

visions

the many faces
of neurodiversity

neurodiversity:
a short introduction

the vast and varied
landscape of autism
spectrum disorder



visions

Published quarterly, *Visions* is a national award-winning journal that provides a forum for the voices of people experiencing a mental health or substance use problem, their family and friends, and service providers in BC. It creates a place where many perspectives on mental health and substance use issues can be heard. *Visions* is produced by the BC Partners for Mental Health and Substance Use Information and funded by BC Mental Health and Substance Use Services, a program of the Provincial Health Services Authority.

editorial board	Representatives from each BC Partners member agency, guest editor, and external member Kathy O'Connor
guest managing editor	Trudy Norman
substantive editor	Marguerite Pigeon
layout	Justyna Krol
issn	1490-2494

subscriptions and advertising

Subscriptions to *Visions* are free to anyone in British Columbia, Canada. For those outside BC, subscriptions are \$25 (CAD) per year. *Visions* electronic subscriptions and back issues are available for free at www.heretohelp.bc.ca/visions. Advertising rates and deadlines are also online.

bc partners and heretohelp

HeretoHelp is a project of the BC Partners for Mental Health and Substance Use Information. The BC Partners are a group of non-profit agencies working together to help people improve their quality of life by providing good-quality information on mental health, mental illness and substance use. We represent Anxiety Canada, BC Schizophrenia Society, Canadian Mental Health Association's BC Division, Canadian Institute for Substance Use Research, FamilySmart, Jessie's Legacy eating disorders prevention and awareness (a Family Services of the North Shore program), and the Mood Disorders Association of BC (a branch of Lookout Housing and Health Society). BC Partners work is funded by BC Mental Health and Substance Use Services, a program of the Provincial Health Services Authority. Visit us at www.heretohelp.bc.ca.

We would like to acknowledge that the coordination and production of this issue of Visions Journal took place on traditional, ancestral, unceded xʷməθkʷəyəm (Musqueam), Səlilwətaʔ (Tsleil-Waututh) and Skwxwú7mesh (Squamish) territories.

The opinions expressed in this journal are those of the writers and do not necessarily reflect the views of the member agencies of the BC Partners for Mental Health and Substance Use Information or any of their branch offices.

Cover art: design by Justyna Krol, collage images by ivetavaicule and francescoch for ©iStockphoto.com.

Pg 3 artwork credits, clockwise from top left: Adam Armstrong, Aaron Amat for ©iStockphoto.com, Ranta Images for ©iStockphoto.com, Nicole Pankratz, Matia Theodosakis, Carly Johannson, Untitled, by Mikaela Zitron.

Mikaela Zitron's artist bio: Mikaela currently works with acrylic, creating abstract paintings. She was diagnosed with medulloblastoma at age 5. In art she notes, "there is no right answer" and that "it's okay to be different."

contact us

mail	c/o 905 - 1130 West Pender Street, Vancouver, BC V6E 4A4
phone	1-800-661-2121 or 604-669-7600
fax	604-688-3236
email	bcpartners@heretohelp.bc.ca
twitter	@heretohelpbc



* footnotes reminder

If you see a superscripted number in an article, that means there is a footnote attached to that point. In most cases, this is a bibliographic reference. For complete footnotes, see the online version of each article at www.heretohelp.bc.ca/visions.

📷 photography disclaimer

Photographs used for *Visions* are stock photographs only unless indicated otherwise.

we want your feedback!

If you have a comment about something you've read in *Visions* that you'd like to share, please email us at visions@heretohelp.bc.ca, or you can mail or fax us at the address to the right. Letters should be no longer than 200 words and may be edited for length and/or clarity. Please include your name and city of residence. All letters are read. Your likelihood of being published will depend on the number of submissions we receive. For full guidelines, please visit www.heretohelp.bc.ca/visions



visions



the big picture

- 4 Editor's Message
Trudy Norman
- 5 Neurodiversity: A short introduction
Nancy Norman
- 8 The Vast and Varied Landscape of Autism Spectrum Disorder
Brenda Fossett
- 12 Universal Design for Learning and Neurodiversity: Opportunities for change
Seanna Takacs
- 15 Superdiversity: Building from the superpower of multiply diverse students
Nikki L. Yee

stories + strategies

- 18 Accessibility in Rural BC: Assisting people who are neurodiverse
Adam Armstrong
- 21 It's All About the Journey: A parent discovers her child is far from typical
Jessica Gray
- 23 A The Pacific Autism Family Network Foundation: Services for people in BC with autism spectrum disorder
Kyle Nguyen

- 26 The Battle with Dyslexia
Allen Tysick
- 28 Four Steps to Survive Academia: A guide to academic accommodations in post-secondary education
Matia Theodosakis
- 31 Living with Intersecting Disorders
Lauren Gula
- 34 The Great Unmasking: How unemployment helped me rediscover myself and embrace my ADHD brain
Carly Johansson
- 36 Finding Their Currency: One way to work with neurodiverse youth
Nicole Pankratz

looking ahead: nourish, move, be well

- 39 "Just Go for a Walk": An overlooked, effective treatment for depression
Ronald A. Remick
- 42 Discussing Canada's new Guidance on Alcohol and Health
Adam Sherk

44 resources



visual art



G. Nicolussi strives to raise awareness about social-justice issues and promote values such as equality, inclusivity, anti-oppression and empowerment for marginalized groups. She also highly values intersectionality, and strives to represent that in her art.

editor's message

The popular television show, *The Good Doctor*, chronicles the life of Shaun Murphy, a surgeon in an American hospital. Shaun has Autism Spectrum Disorder (ASD). The challenges he faces and the gifts he brings to his family, friends and work shine a light on “neurodiversity” and how difference can play out in the life of one fictional character. Real life can be just as thought-provoking as fiction.

Very recently, one of BC’s Crown ministers resigned her post and as an MLA as she found her experiences too difficult to continue on in her job. She noted her multiple intersecting identities including single motherhood, indigeneity, and having been recently diagnosed with ADHD. Though there were many influences on her decision to resign, of her ADHD she noted, “The challenge is a neurological disorder. And my brain is brilliant. I have a super power.” Her revelation and media comments are bringing further attention to neurodiversity.

In this issue of *Visions* we contribute to the conversation by exploring how some differences in thinking, learning, understanding, and behaving may be appreciated through a range of professional and lived experience perspectives. Our guest editor, Dr. Nancy Norman, begins our discussion with an inclusive definition of neurodiversity, along with some history of the term and potential impacts such differences may have on mental health. “Superdiversity” suggests broadening our view of diversity such that every learner has a place in a classroom that offers adequate structure and choice. Other contributors describe autism (ASD), Universal Design for Learning, Side School—one approach to working with neurodiverse students—and lived experiences of ADHD, dyslexia, and ASD. Their ideas and stories can help us not only understand, but support people who experience these differences in ways that can enhance both their and our lives. Gifts, indeed!

The Looking Ahead section introduces us to exercise and nutrition, the topic of our next issue. Articles on walking as a treatment for depression and a discussion of Canada’s new guidance on alcohol and health tease the thoughtful content to come your way!

It has been my pleasure to act as Guest Managing Editor for this issue of *Visions*. In *Visions*’ twenty-five year history this is the first time someone outside of CMHA has managed an issue. Lucky me! I have learned a great deal, not just about neurodiversity, but about the human need to understand and accept ourselves, others, and flourish in what can be a less than accepting environment. ▽

Trudy Norman, PhD

Guest Managing Editor

Trudy is a knowledge mobilization specialist with the Canadian Institute for Substance Use Research (CISUR) at the University of Victoria. CISUR is a member of the BC Partners for Mental Health and Substance Use Information

Neurodiversity: A short introduction

NANCY NORMAN, PHD

Author's Note: Throughout this editorial, I use identity first- and person-first language interchangeably as a reflection of respect for neurodivergent persons and sensitivity towards their individual identities. *Identity-first language* puts a person's diagnosis/disability before the person when describing or referring to them (e.g., autistic person, disabled), whereas *person-first language* puts the person before their diagnosis/disability (e.g., a person who has autism, a person with disabilities).



Nancy is Professor of Inclusive and Special Education in the Faculty of Education at Vancouver Island University. She completed her PhD in Special Education at UBC and specializes in Social and Emotional Learning (SEL) and mental health and well-being for neurotypical and neurodivergent children and youth. Nancy is also a certified teacher and teacher of the deaf and hard-of-hearing

What is neurodiversity?

Neurodiversity describes all people by embracing the reality that everyone is different and worthy of respect and belonging.

We use the term neurodiversity to capture the diversity of all people and celebrate the uniqueness and differences in thinking, behaving, learning and understanding in everyone. Neurodiversity tells us there are infinite possibilities in human thinking and no one right way to be in the world. Rather than focusing on deficits, neurodiversity makes a shift,

moving us away from understanding human brain function and abilities as “normal” or “typical” and towards embracing individual strengths and abilities. Neurodiversity stresses that we need to respect and embrace all human variation, as we are all diverse.

The concept of neurodiversity includes both individuals who are neurotypical and neurodivergent. *Neurotypical* refers to individuals with brain function, behaviours and processing abilities that are typical or similar (what we generally expect to see in most people). Said another way, a person

who is neurotypical has strengths and challenges that are not affected by differences in brain function.

In contrast, *neurodivergent* refers to individuals with brain function that works differently than most people. This commonly includes people with autism spectrum disorder (ASD), learning disabilities (LDs) such as dyslexia (reading disability) or dyscalculia (math disability), attention-deficit/hyperactivity disorder (ADHD) and mental illnesses (like

anxiety disorders). Neurodivergent individuals experience, interact with and interpret the world in unique and diverse ways.¹ Further, no two individuals experience the world in the same way.

Historical and social context

The neurodiversity movement began during the 1990s when Australian sociologist Judy Singer, who has ASD and was already an advocate for herself, started pushing for social justice for neurodivergent people. Judy

was the first person to use the term neurodivergent, which appeared in her sociology honours thesis (1998). This was the first academic inquiry into the ASD self-advocacy movement (now commonly referred to as part of the larger disability movement). Before this time, society often viewed people with differences in thinking, behaving and processing information in a negative light. They were considered less able—and maybe, less valued—than people who were neurotypical.

During recent history (1960s–1980s), a medical perspective dominated popular thought and societal values. The medical viewpoint preferred “average” and “normal.” Medical values judged any shifts away from “typical” as negative and in need of fixing, likely through medical or educational interventions and support, however wrong-headed. For example, historically, neurodivergent people were very often sent to residential hospitals and institutions, or specialized day schools. Society viewed differences as weaknesses or something lacking within the person.

During the 1990s and 2000s, societal changes promoted inclusion and empowerment for marginalized groups. This gave rise to the movement to embrace diversity. For example, protests grew against organizations that approached autism as something that needed to be “cured” and Autism Pride Day started in 2005. Over the last decade, our view of neurodiversity has continued to develop. Increasingly, we understand that all differences we observe between individuals are natural and valuable.² Today, the neurodiversity movement emphasizes inclusion and acceptance



Photo credit: Hero Images at iStockphoto.com

Everyone wants to fit in, and when the need for belonging is not met, it has serious impacts on mental health. Research shows children and youth who are neurodivergent are more likely to be bullied during their younger years (kindergarten to Grade 12). As a result, neurodivergent students are at greater risk of developing serious mental health challenges throughout their lifespan, as compared with their neurotypical peers.



for all and calls for further research and support for individuals with neurodivergent abilities, disabilities and disorders.

