Neurodiversity-Affirming Support Framework for Schools (NASF): Reshaping Accommodations and Special Education Supports.

Guide for Redesigning Functional Behavioral Assessment (FBA) and Behavior Intervention Plans (BIP) to meet the needs of PDA, Autistic, and Twice Exceptional Students
By Dr. Jennifer Huffman, Neurodivergent Neuropsychologist, The ABLE Center

A student's functioning at home and school is never *just about behaviors*. The Neurodiversity-Affirming Support Framework (NASF) is designed to re-imagine the outdated strategies that are focused on behaviors, and behavior management, toward a new process more appropriate for PDA and Autistic students. The new process aims to more holistically understand and support complex neurodivergent students in the classroom.

Evolving our understanding of how to conceptualize and support neurodivergent children at school will not only help the student, but also their peers and their teachers in the school setting. It can also help reduce the burden of stress on caregivers when children return home from school and are too overwhelmed to function or who are prone to internal or external meltdowns/shutdowns.

Dr. Huffman's ultimate goal is to provide a better pathway to long term educational and occupational success for complex neurodivergent student, regardless of their neurotype.

What is the Neurodiversity-Affirming Support Framework (NASF)?

The Neurodiversity-Affirming Support Framework (NASF) represents a paradigm shift away from traditional behavior-focused approaches to one that values and affirms the diverse ways in which individuals experience and interact with the world. The goal is to support the whole person, focus on their strengths, and better understand their needs beyond the behaviors. To work together with the school team to create an environment where students with PDA, Autism, and Twice Exceptional profiles can succeed. At its core, it is designed to be both neurodiversity-affirming and PDA affirming.

The NASF is an educational approach proposed by Dr. Huffman after her more than 25 years of working with neurodivergent students across school settings: public school, private school, homeschool, and higher education. Her model is inspired by the understanding of neuropsychological and psychosocial functioning of neurodivergent children at home and school. While this approach could be used for any neurodivergent individual, it is particularly focused on supporting students with a Pathological Demand Avoidance (PDA) profile, Autism, or Twice Exceptional students (2e); student who historically have underperformed, struggled with attendance, and ultimately left formal brick and mortar schools for alternative options. Further, these are often students who present with school-related trauma/stress which can impact their willingness to continue higher education and adversely impact their occupational success. Unlike traditional educational methods that primarily focus on identifying and modifying behaviors, the NASF framework emphasizes a holistic understanding of each individual's needs, strengths, and perceived challenges in the educational environmental context.

The focus of this educational program is to provide information to support the student in the educational setting through better understanding of the obstacles to their success. Including a better understanding of what is often perceived as challenging behaviors, noncompliance, or oppositional behaviors in the school setting. At a minimum, this approach is designed to provide an alternative to the traditional functional behavioral assessment and behavior improvement plan process in school for these students who need a more nuanced approach. The ultimate goal, however, is better support for complex neurodivergent children, which in turn will hopefully improve their educational functioning, decrease their masking and anxiety, minimize their distress when returning to their home setting from school, and reduce the exodus of neurodivergent children away from the public and private community school system.

Introducing the Neurodiversity-Affirming Support Framework (NASF) for Schools

MODIFYING THE BEHAVIORAL-FOCUSED FBA/BIP INTO A NEURODIVERSITY-AFFIRMING SUPPORT FRAMEWORK (NASF) FOR PDA, AUTISTIC, OTHER-NEURODIVERGENT STUDENTS

Step 1: Education Phase

SCHOOL STAFF/TEACHERS/ADMIN EDUCATION ON THE NEURODIVERSITY AFFIRMING UNDERSTANDING OF PDA, AUTISM, & OTHER NEURODIVERGENCE.

Step 2: Connection Phase

ESTABLISH SAFETY AND CONNECTION WITH STUDENT. YOU MAY NEED TO RESTORE RELATIONSHIPS!

Step 3: Assessment Phase

COLLECT COMPREHENSIVE DATA ON THE STUDENT'S HISTORY, PREFERENCES, & STRENGTHS. CREATE A PDA PROFILE.
FOCUS ON THE **INTERNAL** PROCESS OF THE CHILD WHICH IS RESULTING IN **EXTERNAL** BEHAVIORS. ASSUME THEY DO THEIR BEST.!

Step 4: Planning Phase

DEVELOP PERSONALIZED SUPPORT STRATEGIES FOR STUDENTS THAT ARE PROACTIVE RATHER THAN REACTIVE USING THEIR UNIQUE PROFILE.

