodiversity:
  - Limiting someone who is neurodiverse from participation in activities of daily living (such as working as an audiologist) is a 'bad' outcome to avoid
  - Neurodiverse people should be included to the largest degree possible because of the documented economic benefits to neurodiversity inclusion

Principalism

- Principalism focuses on: (Ashcroft, 2007)
  - Actions are good or bad based on if they uphold someone's inherent rights
  - Healthcare providers have the duty to:
    - Maintain others autonomy
    - Do no harm (non-maleficence)
    - Do good (beneficence)
    - Act fairly and equitably (justice)
- Principalism and neurodiversity:
  - Accommodations for neurodiverse people allow equitable access (justice), maintain their autonomy, and benefit them (beneficence)

Ethical Considerations

- Whether people are should be provided healthcare services or accommodations depends on your ethical perspective
  - Christian Bioethics informs much of the contemporary American healthcare system
  - Utilitarianism says ethical choices are the choices that benefit the most people
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Ethical Challenges to Neurodiversity Inclusion

- Limited resources should go to people who are most able to benefit society, not to neurodiverse people
  - Ignores the clearly documented economic and workplace benefits of neurodiversity inclusion
  - Implies that other populations, such as the elderly, do not deserve healthcare because they are less able to contribute to society
- Neurodiverse people cannot succeed in audiology
  - Ignores the clearly documented successes of neurodiverse people in audiology and other disciplines

Ethical Challenges to Neurodiversity Inclusion

- Neurodiverse people are less socially desirable
  - Ignores the clearly documented economic and workplace benefits of neurodiversity inclusion
  - The social desirability of a population does not determine their value as people or diminish their inherent rights
- Being inclusive for neurodiverse people implies that other marginalized populations such as transgender people should also be more included
  - The social desirability of a population does not determine their value as people or diminish their inherent rights

Practical Considerations - Shade

- Economic and workplace benefits of neurodiversity inclusion
- Practical barriers to neurodiversity inclusion
- Redirecting Patients
- Intersectionality

Practical Considerations

- Economic and workplace benefits of neurodiversity inclusion are clearly documented in the literature (Krzeminska et al., 2019)
  - Employment for neurodiverse people reduces public spending on assistance programs
  - Increases workplace innovation
  - Leverages the unique strengths of neurodiverse people

Practical Considerations

- Practical barriers to neurodiversity inclusion include:
  - Potential hesitancy from patients
    - Most patients want the most competent care possible, and are less concerned about the personal attributes of their healthcare providers
  - Limited resources in workplace (Doyle, 2020)
    - Most accommodations are managed by a student's university disability services center
    - Most accommodations such as work-learning and peer mentoring are relatively resource-light

Practical Considerations

- Some patients have bigoted social views
  - Appears as verbal, sexual, or physical harassment of student clinicians (Fnais et al., 2014)
  - ~60% of medical students reported harassment during their training (Fnais et al., 2014)
  - Affects AuD students who are LGBTQ+, people of color, neurodiverse, or part of another historically marginalized population (Hill et al., 2020)

Practical Considerations

- Preceptors can respond to patients with bigoted social views by: (Angkaw & Hall-Clark, 2021)
  - Educating a patient on how prejudice is hurtful
  - Explicitly tell patients what behavior is not allowed
  - Remind patients that they have a limited appointment time to get the services they came for
  - Redirect patients to their hearing health
  - Reinforce more civil patient behavior
  - Have a no-tolerance policy for patient harassment
  - Practice self-care to prevent toxic stress and burnout

Practical Considerations

- Intersectionality of neurodiversity:
  - Neurodiverse people are more likely to be transgender, making these individuals also vulnerable to transphobic harassment
  - Neurodiverse people of color often face both racism and ableism (Eilenberg et al., 2019)
    - Increases the challenges that students with intersecting historically marginalized populations face
  - Females with autism are often under- or later diagnosed (Eckerd, 2020)
    - Because the archetypical ‘autistic person’ is based on research that focused on males
    - No formal diagnosis makes it harder to receive supportive services

Next Steps

WHO Disability Framework

Bodily Functions and Structures
- Intellectually bright
- Difficulties with attention
- Sensory **challenges**

Activities
- **Limitations in sitting through a full meeting**
- **No limitations: can stand, fidget, and multi-task during meetings**

Participation
- **Enjoys work events with others**
- **Supports needed, such as a quieter restaurant or advance notice to bring braces to the bowling alley**

Environmental Factors
- **Supportive and understanding boss and coworkers**
- **Ability to move around during appointments, take shoes off at desk when not with patients**

Personal Factors
- 28-year-old female
- Loves dark chocolate
- Has a cat

- Neurodiverse people have always existed in higher education and healthcare work.
  - Listen to people who are neurodiverse.
  - Neurodiverse people should ~~be a part of~~ lead in creating inclusive educational and clinical environments.

Examples of Accommodations
Vocational Training
Exam Procedure Modifications
Assistive Technology
Counseling Services
Work-Based Learning Strategies
Peer Mentoring
Transition Planning
Note-Taking
Writing assistance

Kate's Tips for Working in a Neurotypical World

- There are many neurotypicals who are not going to do the research to understand the neurodiverse person.
  - That does not make it your responsibility to educate them.
  - Find a more inclusive environment. You cannot change bigotry all on your own. You will get burned out.
- Unmask when not with patients to reduce burn out
  - Take off the shoes that are bothering you. It will not hurt anyone.
  - Don't smile if you don't want to. The world will not end if this upsets someone.
  - Put on your headphones when writing.
  - Hide in an empty audio booth when sensory overload happens.
  - Bring a fidget toy to meetings.
- Disclose your neurodivergence. It's a whole lot healthier than hiding it all day.
  - If you fear facing repercussions just for being you, go to HR or the Office of Students With Disabilities first.
  - You do not have to provide your diagnosis. "Neurodivergent" is sufficient.
- Use more detailed patient intake forms.
- Create your own written forms for whatever you need help remembering.
- Be proud of having a unique superpower brain, and use it to help your patients!

Thank You

Shade Avery Kirjava, AuD ABA-C (they/them)

Kate Witham, AuD (they/she)

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