

A young woman with black hair and red highlights, wearing a black t-shirt, covering her left eye with her hand. The background is a plain, light color.

# NEURODIVERGENT YOUTH

By  
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## Introduction

Not everyone has a leisurely ride through adolescence. Many young people face social, emotional, physical, cognitive, and behavioural challenges that create young lives marked by disillusionment, anger, sadness, anxiety, and isolation. Often, but not always, these challenges come with a neurodivergent diagnosis which enables and frames a suite of professional supports, therapies, and medications. However, this is a double-edged sword. Although these diagnoses help youth workers, allied health professionals, teachers, and school administrators allocate support, applying a diagnostic label often targets intolerance and stigmatism. This is typically not through a lack of compassion but from a lack of empathy, generally due to ignorance of the characteristics and effects of this neurodiversity on learning and living.

This book is designed to guide those who respond to and support young people who present with a range of common neurodivergent conditions. Following a general introductory overview of neurotypical adolescence, each chapter introduces a challenging situation and discusses the features that often characterise it, along with some critical strategies for engaging, establishing relationships, designing pedagogy, and generally leading positive development for these young people. The book is intended to provide good ideas based on experience, informed by contemporary theory, and supported by research evidence. It is not designed as a diagnostic manual or a definitive text for diagnosticians. However, the idea is to provide plain English, matter-of-fact, and practical resources for those who wonder how they might help the young people in their lives.

In Chapter 1, the discussion starts with a general overview of what is typical for neurotypical youth and the goals and milestones that mark the transition from childhood to adulthood. Chapter 2 addresses some common areas for attention during adolescence, the development of self-regulation, resilience, positive self-concept, and growth mindsets. Layered upon this as a foundation, in Chapter 3, we will explore the impact of neurodivergent conditions, including autism, attention deficit disorders, dyspraxia, opposition defiance disorder, as well as emotional and behavioural responses to trauma, grief, or family instability through ill health/relationship break-down/poverty. Chapter 4 discusses strategies for responding to adolescent needs, and we finish with Chapter 5, considering the benefits of martial arts for neurodiverse adolescents.

Ideally, this book will spark conversations, assist people with a shared language and understanding of some of the most common conditions facing youth today, and provide helpful strategies to benefit all.

I will discuss the general challenges of being a typical adolescent and what distinguishes them from adults. Before we can understand how neurodivergence might play out in this stage of life, it seems necessary to describe our expectations for the neurotypical experience. Fundamentally, and it might seem trite to say, every adolescent is an adolescent. There are some shared basics for their development at this stage of life. I consider the foundation of physical,

emotional, social, and cognitive developmental tasks and milestones for adolescents within contemporary generational and societal contexts.

It is not true that all adolescents have a smooth ride to adulthood, even neurotypicals. Experiences such as bullying, romantic entanglements, first employment, academic failure, peer pressures, and increasing complexity of responsibilities often provide some bumps along the way. To some extent, these do not discriminate in that they can be the experience of any young person negotiating the transitions across adolescence. Some universals include the quest for adult identity and independence and physical, cognitive, emotional, and social maturation processes. Youth for neurodivergent young people twists these typical maturational and developmental processes, often making this time especially difficult and troubling. To better understand the possible interactions for these neurodiverse individuals, we should start with a brief and simplified overview of these maturational processes. Before we get started... let us map out the territory.

## Chapter One: What is an Adolescent Anyway?

G. Stanley Hall<sup>1</sup> appropriated the terms “adolescent” and “adolescence” at the turn of the 20<sup>th</sup> century and used them to describe the space between childhood and adulthood as a period of storm and stress. His work catalysed the launch of a body of research into adolescent development. He characterised the adolescent as being helplessly in the grip of tumultuous hormonal and general physical disruption creating a time of life to be stoically endured with few emerging unscathed. You would be forgiven for imagining that adolescence is typically a living hell for sufferers. Of course, this was an incredible alarmist miscasting of this phase of life. Most of our young people are happy, enjoy their life, family, and friends, and eagerly seek opportunities to take on more adult roles. They are good-humoured and respectful and are a vital component of our community. However, do we understand the who and what of adolescents/ce?

Many of us might think immediately of the biological markers of puberty to characterise adolescence, but this is an oversimplification. Adolescence is also a cultural, social, and economic construction. Multiple purposes and goals mark adolescence and adulthood, such as the quest for financial and responsibility independence from parents, fulfilling numerous adult roles in the broader community, or establishing and controlling a household and a career identity.

So when are we, adults? Is it when we reach physical maturity when financially independent of our parents, or is it when we have a well-developed sense of core identity and self-worth? This is a debate that has never entirely been resolved. From the perspective of sexual maturity, it is generally presumed as the capacity to procreate. This would mean many 14-year-old girls could be considered adults. From the standpoint of financial independence, a 23-year-old tertiary student still living at home might be labelled as an adolescent, or as proposed by Lauzen and team (2007),<sup>2</sup> perhaps they might be called an “adultescent” or “kidult” (p. 343). Alternatively, from a neurological perspective, critical brain areas may still be under construction at 28 years, so are these young people still adolescents? Of course, we cannot forget that society also changes its feet when characterising people as attaining adulthood, and all of this development is immersed within a generational context.

The timing of adolescence coincides with global and local shifts in the pressures and circumstances of life in our time. Adolescents, in fact, all of us, face rapid changes in the affordances of technologies for recreation, productivity, community, and relationships. Recently we have experienced (and continue to share) the impact of the Covid pandemic. This experience bonds us all together as our lives were impacted by lockdowns, home-schooling, working from home, and the rise of online video conferencing. Perhaps more significant than ever, the general

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<sup>1</sup> Hall, G. S. (1904). Adolescence in literature, biography, and history.

<sup>2</sup> Lauzen, M. M., Dozier, D. M., & Reyes, B. (2007). From adultescent to zoomers: An examination of age and gender in prime-time television. *Communication Quarterly*, 55(3), 343-357.

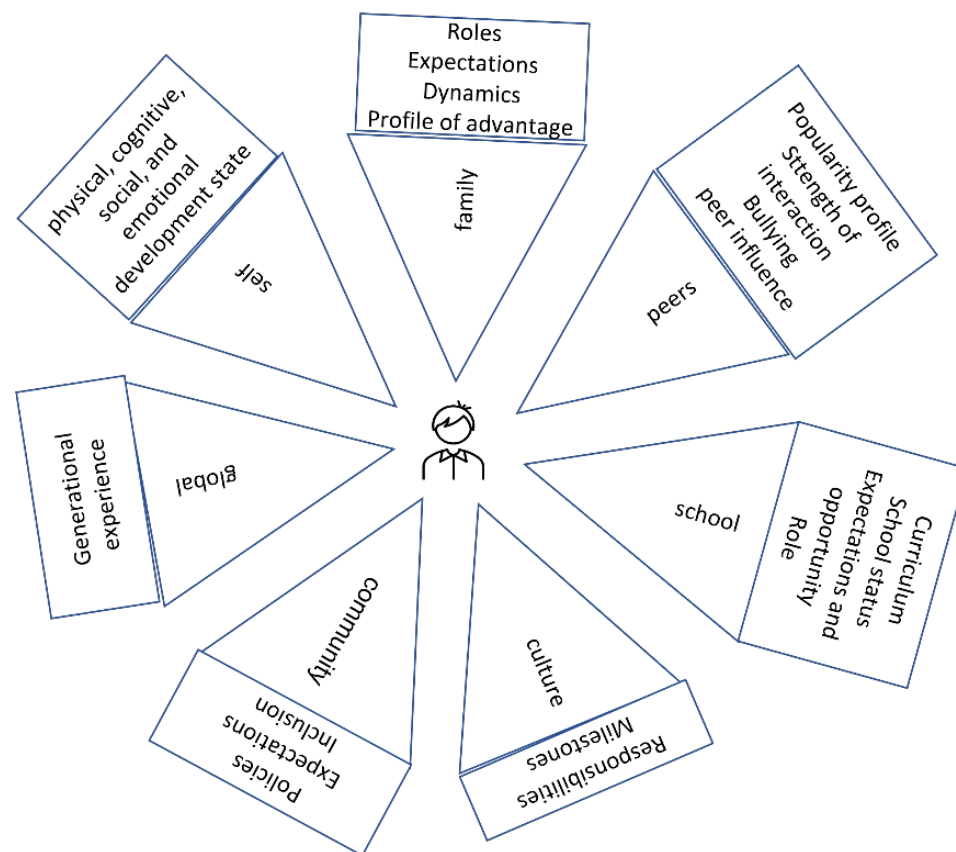
Bernardini, J. (2014). The infantilization of the postmodern adult and the figure of kidult. *Postmodern Openings*, 5(2), 39-55.