Step 5: Implementation Phase

APPLY TRAUMA INFORMED, PDA-AFFIRMING STRATEGIES ACROSS HOME AND SCHOOL.

Step 6: Review & Adaption Phase

REVIEW THE PLAN'S EFFECTIVENESS WITH THE SCHOOL TEAM, PARENTS & CHILD

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Components of the Neurodiversity-Affirming Support Framework (NASF):

• **Individual-Centered Understanding**: NASF is designed to recognize the unique neuropsychological profile of each student. It is designed to understand the individual's experiences, preferences, triggers, and coping mechanisms. The more internally-focused and holistic understanding will guide the creation of personalized strategies that truly support the individual.

• **Strengths-Based Approach**: Rather than focusing solely on identifying and changing challenging behaviors, the goal of the NASF is to provide a plan to understand the student's strength and abilities and how they inform their internal process.

• **Collaborative Involvement**: Completing a NASF for a student involves collaboration between the student, their family, teachers, and healthcare professionals, when appropriate. This team approach ensures that everyone has input from their respective specialty and unique understanding of the student and that the team can collaborate on their behalf for the best possible outcomes.

• **Flexible and Adaptable Strategies**: Understanding that what works for one student might not work for another, therefore, the NASF promotes flexible strategies tailored to the individual student's changing needs and circumstances.

• **Affirming Neurodiversity**: The NASF is based on the principle that neurological differences are a part of human diversity. It affirms and respects these differences, working to create environments where neurodiverse individuals can thrive.

• **PDA Affirming**: The NASF is based on the understanding and implementation of how Pathological Demand Avoidance, Autism and Twice Exceptional students present across settings and the appropriate supports, accommodations, and modifications to the environment to better support the child.

Benefits of Implementing a Neurodiversity-Affirming Support Framework:

• **Enhances Understanding**: By focusing on a holistic profile of the student, educators and parents can better understand why certain behaviors occur at school (as well as home) and the underlying factors that initiate, support, and reinforce the behaviors.

• **Positive Environment**: Affirming a student's unique neuropsychological profile helps in creating more positive and inclusive learning and living environments.

• **Empowers Students**: By recognizing and building on strengths, students feel more empowered and supported by their school team.

• **Collaborative Success**: With a team-based approach, there is unified support, reducing conflicts and ensuring consistent strategies across different settings.
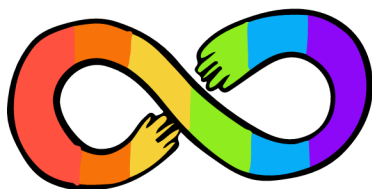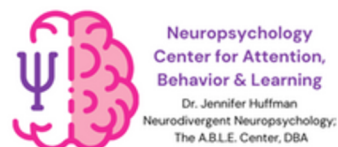
Recommended Practices:
Implementing the Neurodiversity-Affirming Support Framework in School

• **Education Phase**: Teachers, Staff, and Administration are Educated About Neurodiversity, Autism, PDA, and Other Neurodivergent Concepts

Learning about PDA and identifying children with possible PDA in the classroom is an important first step, these strategies can be implemented even without a diagnosis. See the following for information about identifying PDA in students.

Checklist for Identifying Signs of Pathological Demand Avoidance (PDA) in Students

• **Connection Phase**: Connecting and engaging with the student and restoring relationships will be needed in order for the NASF to be successful in improving school, and often by extension, home functioning.

• **Assessment Phase**: Collect comprehensive data on the individual's history, preferences, strengths, and challenges through observations, interviews, and questionnaires. This includes assessing the current school based plans and determining the successes and on-going challenges with that plan.

• **Planning Phase**: Develop personalized support strategies that are proactive rather than reactive. Consider connection levels with staff, sensory needs, communication preferences, and emotional regulation techniques. Create specific plans based on understanding of the unique neuropsychological profile of students with PDA, Utilize into the plan specific strategies focused on equalizing behaviors, demand avoidance, declarative language use, and a trauma informed approach to periods of dysregulation.

• **Implementation Phase**: Apply the strategies in school and request feedback from school and community providers regarding changes in presentation across settings to identify possible changes related to school-based initiatives.

• **Review and Adaptation Phase**: Regularly review the plan's effectiveness through ongoing communication among team members, school team, parents, individual, community providers, and make necessary adjustments to better support the individual.

