Neurodiversity Inclusion in Audiology Education and Practice

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- [Christy] Hello everyone and welcome back to the classroom. We're so delighted that you are back with us here on AudiologyOnline. We have two wonderful presenters today, Dr. Shade Kirjava and Dr. Kate Witham. And they're going to present to us a very important and critical topic in our profession, neurodiversity inclusion in audiology education and practice. And if you'd like to learn more about either presenters, you can read about their bios on the course registration page. At this time, I hand the mic over to you, Dr. Kirjava.

- Hi, thank you. Yeah, my name is Dr. Shade Kirjava, and I'm very excited to join y'all today to talk about neurodiversity inclusion in audiology education and practice. For our disclosures, we don't have anything that is particularly relevant. We both work as audiologists and we have experience as audiologists. And after this course, we're hoping that you'll be able to do a few different things. The first is to list conditions that are commonly considered to be neurodiverse. Neurodiversity isn't necessarily universally agreed on or a universal term. So we're going to talk about some of the conditions that are commonly included in it. After this course, you should be able to explain how neurodiversity affects audiology graduate education. We know from the research it does affect the experiences of graduate students in audiology.

So we'll explore that and after this presentation you should be able to explain some of those processes. We're also hoping that after this presentation you'll be able to identify supportive strategies for neurodiverse students and colleagues in your clinical practice. There are some strategies and accommodations that are particularly helpful, so after this presentation, you should be able to identify and hopefully apply those in your practice. Now for a topic like this, positionality becomes important. Positionality is the identities and experiences that we have and those affect the way that we think about issues, the issues that we focus on and take the time to understand. So we're going to just briefly introduce ourselves and give us our positionalities so you can understand our perspective and why we're focusing on the content that we are.

Right now I'm actually a vestibular audiologist. I do a lot of vestibular diagnostics in a private practice in Los Angeles. And I'm also a PhD student in public health at the University of California Irvine. I study health disparities, environmental disclosures, and health equity in hearing education or hearing healthcare. Kate, would you like to discuss your positionality?

- Yes, hi. I also identify as neurodiverse. And my specialty is auditory processing disorders, which ties into neurodiversity a lot. So constantly updating information on this topic.

- Absolutely. Both of us identify as having a neurodiverse condition. So we have personal experience in addition to the research that we'll be sharing today. So we're hoping to give you hopefully a really helpful picture on what neurodiversity is and how it relates to audiology. Thank you so much for joining us. Let's begin. Kate, I will turn it over to you.

- All right, hi everyone. So we'll start with some terminology we'll be using during the presentation. The first is the neurodiversity model. It is the idea that differences in how brains work is a form of diversity when that we need. The neurodiversity movement, which is currently on the rise, is a political and social justice movement focused on neuro divergence acceptance, which is different from awareness. Neurodivergent is a person whose brain differs from this statistical norm, and we'll take a look at what characteristics and conditions are housed under this umbrella. Neurotypical is a person whose brain does not differ from the statistical norm. You might also hear allistic which simply means somebody who is not autistic. Neurodiverse is a group of people with different types of brains.

You want this in your practice, your schools, your clinics, and we'll delve into why soon. I want to do one more, and that's masking. Masking is basically a whole slew of tactics neurodivergent people use to blend in and hide their otherness. It's something we are taught to do from a very young age. We'll get into why and what that looks like. All right, these are also called characteristics, our traits. So instead of symptoms, we call them characteristics. And here are some of the superpowers being neurodiverse provides. These are the main conditions considered neurodivergent, but there are plenty. Dyspraxia, dyscalculia, dyslexia, autism spectrum condition, ADHD, tourettes, mental health and acquired neuro divergence. The most common talked about right now is autism spectrum condition and ADHD.

So we'll spend more time on these two. People with autism have an enhanced attention to detail, long-term memory, ability to focus deeply, strong compassion and of course divergent thinking, which can also be called thinking outside the box. People with ADHD are creative, are really good at hyper focusing on tasks of interest, high energy and a lot of passion. Historically, characteristics of autism and ADHD have been seen as symptoms of a disorder or pathology. As of recent, neurodivergent people have fought for agency and are changing that narrative. So pathologization of autism and ADHD has been shaped by neurotypical academics. Symptoms are those that are written within the DSM, which is constantly changing every year as new research comes out, especially research on girls and women who are neurodivergent because recent or past research was done mainly on boys.

So we have less information on the characteristics of girls and women. Oops. I've witnessed an experienced prejudice because of neurodivergent characteristics. Let's think about extroversion and introversion being a spectrum. So one example is how introversion is often seen as a weakness in the workplace. While characteristics of extroversion are often displayed in job postings. Autistic people are often introverted and thought to have less of an ability to socialize with patients, professors and

employers. I've been told to smile in between classes and I felt that was highly inappropriate. I should not have to smile while not with patients to be considered professional. This feels like an unhealthy message that my feelings, energy level and downtime do not matter, and that is my downtime to unmask, which is very important for neurodivergent people in order to decrease burnout.

I've been in trouble for writing emails using clear communication and not using time wasting pleasantries when I just need important information to be shared. I have a to-do list. You have a to-do list. Many autistic people hate inefficient, unnecessary systems like writing an email like it's a 17th century letter carried by horse. All right, and then. On the flip side, people who have ADHD are often considered unprofessional for the exact opposite reasons. So extroversion should not be seen as unprofessional, but many neurodivergent students have complained about being called unprofessional for just being passionate. I've heard several times the excuse that people with ADHD caused distractions in class. If a neurodivergent student or coworker, colleague is presenting as louder, more confident and may be more passionate than someone without ADHD, that should not make the person less professional.

And the misconception is rooted in a strong dislike toward otherness once again. If someone with ADHD is shaking their leg or fidgeting, for example, with paperclips to regulate emotions, attention or lack of enough stimulation is distracting during a test. That does not mean that the ADHDeer should have to stop and sacrifice their focus for somebody else's because a neurotypical doesn't know how to regulate their attention at the same level. Instead of telling the neurodivergent person to sit still and quiet down, talk with a neurodivergent aside or ahead of time and come up with a productive solution that can help everyone. Historically, neurodivergent conditions have been diagnosed based on what neurotypical researchers interpret of neurodivergent person's behaviors.

A well-known fact. Males are diagnosed with autism and ADHD four times more than females. And this is not because boys are more likely to be neurodivergent than girls. It's because girls were not studied by research for decades, and the differences in presentation were not found. For instance, one of the symptoms that was documented in the past was a fixation on trains. Well, girls might not have been given trains as kids, so they're not going to follow that same rule. This is the main diagnosing girls and women harder and many are not able to receive services in a timely manner because of this. Another factor as to why so many girls go undiagnosed is the theory that girls were punished for abnormal behaviors growing up and therefore learned to behave in a way that creates a mask for society.

So those of us who are really good at masking continue to go undiagnosed. It is such a tremendous challenge to diagnose women who have learned how to mask what makes them different. Right now, women are being diagnosed in grad school and other high demand mentally draining stages of life, like first jobs and such or promotions. Because of this women and of course some men who are also good at masking are just now learning about their own characteristics, figuring out healthier tools that actually work for neurodivergent people, trying to make appropriate medications, trying to find appropriate medications, and generally trying to figure themselves out. So it's a tough time. Neurodiverse people are self-diagnosing now, so we have peer reviewed surveys that actually ask how we feel rather than how a doctor or parent perceives us, which has been making all of the difference.

Autism specialists are saying self-diagnosis are almost always accurate. It helps if we go into an appointment with a binder full of characteristics with real life examples. I mean, that's a pretty good characteristic right there. Turns out it's not typical to turn over every jigsaw puzzle piece before beginning and then separating the pieces by color and then proceeding with the rest of the ritual steps like I do. So I wanted to conclude this section with this, diversity is good for business. Studies show

characteristics of diverse teams have enhanced creativity, better problem solving and decision-making skills, and more innovation and greater financial gains. Up there we are. All right, that's you, Shade. I'll hand the mic back over.

- Thank you. Absolutely, there's a lot of great information there. Thank you for sharing. At this point, we're going to take a little bit of a step back and we're going to talk about some of the ethical considerations around neurodiversity. Getting practical and talking about steps that you can use in your clinic to be more inclusive for neurodiverse people are important and we'll talk about them. But I think that we need to consider what are the basic ethical principles that we're using when we decide is neurodiversity inclusion something we should do? Is it preferable, not preferable? Why are we making those choices? What is informing our decisions? We also see that ethics and considering the ethics of our decision making are very important for other issues too.

And 2023 right now, other issues in the media are things like gender diversity and gender diverse healthcare. And the role of abortion in American healthcare. These are serious difficult issues. And by thinking back to the ethical perspectives that we use to make our decisions, it helps inform what is the right decision, what is the appropriate decision that we should be making. I think that considering the ethics that we follow is really critical. So we're going to take a few minutes and talk about what are the common ethical perspectives that we use in healthcare? How do they apply to neurodiversity? And how do they apply to neurodiversity in the audiology clinic? There's three main frameworks that we'll talk about.

The first is Christian bioethics. It's highly relevant to many settings in the contemporary American healthcare system from religious affiliated hospitals, religious affiliated clinics at religious universities. And it also informs much of the lawmaking and policy that happens in America, so it's very much worth considering. But we'll also consider some other ethical perspectives. Utilitarianism, for example, it says that ethical choices are

the choices that benefit the most people, and as someone who works in public health, this is something that I'm very familiar with. We'll also talk about principalism that says that people have inherent rights, and when we uphold those rights by following certain principles, those are the ethical good choices. We'll go through each of these perspectives.

We'll apply them to neurodiversity and we'll apply them to audiology as well. Let's first take a look at Christian bioethics. If you're interested in reading more about this, Dirk De Jong, they wrote a great article on Christian bioethics as it applies to tough issues in healthcare. They work at a Roman Catholic affiliated university in Florida, Sienna College. And they have a really great write up that you'll find in the references section if you're wanting to explore more. When we think about Christian bioethics vis-a-vis neurodiversity, there's two main perspectives that many people have. We can't necessarily say that this applies to everyone because even just defining Christian bioethics is really tricky. Christianity is far from a monolith.

There's so many perspectives, so many ethical frameworks and interpretations. But generally, most of the perspectives align with the diversity or the disability perspective. The diversity perspective says that there are different ways that people can be, and that's fine. That's pretty normal. We can think about how some people in the deaf community think about hearing loss, that these aren't necessarily disorders or problems. This perspective says that differences are just differences. There isn't necessarily a value judgment that says that one way of being like hearing is better than another way of being, like not hearing. In this perspective health conditions possibly including things like hearing loss, neurodiversity, they're just differences. They were made by their God is the belief, and just like everything else was made it's not necessarily better or worse or good or bad.

It just is. When we applied that really specifically to neurodiversity differences like having ADHD or autism aren't necessarily problems and they don't necessarily need to be fixed exactly. Some people are just different. They're not better or worse because people are neurodiverse, they just are. But in contrast to this, there's also the disability perspective. And this perspective in Christian bioethics says that when there are differences in people's ways of being neurodiverse, having hearing loss or other health conditions, that those really are disorders, that they're disabilities or problems that should be fixed. We as audiologists and clinicians typically align closer to this when it comes to hearing loss. As opposed to some people in the deaf community who view hearing loss as a difference, not a disorder.

Most audiologists, myself included, view hearing loss as a problem. As a disorder that can be treated or ameliorated. In Christian bioethics, there's actually an additional step to this. And that's that most Christians believe that they have a duty to help vulnerable or marginalized people, people who have disabilities. There's a few calls to do that, but it does get a little tricky. Not everybody believes that they need help or believe that they have a disorder. Like for example, someone in the deaf community who doesn't believe that hearing loss is a disorder don't necessarily maybe believe they need help from an audiologist. In the same way, people who are neurodiverse may disagree that they have a disability at all.

They may not necessarily want your help or accommodation and possibly the nature of the help, even if it makes sense to someone who doesn't have that health condition, may not necessarily be wanted by someone who does. When we apply this specifically to neurodiversity, this pathologizes neurodiversity. Pathologization, I think Kate mentioned is that process where a condition is defined as a problem, and we do that with things like hearing loss. We pathologize hearing loss and we medicalize hearing loss by defining hearing loss as a health problem that can be treated. And in this ethical framework, neurodiversity is pathologized. Having for example, autism, ADHD or

another neurodiverse condition would be a problem in this perspective. And in this perspective, accommodations should be provided.

When people have a problem or a disability, there is that imperative to help vulnerable, marginalized or otherwise disabled populations. So in this perspective, we can see that it's really easy to support the need for accommodations for neurodiverse people. Those I think it's important to consider because they're the basis for many of the laws, the health policies and the healthcare systems that we have in our contemporary country, but there's also secular or not as strongly religiously defined ethical systems that are used in healthcare all the time too. Ashcroft wrote a really great book summarizing some of the bioethics that we use in healthcare. I would strongly recommend checking it out if you're interested. The first other perspective that we're going to be talking about is utilitarianism or bio utilitarianism.

And this perspective is that the things that we do aren't necessarily good or bad on their own. We're really focusing on the final outcome. Things are good or bad if they support getting to that final outcome, that's the most good for the most number of people. The goal is to maximize that good for the most number of people as possible, and usually we define that good as being healthy, maintaining autonomy, maybe being able to hear and communicate with your doctor to maintain autonomy, maybe being able to have and hold a job and care for yourself. Ideally, this should be applied to everyone without favoritism or discrimination. That would be the goal. That's kind of a broad overview of utilitarianism, but some people have raised some serious challenges to this.

You can read more, like I said in the Ashcroft 2007 book. We have the reference on the final slides. And they do a really good job of explaining that utilitarianism, it has some serious weaknesses, like we talked about with deafness and hearing loss being pathologized. Not everybody agrees on what health is. People in the deaf community

may not define hearing loss as a health problem, so if they have hearing loss, they may define themselves as completely healthy. Other people like us as clinical audiologists would define that as less healthy. And it starts to feel a little narcissistic and controlling to try to apply our understanding of what health is to other people who can have equally a legitimate, but different understandings of what health really means.

Another example might be some of the patients that we see in clinic. We use audiologists would define someone having a moderate to severe hearing loss, getting that treated with hearing aids, we would probably say that would improve their health, but not all patients feel that way. Some patient's idea of health is to avoid those things, those conditions and those signals that are related to aging, like hearing aids. Having hearing aids would be an admission that they're getting older and less healthy, and some patients that might be a hearing aid candidate might not get them because their idea of health doesn't include hearing aids. Another big criticism of utilitarianism is that it can be used to justify withholding healthcare.

If we're trying to give the most good to the most number of people, we have to also think about the practical considerations of that. There's limited resources. We only have so much time, so much money, so much energy. And I'm studying public health. That's where I'm growing my career in that direction. And we saw some big challenges trying to apply ethics and utilitarianism to public health and healthcare, especially during the COVID pandemic. If we think back to when the vaccines for COVID-19 were first coming out in late 2020, early 2021, there were conversations about how do you maximize the most good? Do you distribute the vaccination to everyone regardless of any identity or risk factors? Do you prioritize people with risk factors getting the vaccine so that you minimize the number of serious illnesses and deaths from COVID?

Do you distribute the vaccine preferentially to people of color because people of color had a much higher burden of infections, serious injury and illness and death from

COVID? How do you apply the most good in a fair way? Not everybody agrees and it's hard to work through what that really looks like. When we apply utilitarianism to neurodiversity, we can see that limiting someone who's neurodiverse from participating in normal activities, working as an audiologist or attending grad school for example, would be a bad outcome. We're trying to maintain autonomy and maintain people's ability to care for themselves and do the things that they define as making life worth living. So we should also include neurodiverse people to the greatest degree possible generally in society and in audiology in particular because like we'll talk about in a few minutes, there are some strongly documented, really significant benefits to diversity in the workplace, benefits to innovation, benefits to a workplaces or businesses economic success.

You can read more about it. I'll give you some links and some references in just a moment. Another great source is "An Inclusive Academy". It's a book by Abigail Stewart and Virginia Valian. It talks about really comprehensively, does diversity improve a workplace? Does it make a business more competitive? Does it improve innovation? We find that diversity generally, it does tend to improve a lot of aspects of a workplace's functioning and it can really strengthen a business. We'll talk more about that in a minute. There's another ethical perspective that we sometimes use in healthcare. It's called principalism. And the idea is, it's not the end result that makes actions good or bad. I said, actions are good or bad inherently based on whether they uphold someone's rights.

The idea is that healthcare providers like us as clinicians, as audiologists, we have a duty to do four different things, and when we uphold these principles, when we do these things, then we're acting ethically. Those principles are maintain people's autonomy, don't do harm, do good, act fairly and equitably. And I think that this ethical perspective principalism is one of the ones that we see most commonly applied to healthcare settings like audiology. We can apply it to neurodiversity in audiology as

well. We can see that in this ethical perspective, working with neurodiverse people, providing some accommodations for neurodiverse employee, students and audiologists, it provides equitable access, which would uphold justice. It maintains their autonomy, it benefits those people directly beneficence, but it also benefits you yourself and whatever business that you're a part of, because like we talked about, neurodiversity inclusion does cause big benefits to a workplace.

Okay, we made it through. I know all of that is a little bit more abstract, a little bit maybe less applicable to our day-to-day, but I think considering the ethical perspective, that we use for decision making is really critical because it affects every aspect of what we do. Maybe you align with one of the Christian bioethics perspective, the disability or the diversity perspective. You might align with the utilitarian perspective that focuses on the final outcome of the most good for the most people. You might find, like me, that you align most closely with the principalism perspective where when we do things that uphold people's inherent rights, we're acting ethically. Whatever your ethical perspective, whether it's one of these or another, we're seeing that for these ethical perspectives, it's hard to defend not doing neurodiversity inclusion.

Providing accommodations and greater inclusion for neurodiverse people in your audiology practice is an ethical action and can be defended by any of these perspectives. But there are some challenges to doing that. There are some people that say, "Well, we only have so many resources." Which is true. We should apply the resources that we have in healthcare to the groups that are able to most contribute to society. Who are able to work, who are able to contribute economically or artistically. And we shouldn't apply those to neurodiverse people. This is an argument that you see sometimes and it's not really well supported for a few different reasons. I think that it's really clear for us in audiology with our patient population that does tend to be a lot older than many other allied health professions, that just because you are elderly or older, if you're unable to work, that doesn't mean that you don't deserve healthcare.

If we decide that neurodiverse people don't deserve accommodations because those resources should go to people who are more able to contribute to society, that also really implies that we as audiologists should not provide healthcare to elderly people who are less able to contribute to society. And I would really push back on that. I think most people intuitively have that understanding that just because you are, for example, older and have a hearing loss, that doesn't mean that you're not worth exactly as much as anyone else and deserve healthcare just like anyone else. If we're going to provide healthcare to elderly people, then we also have to provide healthcare and accommodations to neurodiverse people, otherwise it would be hypocritical.

Not providing those accommodations because thinking that resources should go elsewhere also ignores that providing some accommodations and resources for neurodiverse people in a business helps that business. And we'll talk more about that in just a bit. There's also this thought that neurodiverse people can't succeed in audiology. This is something that I've encountered anecdotally. This is something that I really don't think is well supported either. I promise I won't talk too much about myself, but I do think that when you consider someone like me who is a successful clinician, as someone who has half a dozen publications, presentations, I've won several awards, fellowships and grants. I would say that I am definitely undeniably neurodiverse and quite a successful audiologist.

So I would say that if someone is neurodiverse, if they have ADHD, autism or another neurodiverse condition, they can absolutely succeed in audiology. I wouldn't be afraid to take a student as a preceptor or have a student in one of my graduate classes that is neurodiverse because I know neurodiverse people can succeed in audiology in other healthcare fields too. There's some other challenges to neurodiversity inclusion that sometimes get raised. Some people would say that, well we don't wanna hire someone who's less socially desirable. Again, this ignores that there can be some big benefits to

a business if you do include other people having a more diverse workplace, including people of color, including people of other genders and including neurodiverse people strongly support a business.

We also see that for someone who's neurodiverse, just because they might be less socially desirable in some settings doesn't mean that they're worth any less as people. We also see the same thing with, for example people with hearing loss. I have patients tell me all the time that people get annoyed with me because I have to keep asking and saying, "What, what?" I have to keep asking for clarification and that's a little less socially desirable as well. Well, I wouldn't necessarily say that that's a reason that people shouldn't be included though, just because they have, for example, hearing loss or a neurodiverse condition that changes the way that they interact with other people. That doesn't change their value as people or their rights.

The last challenge we'll talk about is that being inclusive for neurodiverse people and including accommodations for neurodiverse people implies that maybe we should be doing that for other populations as well. We look at some of the data that Asha has put out on the breakdown in audiology by gender and by race, and we see that audiology is a pretty segregated profession. It implies that if we're gonna be more accommodating for neurodiverse people, we should also be more accommodating for example, people of color, men, people who are transgender in audiology and in healthcare. And I would say absolutely. I don't think that any of those groups should have unequal access to healthcare or the field of audiology because of their identity.

I think that we should include neurodiverse people in audiology and we should also work to include people who are transgender, gender diverse people of color and audiology better. There's also some practical considerations that we should think about as well. For example, there are some big benefits that we've talked about several times and Krzeminska. They have a really great write up on some of the benefits to including

neurodiverse people in a business. They do a really good job of showing that not only does it benefit society as a whole because it reduces public spending and assistance programs that are paid for by your and my taxes. It also improves innovation in the workplace and like Kate alluded to, it leverages the unique strengths of neurodiverse people.

There's been a few resources that suggest that neurodiverse people with the way that they think and process information may be particularly suited to diagnostics in healthcare and medicine. As a vestibular diagnostician myself, I can definitely say that no, it's a great fit for me personally. There's other practical considerations that we should think about. Possibly you're thinking, well, if I have a student that's neurodiverse or a colleague that's neurodiverse, are patients gonna be willing to see them? I can share that from my personal experience anecdotally, most patients just want to get their healthcare. They want the best possible hearing healthcare, and if that's someone who is neurodiverse or not, that's maybe a little less important. We also see some great literature by Bona in case they had a 2004 article that said that people with diverse identities often want to see other healthcare professionals with diverse identities.

If you have a neurodiverse professional in your practice and may attract other neurodiverse patients and be a new source of income and an economic opportunity that you wouldn't have necessarily had otherwise. We also see that in articles by Hoffman in 2019 and Lael in 2018, that healthcare workers with diverse identities are often particularly passionate about serving other patients with similar identities. You might find that neurodiverse professionals are really passionate about working with neurodiverse patients and can be a great asset to your team. At the same time, we're seeing that among neurodiverse people and in other marginalized and historically marginalized populations, we're seeing significant health disparities. And that's not the focus of this talk, but it is a big topic in public health and we see that having clinicians

that are neurodiverse and that work particularly well with neurodiverse patients can help reduce some of those health disparities.

That was a finding by Jackson and Garcia in 2014 and Malcolm in 2022. And they also found that many patients that wouldn't otherwise go to get healthcare services, like from audiologists would go if they have a provider with a similar identity. Having neurodiverse providers in your practice may not necessarily cost hesitancy from patients and may actually bring in new patients and new sources of income to your practice. Another consideration is especially for private practice, things are busy. Like my boss for example, she is the business owner. She sees patients sometimes she does scheduling, she does insurance work. There's only so much time in the day, but for accommodations for neurodiverse people, especially neurodiverse students, then actually a lot of it's managed by the University Disability Services Center.

Like we talked about neurodiversity isn't necessarily disability, but that is the name of the service center at a university for graduate students, like AUD students that are coming to your practice, that would be the center that handles a lot of those accommodations and the ones that you might handle as a preceptors working with neurodiverse students are things like, work learning and peer mentoring and they don't take a lot of time or energy at all. Some other considerations are that some patients can just be nasty. The literature is really clear that many people, especially healthcare trainees, are harassed by patients or their families in healthcare settings. There's less research in audiology specifically, but a comprehensive study really looking at all health or all medical students graduating in the United States found that about 60% over half of healthcare student or medical students reported harassment during their time in med school.

We have less information in audiology specifically, but Chris English and Don Nelson, they've recently been doing some great work investigating this. I've also found high

rates of student harassment in audiology. And we also see that this typically affects historically marginalized populations more. We see higher rates of harassment by patients among AUD students who are, for example, LGBTQ+ who are people of color, who are neurodiverse or immigrants or part of a marginalized religious community. We know that some patients are just really unkind and if you have neurodiverse students or colleagues in your practice, they may be particularly likely to experience that. There's some things that you can do. You as a preceptor, if you have a neurodiverse student or if you're working with someone who was particularly unkind to a neurodiverse colleague, some strategies that you can do are, you can educate a patient on how prejudice really isn't okay about how it's hurtful and that might actually be news to some patients.

Some people may not necessarily have thought about how what they're saying is really unkind and not okay. You can make that really explicit and be very clear with your patients so that there's no misunderstanding. This strategy I use relatively often when I have patients that get off track for harassment or other reasons are that we only have so much time and if a patient cares enough about their hearing healthcare to go to the appointment with you, then they probably really wanna get seen and get treated. So I remind patients that they came to the clinic for their appointment for a reason. So let's focus and make sure that we get everything done in the limited time we have.

We can redirect patients by in case history, if someone says something particularly unkind, we can redirect them by asking again about their case history and help them focus on the reason they came. We can reinforce more civil behavior by encouraging it when it does happen. And particularly for preceptors, I think it's really important to have a no tolerance policy for patient harassment. I believe that other writers in audiology like Chris English have also advocated for this, that when we, for example, as a preceptor have a student who experiences harassment, if we don't deal with that

or make it clear that that's not acceptable, the literature is clear that that scene is tacit agreement with the harassment.

That's not something that we necessarily want as preceptors because it makes students like Chris English found in one of their papers that it makes students feel unsafe and we need to avoid that in our clinics. It'll drive people with historically marginalized populations out of the field of audiology by increasing stress and burnout. And we've already talked about the benefits to having people with those identities in audiology. Do remember that if you experience this or if you see it, it's important to practice self-care too. And that doesn't necessarily mean a bubble bath or something like we often see or think about when we initially think about self-care. It can also mean a healthy diet, it can mean exercise.

Make sure that when you're experiencing stress and burnout, whether it's from harassment or not, make sure that you're practicing self-care as well. There's a couple other considerations. And the first one that I wanted to talk about is that the intersectionality of neurodiversity is worth considering too. Intersectionality is how when we have several different identities, they interact and the experiences that we have aren't just a sum of the different identities that we have. Someone who is for example, black and transgender, would have different experiences than someone who is black and cisgender or Native American and transgender. The identities that we all have interact in different ways. Neurodiversity interacts with race and ethnicity in the way that people who are people of color, they experience both racism and ableism and they experience not just those challenges, but also intersecting more significant challenges than people with just one of those identities.

We also see intersectionality of neurodiversity with sex and gender, like Kate talked about. We see that females with autism are underdiagnosed and later diagnosed because a lot of research on autism didn't actually include women and girls. We know

that the conditions that we have are affected by our gender and our sex and we see things like for example, as a vestibular audiologist, I think about things like the roles of sex hormones in vestibular migraine and hearing loss. We know that sex does have an effect on things like, for example, presbycusis, noise-induced hearing loss, vestibular migraines and many other conditions. And it also affects neurodiversity. So we can be aware that if we have, for example, a student who is in our practice and we're precepting them, if they are neurodiverse, then if they have another identity that's also historically marginalized, they may have different experiences, they may have unique experiences and that might require some special consideration. Let's talk about some practical next steps. Kate, I'm gonna turn the microphone over to you.

- All right, before we get into some next steps and what is a disability? I want to add kind of a success story. So when I was in school, I was told that I could not be a successful audiologist. However, I'm stubborn and didn't let that get in my way. And now I'm seeing kids with auditory processing disorders and after they're diagnosed and getting treatment, I'm seeing their reading levels jump two or three grade levels in just a couple of months. I call that a success. If I can help neurodiverse people get the accommodations they need, that's a success. So moving forward. So the first. The World Health Organization has a framework for disabilities. There are five factors that all work together to create a disability.

The first is bodily function and structures. And these are some examples of one of neurodivergent person's bodily function. So intellectually bright, difficulties with attention, sensory challenges. The second is activities of daily living, which include for the neurodiverse person, limitations include sitting through a longer meeting. To solve this, accommodations might include sanding rather than sitting fidgeting with something small and quiet or being allowed to multitask during a meeting. And when I say multitask, I mean low energy, low brain power tasks like sorting domes. The third is participation in activities and others. So this person enjoys work events with others, but

may need some support, which may include a quieter venue or advanced notice. And the fourth is environmental factors.

An environmental or an environment that is set up for neurodivergent success includes a supportive and understanding boss and coworkers, colleagues. Ability to move around during appointments with patients and being able to take off shoes at their desk when patients are not around. And this is a sensory issue. And the last is personal factors that may or may not have anything to do with the condition, but do play a role in this person's life. So one of the main things to stress is a condition can only be a disability if there are roadblocks to prevent success and no accommodations. So one other example of this is medications. So a lot of people ask, if you don't think neurodiversity is a disability, how do you feel about medications?

So I like to think of it as deaf people don't see themselves as having a disability, but they do wear hearing aids in the hearing world to communicate with hearing people. Neurodiverse people don't all see ourselves as having a disability, but medications also may help some characteristics while working in a hearing world. So whatever helps for that person is gonna be the best course of action for them and it's always gonna differ. It is important to know that neurodiverse people have always existed in settings of higher education and innovation. Famous neurodivergent people include Albert Einstein, Steve Jobs, Bill Gates, they're all neurodivergent and they are not the exception. There's also Thomas Jefferson, Emma Watson, Emily Dickinson, Mozart, Carl Sagan, Jerry Seinfeld, Sir Isaac Newton, Henry Ford and lots, lots more.

So this isn't a new thing. It goes to show that we should be listening to neurodivergent people. And neurodiverse people should be leading in creating inclusive education and clinical environments, not just being asked their opinions. So another thing that I wanted to show here is the old autism symbol was a puzzle piece. However, my body is not made of puzzle pieces. So the current new sign for neurodivergence is this

rainbow infinity sign. And you might see it in different colors, meaning differences in autism or ADHD or any other of the neurodivergence. There are more examples of accommodations. So we'll go into that. So vocational training is great for kids that are going out into the workforce, exam procedure, modifications, assistive listening technologies, counseling services, work-based.

Learning strategies, peer mentoring, transition planning, note taking, writing assistance, and all these can be easily done with just a meeting or so to set up. All right, so I've got some tips for neurodivergence working in a neurotypical world. If you're not sure if you're neurodivergent, but wanna find out, I recommend embrace audiology. Embrace audiology is a website that has a multitude of tests and screeners for autism, ADHD, all kinds of things. And it's more inclusive to neurodivergent people. And it also includes some self surveys as well. All right, so there are many neurotypicals who are not going to do the research to understand the neurodiverse person. And that does not make it your responsibility to educate them, find a more inclusive environment.

You cannot change bigotry all on your own. You'll get burnt out. So neurodiverse people are more easily burnt out. And more often happen to explain themselves and overthinking things and overexplaining more. And that's not our job. If we were to be able to feel comfortable as neurodivergent people, we should be able to unmask when we're alone, feel comfortable in our environments and not get burnt out. So unmask, when not with patients to reduce burnout, take off your shoes that are bothering you. It will not hurt anyone. And don't smile if you don't want to, the world will not end if this upsets somebody. Put on your headphones when writing. This will help with the concentration aspect.

And don't worry about other people being offended by you putting headphones on 'cause that's not the problem, the task at hand is the report that you're writing or whatever else that's going on. Hide in an empty audio booth when sensory overload

happens. I do this about once a week. It's pretty great. Just close the door, have a little silent moment. Refresh, recharge, takes about 30 seconds. Bring a fidget toy to meetings. I have a few. And another one is disclose your neurodivergence, which can be hard in some cases. It's a whole lot healthier than hiding in the neurodivergence all day. If you fear facing repercussions just for being you, go to HR or the Office of Students with disabilities, first, they'll help you come up with things that you wanna say, your own goals, the accommodations that you need.

You'll just have all of that prepared before going into whatever meeting with boss, colleagues, supervisors, schools whatever. So you do not have to provide your diagnosis. Neurodivergent is sufficient. So you do not have to say, "I'm autistic, or I have ADHD or I am dyslexic." That's not anybody's business but yours. What is the business of other people, is the accommodations that you need. Use more detailed patient intake forms if you forget things. 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. 'Cause there are things that we can do that are not... I forgot the words, hold on. There are things that are uniquely us that we can provide that neurotypicals wouldn't be able to.

So use those superpowers. Having a divergent brain is beneficial to schoolwork and just in general society. So being proud of it and using it for clinical work, research is going to get us very far. And that is success.

- All right, that brings us to the end of our talk for today. Thank you so much for joining us. We believe this is an important topic and I'm so glad that we could share this and I'm so glad that you could learn more about this. All right, that's the end of our talk. I'll turn it over to our moderator to finish.

- [Christy] Thank you so much to the both of you. I think that was just so important for our profession to think about all of these things. We value your time. We hope you enjoyed this course. Thank you so much for joining us today on AudiologyOnline.