

**ARLINGTON CENTER FOR THE ARTS
VACATION ARTS CAMP
SUMMER 2023**

AGENDA

Date: May 16, 2023- 6:00pm-9:00pm

- Introduction games
 - Name/pronouns with safe gesture
 - Zip Zap Zop
 - Anything Fabric
- Questions & Answers:
 - What is inclusion?
 - What experience have you had working with neurodiverse populations?
 - Who is doing what this summer?
- Introduction to Inclusion:
 - Rethinking Disability
 - Inclusive Language
 - Increasing Access
- Neurodiversity Definitions
- Teaching Tools
 - Strategies
 - Emotional Wellbeing
 - Lesson Planning Modifications
 - TASKS: Small groups
 - TASK: Partners
- Questions/Takeaways

Notes:

Erin's Email: erinronderneves@gmail.com

Erin's Days On-Site: Mondays & Thursdays

4 Key Points to Working With Neurodiverse Populations

1. INCLUSION IS THE GOAL
2. KNOW THE FACTS
3. ASK FOR HELP
4. ENGAGE WITH STRATEGIES

INTRODUCTION TO INCLUSION

(INCLUSION IS THE GOAL)

Rethinking Disability:

1. Definition: A disability is a functional limitation that interferes with a person's ability to walk, hear, talk, learn, etc.
2. Disability is not a diagnosis. It is the product of a social and physical environment.
3. There is no such thing as normal.
4. We have the ability to disable or enable people in our space.
5. Special Education is just GOOD TEACHING!
6. One size fits none!



Inclusive Language:

1. Use: "typical" versus "normal." Ex) neurotypical or neurodivergent/neurodiverse
2. Speak to the person first, not the disability or identity of diagnosis.

PERSON-FIRST	DISABILITY-FIRST/IDENTITY-FIRST
He is a person with a vision impairment.	He is blind.
I have autism.	I am autistic
They have a hearing impairment.	He is special ed.
He is a person with a disability.	FDR was a disabled politician.

- Emphasize abilities, not limitations.
- If WE normalize it, they will normalize it. It's "no big deal." Address it when necessary and then move on.
- Always answer questions, even awkward ones. No need to feel bashful!
- Don't give excessive praise or attention to people with disabilities; don't patronize.
- Talk to them like you would anyone else. Common phrases and mistakes are ok!

Examples of Increasing Access for a Neurodivergent Student:

- Choice and independence are important; let the person do or speak for themselves as much as possible.
- It's a process! It's ok to make mistakes when interacting with students with disabilities. Be transparent with students about them, so that you can build trust. Apologize, learn from it and move on!
- Always ask before you help.
- Be sensitive about physical contact and respect personal space. ex) "Is it ok to put my hand on your shoulder?"
- Ask people to repeat themselves if you don't understand them.
- Speak to the person first, not the disability.
- Wait 10 seconds after asking a question to accommodate processing delays.
- Ask the student directly: **WHAT DO YOU NEED?**
- Be as adult as possible.
- If you have questions that are not appropriate to ask a student: ASK ERIN!
- Don't assume.
- Many do not have a diagnosis for multiple reasons.

Why are the Arts so Important for Neurodiverse Populations?

- The arts- Dance, Drama, Music and Visual Art- are elastic; they are highly adaptable to a huge range of learning styles and learning levels.
- The arts can reveal capacities and abilities for ALL students.
- The arts provide a real-life context for socialization and communication skills to develop spontaneously and naturally.
- The arts can increase focus, engagement and discovery.
- The arts can develop self-confidence, self-worth and a sense of community.
- The arts can provide access to others.

The arts can provide a chance to succeed.

NEURODIVERSITY DEFINITIONS

(KNOW THE FACTS)

Neurodiverse Identities in Vacation Arts Camp: (*subject to change)

- Autism Spectrum Disorder (ASD), ADHD, ADD, Anxiety, Depression

Autism Spectrum Disorder:

- Autism Spectrum Disorder refers to a range of neurological disorders that affect a person's ability to communicate, understand language, play and relate to others.
- There are different levels of ASD (hence why it is called a spectrum disorder) but all levels are now classified under Autism Spectrum Disorder. (includes: Asperger's Syndrome, PDD- pervasive developmental disorder, low functioning, etc.)
- Neurological disorders that can accompany ASD include (but are not limited to) OCD (obsessive compulsive disorder), echolalia (repetitions of vocalizations heard by other people with no perceived connection to meaning), perseveration (uncontrollable repetition of a gesture or activity that is thought to self-soothe and regulate neurological distress), impulse control, and motor planning and coordination.
- Mental retardation (MR) is separate from ASD. Though there are cases where people are diagnosed with both.
- It's wise to assume that a person with ASD is FULLY INTELLIGENT, and simply unable to communicate their aptitude.
- Some or all of the following characteristics may be observed in mild to severe forms:
 - communication problems (ie: using and understanding language)
 - difficulty relating to people, objects or events
 - use of imagination
 - unusual play with toys or other objects
 - difficulty with changes in routine or familiar surroundings
 - difficulty with human touch or different textures
 - repetitive body movements or behavior patterns
 - difficulty in social situations and/or with eye contact
- People with ASD vary widely in abilities, intelligence and behaviors. Some children do not speak; others have language that often includes repeated phrases or conversations.
- People with more advanced language skills tend to use a small range of topics and have difficulty with abstract concepts.
- Repetitive play skills, a limited range of interests, and impaired social skills are generally evident as well.