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Modifying a FBA/BIP to NASF Guidance Tool for Children with PDA
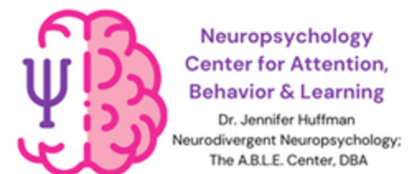
Step 1: NASF Education Phase
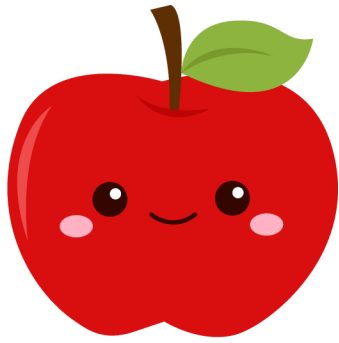*Teacher/Staff Education About Neurodiversity and PDA*

• Learn about Neurodiversity and PDA: Understand the general Pathological Demand Avoidance profile and how it may impact home, school, and social functioning.

• Check your local state education department website for webinars and professional development training opportunities related to neurodiversity affirming and trauma informed school practices.

• Learn about the PDA Student's Unique Profile: Each PDA individual is unique in their strengths and obstacles. Use the recommended PDA exploratory guide to learn more about your student.

• Evaluate the School's Level of PDA and Neurodiversity Understanding: Schools who acknowledge PDA but do not modify the environment are not truly supporting the PDA student. To be truly PDA-affirming, schools must understand PDA, recognize it in their students (even when no formal identification has occurred), and be prepared to implement PDA appropriate supports and accommodations in the school setting to supports the child's functioning in that setting.

Step 2: Connection/Restorative Relationship Phase
Building Trust and Rapport and Repairing Damaged Relationships.

• Establish a Safe Environment: Ensure the student feels safe and understood. Build a trusting relationship before starting the assessment.

• Collaborative Approach: Involve the student, family, and other key stakeholders in the process to gather comprehensive insights.

• Student Engagement: When the student is comfortable with you, join into their world by learning and engaging in their interest along side them, then moving toward interacting with them when they are comfortable, and then introducing more varied topics that interest them. The student should not have to enter your world/engage with your interests to connect with you.

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Identify My Safe Person at School

Once you identify a safe person at home, you learn that you need to find a safe person for you at school, too.

Sometimes this is harder because you may have felt a lot of frustration at school and that can make it hard to trust someone there and feel safe.
Please don't lose hope!

It is still possible to find our person and feel safe again at school, but **the school will have to help you**. We may need help fixing hurt relationships, knowing how to ask for help when we need it, knowing what interventions or accommodations we need, and knowing how to get access to our safe person when we need them. Having these things will help make school feel safe for us again.

Your safe person could be a teacher, social worker, even the principle.

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Step 3: ENGAGE! NASF Assessment and Planning Phase
Translating an FBA/BIP to the NASF : Focus on the INTERNAL process of the child which is resulting in EXTERNAL behaviors. Gather student-focused information through student self-reports, play sessions, and diagnostic interviews to highlight the students voice as much as possible.

A. Gather Comprehensive Data

• Behavioral Observations: Observe the child in various settings to identify patterns and triggers. Note the context, antecedents, behaviors, and consequences. Observe for signs of trauma reactions, equalizing behaviors, and verbal and nonverbal safety cues between individuals (teachers/staff) in the environment and the child.

• Interviews and Questionnaires: Use trauma-informed interview techniques to gather information from the child, parents, teachers, and other relevant individuals. Focus on understanding the child's perspective and experiences.

• Review Records: Examine the child's history, including any trauma or adverse experiences, to understand potential underlying factors influencing behavior.

• Ask the Student: Once you have established a relationship with the student, allow them the opportunity to share their challenges and what they feel that they do well. If you connect with them and incorporate them into the overall plan, they will be a more active participant and you will make progress faster at reducing their overall stress (and therefore the stress within their classroom).

• Create a PDA Profile: Using the provided PDA profile worksheet, create a PDA profile for your student and connect the underlying challenges (sensory, communication, anxiety, executive functioning, learning, social, emotional differences, etc.) that may both support and adversely impact their functioning in school (See below).

• Be Aware of Home Functioning: This profile must include home functioning, as when a child attends school, stress at home in a PDA or Autistic child is intrinsically related to their stress at school (often hidden by masking).

• Be Aware of Masking: Children with PDA and Autism are prone to masking or camouflaging their true selves. This is often associated with trauma responses that make them appear to be a "perfect student." Just because those students do not show external meltdowns or are disruptive to the class/environment, this does not mean that the impact on them is any less problematic. In fact, these are the children who will show severe dysregulation at home despite "being on their best behavior" at school. Remember that home stress for a PDA'er or Autistic student is a school issue.