How does neurodivergence impact mental health?

Differences in processing and interpreting information, behaving and learning affect people in a host of ways. For some, these variations have a minimal impact on daily functioning and interactions in the world. For others, differences brought about by neurodivergence may have a great impact on mental health.

Even those with a similar disability experience its impacts in different ways. For some neurodivergent individuals, building connections and establishing and maintaining meaningful interpersonal relationships can be challenging. Given that society tends to operate from a neurotypical perspective, individuals who are neurodivergent may struggle to fit in and gain a sense of belonging within their community. Discrimination against difference and disability, and ostracization from mainstream society through bullying and harassment have long-lasting impacts on well-being. This disconnection from others hurts self-esteem and self-worth, leading to loneliness and social disengagement.

Everyone wants to fit in, and when the need for belonging is not met, it has serious impacts on mental health. Research shows children and youth who are neurodivergent are more likely to be bullied during their younger years (kindergarten to Grade 12). As a result, neurodivergent students are at greater risk of developing serious mental health challenges

throughout their lifespan, as compared with their neurotypical peers.^{3,4}

Neurodiverse people can experience mental health conditions and concerns impacting their overall health ranging from mild to severe, and from temporary to chronic. Although mental health conditions can impact neurotypical people, neurodivergent persons are at significant risk of experiencing mental illnesses. Difference in brain structures and processing abilities, as well as differences in how neurodivergent people interpret, interact with and make sense of the world, place them at greater risk for developing anxiety and depression, as well as other mental illnesses. For example, research has shown approximately 80% of people who are neurodivergent struggle with anxiety disorders, and depression is highly co-occurring in this population.⁵

Given the seriousness of the connection between neurodivergence, mental health concerns and mental illness, we need a deeper understanding of neurodiversity. By widening the circle of our understanding, we gain deeper connections to, and compassion for, the wholeness of human experience. ▼

The Vast and Varied Landscape of Autism Spectrum Disorder

BRENDA FOSSETT, PHD, BCBA-D

The diagnosis of autism spectrum disorder (ASD), sometimes referred to as autism, has existed in various forms since 1943. That's when Dr. Leo Kanner published a paper in which he described 11 children seen in his office, all of whom displayed similar characteristics. The children appeared to have difficulty relating to people and objects in their environment, were delayed in the use of speech or used speech in unusual ways and showed a strong desire for sameness.¹

Brenda is a Board Certified Behavior Analyst on faculty at Capilano University. After an early career teaching deaf children with developmental disabilities, she earned her doctorate in special education and now presents widely on ways to support individuals with developmental disabilities. Brenda advocates for the use of diverse strategies to facilitate learning and enhance independence



The next year, German psychiatrist Hans Asperger published his own paper after he identified a group of children who had difficulty making friends and engaging in conversation, but who were often very knowledgeable in their areas of special interest.²

From then on, and for many decades, autism was viewed as a psychiatric condition and diagnosis was left to the discretion of individual clinicians—there were no formal diagnostic criteria. That changed in 1980 when autism was recognized as a developmental

disorder. The Diagnostic and Statistical Manual of Mental Disorders-III (DSM-III) included autism in a new category of conditions called Pervasive Developmental Disorders.

Evolving criteria for autism spectrum disorder

The diagnostic criteria for autism have been evolving ever since. Increasingly, these criteria reflect the understanding that autism occurs across the lifespan, not just in young children, and that individuals may be impacted in different ways and to varying degrees.³ The most recent

revision of the diagnostic criteria appeared in the DSM-5⁴ in 2013 under the label “autism spectrum disorder.”

The new criteria identify two domains where an individual with ASD experiences differences or challenges:

- a. social communication and social interaction
- a. restricted, repetitive patterns of behaviour, interests or activities

The most recent diagnostic criteria also identify severity at three levels:

- Level 1: requires support
- Level 2: requires substantial support
- Level 3: requires very substantial support

While discussion of the details of diagnostic criteria goes beyond the scope of this article, it’s important to note that there has been a significant widening of criteria over the past several decades.

One of the most useful features of the current diagnosis lies in an aspect of the current label: spectrum. We now understand that people with ASD are part of a highly diverse group. Historically, doctors believed that the majority of people with ASD had some degree of intellectual disability, lacked a desire for social relationships and interaction and were incapable of little beyond very basic skills.

Clinicians and researchers now recognize that a large proportion of those with ASD have average to above-average intelligence, want engagement with and connection to others and are capable of making

related resources

Below is a list of BC-based resources to learn more about autism spectrum disorder and find support for yourself and loved ones:

- **Autism Community Training (ACT)** – visit the following ACT website pages for up-to-date assistance:
 - upcoming live events (BC and web-streamed): actcommunity.ca/education/act-events
 - Autism and Intellectual Disability Search: actcommunity.ca/information
 - BC community resources search: actcommunity.ca/bcresources
 - Autism Videos @ ACT: actcommunity.ca/education/videos
- **Government of BC Autism Funding Program** – portal for people seeking ASD-related financial support: gov.bc.ca/autism
- **Autism Funding in BC** – blog by a parent with extensive experience of autism funding in BC; full of information to help parents navigate the funding system: asdfunding.com
- **Autism Support Network of BC** – resources for families: autismsupportbc.ca
- **AutismBC** – support and connection for the autism community in BC: autismbc.ca
- **BC Autism Assessment Network** – ASD assessment information for BC residents: phsa.ca/our-services/programs-services/bc-autism-assessment-network
- **Canucks Autism Network** – diverse programming for individuals with ASD and families: canucksautism.ca
- **Pacific Autism Family Network** – centre of excellence and support hub: pacificautismfamily.com
- **Early Start Canada** – Canadian-based Early Start Denver Model programming for young children with ASD: earlystartcanada.com
- **Autism Information Services BC** – provincial information centre: pacificautismfamily.com/ais-bc
- **AIDE Canada** – peer-reviewed resources on neurodiversity and ASD: aidecanada.ca

meaningful contributions to the lives of those around them, their communities and, in many cases, their professions. There are highly skilled and sought-after professionals with ASD, such as the academic Temple Grandin, author John Elder Robison and photographer Stephen Shore.

Just as there are those with high abilities, there are those who are signifi-

cantly impacted in ways that interfere with the basic activities of daily life. These individuals often struggle to develop communication and language skills; demonstrate difficulty learning basic skills, including those of daily living and self-care; and engage in behaviours that are severely disruptive or harmful. These individuals need intensive support with day-to-day tasks, often throughout their lives.



Photo credit: Courtney Hale at ©iStockphoto.com

We now recognize that children with ASD grow to become adults with ASD. Some adults need 24/7, intensive supports. Others may need intermittent or targeted supports to help with things like getting and keeping jobs, dating and relationships, parenting, financial management and so on.



Strategic support for individual needs

Approaches to support and education can vary. For young children who show significant delays in achieving developmental milestones, access to intensive, early intervention is appropriate and necessary. Interventions can come from the field of applied behaviour analysis (ABA). The main goal of ABA is not to cure ASD or make a person “less autistic;” rather, its purpose is to teach socially important behaviours that lead to improved quality of life for the individual. For young children, interventions like the Early Start Denver Model are now used

more often than the structured, adult-directed approaches of the past. The new approaches embed ABA-based interventions into play-based activities that interest the child in order to teach, for example, communication, cognitive or social skills.

Speech-language pathology and occupational or physical therapy can also support young children in reaching developmental milestones. Behaviour analysts, speech-language pathologists and occupational or physical therapists work together to provide services to young children diagnosed with ASD. Other children may meet developmental milestones

yet have trouble with specific skill areas or feel anxious during specific activities or in some environments. In these situations, focused interventions designed to address specific needs are more appropriate than intensive, comprehensive interventions. As children enter school, they may need ongoing intervention and additional supports to address academic skill development, social communication or other skill areas.

As youth move towards adulthood, various supports can help individuals to become as independent as possible and build a rewarding, fulfilling life from their perspective. This area has been largely ignored until relatively recently. We now recognize that children with ASD grow to become adults with ASD. Some adults need 24/7, intensive supports. Others may need intermittent or targeted supports to help with things like getting and keeping jobs, dating and relationships, parenting, financial management and so on.

Building trust for ASD wellness

In ABA, which is my field of practice, researchers and practitioners are striving to work more collaboratively with adults with ASD to support them in identifying their own needs and goals. We are designing appropriate supports with their input, involvement and consent, and assisting them in acquiring the skills they need to achieve their desired outcomes. Increasingly, we want to help people with ASD develop self-determination skills early on. That way, they can advocate for their own needs, as much as possible, throughout life.⁵ This is a particularly exciting aspect of behaviour analytic work today.

While there is much that we currently know about ASD, much is still unknown. We know ASD is genetic, yet we do not fully understand the specific mechanisms at play. We know that people with an ASD diagnosis are diverse, with a wide range of strengths and needs, yet we don't know why some individuals are able to achieve independent, self-directed lives, while others need more support. Despite developing several evidence-based interventions to support children with ASD, we don't know which children are most likely to respond best to what intervention, or why.⁶

There are still many, many questions. What those of us who live and work with people with ASD increasingly recognize is this: all people with ASD have value, can contribute and can learn. When we meet individuals where they are at, respect their interests and desires and apply evidence-based interventions while also listening to their voices, we can establish meaningful relationships built on mutual trust. This trust allows us to serve them in achieving whatever outcomes are best for them. ▽

visions



Which themes would you like to see Visions cover?

Vote in our quick poll on upcoming Visions themes.

surveymonkey.com/r/visions_subthemes_23



visions

are you an artist or poet?

We'd like to hear from you!

We're looking for art and poetry submissions to enrich and support the themes and topics we cover in each issue of Visions.

If you would like to have your work considered, please email it to visions@heretohelp.bc.ca



**do you
have
art to
share?**



Artwork and photo credit: M. Zitron

Universal Design for Learning and Neurodiversity

OPPORTUNITIES FOR CHANGE

SEANNA TAKACS, PHD

At one of my first presentations on Universal Design for Learning (UDL), I was nervous. I have worked with many neurodiverse children, teenagers and young adults throughout my career. This was the first time I was going to talk about UDL to an audience of university and college instructors, and here I was, sore-stomach nervous.

Seanna is a faculty member in Accessibility Services at Kwantlen Polytechnic University. She holds a PhD in educational psychology from SFU, where she was also an instructor for 10 years, teaching courses on instructional psychology, reading and learning disabilities. Seanna is a cat lover and snake and spider rescuer. She never tires of being part of learning



Photo credit: Ivan Pantic at ©iStockphoto.com

I talked about curriculum design and flexibility. I talked about human neurodiversity and the importance of inclusive teaching practices. I got all the theory right. But the room was silent and a red siren was going off in my mind. “Are there questions?” I stammered. “I think there are questions.”

Someone piped up. “We just don’t get it. At all.”

I panicked and saw spots. Because I was nervous and new at UDL, I had overlooked some of the most

important aspects of building a UDL experience: I didn’t build community, I didn’t check for meaningfulness and I didn’t ask what the educators in the group were hoping to learn.

I changed my approach. “Has anyone ever taught a little kid how to make pancakes?” I asked. I then described how there are actually many ways to do so. You can:

- read a recipe
- talk about the steps for making pancakes

- dive in and make pancakes through trial and error
- draw pictures of pancake making

In the end, you'll make pancakes, I told my audience, but these are four ways you can learn to do it. Most importantly, you can offer a choice about how to learn, and the child can pick. That way, they get to use their minds and their bodies to be the best pancake makers they can be. After that example, my workshop turned out great, and I got some strong lessons in neurodiversity.

Neurodiversity

Judy Singer¹ was one of the first to use the term neurodiversity. Robert Chapman² gives an excellent overview of how this concept highlights inclusion, political activism and a fundamental shift to a more humane and compassionate understanding of different kinds of minds. The term moves us away from stigmatizing disability labels and towards a view of human minds as flexible, contextually developed and deserving of being understood in terms of strengths, weaknesses and preferences.

In his 2011 article, "The Power of Autism," Laurent Mottron argued that models of autism tend to underscore negative characteristics while overlooking strengths, such as bottom-up processing (where we perceive information through the senses), strong visual processing and the ability to mentally manipulate three-dimensional shapes. Mottron believes autism "should be described and investigated as a variant within the human species" and that we should emphasize the advantages of autistic strengths.³

Instead of labelling the learner as disabled, underachieving or in need of special services, we define the curriculum in terms of how adequately it can accommodate diverse learners. Teaching to the average means not only that we exclude many learners, but also that we miss rich teaching and learning opportunities that grow out of diversity. ”

The idea of neurodiversity helps us move past disability labels and understand a diversity of human experiences—like learning to make pancakes in different ways. This honours some people's preference to understand by example and the ability to think on one's feet.

What is Universal Design for Learning?

UDL starts with the idea that expert learners are highly variable. Learners vary in their interests, strategies, means of using words and pictures, and even in how they like to work with others (or not). UDL is a set of design principles that helps us build teaching and learning experiences that accommodate the widest spectrum of learners so that as few people as possible are excluded from participation.⁴

UDL challenges the traditional core of education, where the curriculum is at the centre of learning. UDL puts the learner at the centre. Instead of labelling the learner as disabled, underachieving or in need of special services, we define the curriculum in terms of how adequately it can accommodate diverse learners.⁴ Teaching to the average means not

only that we exclude many learners, but also that we miss rich teaching and learning opportunities that grow out of diversity.⁵

UDL gives us a framework, grounded in neuroscience, to be ready for variations in learning. Developed by researchers at the Centre for Applied Special Technology (CAST), this framework identifies three brain networks we can use to provide more flexibility in accessible design for learning:

- the engagement network helps us understand the "why" of learning
- the representation network helps us understand the "what" of learning
- the action and expression network can reveal the "how" of learning

This framework helps us design schools, classrooms, materials and assistive technology for accessibility, choice and meaningfulness. Do we want learners to have the best chance of learning content? Design materials that can be read and watched. Do we want better engagement in class? Offer students a choice of whether to talk in small groups or write down

their thoughts. Partner with students in driving decision-making, get feedback and have clear expectations to create inclusive learning experiences.

So in English class, students might write a traditional essay, but they can also compile a portfolio. In math, they might memorize a formula, but they can also watch a video about how that math works in everyday life or get an explanation of the purpose behind the formula.

Universal Design for Learning and neurodiversity

For neurodiverse learners, UDL offers the chance to reflect on and express skills and preferences that may have been overlooked in their education.

They get to ask:

- what kind of learning feels good, productive and comfortable for me?
- what kind of classrooms make sense?
- how can I find like-minded individuals?

Sometimes having choice can be overwhelming; integrating feedback into UDL learning design helps neurodiverse learners narrow those choices or ask for different ones. UDL can mean there is a place for more and clearer structure (to remove the guessing about teachers' expectations), for course outlines that make sense, for more or different detail and for opportunities to deeply investigate compelling topics.

The main focus in UDL is not on disability, but rather variability. The work of UDL is precisely this: to investigate and acknowledge how people vary in their learning strengths, weaknesses and preferences. We can design for choice and flexibility in the paths people take to reach their goals.

That's why UDL and neurodiversity make such excellent friends: UDL offers learners—sometimes for the first time—the chance to have a voice and to be part of an education that truly includes them. ▽



GET HELP WITH YOUR MENTAL HEALTH JOURNEY

Free mental health program, with phone support

Get started today: bouncebackbc.ca

funding provided by

BounceBack® | BRITISH COLUMBIA
reclaim your health

Provincial Health Services Authority
Province-wide solutions. Better health.

Canadian Mental Health Association
British Columbia
Mental health for all

related resources

Interested in learning more about UDL? Seanna recently co-wrote the book *Universal Design for Learning: A Practical Guide*. It is downloadable for free from: pressbooks.bccampus.ca/jibcudl (Takacs, S., Zhang, J., Lee, H., Truong, L., & Smulders, D., 2021, JIBC.)

Superdiversity

BUILDING FROM THE SUPERPOWER OF MULTIPLY DIVERSE STUDENTS

NIKKI L. YEE, PHD

My superdiverse perspective

I'm a settler, teacher and scholar of mixed ancestry. I grew up on the territory of the Plains Cree People and homeland of the Métis, in what is now known as Saskatchewan. I was a girl in family lineages where boys were prized. My family didn't have a lot of financial resources when I was young, but we were well-loved. I faced mental health challenges throughout my life but was also considered gifted, so I was forgiven for any inconvenience I caused. I think these experiences have given me a superdiverse view of the world, marked both by privilege and injustice.



Nikki is an assistant professor at the University of the Fraser Valley and a settler scholar of mixed Chinese and Mennonite descent. She is interested in learning about how to open decolonizing possibilities in education and in her own life

Photo credit: SDI Productions at ©iStockphoto.com

What is superdiversity?

“Superdiversity” is a term that helps us understand the strengths of people who have multiple identities or experiences that set them apart as different from the typical white, middle-class, able-bodied, cis male experience that is often centred in society.¹ It is about diversity, but it is also about more than diversity.

Superdiversity recognizes that people cannot be put into boxes according to a single aspect of their identity—we are a complex blend of many different

identities and intersecting experiences. Identities might include diverse Indigenous, cultural, racial, dis/abilities and gender identities and may be shaped by sexual orientation and languages. Our experiences of the world are also often determined by class and other people's perceptions.

Neurodiversity, or the ability to think differently than what is considered “normal,” is a particularly important piece of any superdiverse identity, especially in relation to learning. In the

This thinking can then be extended to our families and classrooms. In the classroom, it's easy to begin by studying books with superdiverse characters. Teachers can ask questions with no right or wrong answers so that students can give their own interpretations that further everyone's learning. We can point out when we see our community of learners benefitting from diverse thought. This way, students begin to understand why diversity is so important. These ideas seem simple, but they require a challenging shift in thinking.

For example, in my own university classes I first create a superdiverse reality through the readings I give. I often have students work in reading groups of four, with each group member reading texts about one issue from a different viewpoint. I give choices that represent Indigenous and other equity-deserving perspectives, alongside conventional understandings.

Students look for connections across readings and come up with some very original thoughts. I might ask them to report to the class by sharing a picture that represents the main ideas they talked about. We often marvel at how each group's pictures and understandings are slightly different from the others. Seeing their ideas represented in so many different ways helps to strengthen learning for all of us, including me.

Giving people choice within structure

Once we've created a reality that values superdiversity, we can shift teaching practices to amplify, rather than accommodate, diversity and superdiversity in the classroom. To

amplify diversity means to increase diversity or make it more prominent, and it can often be done by giving people choices. Choice is essential because, as the teacher, I cannot presume to know which identity a superdiverse person wants to connect to for a specific assignment. Identity and connection are dynamic and ever-changing. With choice, students can connect to, and develop, their diverse identities within structures that let them take risks in learning.⁵

Students need options so they're free to engage with whatever aspect of their identity is speaking to them today. If there is too much choice, however, students may become overwhelmed, anxious and insecure. Balancing choice with structure allows students to safely explore their identities while learning. For example, in my course I have students choose a topic within educational psychology. I ask them to create a 15–20 minute presentation that an audience can listen to, watch or read. Students have chosen to study the effects of social media; Indigenous storytelling and cognitive development; support for 2LGBTQ+ students; and the relationship between culturally responsive teaching and lowered anxiety. Building from the strength of superdiversity lets students learn, grow, develop and transform how they understand themselves and their communities.

Final thoughts

Superdiversity, neurodiversity and other kinds of diversity are cornerstones of healthy communities, including the classroom. We've already seen some movement to recognize diversity, especially in schools. I often hear people express a wish to "cele-

brate" diversity. I appreciate this shift from the casual racism and ableism I have experienced, but I think we can do better. For all the children who are superdiverse and struggling with their very existence, and for all the families who are barely hanging on, we need to do better.⁶ By creating superdiverse realities and then amplifying this diversity in the classroom through choice within structure, we can uplift the most important gift students can bring. ▽

Accessibility in Rural BC

ASSISTING PEOPLE WHO ARE NEURODIVERSE

ADAM ARMSTRONG MSW, RSW

Supporting the needs of neurodiverse clients in the rural landscapes of BC is no easy task. It comes with significant challenges for our systems of care and the professionals working within them.

Adam works for Carrier Sekani Family Services as a mental health clinician, providing services to Indigenous communities in the Omineca region. He lived and worked in Haida Gwaii, Saanich and Burns Lake prior to settling outside of Fort St. James, BC



Those who have ventured into BC's lesser-known regions will be familiar with its stunning vistas of mountains, lakes and forests. Bordered between the Pacific Ocean along its west coast and the Rocky Mountains to the east, there are few other places in Canada, let alone the world, that have such a diversity of landscape and nature. After being across Canada a few times, I would be challenged to think of a province or territory that has the same allure and magnetism as BC.

But our varied geography creates unique hurdles when providing helping services. Weather, distance and the mountainous landscape that covers roughly 75 percent of BC are real factors in determining who has access to services. One unmistakable

truth is that programs shaped by evidence-based models of care are sparse in rural BC. More often than not, they're non-existent.

Geographical factors in health outcomes for neurodiverse people

BC's geography is a challenging reality for many who live in the far regions of our province. Often, the most appropriate interventions may be offered exclusively through a program that operates from a larger urban space. That means specialized services and team-based programs are inaccessible outside of cities. This contributes, in part, to gaps in health outcomes for neurodiverse people: those who can access services often do better than those who cannot.

One of the most striking examples of this disparity can be seen in the under-service of Indigenous People. It's no wonder Indigenous health and mental health outcomes sometimes pale in comparison to those of non-Indigenous populations—barriers to accessing services are a key factor.

In a remote setting, a common scenario for individuals with persistent mental illness is that they leave home to be hospitalized in the closest city, such as Prince George. Once discharged back to their home—which may be 50 kilometers down a forestry logging road—there is little in the way of care planning that can support the client and minimize the chances of them getting ill again. Without evidence-based follow-up they may decompensate (lose psychological balance) as they return to their isolated home.

Many robust mental health programs are based on strong evidence—such as those for early psychosis intervention, intensive case management and people who fall under the mandate of the Mental Health Act. These programs have shown that comprehensive case management works, providing the best outcomes we know of for the neurodiverse population. However, making the trek to get these programs from cities to the outlying areas of the wilderness would be impractical and expensive, going far beyond our means in funding and organizational capacity. This results in imbalanced opportunities for care, depending on where you live.

Providers tackle BC's landscape

An example that illustrates imbalances in service access is assessment for care planning. Whether it's a home assessment or a cognitive appraisal by

an occupational therapist, assessments are often available only in communities within easy geographic access for the care provider. Considering how beneficial a genuine in-person appraisal may be to the neurodiverse client who could qualify for home support, and their over-representation in many remote communities, the extent of these services in remote areas is lacking compared to what is needed.

Providers are left to navigate a minimal social safety net while considering how the environment impedes routine and structure in the day-to-day. We pay close attention to travel time, weather conditions and potential road closures, since these are factors that hinder accessibility. Frequent cancelled appointments and legwork to find alternative support can result, none of which are preferable. In many cases, support may be a concept, but it is not a reality.

In my organization, all travel to communities stops when temperatures near minus 40 degrees, and it's typical of a Northern BC winter to have several days per year where this is the case. Colleagues of mine who serve BC's Southbank are at the mercy

of the Francois Lake Ferry schedule, since they can only access the service area by crossing the lake. Community members and service providers all need to be aware of when the ferry is arriving and departing, which can create additional challenges for appointment bookings.

Communities find their agency

In the absence of adequate, available, evidence-based program models for several types of neurodiversity (like developmental delays, fetal alcohol spectrum disorder and mood and psychotic disorders), remote mental health providers evolve to be more eclectic in their service delivery. Clinicians typically adjust and tweak their models and may adopt new strategies, such as relying on informal helping systems. That means community groups, social clubs and local organizations may be part of a client's support system.

It can be challenging to use a broad range of models and tailor our services to the values and realities of the area we work in, all without veering outside of professional guidelines. Since most service providers are not from the communities they serve, we are

It can be challenging to use a broad range of models and tailor our services to the values and realities of the area we work in, all without veering outside of professional guidelines. Since most service providers are not from the communities they serve, we are continuously adapting to a cultural landscape very different from our own, and we are relatively isolated from other providers. ”

continuously adapting to a cultural landscape very different from our own, and we are relatively isolated from other providers. We may also be privy to information about clients from community gossip, which requires us to stick close to our client relationship. But we also have access to intergenerational histories that we simply could not get elsewhere.

After practising for a number of years in some of BC's distant places and witnessing the resilience of communities, I think the disparity in access to formal services becomes part of who people are. In the absence of formal

help, people gain independence and an extraordinary ability to believe in themselves. It seems like if a service has never been provided, there is no concept of it; in its place, there's natural self-sufficiency.

We typically refer to this as "agency," and in rural BC, I have witnessed this agency in resounding strength at the individual, family and community levels. Clients and communities have an incredible ability to believe in themselves as their own agents of change. I strive to keep this in mind and recognize this strength when assisting them to overcome life's challenges. ▽

related resources

Ideas to improve accessibility in remote practice

After years of providing service, a few ideas that come to mind to support the best interests of the neurodiverse population throughout BC are to:

- **Expand** the curriculum in health care training to include "rural and remote practice theory." By doing so, developing practitioners will gain exposure to, and interest in working in remote Canada. They will be more equipped to provide services, since their training will allow them to tailor their models for rural settings.
- **Recognize** the challenges of employee recruitment and retention by offering incentives, like moving allowances and accommodation assistance (e.g., funding for rent). The more interest organizations have from the workforce, the easier it will be to develop sustainable programming.
- **Develop** virtual platforms to improve access to service. Virtual service can reduce wait times and cancellations, especially for appointments that don't need to be held in person. Virtual platforms can also increase accessibility for those who may be unwilling to see a health care professional in person.

It's All About the Journey

A PARENT DISCOVERS HER CHILD IS FAR FROM TYPICAL

JESSICA GRAY

I can still remember the moment it occurred to me, while I sat through my first week of post-secondary school, nearly five years ago: Oh my goodness. Maybe Max has autism?



Jessica lives in Kelowna with her husband and four children. She has worked as a Certified Education Assistant for five years at a public elementary school. Jessica primarily works with 10- to 12-year-old children with autism spectrum disorder

It was like a light turned on in my mind. I began to see things differently. My son Max was six at the time and halfway through Grade 1. School was such a struggle for him. So many things had been a struggle with Max.

A new baby brings joy and new questions

Max is my fourth child. I often wonder: if Max had been my first baby, would I have been more on top of some of the telltale signs that something wasn't quite "typical" with him? Maybe I would've worried more about the fact that he wasn't talking until he was nearly four. Or that he hardly ever responded to his name.

I was a busy mom with a lot on my plate. We had four kids under age 10.

My thought process was: although Max was the most challenging in many ways, his differences or slower marker points were nothing to worry about; he'd catch up at his own pace. Not always worrying about all the developmental milestones was something I thought I had earned after having four kids.

Those first few years with Max, what did worry me was that I found myself at a loss for how best to parent him. Or maybe I had a little too much confidence going into it. I figured I'd be a pro. I had already experienced one colicky baby, so I knew that after three months things should get easier. His crying would lessen. But it didn't. Max cried so much. And eating was a huge fight, especially as he got a little older and was eating solids. Everything

had to be just right or he'd throw it on the ground or at us. It was comical at times. We tried to stay good humoured about it, but mostly it was exhausting.

When Max was around one year old, my husband was in school studying to become a community support worker. He must've been learning about child development because he would occasionally ask me, "Do you ever think Max is autistic?" My reaction was always to roll my eyes and say, "No! He is not autistic!"

The thought of Max being autistic scared me. I think mostly I feared not knowing what our lives would be like with a child on the spectrum. I really didn't know anything about autism other than what was portrayed in Hollywood.

School years test assumptions

Unlike with his older siblings, we decided not to put Max into preschool. We imagined him crying non-stop, throwing his food, leaving the building or—his newest thing at the time—hiding from everyone. We couldn't do it. So, you can imagine, when it came time for Max to begin kindergarten, we blamed ourselves for his challenges. Each morning, when I dropped Max off to kindergarten, he refused to go in. We thought it was because he was the only one of our kids who hadn't been "prepared" for school. It was heart-wrenching for me.

The teacher would try with me for a few minutes to get him to enter. But he would put up such a fight. He'd cry and push me away as I tried to usher him gently into the class. It tore me up inside. I remembered when my older children had started

kindergarten. There always seemed to be "that one kid" at the end of the line, crying, resisting and not wanting to go inside—which had seemed so sad. I remembered thinking how hard it must be, for both the child and the parent. I was glad it wasn't me. And here I was now, with that one kid, kicking at me and crying and refusing to go in.

The classroom environment was a difficult place for Max. He rarely wanted to join in with other students. Teachers said he would go off in a corner by himself, or hide under a table. His speech was also a little behind for a child his age. It wasn't long before I was approached by the school about the idea of having a school-based team meeting to discuss the challenges Max was having. I trusted the teachers and professionals at the school, so I was in complete support when they suggested Max see a psychologist. I was, however, completely naive about the possible diagnoses they were likely anticipating.

Diagnosis opens a way forward

It would be a year before Max had an appointment with the psychologist, a year in which he continued to receive a lot of extra support in the classroom. During that time, I started thinking of going back to school. I settled on the education assistant program, which I thought would be perfect because I would have the same hours as my kids; I could be home when they were home. An education assistant was the same as a teacher's assistant, I thought. Again, I was fairly naive. In fact, I spent a huge amount of time in the program learning about autism and how to support kids on the autism spectrum.

When I share the story of Max and his diagnosis, I always say that the way it unfolded was divine timing. We were on a year-long wait-list with the psychologist. When I finally got the call for his appointment date, it happened to fall on the same week I was starting my education assistant program. That first week of school focused on the subject of autism, and it literally prepared my heart and mind for Max's diagnosis. I was no longer afraid.

Max was the same little guy he was when he walked out of the clinic that day as when he'd walked into it. It was me who had changed. It was me who was changing the way I saw Max and others like him. And so began my own journey to learn not only how to be an education assistant, but also, how to be a better parent for my Max.

Max will turn 12 this year and he's doing great. The amount of support he needs throughout his school day has greatly decreased, which is wonderful and one reason I think early intervention for our neurodiverse little ones is key. I can say from experience that early intervention is just as important for us parents as it is for our kiddos. If we, as parents, are open to it, we can gain a whole new world of understanding. And when we understand more, we fear less. ▾

The Pacific Autism Family Network Foundation

SERVICES FOR PEOPLE IN BC WITH AUTISM SPECTRUM DISORDER

KYLE NGUYEN*

The Pacific Autism Family Network (PAFN) is a centre of excellence and network of support for individuals in BC with autism spectrum disorder (ASD) and their families. We began operations in 2014, and in 2016 opened a new, 60,000–square foot centre in Richmond.



Kyle Nguyen is Director of Operations and IT for the Pacific Autism Family Network Foundation. He has been with the PAFN since 2018, supporting key projects across all areas of PAFN operations

** On behalf of the Pacific Autism Family Network (PAFN) board of directors*

The centre is a first in person-centric design, the result of collaboration by community, professional, governmental and individual stakeholders. It is designed to be as welcoming as possible and includes extensive soundproofing, mechanical considerations and wayfinding/colourways, such as oversized natural decals, key colour patterns for anchoring and recognition, and numerous other features. With the centre acting as our provincial hub, the PAFN is committed to being a one-stop shop for individuals, families and service providers. We are also actively part-

nering with communities across the province to create “spoke” locations. Our spoke offices in Prince George, Kelowna and Chilliwack allow families remote access to primary services located at the Richmond hub and serve as deployment locations for additional services. The PAFN also collaborates with other organizations across BC.

We deliver a wide array of programs principally centred around a lifespan model. That means we provide and collaborate with services for all ages, with the goal of serving all



Photo credit: aquaArts studio at ©iStockphoto.com

By providing access to respite and social programming across the lifespan, the The Pacific Autism Family Network Foundation fills the gap between traditional clinical service providers and social inclusion.



individuals at all stages of life. Roughly 160 people access services every day through our hub, spokes and virtual resources.

Some of our programs include:

AIDE Canada

The Autism and/or Intellectual Disability Knowledge Exchange Network (AIDE Canada) is a partner network of 15 organizations across Canada that develops and vets lists of local programs and resources. This network connects members of our community to the information and resources they need. Unbiased and accessible, AIDE provides credible, reliable and evidence-informed resources through the creation of locally relevant content that speaks to the needs of community members living in different

regions across Canada, including hosting webinars and online events.

People can visit AIDE Canada in person to find the resources they need. They also have a live chat feature on their website, and their services are offered in both official languages. To learn more, visit aidecanada.ca.

Autism Integrated Medical Services (AIMS)

Through our collaboration with the ABLE Clinic (a private, multidisciplinary clinic located in the main PAFN hub), we have created AIMS to provide integrated, multidisciplinary medical and allied health services for assessment and treatment of people with autism spectrum and/or related neurodevelopmental disorders. Services include:

- medical genetic consultations
- developmental pediatrician consultations
- general pediatric consultations
- specialized clinics (e.g., The Self-Injurious Behaviours Clinic)
- dental consultations (coming soon)

Jobs Education and Training (JET)

JET is an innovative project aimed to support young adults with disabilities aged 19 years and older. JET is for individuals who are no longer eligible for school, but who still need to acquire skills in areas that can open up opportunities for meaningful participation, vocation and interaction in the community. Individuals work through module-based programming that centres on individualized goals supported by Board Certified Behavior Analyst (BCBA) standards and other behavioural guidance.

Little Pilots Inclusive Preschool

Little Pilots welcomes preschool-aged learners, including those on the spectrum and their typically developing classmates. By maintaining higher staff ratios than those seen in typical preschools, and having behavioural consultants on hand when needed to provide individualized, specific instruction to learners, Little Pilots sets up all learners on their optimal pathway to success. The preschool was designed from the ground up with the same consideration applied to the PAFN Richmond hub for individuals with high sensory or other diverse needs.

Employment Works

Employment Works is a 12-week program that offers employment preparedness training and support

to autistic adults and persons with disabilities. The program is designed for individuals who want to enter or return to the workforce, and who are willing to develop and practice the skills needed to support employment success. Employment Works focuses on three main themes:


- knowing yourself as a working person – e.g., strengths and interests, having a plan of action
- engaging in the culture of employment – e.g., learning about what bosses want, how to overcome challenges
- building skills for employment – e.g., how to network, social thinking skills

GO Group

GO Group is a multi-venture social enterprise that offers temporary supportive employment opportunities within the PAFN's hub. This program focuses on youth and young adults who want to, and are realistically able to, work in the food, custodial, landscaping and partner industries. The group

aims to improve employment equity by hiring youth and young adults and training them for jobs in the community by building vocational skills and providing real work experiences.

The PAFN is a community beacon for individuals and families receiving services at its hub and spoke locations. By providing access to respite and social programming across the lifespan, the PAFN fills the gap between traditional clinical service providers and social inclusion. Alongside standard programming, the PAFN also hosts community events where people can visit PAFN locations and enjoy holiday and themed activities in an inclusive environment.

If you think our services can help you or someone you care about, reach out by email, at info@pacificautismfamily.com, by phone, at 604-207-1980, or by visiting our website at pacificautismfamily.com. If you would like to learn more about ASD, AIDE Canada has the most up-to-date information, at: aidecanada.ca. 

related resources

Innovating for Autism Care: DWELL Stack

The PAFN has partnered with Amazon and the UBC Cloud Innovation Centre to develop and test an app that monitors biometric data alongside behavioural data to predict individual outcomes. These outcomes will be personalized based on individual requirements, with specific consideration for epilepsy, sleep disorders or other challenges.

By using models that compare data, PAFN and Amazon Web Services hope to drive the future of autism care for individuals, families and caregivers. This information will be especially relevant for individuals who are low- or non-verbal and who may struggle to effectively communicate medical challenges.

While the DWELL Stack project is still in its earliest stages, the PAFN is excited by this collaboration in the name of improving outcomes for everyone with autism spectrum disorder.

The Battle with Dyslexia

ALLEN TYSICK, BSC

Six famous figures learned to overcome their struggles with dyslexia and harness their strength to be leaders among us:

Allen grew up in a poor Catholic family and struggled in school due to dyslexia. He persevered and graduated from Carleton University. After a career in engineering, he studied religion and was ordained by the United Church of Canada. Allen will soon publish Muddy Waters, a non-fiction book about his 30 years working with homeless people



Photo credit: wernerimages at iStockphoto.com

- Cher: entertainer, actress
- Anderson Cooper: journalist
- Robin Williams: comedian
- Keira Knightley: actress
- Whoopi Goldberg: comedian, actress
- Allen Tysick: not too famous, but asked by a dear friend, Dr. Trudy Norman, guest editor of this issue of Visions, to write about my lifetime battle with dyslexia

When you are in a wheelchair or walking with crutches, a cane or a walker, others can see and, in some ways, understand your disability. Dyslexia is an invisible disability. Others cannot see it and therefore do not understand it.

Am I just being sacrilegious when I write, "I worship Dog"? Am I stupid when I write, "selery," "sentipede," "sircle," "sirus," "sity,"

"symbal," and "sent" instead of celery, centipede, circle, circus, city, cymbal and cent? Just think about the word "fone" (phone). All of us with dyslexia would love to meet the person that came up with that spelling in a back alley.

Let's talk about being embarrassed. I wrote a very public dissertation paper for McGill University's School of Religious Studies and a sentence read, "We are going to have an erection. We can use a hand." Yes, the word misspelled was election. My college still reminds me of that spelling mistake 40 years later.

In kindergarten, I had to put on the dunce hat and sit in the corner for refusing to read aloud and being laughed at by the class. Someone would make fun of my reading or spelling, and I would crack their nose

open. Someone in the schoolyard would call me a dummy and a fight would break out no matter how big the other student was. My nose was broken more than once, but overall, afterwards, I was still standing over my opponents.

Now, remember: we're talking 65 years ago. Dyslexia was not commonly understood as a disability. At that time, everyone was expected to read, write and spell. It was a requirement of our education system. The school eventually determined that because of my "violent outbursts," I would be transferred to a boys' vocational school—a place for the academically slow and boys with violent records.

On the first day at that school, I found myself in the principal's office. I broke the nose of our football team captain. He pushed a much smaller student down to the ground. I saw it happen. I just hit him once, and he fell down with a broken nose.

I spent more of my time at the Broken Qu pool hall on Preston Street in Ottawa than I did in class. I got pretty good at the game. Trigonometry became my friend, and I began to see math rather than learn in the classroom. Math, in some rare cases, is not learned. It is felt and understood logically. Despite my spelling and dyslexia, I loved solving and understanding math problems.

The word "dyslexia" tries to put all of us in the same box, but the truth is that dyslexia affects different people in different ways. In the more severe cases, letters and numbers are reversed and there are no spaces seen

between the words. For some, math and numbers cause a big problem. Yet for myself, math was just part of who I was.

Fighting was pretty standard in the pool hall, and I never backed down. It was one Saturday when a much larger boy called me an idiot. I flew across the pool table at him and the fight was on. Flying pool sticks and pool balls went across the room. Then I landed a good one and he hit the floor. I jumped on him and continued to pound him. I was pulled off by three others.

There he lay, unconscious in a pool of blood, and I saw him for the first time that night. I knelt beside him, wiping the blood from his face. I helped him to his feet. "You are damn tough," he said. No longer, I promise you that, I thought. I will use my brain, not my hands, from this day on. That was the beginning of my academic uphill battle.

When I graduated from vocational school, I was sent with other kids to Ottawa Technical Secondary School for two years of occupational training. At the high school, the Grade 9 academic class was called 9 AB; my class was called 9 OZ. That put it very clearly: they were the brains and we were the dummies.

I worked very hard at school—twice as hard as the other students—and I graduated with honours. If one has any handicaps, school can be very challenging. A classmate and good friend of mine who had dyslexia committed suicide the day we got our report card telling him, once again, he was stupid.

I had the academic qualifications to get into Carleton University's bachelor of science program. However, I had to meet with them due to my dyslexia. I was questioned to see if I could handle the academic qualification. I quickly answered: "My marks from high school say I could." It was at Carleton that I met an English professor. She was the first English teacher to say to me, "You are very intelligent." She asked if I would mind going for some tests to determine if I had dyslexia, which she suspected. Now, just think about the spelling of the word "dyslexia" from the viewpoint of someone who cannot spell. REDICULOUS!!!

I went for the test and found out I had dyslexia. This gave me a much better understanding of my disability, and for the first time I could say to myself: *I am not stupid*. I graduated with honours and went on to work at the National Research Council in Ottawa.

I received a calling from God to become a minister for the United Church of Canada. I applied to McGill University for religious studies and was accepted. This was a very tough go for me. McGill University had high academic standards, and I had to push myself day and night, never taking a holiday. I graduated and was ordained by the United Church. I worked as a minister for 10 years at the Brinston and Hubert-Valley United churches.

For all who have dyslexia, you stand among many intelligent people. Yes, you will have to work much harder than most, but you will also achieve more than most. ▼

Four Steps to Survive Academia

A GUIDE TO ACADEMIC ACCOMMODATIONS IN POST-SECONDARY EDUCATION

MATIA THEODOSAKIS

I love learning. For me, sharing knowledge and storytelling is how we solve problems and create change. As I prepare to graduate with a master's degree, I feel grateful to have had the opportunity to learn from professors and other students.

Matia is a student with mental illness completing her Master of Public Policy degree. She is a settler on the ancestral and stolen lands of the xʷməθkʷəy̓əm, Skwxwú7mesh and səliwətal nations. Matia's research area is accessibility in education. She invites anyone with questions or interest in this area to connect with her through LinkedIn



Matia Theodosakis

But being in school was brutal. Having a mental illness meant I was managing symptoms and treatments on top of school work. I knew it would be challenging, but I didn't know how unsupportive academic spaces would feel.

Yet, schools can do a lot to improve access to post-secondary education. My research is on how student supports, better accommodations, creating healthy campus culture and universal design for learning (or UDL, a framework to make education accessible for all learners) can make schools more inclusive. But while academia sorts itself out, I wanted to share one

of the supports I wish I had known about when I started school: academic accommodations.

Academic accommodations are changes to the learning environment, curriculum or equipment that allow students to access course content and complete their requirements. Accommodations are regulated and authorized by the school. The process has its problems, but accommodations can make schools more accessible. I wouldn't have made it through without mine.

The following are four steps to pursue accommodations and suggestions for navigating the process.

1. Register with your accessibility provider

Your accessibility provider will likely be called the “accessibility centre” or “disability services.” The size and scope of your provider will depend on your school. Register as soon as you can. It’s helpful to know what kind of documentation you will need (see step 2), since you will often be given accommodations after completing this.

If you are still deciding on schools, asking to speak with an advisor ahead of time may help you decide which school’s approach is best for you. You will need to disclose a medical disability to receive accommodations. This is an outdated requirement and should not be asked of you, but that’s what we’re working with for now.

2. Provide required documentation

You will need to provide medical documentation specific to your disclosed disability. Your accessibility provider will let you know exactly what is needed and from which type of doctor. If possible, I recommend discussing possible accommodations with your doctor; have a frank conversation about what would best suit your learning needs (in the sidebar I have included examples of barriers and challenges).

3. Meet with an accessibility advisor

You will meet with an advisor to decide on accommodations and meet again if you want to change your accommodations in future semesters. It’s helpful to make a list of accommodations you have tried in the past (if you had any in high school or at work) and those you would like to

At their core, accommodations are a support to help students with diverse minds and experiences join conversations and contribute to their classrooms, schools and communities — and we need those voices in academia.

”

try. Beside each one, write a clear description of why it has helped (or might help) you learn. Bring this list into your meeting.

For example, I might say, “In high school, I had the accommodation for an alternative room to take my exams. I want to continue with this accommodation, as in-class exams have caused panic attacks in the past, and the separate room has helped with the symptoms of my anxiety disorder.”

Your advisor will have the final say on which accommodations you can use. Some advisors will be receptive to your ideas while others won’t. Having a rationale behind each will give you a better chance of getting your needs met. In the sidebar, I have included a number of examples of specific accommodations.

Having conversations about accommodations can be taxing. Recognizing this and finding time for self-care before and after meetings is helpful. Remember: you are the expert in how you learn, not your doctors, advisors or instructors.

4. Notify instructors

Your accessibility provider will likely notify your instructor at the beginning of the semester that you have regis-

tered with them. Discuss the syllabus and your accommodations with your instructor as early as possible.

Review the course syllabus (ideally before your first class), identifying requirements where you can use your accommodations, such as in tests and assignments, and prepare an informal proposal. For example, if I have the accommodation “alternatives to oral assignments,” I might propose: “Instead of the five-minute presentation listed on the syllabus, I can provide a five-page report or five-minute filmed submission.” Communicating throughout the semester helps remind instructors of your arrangements, especially in larger classes.

Some instructors build accessibility into their course design (I will be thankful to these people until I die). However, other instructors may not be willing to make their classes accessible. If your instructor doesn’t honour your accommodations, you can contact your accessibility provider to help resolve the issue. If they can’t help, you can also contact your school’s advocacy office.

It is up to you how much you disclose in your conversations. Your instructor does not need to know the

related resources

The table below¹ shows examples of academic accommodations, but I encourage you to think about what works best for you and your learning style.

Barrier	Examples	Potential Accommodation
Medication side effects	drowsiness, fatigue, blurred vision, hand tremors, slowed response time	<ul style="list-style-type: none"> exams begin/end by a certain time extended testing periods
Time pressure and task limits	difficulty managing assignments and meeting deadlines, inability to multi-task	<ul style="list-style-type: none"> deadline extensions early availability of syllabus/course materials
Limits to stamina	difficulty sustaining energy all day	<ul style="list-style-type: none"> one test/exam per day priority registration
Social limits	difficulty getting along, contributing to group work and reading social cues	<ul style="list-style-type: none"> alternatives to group work pre-arranged breaks
Environmental stimuli limits	inability to block out sounds, sights or odors that interfere with focus; limited ability to tolerate noise/crowds	<ul style="list-style-type: none"> a reduced-distraction testing environment preferential seating
Severe anxiety	anxiety that results in someone being emotionally and physically unable to complete tests/ assignments	<ul style="list-style-type: none"> alternatives to traditional tests written assignments in lieu of oral assignments and vice versa
Concentration challenges	restlessness, shortened attention span; difficulty understanding/recalling verbal directions	<ul style="list-style-type: none"> notetaker recorded lectures

specifics of your diagnosis. They are obligated to provide your approved accommodations.

Recommendation: Find community

Student communities are helpful for sharing strategies and emotional support during your degree. Communities of students with disabilities and neurodiverse students are likely to share information related to accommodations. Student groups or clubs may be listed on your school’s website, or your accessibility provider or counselling services may be able to connect you.

At their core, accommodations are a support to help students with

diverse minds and experiences join conversations and contribute to their classrooms, schools and communities—and we need those voices in academia. I hope to see schools become accessible and welcoming to all minds and experiences. Meanwhile, know that there are communities within academia waiting to welcome, support and celebrate you. ▽

Living with Intersecting Disorders

LAUREN GULA

Early life

In preschool I remember having a lot of difficulty participating in group activities. It was the first time I noticed that I struggled doing things other people seemed to do with ease. My caretakers called in my mom several times to sit with me during class.



Photo credit: AaronAmat at ©iStockphoto.com

Lauren (she/they) is earning a master's in counselling psychology at Adler University. She is queer, neurodivergent and proudly living in a fat body. Drawing on their eclectic performance background, they teach dance to women and femmes, enabling others to connect with their bodies, express themselves and feel empowered. Lauren is on a healing and recovery journey and honoured to share experiences with those on a similar path

Trouble in school continued as I got older, but my elementary-school teachers couldn't exactly call my mother in to sit with me and help me participate. Teachers often gave up on me. I thought I was unintelligent because I couldn't concentrate in class or process information like others. Doing well in school seemed inaccessible, and I felt incompetent in many areas of my life. These experiences of feeling like an outcast shaped me profoundly.

My experience of ADHD

I have always had a million things going on in my brain at one time. There is no break from the noise of ideas bouncing around in my head. I

have a hard time compartmentalizing, difficulty with time management and I often struggle to process information. I can get overwhelmed by tasks and, due to a lot of black-and-white thinking, my time management fluctuates between good and terrible. I have to do everything all at once or nothing at all. When I'm in that overwhelmed state—which happens far more often than I would like—I experience paralysis. For me, that means a complete inability to begin tasks and procrastination to the point of self-sabotage.

I now understand that these are aspects of my attention-deficit/hyperactive disorder (ADHD).

And as I reflect on the connections between those parts of myself and my co-existing eating disorder, I see that so much of the development of my eating disorder came with my desperate need to fit in with my peers. It was a way I could see myself as successful. Maybe I couldn't grasp certain concepts as well as other people, but it made perfect sense to me to lose weight and make my body smaller. It was something I could be competent at, at least for a time. Challenging myself to eat less and absorb fewer calories made me feel confident.

A social focus on thinness

As a teenager, fitting in was the most important part of my life. I grew up

in an area where the culture was superficial, focused on what we looked like and what we could afford to buy. Eating disorders were prevalent among the teens at my school, and people who had them were envied. Disordered eating habits helped me to make social connections and feel like part of the crowd.

My eating disorder felt safe—controlled, clear and easy. I learned from a young age that living in a thin body meant you held power. When I was not thin, I felt powerless and invisible, and people treated me differently. There was only one logical solution. I loved the attention and power that came from going from larger bodied to thin.

ADHD drugs make you lose your appetite. I wasn't diagnosed in high school, but the medication was extremely easy to get. I just needed to say I had trouble studying and someone would prescribe the drugs, no questions asked. Most people I knew had a ready supply and used them to dull their appetites. I would take more than I should because I knew it would make me eat less and stay slimmer. I loved that aspect of the drugs. I felt confident in my body and my ability to control it, at least some of the time.

Life with disorders that intersect

Family members, friends and teachers often saw my ADHD paralysis as laziness. I didn't have the language to explain what was really going on, so I accepted that story about me. But this contributed to my self-esteem issues. My way of combatting the notion that I was inherently lazy was to work out excessively. People who worked out every day were admired and never called lazy. Family and peers praised me for it, and exercise became a huge source of validation.

I was completely fixated on my eating and exercise habits, often taking them to the extreme. From around age 12 and into my late twenties, I obsessed about what I ate, when I ate and how much energy I could burn. There was no moderation or middle ground. I would eat everything or nothing. My experience of hyper-fixation was (and is) that I often cannot maintain the behaviour I'm fixated on. The black-and-white thinking I struggle with doesn't help. When I would inevitably fail at a diet or exercise plan, it would be a huge knock to my ego, and I would beat myself up.



Photo credit: triocean at ©iStockphoto.com

Diagnosis brought a lot of validation and understanding about my previous behaviours, but it also made me sad for the younger version of myself who lacked the tools and confidence to thrive. I have found so much power and healing in learning about how my identities intersect.



Diet culture fails because it is a vicious circle of immediate gratification followed by loss of control. You cannot maintain excessive exercising or portion control forever, particularly when you are struggling with ADHD. Fixating on losing weight and exercising would temporarily relieve me of feeling like a failure—a strong motivation to keep up unhealthy patterns of behaviour.

Insight and sadness after diagnosis

That's now in the past. I have been in recovery for my eating disorder for four years. I finally realized that the lifestyle was unsustainable and I was making too many sacrifices. The lengths I was going to in order to keep my body small were what led me to a solution: on social media and in my social circles, I found an informal

community of like-minded people who were fighting the societal narrative about diet culture and body image. With their support, I found the power to deconstruct my narrative and began my journey of unlearning. I sought out counselling as part of my commitment to myself, and this helped me better connect with my needs and find self-love from within.

It took a lot of effort and growth to take an honest look at my habits and patterns. After years of struggling with my state of overwhelm and my resulting paralysis, I was determined to seek out answers. I was formally diagnosed with ADHD in 2021. Diagnosis brought a lot of validation and understanding about my previous behaviours, but it also made me sad for the younger version of myself who lacked the tools and confidence

to thrive. I have found so much power and healing in learning about how my identities intersect.

Acceptance

Accepting my truest self has been meaningful and profound on my journey of self-discovery and healing. Struggling with an eating disorder is not something I would wish for anyone, but recovery is possible through support from your community and accepting that while an eating disorder may be a part of your life, it does not define you. Your body is worthy of love and acceptance at every stage of your journey.

There is no cure for ADHD and it can be hard to navigate, but I also believe that acceptance, giving yourself grace and working with your strengths are empowering ways to move forward. ▽

HELP US HELP THE ENVIRONMENT

Do you receive an individual print subscription to *Visions* at your home?

Help us save trees and reduce our carbon footprint by subscribing to eVisions instead. It's all of the same print content of *Visions*, but in email form. If you'd like to switch your subscription, please email us at: orders@heretohelp.bc.ca.



The Great Unmasking

HOW UNEMPLOYMENT HELPED ME REDISCOVER MYSELF AND EMBRACE MY ADHD BRAIN

CARLY JOHANNSON

In June of last year I was let go from my job. I can't say I was expecting it (who is?), so naturally, it came as a pretty huge shock. I felt blindsided but told myself it was for the best. I soon disappeared, without a trace or another word, from the only corporate environment I'd ever known.

Carly is a 27-year-old writer and fierce mental health advocate living in Vancouver. She hopes to someday blend her passion for words and her experience with anxiety, depression and ADHD into the creative profession of her dreams—she's still figuring out what that's going to be



Carly Johannson

Even though I accepted the situation for what it was, I couldn't help but overthink everything that had brought me to that point, and about what I could have done differently. I started to obsessively analyze every piece of feedback I'd been given in my work life, both the positive and negative. I was highly creative but lacked confidence and focus; I was an excellent writer but unorganized, with terrible time management; I had good ideas but was either too soft-spoken or too emotional.

Instead of finding a sense of clarity, I was just left feeling more confused and a lot like I had failed. If I'm being honest, it felt like I had never fit in to begin with. It turns out I

had undiagnosed and unmanaged attention-deficit/hyperactivity disorder (ADHD).

Reassessing and relearning

Being diagnosed with ADHD as an adult is disorienting, to put it lightly. I'd never considered I had it until I was spending every day alone with my thoughts. I finally got tested as a last-ditch effort to explain my declining mental health. I'd always thought I was just severely anxious and a bit depressed. I had no idea my brain worked differently than most of the people around me.

From that point on, many of my symptoms made sense. My paralyzing decision-making anxiety. My

screaming thoughts and inability to hold a conversation. The constant, jittery restlessness and intense emotional reactions. Even my work “failures” — all explained by an acronym I’d never thought twice about. My head was spinning with new information, and I knew I needed time to process it. I promised myself I’d take at least the summer off before attempting to look for work again. Truthfully, I had no idea what a job would even look like for me now.

A funny thing happens when you discover something life-altering about your mind and behaviour: suddenly it’s all you can see. It was like taking off a mask I’d been wearing my entire life. My brain felt both free and overexposed. One minute my thoughts were pure chaotic nonsense, the next I felt like I had superpowers. I was flooded with the desire to do things and act in ways I thought I’d left behind. I felt confidently impulsive and unfiltered, then wildly anxious, thinking I’d said the wrong thing or made an irresponsible choice.

The whiplash was isolating and overwhelming until I learned that the unmasking sensation was common.¹ I had quite literally been masking my ADHD traits, thinking I was managing them. Now I was in a game of tug-of-war with my own personality. I started re-evaluating everything I thought I knew. It was like starting a puzzle from scratch.

I had often mourned aspects of my childhood and adolescence for reasons I could never quite explain. The more pieces I put together, the more I understood why: I used to let myself be whoever I wanted, then, without even realizing it (until now — thanks,

therapy!), I listened too closely whenever I was told I should be somebody else. The “mature” adult I’d prided myself on becoming wasn’t bred out of self-awareness, like I thought. I was just overcorrecting (read: masking) behaviour that seemed undesirable to the people around me and getting praised for “mellowing out.”

I took what I thought were flawed personality traits and instead of harnessing the good parts of them, I tossed them aside. Imagine my surprise when I learned that maturing isn’t the same thing as moulding yourself into someone you think everybody else would prefer. At 27 years old, I felt like I was looking at myself for the first time.

New awareness, new direction

What does all this have to do with me finding a job? Everything. And that’s the point. As I cautiously dipped my toes back into the job pond, I knew I needed to find in my next role what I hadn’t had in my last one: the space and permission to be authentic and supported.

The problem was it didn’t feel possible. Reading through job descriptions, I felt myself shrinking again. With every rejected application and interview I didn’t nail, I felt more and more like I didn’t belong. I’d figured out how to manage my symptoms in healthy ways, but nobody seemed to care. They just wanted someone who checked all their boxes, someone they wouldn’t have to accommodate. It was exhausting. It still is, but it’s even more exhausting to put back on the mask I only just learned how to take off.

If my former self knew what I know now, she would have plenty to say. Since I can’t go back in time, all I can

do is offer advice to anyone hiring or managing someone with ADHD. Don’t assume they’re not good at their job because they lack certain skill sets — some of the best ideas are born from disorder. If they’re struggling, ask them what they need, then actually give it to them — you’ll be glad you did when you’re the one watching them thrive. Fewer people learn faster than a neurodiverse brain with a bit of passion and support. Take a chance and believe in one. You’ll soon have a creative superhero on your hands.

If you’re hoping for a happy ending for my job search, you won’t find one yet. But that’s not the takeaway. The takeaway is everything else I found along the way. For the first time in my life, I feel like I know myself and my value. For years, I trapped myself in environments that made me mask who I really was because I wanted stability over freedom.

To anyone who has done the same, know that it’s not worth it. Know that your brain, neurodiverse and all, is precious and worthy of accommodation. Know that you’re allowed to prioritize giving your unique mind what you feel it needs, without shame or guilt — whether that’s journaling, exercise, medication or anything in between.

Know that asking for what you need isn’t an inconvenience, and if someone tells you it is, they have a lot to learn and they don’t deserve you. Know that you should never have to stretch, shrink or mould yourself into someone you don’t recognize because somebody else says that’s how you’ll succeed. If you’ve figured out how to embrace the parts of yourself you’ve forgotten, you’re already succeeding. ♡

Finding Their Currency

ONE WAY TO WORK WITH NEURODIVERSE YOUTH

NICOLE PANKRATZ, BA HON, TESOL CERT

In the late 1990s I worked as an English teacher at an international school in downtown Vancouver. I didn't know the term *neurodiversity* back then. All I knew was that a young man from Japan in my Level 1A class could communicate but could not pass the written test needed to move on to the next level.

Nicole works as a community engagement coordinator and youth support worker at Tillicum Lelum Aboriginal Friendship Centre in Nanaimo, BC. She's also a freelance writer and curriculum developer



Nicole Pankratz

Yoshi was in my class three times. Each time, he entertained the class with stories told through body language, pictures on the whiteboard and a few English expressions. But when it came to test time, he couldn't fill in enough blanks or circle enough right answers. I was ashamed I hadn't helped him succeed. I suggested trying a different class with a different teacher. Instead, he asked if I would tutor him.

Tailored tutoring to reach youth

During our 90-minute, twice-a-week sessions, I learned a lot about Yoshi. For instance, he worked as an assistant mechanic at his father's business in Japan. And he paid his rent by working as a human statue on Robson

Street. When he showed me his long white gown, I was taken aback. I'd passed by his performance many times but hadn't recognized his face under his heavy makeup.

I worked with Yoshi for two months. Then I took on other students who said they didn't feel right in the regular system. Each session, I focused on practising language skills, but I also wrote down what we talked about in a notebook the students could keep and review later—our own evolving textbook. The students learned only what was relevant to them.

We practised everyday expressions and conversation at native-speaker

speed to improve their chances of befriending same-aged Canadians. Often I'd send students into cafés or stores where they had to use what they'd learned on native English speakers. I'd wait outside to hear how it went. I loved seeing them come out smiling. It meant they were proud of themselves. If they came out looking embarrassed, we'd discuss it and I'd usually encourage them to try somewhere else.

Leaving no youth behind

A decade later I was a mom taking care of kids and step-kids, one of whom struggled with basic literacy skills. Nobody knew exactly why she struggled. But all the adults around her seemed to believe she had a disability that would prevent her from succeeding at school. I didn't believe that, and I didn't think it was right to give up on her.

At the time, I was still working as a tutor and also as a home-based writer. When I wasn't working, I created games and activities suitable for a group of kids of varying ages and abilities. That way, my step-daughter could participate without standing out.

One summer I gathered kids from the neighbourhood and launched a multi-age literacy program called the Ladybug Club. I appointed my stepdaughter as my helper, thinking she might be inspired by the sense of responsibility. I was searching for her currency—something that would motivate her to want to spend time learning at the level of her peers. She enjoyed having younger kids look up to her, but she didn't put much effort into the activities.

Looking back, it seems that what worked best with all types of youth I worked with was: (a) focusing on what mattered to the student and (b) making the experience as enjoyable as possible.



As she approached her teenaged years though, she wanted to use social media and participate meaningfully in a youth group. That's when she saw that it was worth working hard at reading and math, even though it was challenging. She pushed herself to graduate from high school at the same time as her friends, and with good enough grades to get into post-secondary programs. She showed that with determination and support, it's possible for youth to reach goals that are important to them.

Looking back, it seems that what worked best with all types of youth I worked with was: (a) focusing on what mattered to the student and (b) making the experience as enjoyable as possible.

Side School

In the fall of 2022 I used what I'd learned to create Side School, a trauma-informed tutoring service designed for youth ages 10–18 who are not in school or have few connections to school.

Side School¹ offers one-hour tutoring sessions in coffee shops, malls and other public spaces. Each lesson, facilitated by outreach workers, leads with a spark—a song, story, game or other type of conversation starter. Next, we use a set of questions from a

style of learning called philosophical inquiry. These are open-ended questions that guarantee there are no “right answers,” but rather, offer youth and adults the chance to share thoughts and feelings.

After that, we have optional extension activities. These encourage creative expression in the form of artwork, writing, music or a follow-up project. All the activities build on the youths' ideas and strengths. Youth participants are given a gift card for each hour they spend meaningfully engaging in Side School conversations and activities.

Youth with considerable challenges, including homelessness, mental health problems and substance use issues, can feel at ease with Side School. That's because it's a non-judgmental program committed to letting them take the lead. They decide where conversations and activities go. For neurodiverse students, like those with ADHD or autism spectrum disorder, Side School provides an opportunity to focus on a topic and task, even if it's something they don't particularly like.

The philosophical questions may encourage them to think about things they aren't used to talking about. And many of the activities invite them to use their neural differences as advantages in learning and expressing

related resources

Side School lessons are based on ideas borrowed from a range of Indigenous and non-Indigenous health promotion resources. These include:

- *A Life Promotion Toolkit by Indigenous Youth*, prepared by the Thunderbird Partnership Foundation: wisepractices.ca/life-promotion-toolkit
- *The Cannabis and Mental Health Course and Mentor Guide*, prepared by the Schizophrenia Society of Canada in partnership with the Mental Health Commission of Canada and YouthREX: cannabisandmentalhealth.ca
- *iMinds*, a collection of K–12 drug and gambling literacy resources prepared by the Canadian Institute for Substance Use Research: uvic.ca/research/centres/cisur/publications/helping-schools/iminds/index.php

themselves. For example, one project asks youth to offer solutions to an ecological problem involving teens and others who use tobacco or cannabis (like what to do about discarded cigarette butts and roaches). Another project addresses gaps in youth housing and services. Several lessons are based on exploring song lyrics, identifying themes that matter to youth and bringing metaphors to life through art.

Some neurodiverse youth have struggled with the questions in their Side School lessons. Some have said they haven't been asked questions like that before and they needed time to think about them. But in the end, they've said they enjoy the conversations. Those helping with the youth housing challenge showed appreciation for having their ideas put down in writing. They said they believe their suggestions will help other youth. One student even contributed to the collection of Side School lessons by writing a complex poem for others to discuss.

The Side School approach can help build a trusting relationship between

a caring adult and a youth. It gives the adult ample opportunity to model respectful dialogue and compliment the youth for their insights, knowledge and efforts.

Youth benefit by being respectfully listened to and taken seriously. And they're paid for their sincere contributions. For youth dealing with big challenges, you could say their currency is real currency, in the form of gifts cards for grocery stores or their favourite shops. To find out more about Side School, contact me at niki@cannabisandmentalhealth.ca. ▽

“Just Go for a Walk”

AN OVERLOOKED, EFFECTIVE TREATMENT FOR DEPRESSION

RONALD A. REMICK, MD

As I observe trends through my work as a psychiatrist, I notice that the lines between treatments for mental illness and interventions for mental wellness are increasingly blurring.



Dr. Remick is the Medical Director, Psychiatric Clinics at the Mood Disorders Association of BC.¹ The Association offers novel medical treatments for mood and anxiety disorders. Dr. Remick has published over 200 scientific articles on mood disorders and has been honoured by awards from the Canadian Psychiatric Association, the Canadian Medical Association and Canadian Mental Health Association

Regular physical activity is likely among the most effective of all medical treatments. Based on my years of experience, I believe regular physical activity should be considered a super “polypill” that can prevent or lessen the risk of over 40 different medical disorders. Regular physical activity reduces the risk of a heart attack, stroke, breast cancer, diabetes, high blood pressure and Alzheimer’s disease by 30%. It lessens the risk of colon cancer by 40%! Physical activity results in healthier sleep patterns, better weight control, stronger bones and more flexible joints. The risk of colds and flus is dramatically reduced.

Physical activity combats depression

So what “prescription” of regular physical activity do we need in order to get all these benefits? Just 30 minutes per day of moderate walking. Further, those 30 minutes do not have to be in one session. Walks of 10 + 10 + 10 or 5 + 5 + 20 are just as effective as 30 consecutive minutes. And for the newbies to physical activity, you can get considerable benefit even from a 10-minute or 15-minute intervention in a day. (Note that I stay away from the word “exercise” because many people associate it with “hard work.”) As for mental wellness, regular physical activity results in more



Photo credit: TrongNguyen at ©iStockphoto.com

In the Mood Disorders Association of BC’s Jump Step program, we ask our participants to go by a schoolyard at recess and just close their eyes and listen. Can they hear the squeals of glee, the laughing, the screaming? That’s exercise bliss.



energy, a brighter mental outlook and an increase in self-esteem. In terms of mental illness, we know that regular physical activity can decrease the risk of anxiety and depression by 30%.

In terms of depressive illness, which I will address in the rest of this article, the evidence is unequivocal: regular physical activity (i.e., 30 minutes of moderate walking) will result in significant improvement, if not full recovery, from depressive symptoms in close to 55% of people struggling with a depressive illness. Countless research studies in which regular physical activity was delivered to patients with depression show these positive results. Many studies that have compared regular physical activity to an antidepressant medica-

tion and to cognitive-behavioural therapy — two standard treatments for depression — show equal effectiveness from all three (i.e., about 55% of subjects improve).

Indeed, several large studies² examined all the research on exercise as a treatment for depression and had this advice for researchers:

- do not do further studies on the effectiveness of physical activity to treat depression; we know unquestionably that it is highly effective as a treatment for depression
- develop programs and interventions to offer patients with depression regular physical activity

Lessons learned on encouraging physical activity

While there is still much to discover, we know quite a bit about delivering exercise to patients with depression. Here are some key takeaways:

1. Increasing physical activity is often easier said than done. It isn’t easy for a person struggling with a depressed mood, low energy or little motivation to become physically active.
2. For a small percentage of people with depression, a “prescription” or direction from a health care professional (“I want you to exercise more”) is all that is needed, just as we have previously known that a doctor’s direction to “lose weight” or “stop smoking” can be helpful for a minority of patients.
3. Group-based programs are important: 70% of people prefer to exercise with others.³
4. A small percentage of people commit to long-term, regular physical activity if they “put flesh in the game” by paying to join a gym or buying a home piece of exercise equipment, or if they receive incentives or rewards for their activity.
5. By far the biggest incentive for embarking on and continuing regular physical activity is if the activity IS FUN.

Making physical activity blissful

In the Mood Disorders Association of BC’s Jump Step program, we ask our participants to go by a schoolyard at recess and just close their eyes and listen. Can they hear the squeals of glee, the laughing, the screaming? That’s exercise bliss. It happens when you find an activity that resonates with

you and that you will want to continue because it's FUN, just like when you were a kid playing in the schoolyard. Research suggests that a commitment to regular physical activity happens when you feel this way.⁴

My colleagues and I have been committed to offering exercise interventions to treat depression. We currently offer three free programs (some require a referral from a family physician). All three are virtual, group-based activities that happen over eight 90-minute sessions:

Jump Step: Jump Step combines home-based physical activity (directed by a certified exercise therapist) with motivational training, like setting small weekly goals. All you need to take part is an exercise band and a yoga mat (furnished by the program). A door jamb is optional! See: mdabc.net/additional-medical-treatments/jump-step-exercise-for-the-treatment-of-depression-2/

JOY-TH (Journey of Yoga Therapy for Healing): JOY-TH combines physical activity, cognitive-based mindfulness training and yoga. Each class consists of an initial discussion and education, followed by breathing exercises (called pranayama, in Sanskrit), mindfulness meditation (dharana), physical postures (asanas) and reflection. No prior yoga experience is necessary. See: mdabc.net/additional-medical-treatments/joy-th/

Moves for Mind and Mood: Moves for Mind and Mood offers seniors (ages 60 and up) a gentle program using static (seated) and dynamic (movement-based) mindfulness practices, including:

- interoceptive meditation, where we focus on the body's signals
- mindful movement, which is drawn from Buddhism and yoga
- mindful execution of Tai Chi-like manoeuvres, which are adapted from a Chinese martial art called Wing Chun that is well suited to seniors

No prior martial arts experience is necessary. See: mdabc.net/additional-medical-treatments/moves-for-mind-and-mood/

When someone suggests "Let's go for a walk!" don't hesitate. It can be a very powerful intervention for the treatment of depression. And remember: when we go for a walk in the woods or by the water, we get the added benefit of lessening anxiety. Sometimes called "green therapy," or shinrin-yoka in Japanese (forest bathing), walking in the woods can calm us, and walking by the water, sometimes called "blue therapy," can be fun and relaxing! ▼

Discussing Canada's New Guidance on Alcohol and Health

ADAM SHERK, PHD

As a member of the scientific committee that helped write Canada's Guidance on Alcohol and Health, I was as surprised as most people about how much the research connecting alcohol and our health has evolved in the 10 years since the last guidance was written.

Adam is an alcohol epidemiologist and alcohol policy researcher at the Canadian Institute for Substance Use Research at the University of Victoria. He's also a small plot farmer, soccer player and backcountry hiker who likes reading books about public policy



A key takeaway of the process, for me, was that drinking alcohol is more harmful for our health than we previously thought. We should learn more before deciding what level of risk we might be comfortable taking when it comes to using alcohol. As we reviewed the research in this area, we found that, in addition to causing known health issues like injuries, car collisions and liver cirrhosis, drinking alcohol also causes many other chronic health conditions, like colon cancer, breast cancer, heart disease and stroke.

As alcohol is Canada's most common drug and often takes a central role in our society, I was struck by how few of us know about these risks. One of these knowledge gaps is that

less than 50% of Canadians know that drinking alcohol increases the risk of cancer, despite the scientific community reporting this for over 30 years. Another gap: the new Guidance recommends limiting our intake to a certain number of standard drinks per week, but the number of standard drinks isn't labelled on alcoholic beverages, making it difficult for us to follow the new Guidance if we choose to do so.

So, what's the new advice on alcohol and health?

The main takeaway for all of us in Canada is that, when it comes to alcohol and our health, drinking less is better. Contrary to what we may have heard about a glass of red wine per

day, there's no amount of alcohol that is good for health. Many things we do in our lives carry some risk, so many of us will probably continue to drink. The new alcohol advice recognizes this and gives us information about the health risks to help us consider how much alcohol we drink in a week. Something else to keep in mind is that this new guidance is about alcohol and health—it doesn't consider the social and cultural uses of alcohol in Canadian society.

What's in a drink?

Drinking advice is described in terms of "standard drinks," which we can think about as a serving size of alcohol. A standard drink looks at the pure alcohol our drink contains. How much liquid you actually drink depends on the beverage, so it's different for beer, wine and hard spirits like whisky, vodka or rum. A standard drink is contained in a bottle of 5% beer, a 5-ounce pour of 12% red wine, a 1 1/2 ounce shot of spirits or a can of 5% cider or cooler.

No-risk and low-risk drinking

The scientific process we followed to write the new alcohol advice found that the only way to completely avoid health risks from alcohol is to not drink. This is true for all our behaviours that involve some risk to our health without any balancing health benefit, such as driving a car. To build out this comparison a bit, and strictly in terms of health, we can say that driving a car is an activity that has no health benefit but brings some risk for health every time we do it, both in terms of a possible accident and, especially, due to physical inactivity when we miss a chance to exercise. For both alcohol use and driving, the only

way to completely avoid health risk is to not expose ourselves to the activity. But just as no one will order you to avoid driving completely for your health, the new Guidance on alcohol will not tell you what you must do. But it does say that having one or two drinks per week carries little health risk, and you'll likely avoid health consequences for yourself and others.

Moderate-risk drinking

Drinking between three and six standard drinks per week carries a moderate risk of developing health conditions caused by alcohol, such as cancer, heart disease and stroke. To reduce the risk, we should spread these drinks over several days. To keep our risk moderate, the advice recommends that, whenever possible, we shouldn't have more than two drinks on any day.

Higher-risk drinking

When we drink more than about one drink per day, or seven drinks or more in a week, the chances that we'll develop cancer, heart disease or stroke, or that we'll be injured or injure others because of our drinking, begins to increase more steeply.

Takeaways

Drinking alcohol is more harmful for health than was previously thought, so it may be time to rethink the way we drink. All types of alcohol—beer, wine, hard liquor—convey the same amount of risk based on how much pure alcohol they contain, so learn what a standard drink is and, if you drink, count your drinks. The new advice doesn't tell us how much to drink, but it does provide risk information based on how much alcohol we use in a week to support our decisions in regard

to alcohol. Have a look at the new Canada's Guidance on Alcohol and Health if you're interested in learning more.

Another takeaway for me is that Canadians have a right to know the potential harms that drinking alcohol can cause, like cancer and heart disease. A cancer warning and standard drink information could be required on products containing alcohol. That way, those of us who drink can have more information about health.

Learn more about Canada's Guidance on Alcohol and Health at ccsa.ca/canadas-guidance-alcohol-and-health. **V**

resources

Canadian Centre for Diversity and Inclusion

Educational resources on neurodiversity

ccdi.ca/media/3359/20220411-educational-resources-on-neurodiversity-old-branding.pdf

This resource lists webinars, books, films and videos, reports and tools, podcasts, and Instagram accounts that cover many different aspects of neurodiversity, inclusion, and accessibility.

Centre for Interdisciplinary Research and Collaboration in Autism, UBC

Autism and Neurodiversity in the Workplace
circa.educ.ubc.ca/autism-in-the-workplace

Autism and Neurodiversity in the Workplace is a free self-guided online program for employers, human resources professionals, managers, and anyone who supports inclusive workplaces. You'll learn more about autism and find practical strategies to develop more a more inclusive workplace. Autism and Neurodiversity in the Workplace is endorsed by the Chartered Professionals in Human Resources BC & Yukon and pre-approved for CPD hours.

dis assembly

dis-assembly.ca

dis assembly is an arts collective that affirms neurodiversity outside of pathologized experiences and uses creativity, play, and movement to shift understanding, rethink relationships, and develop mutual support. On their website, you'll find art, poetry, writing, and video, and publications.

Autism BC

autismbc.ca

Autism BC supports people of all ages with autism and their families. They provide information about autism, systems navigations to help individuals and families through health systems and income supports, clubs, and support groups online and in-person around the province.

Dyslexia BC


dyslexiabc.ca

Dyslexia BC supports families of students with dyslexia, advocates for dyslexia awareness, and works to bring best practices into education systems so all students can thrive at school.

Vancouver Island Adult ADHD Association

islandadhd.ca

Vancouver Island Adult ADHD Association is a peer support group for adults living with ADHD on Vancouver Island. They meet online every second Tuesday and their website provides many resources on managing adult ADHD.

 This list is not comprehensive and does not necessarily imply endorsement of all the content available in these resources.



heretohelp

Mental health and substance use
information you can trust

Suite 905, 1130 West Pender Street
Vancouver BC V6E 4V4 Canada