experience of simply living and working is in flux, dramatically impacting what it means to be an adult and framing the development of adolescent mental health and well-being.

This chapter explores the essential universal development tasks and maturational features of adolescence as a foundation for considering neurodiversity during this phase of life.

## Systems of Influence for Adolescents/ce

Each adolescent sits at the centre of a suite of influences that interact and overlap. This creates a complex and multidimensional personal development system that guides their daily experience. Figure 1 is a snapshot of some of these systems of influence; family, peers, school, culture, the community, global dynamics, and the adolescent themselves are all addressed. There are more, including lifestyle, geography, personal strengths, talents, and opportunity, but it is a start.



*Figure 1: Systems of Influence for adolescence*

The figure shows that an adolescent needs to respond to changing expectations, roles, and capacities from multiple directions. Individuals face many changes to their tools for engaging with the world. Within their immediate and extended family, they experience shifts in roles and expectations. Schoolwork becomes more complex and career-focused, and they are expected to

assume more leadership responsibilities for their school and the broader community. By adolescence, society, in general, has changed its view on behavioural and social engagement expectations by expanding requirements for independence. Moreover, generational influences are afforded by technological, political, and economic developments.

Adolescents are often expected to take on some expanded responsibilities within the household. They may be required to assist with parenting younger siblings and managing household maintenance. If they take on part-time employment, they might be expected to contribute to household finances by paying for their board and a share in utilities. This is a switch from childhood when their parents may give them pocket money, but even without this, they almost certainly would not have been asked to contribute financially to anything. Within the home, as they progress through adolescence, they might be required to manage their laundry, be allocated little spaces for their independent occupation, and so forth. They may experience even more responsibility and independence if they gain their driver's license.

For this book, however, let us consider the developmental tasks that colour the experience of all adolescents in the full knowledge that the immersive picture of their experience is individual, dynamic, and multifaceted.

## Neurological Developments

Magnetic Resonance Imaging (MRI) technologies have provided researchers with powerful insights into the neurological changes that occur across the life span<sup>3</sup>. An important finding has been that young people begin to experience one of the most rapid and extensive periods for brain adjustments from about the age of ten. Adolescence is when an individual's tools for thinking, understanding, self, and emotional regulation enter into a state of flux as neurological constructions mature during this phase. All this occurs at a time when young people often experience hormonal instabilities and rapid physical changes. We can begin to understand the impulsiveness, sensitivities, and driving obsessions that often feature during adolescence.

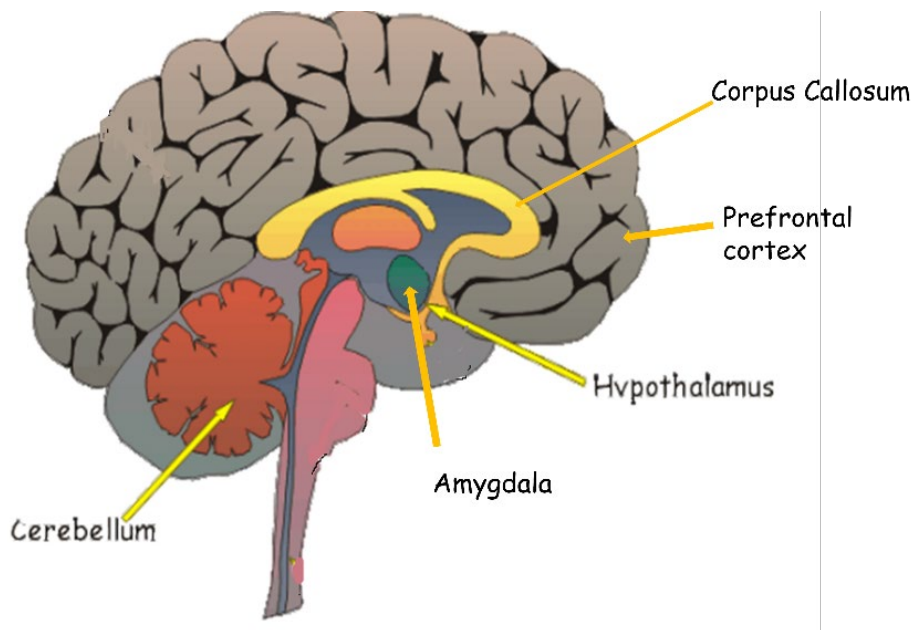
The MRI research has found that young people experience almost exponential flourishing and proliferation of neuronal connections in key focus areas of the brain<sup>4</sup>. After this, there is a period of pruning and sharpening or reinforcing connection pathways as they approach adulthood. The adult state is then one of gradual change over an extended period until the twilight years as a senior. It is interesting to note the focal areas of this neuronal proliferation during adolescence. The prefrontal cortex, the corpus callosum, the cerebellum, the amygdala, and the hypothalamus are critical for construction and reconstruction through the mid-twenties. Figure 2 shows roughly where these are located in the brain. These brain areas contribute to cognitive function and, in turn, the adolescent experience. I will explain each briefly, starting from the figure's left, the cerebellum.

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<sup>3</sup> Durston, S., Pol, H. E. H., Casey, B. J., Giedd, J. N., Buitelaar, J. K., & Van Engeland, H. (2001). Anatomical MRI of the developing human brain: what have we learned?. *Journal of the American Academy of Child & Adolescent Psychiatry*, 40(9), 1012-1020.

<sup>4</sup> Lenroot, R. K., & Giedd, J. N. (2006). Brain development in children and adolescents: insights from anatomical magnetic resonance imaging. *Neuroscience & biobehavioral reviews*, 30(6), 718-729.





*Figure 2 Areas under construction during adolescence*

The cerebellum is essential for the body's fine and gross motor coordination. When this area needs more acuity, individuals can become uncoordinated and uncomfortable. They can misinterpret the signals from the ambient environment about their body in space and over- or under-correct their movements to adjust to changes. This can challenge hand and eye coordination resulting in a lack of dexterity and regular crashing into furniture, doors, and other people. Pair this with the sudden growth spurt experienced at around the ages 14 to 16 (later for boys than girls), and you have a perfect cocktail for the stereotypical gangly and clumsy adolescent.