B. Identify Triggers and Functions

• Analyze Data: Look for patterns in the data to identify specific triggers, the presence and likely purpose of equalizing behaviors and the functions of the behavior (e.g., avoidance, seeking control, reducing anxiety).

• Consider Trauma Impact: Recognize how past trauma may influence current behaviors and responses. Understand that behaviors may be coping mechanisms. Evaluate the level of stress from school-based incidences and the individuals involved that could be contributing to a heightened stress response in the school system. Monitor for fight, flight, freeze, fawn, and feigning responses. Be aware of perceived threat.

• Consider the School Environment: Examine relationships/connections, sensory overwhelm, ability to access breaks, level of autonomy, level of dysregulation the overall classroom or environment, and learning, social, and executive functioning challenges and demands in the classroom.

Overview

Each individual with PDA is different. Often what one observes externally in a child provides little information as to the complexity of challenges occurring internally.

An understanding of underlying strengths and challenges is needed. Use the following guide to identify and summarize what is known about a child and what is needed to be explored.

PDA Neuropsychological Profile Summary

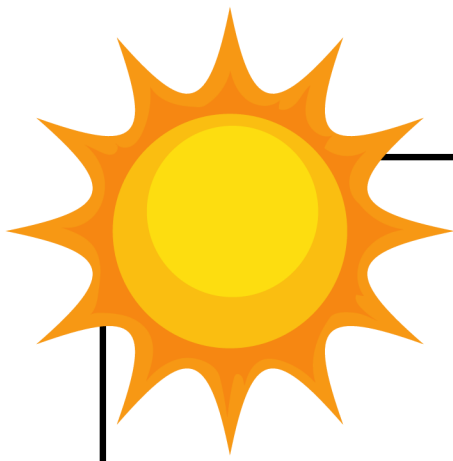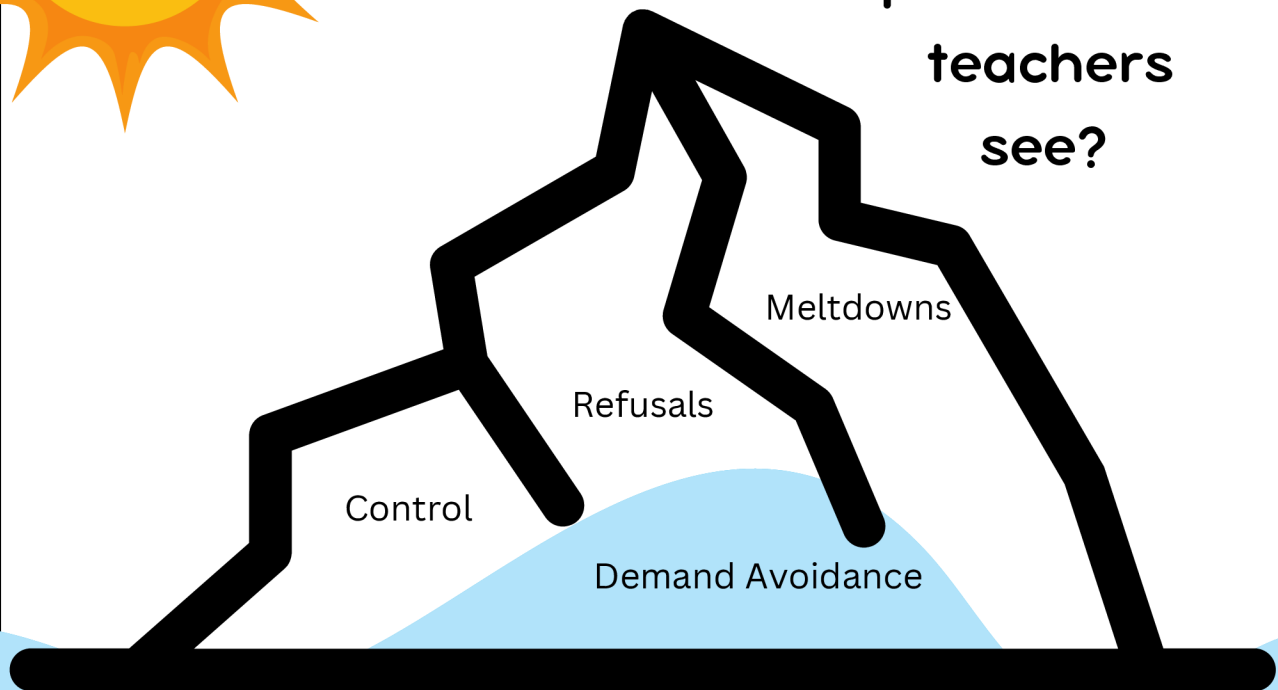|	
Cognitive	
Executive Functioning	
Language	
Attention	
Memory	
Academics	
Social	
Emotional-Behavioral	
Motor	
Sensory	

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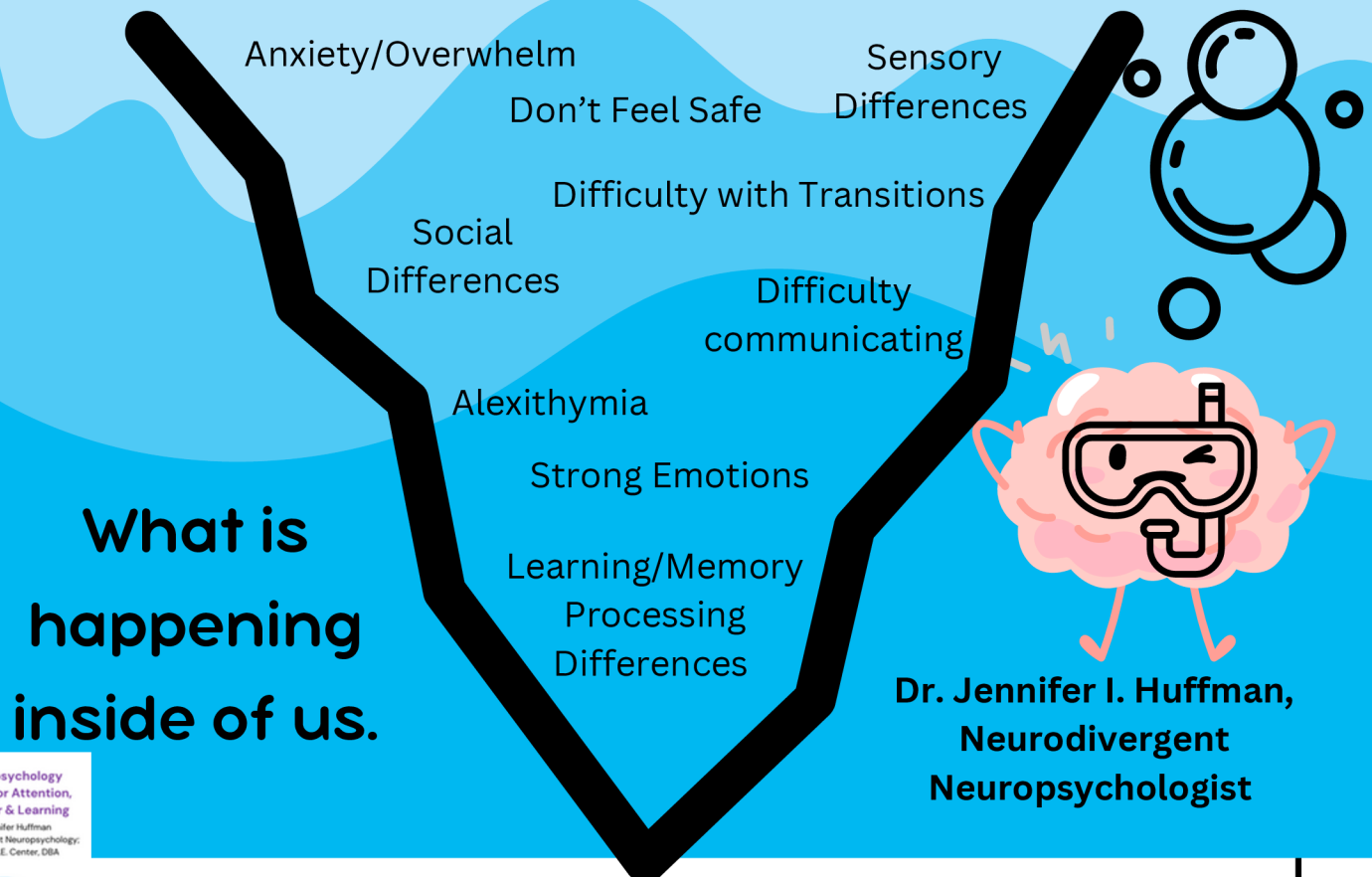Neurodivergent Neuropsychology;
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PDA Iceberg for Children

What do parents and teachers see?

Meltdowns

Refusals

Control

Demand Avoidance

Need for Autonomy — Desire for Fairness/Equity

Anxiety/Overwhelm

Sensory Differences

Don't Feel Safe

Difficulty with Transitions

Social Differences

Difficulty communicating

Alexithymia

Strong Emotions

What is happening inside of us.

Learning/Memory Processing Differences

Dr. Jennifer I. Huffman, Neurodivergent Neuropsychologist

C. Identify the Neurocognitive Aspects of PDA to Support the Student's Functioning

• *Attention*
Chunking Tasks: Break tasks into smaller, manageable chunks to help maintain attention and reduce overwhelm.
Visual Supports: Use visual schedules and cues to help the child stay focused and understand what is expected. While some people also use timers, this usually only works when the child picks the timer options and does not experience demand avoidance or extreme anxiety from the feeling of pressure.
Frequent Breaks: Allow for frequent, short breaks to help the child reset and maintain attention.

• *Learning*
Multisensory Instruction: Use a variety of sensory inputs (visual, auditory, kinesthetic) to cater to different learning styles and enhance engagement.
Repetition and Reinforcement: Provide repeated opportunities to practice skills and reinforce learning in different contexts.
Scaffolded Support: Gradually reduce support as the child becomes more competent, ensuring they feel successful at each step.

• *Executive Functioning*
 Goal Setting: Help the child set small, achievable goals and celebrate their accomplishments to build confidence and motivation.
Organizational Tools: Provide tools such as planners, checklists, and graphic organizers to help the child plan and organize tasks.
Self-Monitoring: Teach the child self-monitoring techniques to help them recognize and manage their own behavior.
Shifting: Evaluate the child's ability to shift from one task or activity to another.
Determine if they benefit from extra time, prompts, or cues to shift or if they need to be allowed to shift at their own pace.

• *Processing Differences*
Pacing: Allow the child to work at their own pace, providing extra time as needed to process information and complete tasks.
Simplified Instructions: Use clear, concise language and check for understanding to ensure the child comprehends instructions.
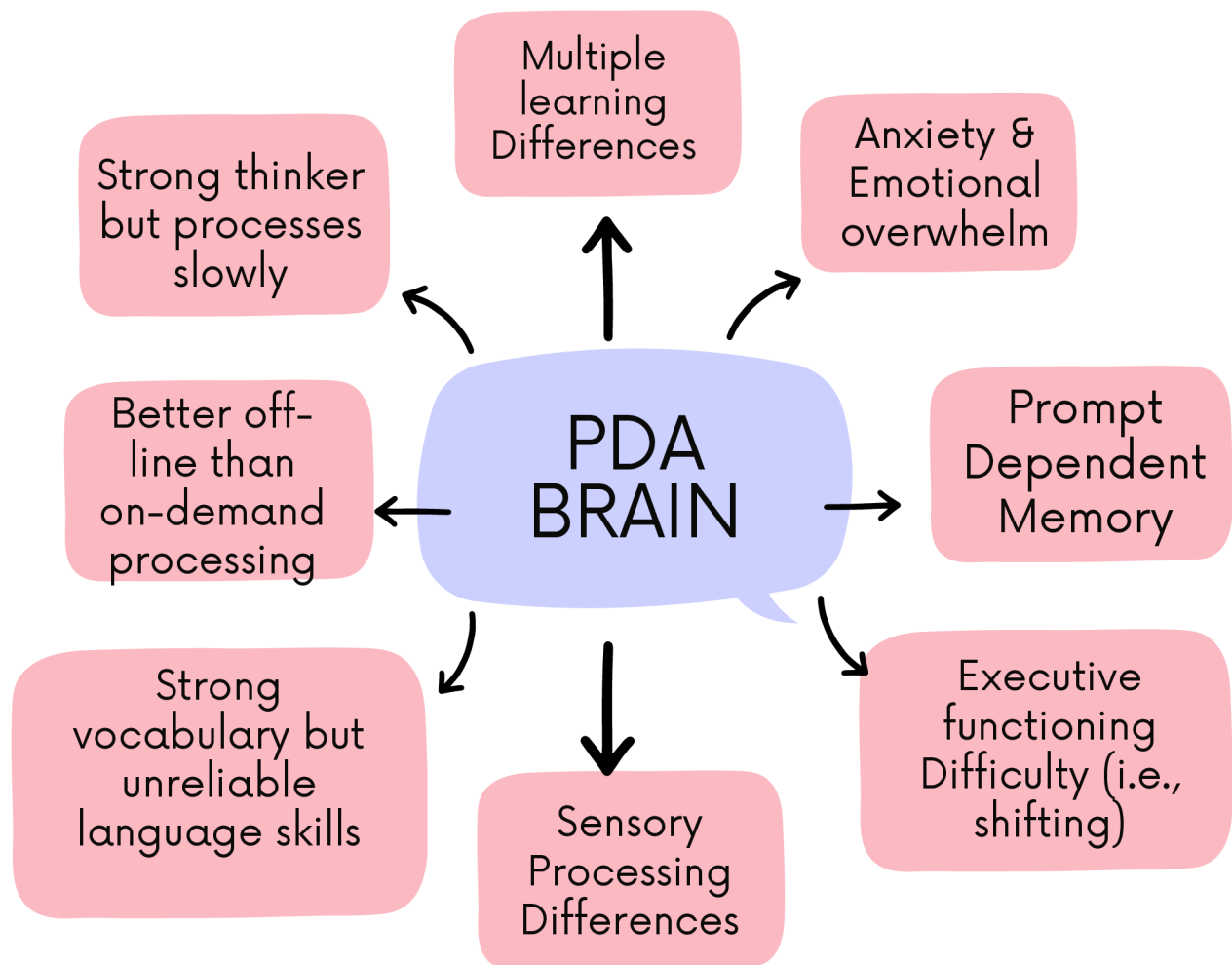Alternative Assessments: Offer different ways to demonstrate learning, such as oral presentations, projects, or visual representations.

D. Hypothesize Function
Develop Hypotheses: Formulate hypotheses about the function of the aspects above, considering both the internal processes and external observable behaviors.

Proposed Neuropsychological Profile of PDA

Based on Dr. Huffman's work with many PDA'ers across the lifespan, she has identified that many children and adults have a similar neuropsychological profile.

Strong thinker but processes slowly

Multiple learning Differences

Anxiety & Emotional overwhelm

Better off-line than on-demand processing

PDA BRAIN

Prompt Dependent Memory

Strong vocabulary but unreliable language skills

Sensory Processing Differences

Executive functioning Difficulty (i.e., shifting)

Step 4: NASF Implementation Phase: **Determining how to put the NASF into action**

A. Incorporate Trauma-Informed Practices into Interventions
• Reduce Demands: Minimize direct demands and provide choices to reduce anxiety. Use indirect requests and collaborative problem-solving approaches.
• Create Predictable Routines: Establish consistent and predictable routines while allowing for flexibility to accommodate the child's need for control.
• Teach Coping Skills: Introduce and practice coping strategies to help the child manage anxiety and stress. This could include mindfulness, relaxation techniques, and self-regulation skills.

B. Modify the Environment
• Safe Spaces: Create safe spaces where the child can retreat when feeling overwhelmed.
• Safe Person: Identify who the child's safe person is at school and determine their access to them throughout the day. Modifications to access may be needed as well as determining how the child can request access to their safe person without using words when unable to do so.
• Sensory Considerations: Consult with the school or districts occupational therapist to evaluate sensory safety and need for sensory diet. Address any sensory sensitivities by modifying the environment to reduce sensory overload.
• Demand/Task Modifications: Lower demands, increase choice, allow for the modification of activities to be interest-based activities, allow for technology to be used as needed. Modify language using the declarative language model.

C. Positive Reinforcement
• Individualized Rewards: Use individualized and meaningful rewards that do not add pressure or feel like demands. Focus on intrinsic motivation and positive reinforcement that is important to the child. Use their interests!
• Celebrate Small Successes: Acknowledge and celebrate small steps and successes to build confidence and resilience. However, this may also feel like a demand to the student, so monitor their reaction to positive reinforcement and modify accordingly.

D. Team Problem-Solving
• Involve the student, caregivers, special education team members, and service providers: Collaborate with the student and this problem solving team to develop solutions and strategies. Empower the student by giving them a sense of control and ownership over their support plan.
• Regular Check-Ins: Schedule regular check-ins to review progress, make adjustments, and provide ongoing support.

E. Supportive Relationships
• Build Strong Relationships: Foster strong, supportive relationships with trusted adults who can provide consistent and empathetic support.
• Trauma-Informed Training: Ensure that all staff working with the child are trained in trauma informed practices and understand the PDA profile.

F. NASF Review and Adaption Phase
• Continuous Monitoring: Regularly monitor the effectiveness of the NASF and make necessary adjustments based on the child's progress and changing needs. Be prepared to adapt strategies as needed, maintaining a flexible and responsive approach to the child's needs.

For more information about the **Neurodiversity-Affirming Support Framework for Schools** (NASF), please contact Dr. Huffman at 309-661-8046 or via email at info@ableneuropsychologycenter.com

Dr. Huffman's book series, Unlocking the Power of My PDA Brain is available on Amazon.
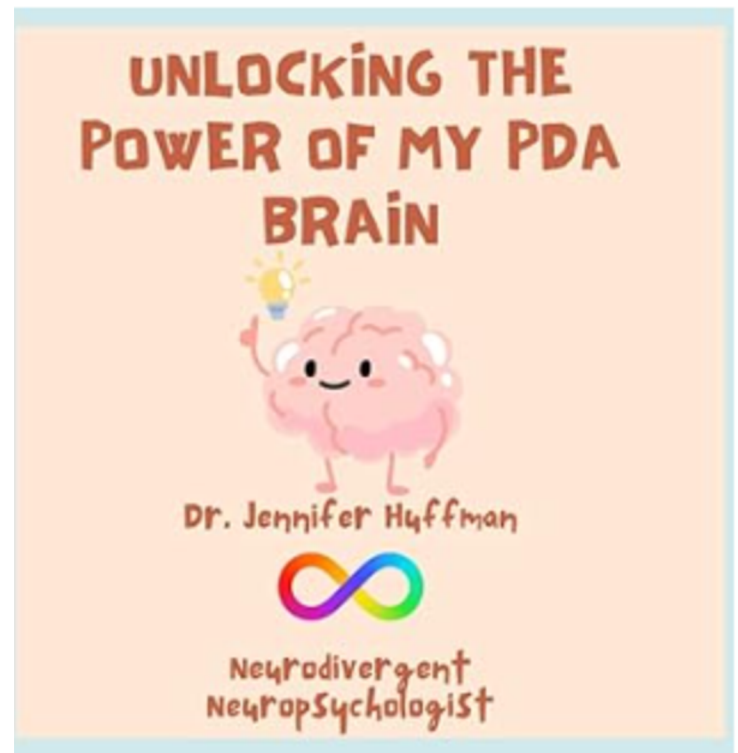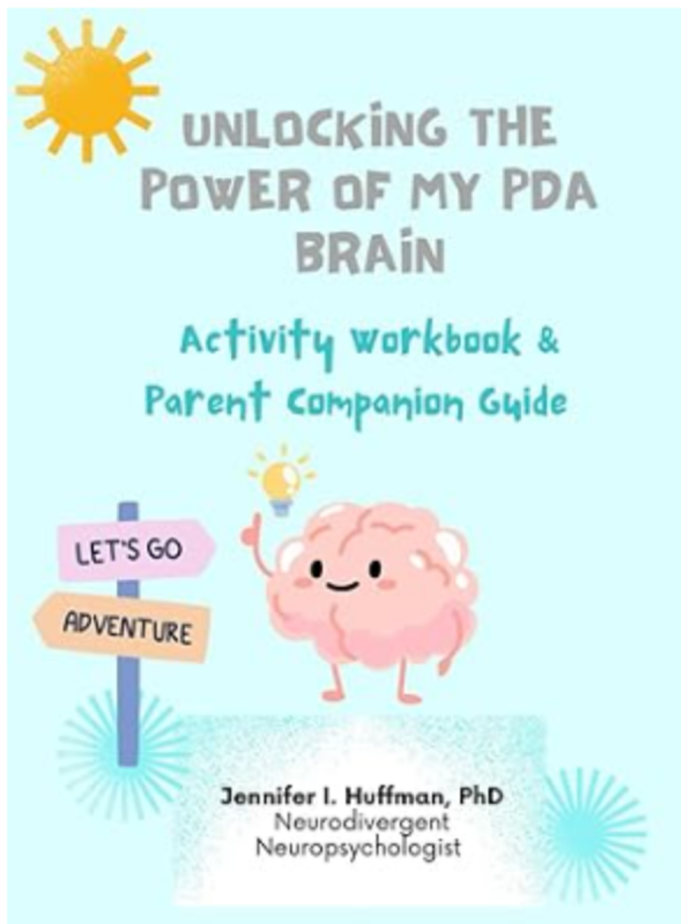
A free resource guide to help children understand their PDA brains is available at this link: Understanding My PDA Brain Worksheet