- There is generally a process delay. Slow down and wait for answers.
- Unusual responses to sensory information- ie: loud noises, flashing lights, certain textures of food or fabrics- are also common.
- ****NOTE:** Be aware of this when using certain materials in your artform.

ADD/ADHD:

- Attention Deficit Hyperactivity Disorder (ADHD or ADD) is a persistent pattern of inattention, hyperactivity and impulsiveness that is more frequent and severe than behavior seen in individuals of similar age. ADHD generally has an onset prior to age 7, but earlier symptoms may be diagnosed.
- While many children may exhibit some occasional signs of hyperactivity, those with ADHD exhibit a regular pattern of behavior both at home and at school.
- According to the organization known as CHADD (Children and Adults with Attention Deficit/Hyperactivity Disorder), about 1%-3% of the school-aged population have “full” ADHD syndrome, without symptoms of other disorders. Another 5%-10% of the school-aged population have partial ADHD syndrome with other disorders, such as anxiety and depression, present.
- Gender and age affect the ways in which people with ADHD express their symptoms. Boys are 3x more likely than girls to have symptoms of ADHD. Symptoms of ADHD decrease with age, but symptoms of associated features and related disorders increase with age. Between 30%-50% of children still manifest symptoms into adulthood.
- A common fallacy is that ADHD is a learning disability. It is not. ADHD is behavioral in nature and is characterized by impulsiveness and an inability to pay attention for more than a few minutes. This may cause students to make mistakes in schoolwork or other tasks, but these mistakes are a result of their ADHD, not their ability to learn.
- ADD/ADHD used to be seen as two different disorders, but CHADD states that although “other definitions have existed, these are different labels for the same conditions and can be interchanged....”
- Suggestions to improve access and positive interactions:
 - Be patient when communicating with someone with ADHD.
 - Ask them to repeat back instructions.
 - Give them an outlet for their energy.
 - Give positive reinforcement.

- Decrease the length of tasks and divide tasks into smaller parts to be completed at different times.
- Take frequent breaks.
- Keep a consistent daily schedule.
- Give them a stress ball or fidget toy (NOT fidget spinner! NOT phone!!)

Anxiety:

- Anxiety is a form of stress. It can be experienced in many different ways — physically, emotionally, and in the way people view the world around them. Anxiety mainly relates to worrying about what MIGHT happen — worrying about things going wrong or feeling like you're in some kind of danger.
- Anxiety is a natural human reaction, and it serves an important biological function: It's an alarm system that's activated whenever we perceive danger or a threat. When the body and mind react, we can feel physical sensations, like dizziness, a rapid heartbeat, difficulty breathing, and sweaty or shaky hands and feet. These sensations — called the fight-flight response — are caused by a rush of adrenaline and other stress hormones that prepare the body to make a quick getaway or "flight" from danger.
- The fight-flight response happens instantly. But it usually takes a few seconds longer for the thinking part of the brain (the cortex) to process the situation and evaluate whether the threat is real, and if so, how to handle it. When the cortex sends the all-clear signal, the fight-flight response is deactivated and the nervous system starts to calm down.
- Normal Anxiety: Everyone experiences feelings of anxiety from time to time. These feelings can range from a mild sense of uneasiness to full-blown panic (or anywhere in between), depending on the person and the situation.
- It's natural for unfamiliar or challenging situations to prompt feelings of anxiety or nervousness in people of all ages. You may feel it when you have a big presentation at work, for example, or when life gets overly hectic.
- Kids might feel it, too, in similar situations — when facing an important test or switching schools, for example. These experiences can trigger normal anxiety because they cause us to focus on the "what if's": What if I mess up? What if things don't go as I planned?
- Some amount of anxiety is normal and can even be motivating. It helps us stay alert, focused, and ready to do our best. But anxiety that's too strong or happens a lot can become overwhelming. It can interfere with someone's ability to get things done and, in severe cases, can start taking over the good and enjoyable parts of life.

- Anxiety Disorders:
 - Anxiety disorders are among the most common mental health conditions. That is partly because everyone experiences stress and worry. There are many different types of anxiety disorders with different symptoms. But they all share one common trait — prolonged, intense anxiety that is out of proportion to the present situation and affects a person's daily life and happiness.
 - Symptoms of an anxiety disorder can come on suddenly or can build gradually and linger. Sometimes worry creates a sense of doom and foreboding that seems to come out of nowhere. Kids with anxiety problems may not even know what's causing the emotions, worries, and sensations they have. Learning triggers can help catch these before they snowball.
 - Signs and Symptoms:
 - Although all kids experience anxiety in certain situations, most (even those who live through traumatic events) don't develop anxiety disorders. Those who do, however, will seem anxious and have one or more of the following signs:
 - excessive worry most days of the week, for weeks on end
 - trouble sleeping at night or sleepiness during the day
 - restlessness or fatigue during waking hours
 - trouble concentrating
 - irritability
 - unaware of personal space
 - physical “ticks”
 - Disorders that affect kids can include:
 - Generalized Anxiety: With this common anxiety disorder, children worry excessively about many things, such as school, the health or safety of family members, or the future in general. They may always think of the worst that could happen. Along with the worry and dread, kids may have physical symptoms, such as headaches, stomachaches, muscle tension, or tiredness. Their worries might cause them to miss school or avoid social activities. With generalized anxiety, worries can feel like a burden, making life feel overwhelming or out of control.
 - Obsessive Compulsive Disorder (OCD): For a person with OCD, anxiety takes the form of obsessions (excessively preoccupying thoughts) and compulsions (repetitive actions to try to relieve anxiety).

- Phobias: These are intense fears of specific things or situations that are not inherently dangerous, such as heights, dogs, or flying in an airplane. Phobias usually cause people to avoid the things they fear.
 - Social Phobia (Social Anxiety): This anxiety is triggered by social situations or speaking in front of others. A less common form called selective mutism causes some kids and teens to be too fearful to talk at all in certain situations.
 - Panic Attacks: These episodes of anxiety can occur for no apparent reason. During a panic attack, a child typically has sudden and intense physical symptoms that can include a pounding heart, shortness of breath, dizziness, numbness, or tingling feelings.
 - Agoraphobia: is an intense fear of panic attacks that causes a person to avoid going anywhere a panic attack could possibly occur.
 - Post-Traumatic Stress Disorder (PTSD): This type of anxiety disorder results from a traumatic past experience. Symptoms include flashbacks, nightmares, fear, and avoidance of the traumatic event that caused the anxiety.
- Anxiety can affect a child's day-to-day functioning, especially when it comes to concentrating in school, sleeping, and eating.
 - It is common for kids to avoid talking about how they feel, because they're worried that others (especially their parents) might not understand. They may fear being judged or considered weak, scared, or "babyish." And although girls are more likely to express their anxiety, boys experience these feelings, too, and sometimes find it hard to talk about. This leads many kids to feel alone or misunderstood.
 - A child's anxiety can also be a result of what is happening in the home or a parent's anxiety that has been projected onto him/her.

COMMUNICATION IS KEY:

(ASK FOR HELP)

Know Your Role:

- Erin is here to help! Use her! No silly questions!

Daily Student Check-In Email:

- This email is to enhance communication between the teachers, support staff and Erin.
- This email contains private information that should be shared with as few people as possible.

DAILY STUDENT CHECK-IN EMAIL SAMPLE

Subject: 2D Visual Art, Wednesday, July 26

To: Erin, Cat, Delia, plus additional necessary personnel (TBD)

Students:

- **Erin**
 - She had a hard time separating from Mom yesterday, but did better today.
 - Still coming out of her shell.
- **Cat**
 - Just needed some time adjusting to the space today.
 - Cat let Samantha know that they were feeling a little down, missing friends from school.
- **Adam**
 - Was easily distracted today. Reinforced using his body appropriately.
- **Rose**
 - Been doing a great job all week!

Proposed Changes:

- Remove Rose from the Daily Student Check-In Email as she's been consistently doing a great job.

Action Items:

- Teacher Lisa contacted Erin who will be coming into our class tomorrow to observe Delia and offer some personalized suggestions.

TEACHING TOOLS:

(ENGAGE WITH STRATEGIES)

Packet of Handouts:

- Differentiation is....
- Differentiation is Not...

- Multiple Intelligences
- Content-Specific Modifications
- Common Activities & Supports
- “The Inclusive Classroom”
- Teaching Tools, Classroom Management Strategies & Lesson Planning Tips

Lesson Adaptations Discovery:

- 1) Small group discussion by artform: (choose a scribe!)
 - What games can you use for diagnostic tools?
 - What questions can you ask to assess current/retained knowledge?
 - What modifications could be used for your artform?
 - What rituals can you create to start and end EACH day?
 - Who will write your agenda each day?
- 2) Partners task not by artform:
 - Look at a current lesson plan/previous experience and add in 3 things you would want to modify to make the lesson more accessible.