The amygdala is a component of the limbic system and has a role in regulating emotions. A malfunctioning amygdala can impact the capacity for emotional control. Individuals can experience mood swings and sharp emotional responses to trivial triggers. Pair this with hormonal instability due to puberty, and the stereotypical dramatic oversensitivity of adolescents is explained.

The hypothalamus has a role in homeostasis, that is, to maintain a stable response to environmental cues. When the hypothalamus is out of sorts, an individual can feel unstable and anxious, suffer panic attacks and become over-reactive to contextual changes. This, combined with the effects of a teetering amygdala, sets our adolescents up for emotional outbursts and meltdowns.

Tying things together is the prefrontal cortex. This area has a role in coordinating neurological information to support executive function, planning, logic, and reasoning. This area of the brain is also under construction. The result is that the planning functions and logic often need to be improved. Combine this with the observation that the incoming information provided by other brain areas may be off-kilter. The result is an observation that there may be a justifiable basis for the stereotypical characterisation of adolescents as impulsive or illogical.

The fifth and final area is the corpus callosum. This area is central to the brain and functions to connect ideas, assist an individual in making meaning, and connect disparate neuronal information. Although young people are becoming more abstract in thought than they were as concrete thinkers in childhood, with the corpus callosum under construction, there may be a tendency to jump to conclusions based on an incomplete analysis of the elements.

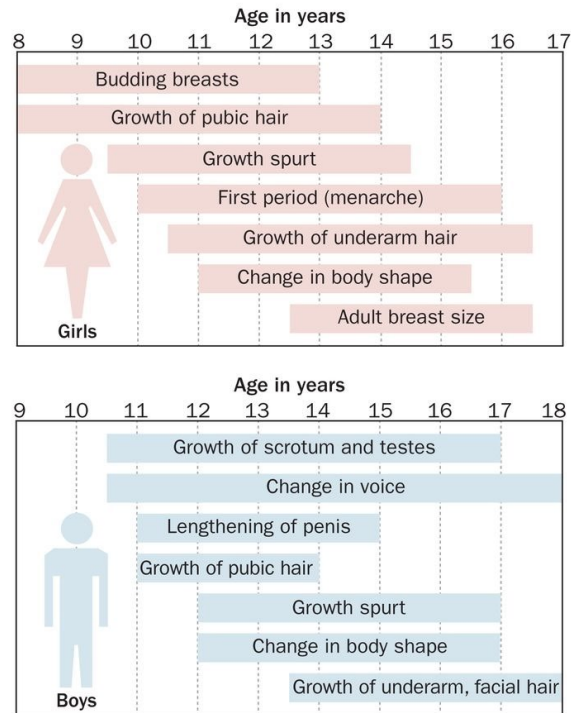
Neurological research is an incredibly dynamic field, with new developments and understandings being discussed constantly. The overview for this chapter is incredibly and intentionally superficial and ignores many of the complexities relevant to a complete understanding of brain structure and function. However, the purpose is different. The aim here is to reassure that there are development commonalities for adolescents and that a lot can be explained by considering these typical maturation processes for the brain.

## **Physical Development**

There are many physical changes for adolescents. Height and weight, primary and secondary sexual characteristics, facial features, body proportions, and shape all changed during this period. Figure 3 shows the comparative growth profiles for boys and girls and a snapshot of changing primary and secondary sexual characteristics from 8 to 18 years.

The figure shows that a girl's sexual maturation processes can start two years earlier than boys, and there may be five years between growth spurts. Youths of the same age can appear very different, and individuals who look very mature may be underdeveloped in their mental or social maturity.

I have included a school photo of my year 8 class from the last millennium, Figure 4. All the students in the image are between 11 and 13. I am standing next to the teacher on the far right. You can see I am tall, a smidge taller than the teacher, and have breasts. I am 11 and the youngest in the class by a solid margin of about three months. Looking across the row at the girl standing beside the other teacher at the far left, you can see that I am taller and perhaps more physically developed. Look to the boy on the far left of the top row. This boy looks much younger and smaller than the two boys in front of him and the class. He looks childish in comparison, but he was amongst the eldest in the class and was 13 at the time. He was quickly two years older than me. Interestingly, I had attained my full adult height at this point. The boy continued to grow and reached his terminal height at about 25. He was reasonably tall/average height for a man and was/is taller than me as an adult. However, this tells you nothing about our maturity in other respects. There can be a social impact for those noticeably at the end of their age's growth and physical maturity spectrums, especially if other maturation measures do not match this.



*Figure 3 Snapshot of growth and changes during adolescence for girls and boys*



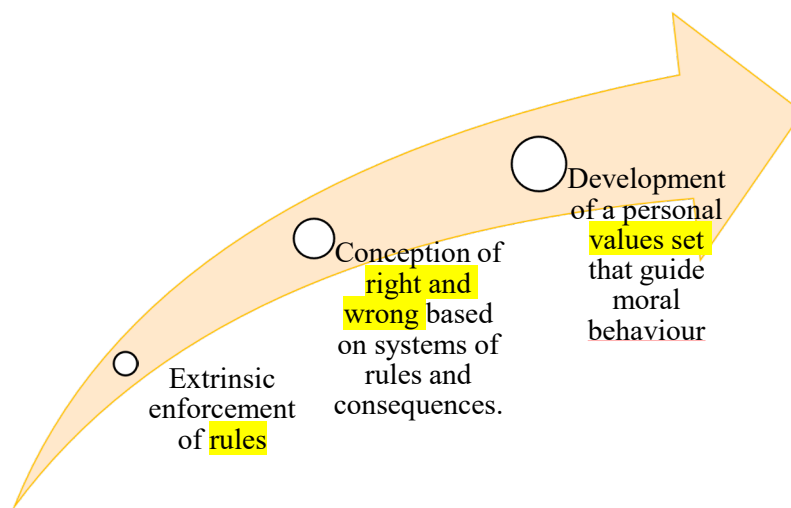
*Figure 4 Year 8 classmates*

Physical maturation can be a confusing and confronting experience. Changes in physical morphology can frame self-esteem and identity development, provide the personal perspective for social development, and are the backdrop for learning and experiences remembered and carried

into adulthood. It is the foundation for identity. For example, I still think of myself as tall when I know I am average height, maybe even on the shorter side of things as an adult. Adolescence is when young person discovers that they are not likely to be built like Arnold Schwarzenegger without a gym plan and will perhaps become more like their parents than they expected. Additionally, growth spurts can challenge motor coordination, and primary and secondary sexual developments make individuals aware of themselves as sexual beings. This can underscore their first quests for romantic attachments. Young people can be anxious about this and become withdrawn as they try to adjust to their new physical selves. For neurodiverse youth, this can further complicate their developing mastery over their conditions.

## Moral development

As a young person transitions through adolescence, another area for development and change is their sense of a moral compass. As a child, understanding right and wrong is tied to signals from parents, teachers, and the community and is reinforced by explicit consequences for actions. Over time, children come to compile suites of beliefs based on mental models and rules to be obeyed. By about 11, most children will combine their conceptions and ideas about correctness and consequences into a system of values.<sup>5</sup> This draws on their ability to abstract and evaluate more than just right and wrong to understand good and evil. This attaches to their sense of self and developing identity to form a comprehensive personal guidance system for moral behaviour. Figure 5 shows how this works.



*Figure 5 Moral development stages*

The takeaway from this is that progression to a mature and cohesive moral compass depends on the existence of rules, the enforcement of logical consequences, and the establishment of a value set that builds an understanding of how good and bad align with right and wrong. Worth

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<sup>5</sup> Puka, B. (Ed.). (1994). *Moral Development: Kohlberg's original study of moral development* (No. 3). Taylor & Francis.

noting is that some people become stalled in their moral development. They can become stuck at a rule-bound stage with behaviour dependent on expected consequences rather than a deep-seated set of values. In a way, these people never attain an adult moral development state. It may be that they cannot comprehend complex relationships between their actions and hidden or unintended consequences that may arise from cognition deficits. These may not necessarily meet the full diagnostic criteria for any specific condition. However, they are undoubtedly immature with delayed or halted moral development and, as such, can be considered neurodiverse.

## Cognition

Another aspect of development through adolescence is an individual's thinking skills. Like moral development, people go through stages of development in their thinking capacities from childhood to adulthood. A child begins with a basic representational and concrete set of world conceptions. What they see, feel, and hear provides a sense of truth for understanding the world. During adolescence, they accumulate and organise this information and create mental models that connect ideas in increasingly complex ways. As a final step, they construct abstractions that allow for imagination, ideologies, and appreciation of subtexts. This is the adult mind, but it has been shown that the capacity for critical and higher-order thinking at an advanced level of abstraction is not uniform for each individual<sup>6</sup>. A person can demonstrate different abilities for critical thinking depending on their knowledge in a given field. It is also possible for an individual to become stalled in their overall cognitive development, never attaining higher level thinking capacities in any area of knowledge. I would consider this as cognitive neurodivergence.

However, there is more; cognition works differently for declarative knowledge than procedural knowledge. Declarative knowledge is the things we can say about a topic. Procedural knowledge is the know-how required to complete a process or task, for example, tying a shoelace. For most adults, there is a balance between the complexity of their declarative and procedural knowledge. For some, though, there may be unequal development with more robust procedural capacities or a more vital declarative capacity. A person with a consistent disequilibrium between declarative or procedural knowledge capacities, regardless of their familiarity with the field, could also be considered neurodiverse.

The situation is enormously diverse when we combine these states of cognitive development with all the other ways a person can develop or fail to develop through adolescence. We could consider every person neurodiverse. The idea that there is a neurotypical standard is nonsensical. However, the adolescent quest for identity and independence is constant regardless

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<sup>6</sup> Bjorklund, D. F. (2022). *Children's thinking: Cognitive development and individual differences*. Sage publications.

Table 1: Important developmental tasks for all adolescents

Developmental tasks	Social	Physical	Emotional	Cognitive
<b>Identity</b>	During adolescence, individuals strive to comprehend their identity as adults and define their multiple identities as they navigate social situations.	As adolescents transition into adulthood, they undergo changes in their physical appearance. While this process may cause concern for some, it is an important aspect of developing one's sense of self.	Adolescents can draw a sense of identity based on their management of emotions.	Complex circumstances can complicate the adolescent's understanding of their developing identity.
<b>Independence</b>	Adolescent is trying to separate themselves from reliance on their parents/guardians. Peers more strongly influence them and may actively seek opportunities for self-direction.	They will adjust and construct their physical appearance to demonstrate their independence from childhood influences. They might choose a "look" for themselves or model themselves on their peers or idols.	Adolescents may seek emotional support independently from their families. Peers and role models can provide potent moving direction and support rather than immediate family.	The adolescent will be keen to establish themselves as free thinkers.
<b>Self-regulation</b>	Adolescents are taking responsibility for their outcomes and learning to set goals.	The adolescent is learning self-control and management of their physical needs (e.g., eating, sleeping, entertainment. This is when healthy eating, sleeping, and exercise habits are formed for adulthood.	Adolescents are learning to control their emotions to a more balanced state as adults.	Comprehending and managing multiple threads of activity requires enhanced self-regulation skills.
<b>Relationships</b>	The adolescent is learning to establish peer and adult relationships of different types. They look to role models for guidance.	This time is characterised by hormonal changes and sexual maturity, focusing on partnerships of romantic types being experimented with and maybe obsessive.	Strong emotional attachments are formed, sometimes with fanciful celebrities/idols.	I am learning to manage different relationships without contesting a stable sense of self.
<b>Self-reliance</b>	Adolescents are learning to manage themselves through complex challenges, taking responsibility for their problem-solving strategies.	The adolescent is learning the limits to their physical capacities and, if not encouraged, can lapse into learned helplessness if physical resources are called upon.	Emotional resilience is being developed and depends upon their sense of self-reliance.	The ability to seek support and resources independently is a core requirement.
<b>Self-concept</b>	Adolescents are learning to be satisfied with their identity with a growth mindset framework.	Adolescents develop a sense of whom they are, firmly led by their sense and satisfaction with physical appearance.	A negative self-concept can develop if adolescents do not manage their response to physical, emotional, and relationship changes.	Complex layers of self-understanding are developed.

of developmental profile. These goals are facilitated by developing self-regulation, relationships, self-reliance, and self-concept.

Table 1 provides an overview of the types of developmental changes that all adolescents face. I have organised the changes under the headings social, physical, emotional, and cognitive, but be aware that there is interaction between and across them. The quest for identity and independence are at the head of the developmental tasks for adolescence.

## **Chapter Summary/Key Takeaways**

This chapter has traversed and mentioned various developmental forces and features of adolescence. For neurodiverse youth, development is contextualised by an already challenged situation. The impact of change is amplified, distorting the experience of being neurodiverse and being an adolescent on a growth trajectory.

A slight apology for the superficial and flying visit to highly complex topics hotly debated at the centre of research and theory for hundreds of researchers, theorists, and considered publications. However, this discussion aims to provide a simple framework for exploring effective strategies for helping young people, especially in support of those challenged by their neurodivergence.

The critical points for this chapter have been the acknowledgment that adolescence is an incredible time of emotional, physical, cognitive, and neurologic flux. It is a time for developing as independent adults with a stable identity and sense of self. This is true for all of us at this critical time.

In the next chapter, the discussion turns to the general state of neurodivergence and what it can be like to be different, especially during adolescence.

## **For further reading**

### **Adolescent development**

Arnett, J. (2023). *Adolescence and emerging adulthood* (5th Edition), Pearson

Bahr, N. (2017). The adolescent learner, Chapter 3. In D. Pendergast, K. Main, & N. Bahr, (Eds.) (3rd Edition). *Teaching Middle Years: Rethinking Curriculum, Pedagogy, and Assessment*. Sydney

### **Moral development**

Morris, A. S., Eisenberg, N., & Houlberg, B. J. (2011). Adolescent moral development. *Encyclopedia of Adolescence*, 48-55.

### **Brain development**

Paus, T. (2022). Development and maturation of the human brain, from infancy to adolescence. In *The Cambridge Handbook of Cognitive Development* (pp. 85-104). Cambridge University Press & Assessment, Cambridge UK.

## **Neurodiversity**

Perina, K. (2023). Psychology Today Neurodiversity,  
<https://www.psychologytoday.com/au/basics/neurodiversity>



## **Chapter Two: The Challenges of being neurotypical**

I profile a couple of neurotypical teens and explore their experiences in secondary school. They are not real people but are characters that I have made up based on my experience with many youths over decades as an educator. Let us imagine that these characters have not been formally diagnosed with any neurological deficit. They do not have extreme social, emotional, physical, or behavioural challenges. They did not experience grief or trauma at any stage growing up. However, even so, let us allow that they both have had horrible adolescent experiences in school. However, they feel like outcasts and hate their lives. They could be described as neurotypical; even so, they need supportive strategies for a positive transition to adulthood. Here are the profiles for Peter and Heather.

### **Peter (15 years old)**

Peter is brilliant; at least, his grades suggest as much. He enjoys getting high marks and puts much effort into preparing for assessments. He has high expectations for himself and could be considered a perfectionist. He does not like team sports; he always feels awkward. However, he is fit and reasonably well-built. He is well-coordinated and engages in cross-country running when forced to participate in school sports. In his spare time, he likes to write stories. Peter enjoys talking to his teachers and tries to interest them in the stories he writes. He is well-dressed and takes care of his grooming.

However, Peter hates school. His school life has become a living hell as he has become the target of very mean bullying by some people in his class. They laughed when they heard him talking to a teacher about his writing and leaving nasty notes in his locker. They have scratched his name onto a toilet door, and the principal confronted Peter about this. Peter did not defend himself with the principal and just took the punishment of detention, which peers thought was hilarious. They taunt him about his appearance. They have taken to sending him unpleasant text messages. They have threatened to attack him as he walks home from school. It is all talk, but it upsets and frightens Peter. He has no friends. It seems that all the other students think he is a freak. Peter now refuses to join in with class activities. He has told the school counsellor that he sees no point in his life.

### **Heather (12 years old)**

Heather is a quiet, shy, and beautiful girl. She could be stronger academically but is an average achiever on her assessments. Heather is in one of the special programs offered by the school for students who have acting and artistic talents. This program requires a particular application and interview before acceptance, and Heather is one of only six students admitted this year. The other students in the program know each other from the previous year when they were all at the same primary school. The program provides opportunities for the students to work with

professionals on projects, but they are selected competitively based on their preliminary work in class. This has set in place a very competitive dynamic for the students. Heather is talented but does not enjoy competition. Some of the other students say belittling things about her work to make their work seem stronger. This behaviour has gotten out of hand, and Heather has become isolated and the target of very mean comments about everything unrestricted to her artistic work. Heather has no friends and has started refusing to go to school. She is always anxious and is in a constant state of mild panic. She has decided this artistic path is not for her and is seeking to withdraw from the program.

## **Developmental impacts for Peter and Heather**

Peter and Heather face long-term well-being impairments, with scars forming around their chances for a positive adult identity. Their experience with peers is setting the foundations for free-floating anxiety, which can cripple their development as independent and resilient adults. Their academic achievement is likely to suffer as they gradually disengage with their programs at school, impairing and narrowing their choices for career and tertiary study options. So what are the five top problems that Peter and Heather face:

1. Poor self-esteem due to downward spiralling self-concept
2. Poor resilience with negative self-confidence
3. High general anxiety with exaggerated social anxiety
4. Loneliness leading to depression
5. Disengagement and low activity levels

With intervention, the negative experiences of adolescence will likely improve their chances for a positive transition to adulthood. However, remember, this pair is not burdened with the extra challenges of neurodiversity. The good news is that the interventions for Heather and Peter will have a positive protective influence on any adolescent. Establishing an environment that promotes positive development as a preventative measure to get ahead of the negativity that can be a feature of this phase is possible. Four important focuses work preventatively and restoratively:

- Establishing a relationship with a role model<sup>7</sup>
- Establishing a growth mindset<sup>8</sup>

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<sup>7</sup> <https://www.psychologytoday.com/us/blog/the-moment-youth/202103/who-is-your-teenagers-role-model>

<sup>8</sup> Dweck, C. S., & Yeager, D. S. (2019). Mindsets: A View From Two Eras. *Perspectives on Psychological Science*, 14(3), 481–496. <https://doi.org/10.1177/1745691618804166>

- Developing self-regulation<sup>9</sup>
- Engagement in high-energy activity

In the following sections, I will explain how this work.

## **What makes a role model?**

Suppose an adolescent has no reference point for a positive adulthood. In that case, they will make it all up based on what they understand vicariously from peers, celebrities/influencers, movies, and social media. They will build their identity on fantasised creations of what and how an adult should behave and interact socially. Engaging with a role model is vital in preventing the development of inappropriate conceptions and habits. Sadly, you cannot force this. People will choose their role models. However, you can set the stage for the potential relationship to develop. Several elements strengthen the impact of a role model relationship. They are:

1. Shared interests
2. High energy interaction
3. Regular contact
4. Personal relationship
5. Inspirational connection
6. Shared benefits
7. Care

Figure 6 shows the required elements for establishing a solid role model relationship. I will take these in turn.

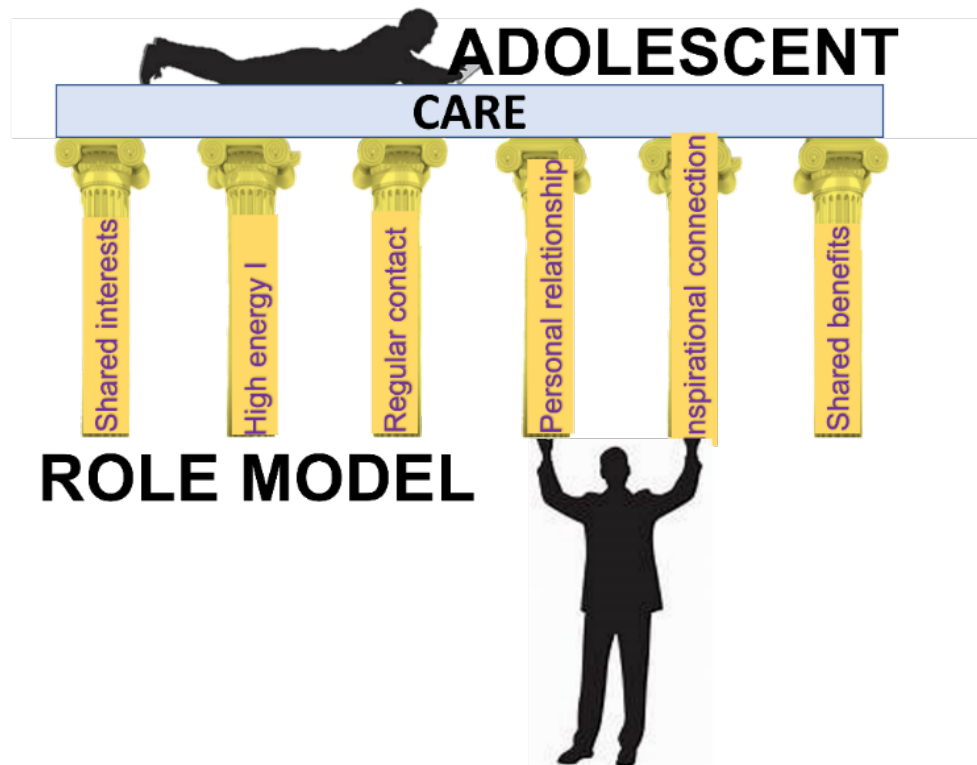
### **1. Shared interests**

The first element for a strong engagement with a role model is the presence of shared interests. The potential role model must have interests and knowledge and be active with something that interests the adolescent. They are in a position to act as a more knowledgeable other

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<sup>9</sup> Gestsdottir, S., & Lerner, R. M. (2008). Positive development in adolescence: The development and role of intentional self-regulation. *Human Development*, 51(3), 202-224.

(MKO) as described by the work of Vygotsky mid-last century<sup>10</sup>. This does not need to be an academic topic ... it could be cars, football, dance, musicianship ... anything. However, the critical aspect is that they need to have this interest in their own right, not as manufactured for the sake of feigning a shared interest with the adolescent, and they need to be reasonably accomplished and acknowledged within a community of people who share the interest. However, this does not mean the adolescent must also join this community.



*Figure 6 The elements necessary for an effective role model relationship*

## **2. High energy activity**

To establish an effective role model relationship, there needs to be an environment where the adolescent and the potential role model engage in high-energy activity. This does not need to be something they do exclusively with each other. It could be something that they engage in with a group of others. Scouting is an example of something where there could be a high-energy activity involving a group of people, including the adolescent and a potential role model. The important thing is that this activity should be shared and be energetic.

Celebrities cannot fulfill the role model relationship for adolescents because this relationship requires more than just being aware of their high-energy activities and copying them. For instance, an adolescent may idolize an X games star and try to emulate their skills for hours in

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<sup>10</sup><https://www.simplypsychology.org/vygotsky.html>

the park. However, the shared aspect of the experience is crucial for a successful role model relationship, and simply copying a celebrity's actions is unlikely to have the desired impact.

### **3. Regular contact**

A role model for adolescents should be a consistent presence in their life, rather than just a pen pal or a visiting guest. The role model should be accessible and maintain regular contact with the adolescent to establish a meaningful relationship. This allows the adolescent to observe positive behaviour and social interaction in various contexts and learn from a well-developed adult. The relationship should be built over time, through multiple meetings in different settings. Ideally, the adolescent and the role model would engage with each other both in group and individual contexts.

### **4. Personal relationship**

In order for a potential role model to have a positive impact on an adolescent, they must develop a personal friendship. This role model should be an adult outside of the immediate family circle and household, such as Scouters, band leaders, martial arts masters, sports coaches, cadet officers, church and youth group leaders, pastors, or trusted uncles and aunties. It's important that the adolescent actively chooses to form this relationship, as there is no expectation that a role model relationship will naturally develop. This approach excludes programs where artificial pairing is forced, such as some famous "big brother" programs.

### **5. Inspirational connection**

As an adolescent looks up to a potential role model, they should find something relatable or similar to themselves, whether it be their life circumstances, unique talents, physical abilities, or academic achievements. The potential role model should also acknowledge these shared attributes, although they don't necessarily have to be an exact match. By doing so, the adolescent can be inspired and motivated to aspire towards their goals.

### **6. Shared benefits**

In a mentoring relationship, it's important for both the potential role model and the adolescent to benefit from and share a common interest. This benefit should not be solely based on monetary gain or extrinsic factors, but should be intrinsically motivating and carry a sense of importance. For adolescents, the pursuit of achievement can be a building block for their identity. Meanwhile, for potential role models, it may be leading a community group or team towards an achievement, such as a sporting event, eisteddfod, qualifying examination, or challenge event like the Kokoda challenge, Fun run, Charity fundraising, working bees, sausage sizzles, or car wash. It's crucial that both parties feel personal value from the experience and a sense of reward for engaging in the relationship.

### **7. Care**

It's important that the adolescent and potential role model share a genuine care for each other and genuinely enjoy each other's company. Building a sense of mutual support, trust, and

reliability is crucial.

## **Strategies for promoting a role model**

With all of these requirements met, the role model has a lasting impact on the development of the adolescent into adulthood. Sadly, the relationship cannot be forced or artificially imposed, but I firmly believe it is an absolute requirement for positive adolescent development. Considering this, what would be a way to help Peter and Heather? There are a few strategies that can set up the likelihood of a role model relationship emerging:

For any adolescent, especially Heather and Peter, given their states of distress, involving them in high-energy activities that can organise their time while allowing them discretionary spare time is helpful. Some examples could include scouts, sporting teams, community bands, cadets, choirs, dance/cheer squads, martial arts, and athletics teams. It is essential to choose activities that match their interests and require an ongoing, regular commitment. Encouraging them to participate in activities that require dedication and group involvement can help them achieve a sense of accomplishment. Activities with a hierarchy of leadership and adult guidance, with a mix of ages, can also be beneficial. Lastly, consider activities that provide common challenges for both individuals and groups. There can be no forced role modelling but rather a set of conditions for the relationship to emerge. It is best if the adolescent is engaged in developing the relationship early, ideally from about 11 or 12. They will need to feel that they have chosen the role model themselves, and it will be vital that they are allowed to branch out from parental and guardianship types of partners. They are to feel that they are independent in their choices. For many, it will be the first relationship of this type in their lives and will indelibly impact them into adulthood.

The engagement with a role model does not need to be permanent. Establishing a potent relationship at a critical time is essential when forming their identity as positive adults.

## **Importance of a growth mindset**

Substantial recent research has drawn attention to the value of a growth mindset for long-term positive life outcomes<sup>11</sup>. So what is a growth mindset? Carol Dweck<sup>12</sup> is the pioneer author on this topic, and her work has prompted various innovative developments, especially in education. A person with a growth mindset has an internal locus of control and a firm belief that they, through their efforts, can become more knowledgeable, capable, and skilled. They reject the notion of innately set limitations. They believe they are a work in progress and can control their personal development toward aspirational goals. They value mastery over performance and are guided by hope and possibility over expectation and inevitability.

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<sup>11</sup> Zhao, S., Chen, L., King, R. B., Nie, Y., Du, H., & Chi, P. (2021). When adolescents believe that SES can be changed, they achieve more: The role of growth mindset of SES. *Personality and Individual Differences*, 183, 111104.

<sup>12</sup> Dweck, C. (2015). Carol Dweck revisits the growth mindset. *Education week*, 35(5), 20-24.

By contrast, a person without a growth mindset, at the other extreme of the spectrum, will blame others and circumstances for their experiences, failures and shortfalls. They will have an external locus of control and believe they are victims in life with little or no control over what happens to them. They consider their capacities and skills to be predetermined and perhaps even innate. They can do nothing to change their fortunes; it is fated.

A person with a growth mindset is much more inclined to put effort into developing their skills and improving their circumstances. They will seek information and support and actively engage in skill-building activities. A person without a growth mindset will tend to give up when barriers are presented; their thought processes might include feelings of hopelessness: “What is the point?” Upbeat adolescence will depend on establishing this growth mindset.

The most powerful influencers for establishing a growth mindset are vicarious experience and direct knowledge. They are most likely to develop a growth mindset if they can vicariously observe the experience of others who have applied themselves toward a goal and are exposed to comprehensive information about themselves as agents of change. For example, seeing another person apply themselves to something and reap some dependent success will tick the box for vicarious experience. Combine that with some knowledge about skill development, even brain plasticity theoretical understandings, and there is a robust foundation for a belief framework for a growth mindset. A growth mindset is supported by some recommended strategies. They are:

1. Goal setting; Gantt charts, Calendars, Vision Boards
2. Education
3. Recognition programs

## **Strategies for promoting a growth mindset**

### **1. Goal setting**

A growth mindset can be promoted, or at least encouraged, by arranging for an adolescent to observe and understand the journey of others who have attained goals through their efforts and despite challenges. It is helpful if the types of challenges are similar to those experienced by the adolescent, but it is not essential. They need to see that change can be prompted through the incremental application of individual effort. To assist this, they need support for the personal articulation of short-term goals that combine to achieve stated long-term goals. Each short-term goal must have a clear action plan incorporating the milestones, and each goal needs to be SMART<sup>13</sup>:

- **Specific** (simple, sensible, significant).
- **Measurable** (meaningful, motivating).

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<sup>13</sup> <https://www.mindtools.com/a4wo118/smart-goal>

- **Achievable** (agreed, attainable).
- **Relevant** (reasonable, realistic and resourced, results-based).
- **Time bound** (time-based, time-limited, time/cost limited, timely, time-sensitive).

Adolescents need help to focus their efforts on these goals. Many adolescents respond to the use of charts, calendars, or vision boards that they can pin up and refer to regularly.

## Gantt charts

A Gantt chart outlines what must be accomplished, indicating the effort involved over time, the resources needed, and clear milestones and checkpoints. A simple Gantt chart is depicted in Figure 7.

## Vision boards

A vision board is a creative collection of images representing the things that are important and valued by the individual and the goals they have set for themselves. It can include motivational quotations, can be organised around themes, and should be positive and motivational. Figure 8 is an example.

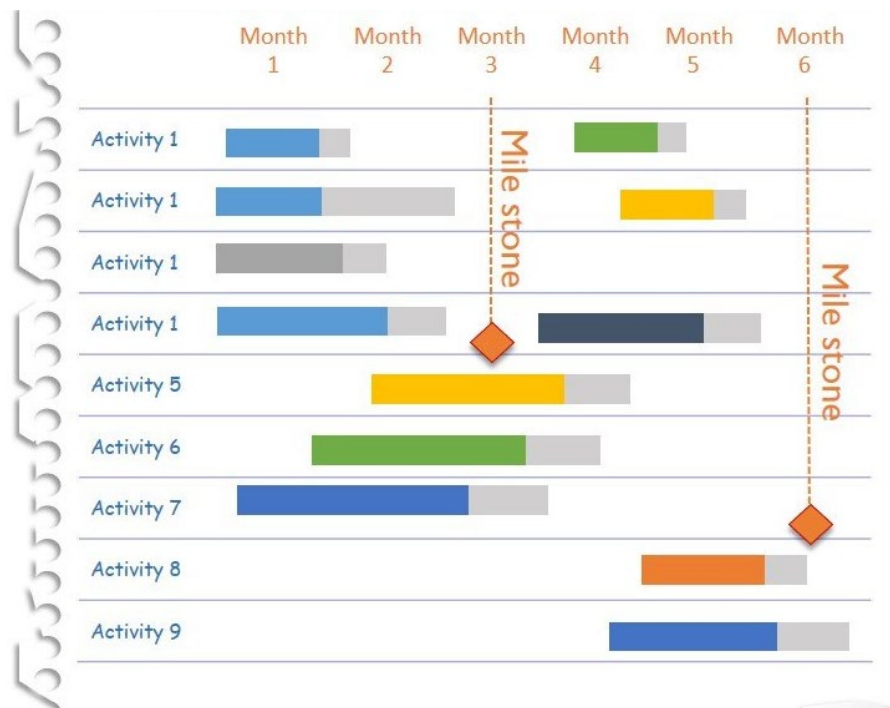




Figure 7 An example Gantt chart

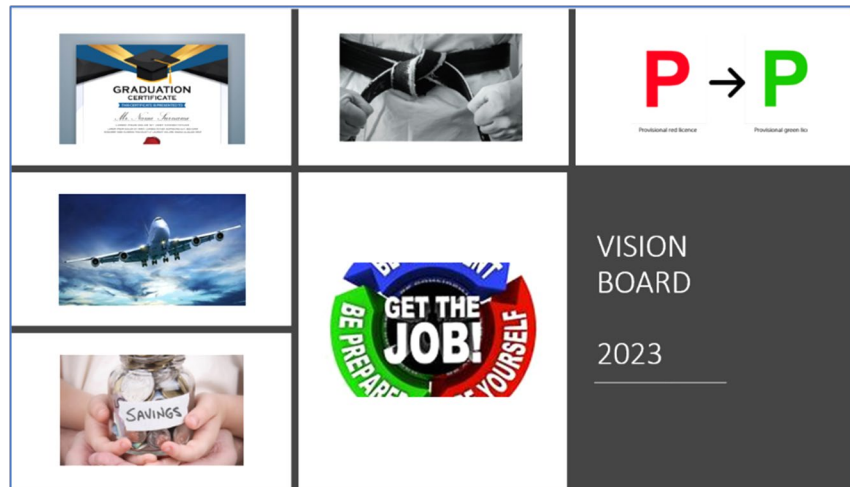


Figure 8 An example vision board

## Calendars

A goals calendar marks out short-term goals and can be a weekly plan or any timeframe desired. Example goals calendars are provided in Figure 9.

There is justification for using all of these together or for using some formats and not others. You could start with a vision board, detail the goals on a Gantt chart, and then use a weekly calendar to keep on track. However, it depends on the needs of the individual. Please note that the effort to produce these articles might become a burden if you are not careful. So, the representations must be simple and easy to create and maintain

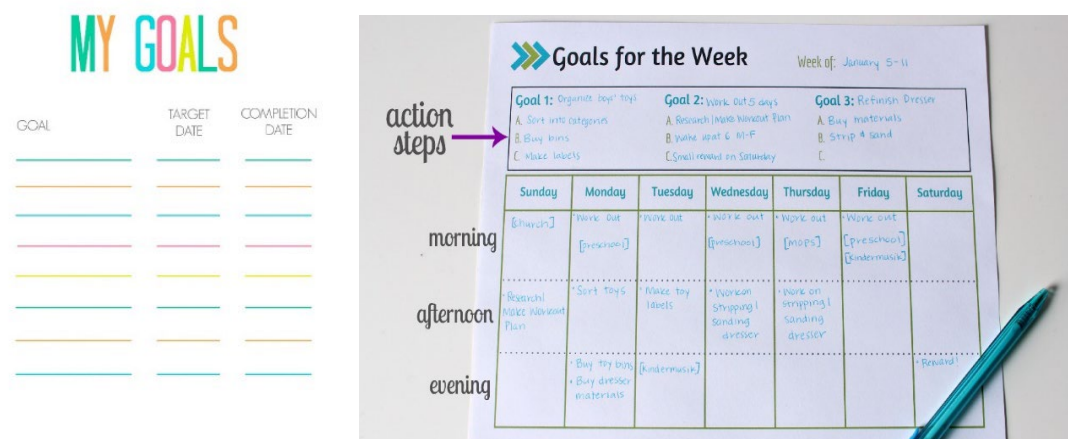


Figure 9: Example goals calendar

## **2. Education**

Understanding the human condition is crucial to developing a growth mindset, especially for adolescents. They should be knowledgeable about the physical and social changes that come with development. It's essential for them to grasp the idea of neural plasticity, which means that physical and cognitive abilities can be enhanced through effort and experience.

## **3. Recognition programs**

Although individuals should set short-term milestones for themselves, it is equally important to have formal recognition of their achievements through showcasing and rewards. Public recognition programs, such as belt presentations in martial arts, rank promotions in cadets, and grade-level promotions in music examinations, provide externally established milestones that validate success.

## **Developing self-regulation**

Self-regulation is vital for positive development into adulthood. A self-regulated individual is in control of their activities and manages their effort and time allocation to ensure tasks are completed efficiently and effectively. Self-regulation relies upon metacognition.

## **Metacognition**

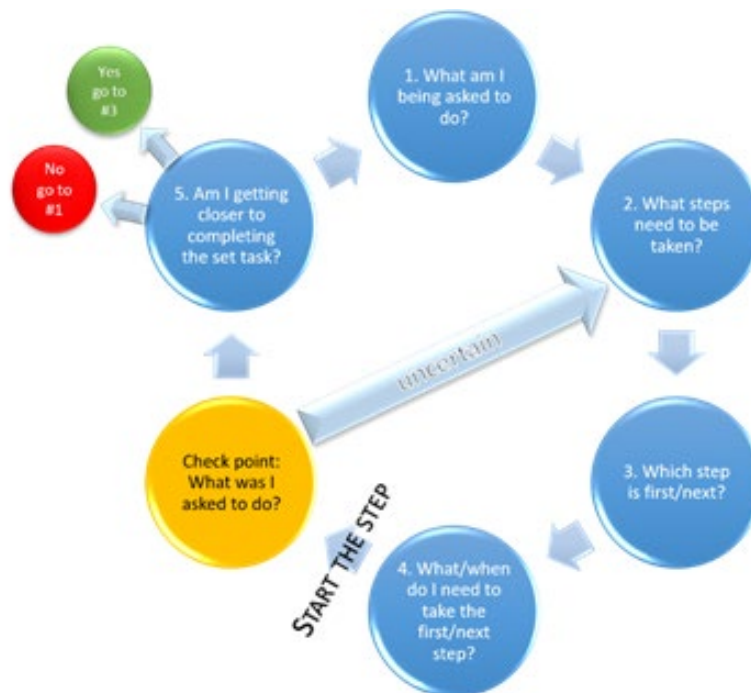
Metacognition is the process of thinking about thinking. It is the first of three primary strategies and capabilities that work together for self-regulation. A student who is metacognitive about their study practice reflects productively on how they are working toward a goal and whether they are working in the right ways to achieve it. They will be able to identify the underpinning tasks that need to be accomplished. They will also be able to put in place self-checks to ensure they stay on track. Metacognition works best when a student takes responsibility for the outcomes of their efforts. That is that they have an internal locus of control. They accept and believe that results are directly attributable to their efforts. They understand and believe that they must apply effort to succeed.

The effort is a combination of the nature and direction of applied force. This includes time management, attention, understanding the task set, and effective processes to unpack component elements. Students often misapply efforts in application and direction. They can feel that they are trying really hard, but without success. This is where metacognition comes in to assist. The student should start by framing up the reference points. There are seven questions that a person should ask of themselves:

1. What is the task: what am I being asked to do?
2. When does the task need to be completed?

3. What are the identifiable components of the task?
4. What are the steps for completing the task?
5. Which step needs to be first, second, last?
6. How will I know when to move to the next step?
7. How will I know that the task is complete?

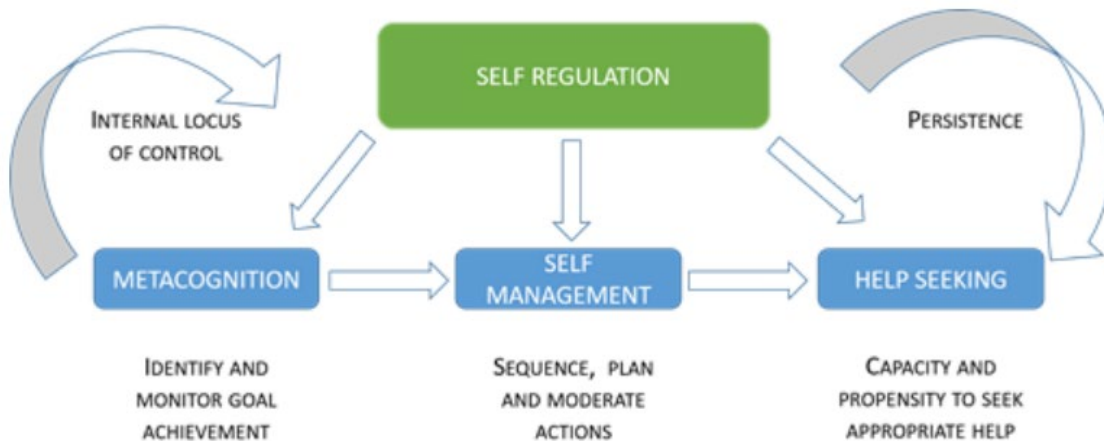
After establishing the framework, a metacognitive individual must begin the task and go through a self-questioning cycle to complete it. The process is depicted in Figure X, where some of the framing questions are featured. The individual starts by reminding themselves of the task, which is revisited periodically throughout the cycle. The next question pertains to progress towards the goal: "Am I progressing towards completing the task?" If the answer is negative, the individual must start over or even revisit the framing questions. The cycle then involves revisiting crucial framing questions. After establishing the framework, a metacognitive individual must begin the task and go through a self-questioning cycle to complete it. The process is depicted in Figure X, where some of the framing questions are featured. The individual starts by reminding themselves of the task, which is revisited periodically throughout the cycle. The next question pertains to progress towards the goal: "Am I making progress towards completing the task?" If the answer is negative, the individual must start over or even revisit the framing questions. The cycle then involves revisiting crucial framing questions.



*Figure 10 The cycle of steps for active metacognition*

## Elements of self-regulation

Figure 10 depicts the components of self-regulation and illustrates how they work together. The key elements are metacognition, self-management, help-seeking, persistence and an internal locus of control.



*Figure 11 Elements of self-regulation*

A person who is self-regulated has an awareness of their own thought processes. They set goals for themselves and monitor their progress towards achieving those goals. This awareness helps them manage their time and resources effectively to focus on tasks that require attention. They make decisions about how to approach these tasks, plan the steps needed to complete them, and take control of their focus. Success in this process depends on their ability to solve problems and ask for help when needed. They must be comfortable seeking support and know where to find resources. Two key characteristics that contribute to success are having an internal locus of control and a commitment to persistence in completing tasks. This requires a growth mindset as discussed previously, and resilience.

## Strategies for self-regulation

In no particular order, the following strategies enhance and support self-regulation:

1. Time management
2. Priority setting
3. Self-reward

4. Reference to milestones
5. Monitoring

The self-regulated person will actively engage with all of these.

## 1. Time management

Managing time effectively is crucial, especially when there are multiple tasks to complete. It's important to first evaluate the required time for each task, then work backward from the due date to allocate activities within the available time. It would be beneficial to evaluate whether a focus on task completion is best achieved through blocking out a specific amount of time or by consistently allocating shorter periods of time.

To help adolescents feel more in control, it's crucial for them to schedule relaxation time. This shouldn't be dedicated to hobbies or other activities, but rather should be completely unstructured.

A weekly schedule might look like this:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
DAY	SCHOOL	SCHOOL	SCHOOL	SCHOOL	SCHOOL	WORK	
AFTERNOON	TAEKWONDO			BAND PRACTICE	HOMEWORK		HOMEWORK
EVENING	HOMEWORK	SCOUTS	HOMEWORK		TAEKWONDO		

This table displays the activity schedule of a bustling teenager who has a lot on their plate. They have a consistent workload of homework, a part-time job, band practice, scouting, taekwondo, and school attendance. Despite their busy schedule, out of the total 21 allocation blocks, they still have approximately one-third or 6 unallocated blocks. This is really important to maintain.

In order to adhere to a schedule, several contributing factors must be considered. