



**Learn to PLAY**

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# The Neurodiversity Movement and Learn to Play Therapy

The Neurodiversity Movement is increasingly influencing practice and research. The term neurodiversity was first used by Judy Singer in 1998 (Baron-Cohen, 2019; Leadbitter et al., 2021). The Rosie Result, the third novel in the Rosie series by Graeme Simsion published in 2019, has a chapter (Chapter 8) where Don Tillman and Rosie attend a meeting of the Autistic Community. While the term neurodiversity is not used in the chapter, the principles of this movement are translated through the conversations between 'Black T-shirt' and others at the meeting. The Neurodiversity Movement is having a wide reach. The Neurodiversity Movement challenges the assumption that autism is a disease or disorder and needs to be prevented, treated or cured (Baron-Cohen, 2019). Baron-Cohen contended that there is a heterogeneity within the autistic community and an argument for the terms 'disorder', 'disease', 'disability', and 'difference' to be applied where appropriate. Others would disagree or agree (for a range of views see Costandi, n.d; Fagan, 2020; Kapp, 2020).

Much of the information on the Neurodiversity Movement is directed at or provided by adults. Learn to Play is an organisation that focusses on children and their caregivers. Because we see the Neurodiversity Movement as an important shift in attitudes and thinking for working with children with autism\*, we are taking this opportunity to explain our position. We believe that the Neurodiversity Movement has positive strengths because autistic people and children with autism are not pathologised and their strengths are recognised.

In our understanding at this time, the values of the Neurodiversity Movement are:

- Variation in neurological development and functioning (neurodiversity) is natural and valuable to human diversity.
- There is variability in types of brain and cognitive functioning, and all should be accepted. A 'right' or 'normal' style of neurocognitive function is culturally constructed.
- An unaccommodating environment and interactions within the environment must be considered, with difficulties not solely (or not at all) explained as within the individual.
- Autistic individuals should be accepted and appreciated for who they are and not 'normalised'.

A paper by Leadbitter et al. (2021) is the only paper we found that discussed implications for early intervention with children with autism and the Neurodiversity Movement. In this paper, they advocated for interventions within early childhood that:

- do not 'cure' or 'normalise' children with autism;
- improve the child's 'goodness of fit' within their social and physical environment;
- support resilience, happiness and joy;
- and promote autonomy.

Leadbitter et al. (2021) highlighted calls from within the Neurodiversity Movement for interventions and research that: improves mental health, improves quality of life, changes language (eg, to identity vs person first), identifies causes of distress and intolerance of uncertainty, and reduces anxiety.

### **So where does Learn to Play Therapy and play assessment fit in this?**

In the past few months, we have had some reflective and thought provoking discussions with participants at our workshops. Autistic practitioners have thanked us for the work we do within Learn to Play, as it improves quality of life for children with autism (or autistic children, depending on where you sit in the neurodiversity movement). Others have questioned person-first vs identify-first language (we now use identity first language for adults, however when referring to children we have left this open - depending on our audience). One person has enquired about the view that Learn to Play is 'normalising play'. We strongly reject the viewpoint that Learn to Play is 'normalising play'. Learn to Play is not about 'normalising play'. Learn to Play is a complex therapy process that engages the individual within the sphere of their interests and their developmental strengths to continue to support the individual's capacity for engaging with resilience, autonomy, happiness and joy within their social and physical environment.

Learn to Play training, products, and support (such as supervision), are developed for practitioners who work with a diverse group of children, their parents/carers and teachers, no matter their neurodiverse background. There are also support resources for parents and carers. In regard to autism, Learn to Play recognises all children with autism are unique in their individual preferences and strengths. All children we have worked with have different skills, capabilities and interests.



Learn to Play Therapy starts with understanding the child, what the child's interest are, how the child currently navigates their social and physical environment, and how the child plays. This is through an intake process with the parent/carer and the practice of using an evidenced based play assessment. The Developmental Framework used for the pretend play assessment is a very small, yet important component within Learn to Play and can be viewed on the surface as 'normal play' or 'normalising play'. This is not how we see it or use it, or how it is presented. The framework provides the practitioner with an understanding of how the child plays and what the child's play capabilities are. It provides the practitioner with information on how to engage with the child in play. Play is the primary activity that all children have the right to engage in. Understanding how children play provides a key understanding for who they are, their strengths and capabilities, and how they navigate their social and physical environment. This understanding should translate into practice, as the practitioner provides an environment that includes play activities for the child that meets the child's developmental needs, reduces their anxiety, decreases stress, increases a sense of safety, and brings some joy.

The developmental framework of pretend play informs the practitioner as to the appropriate level of complexity for the play activity and how to engage WITH the child to extend their capabilities, not to normalise, but to enhance their capacity for resilience, autonomy, happiness and joy. The framework provides the practitioner with information on the child's play capabilities, which play skills to scaffold to meet progressive stages of play complexity, and which play skills to support. Learn to Play Therapy is about responding to the child, shifting what happens in a session in response to the child's interests, state of regulation, their level of stress and anxiety, and their engagement in play.

Learn to Play Therapy is about building a child's understanding of the intentionality of the play for themselves and to recognise the intentionality of the play in others. In our experience, this brings joy and decreases levels of anxiety. Children can then transfer these capabilities to other environments where they can recognise play in others and choose whether they want to join in or not; and decide what toys they want to play with by themselves, or how to respond when another child comes to join them in play. Fundamentally this is about increasing the child's capacity to develop a strong sense of self in engaging or choosing not to engage with others. Increasing these capacities in childhood are foundation skills for further development later in life, as autistic adolescents and adults develop further in their emotional connections within relationships (partners, friends, family), and increase in their independence within the community.



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Learn to Play Therapy and play assessments have theoretical underpinnings (and thus philosophy) based on child-centred practice (Stagnitti, 2021). A key principle of the Learn to Play therapy process is that the child is able to self-initiate their own play and play ideas. Virginia Axline's 8 principles on being child-centred is strongly influential in administration of the play assessments as well as the stance/attitude/engagement of the practitioner. The child and parent are respected, accepted, and seen as capable. In Learn to Play Therapy, the aim is for the child to become autonomous in how they play, and how they choose to play with others.

Finally, our evidence base, including both qualitative and quantitative understandings, have highlighted that children become much happier and joyful, and less anxious in play as they increase their understanding of the meaning or intentionality of the play. The emotional engagement of a child is critical - if a child is not experiencing pleasure, interest, or joy, then the practitioner needs to change what they are doing to be more responsive.

Learn to Play aims to improve a child's quality of life because building pretend play capacity for a child with autism brings increases in meaningful language, increases in social capabilities, and decreased anxiety within the scope of their own potential. Children begin to understand what other children are doing in play. Children increase in their own self-initiation of play ideas and choose what they wish to play. This, we believe, is an increase in quality of life and joy, with increased autonomy in environments where other children are playing, including siblings at home.

For each child we work with, the therapy is tailored and responsive to the strengths, interests and needs of the child. While we play with them to build play capabilities, each child's session is very different, in response to the child. So, essentially, Learn to Play Therapy is about engaging and playing with children who are neurodiverse, so they can learn to play in their own way by understanding the intentionality of the play and enjoy meaningful interactions in play.

#### Learn to Play Therapy

- does not aim to 'cure' or 'normalise' children with autism, but rather, aims to build capabilities of children with autism so that there is an improvement in the child's 'goodness of fit' within their social play environment;
- supports resilience, happiness and joy through building spontaneous self-initiated pretend play ability;
- promotes autonomy through child-centred practice and a child's understanding of the intentionality of the play.



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Learn to Play Therapy is NOT instructing or getting a behavioural response from the child (eg, put the teddy in the truck and push the truck). This is meaningless, stressful for the child with autism and does not support growth in their individual capacity for autonomy, happiness, joy and meaningful participation.

Learn to Play Therapy is not suitable for all children with autism. It is only suitable for children who have at least one meaningful word/gesture/focussed attention, and who have at least some skills at the 12-month general developmental level. If children do not have either of these, then Learn to Play Therapy is inappropriate. Other approaches such as DIR Floortime® or Theraplay® would be more appropriate.

We are planning for certification for Learn to Play Therapy. By certifying practitioners who wish to use Learn to Play Therapy in their practice, we can ensure that practitioners are working in a child-centred way in response to the child and NOT turning the therapy towards a behavioural response. We hope to have information on certification in 2023.

\*We use the term 'children with autism' in this article because children have yet to decide whether they prefer identity-first language. The term 'autism' is used as it is more neutral.



## Sources of information

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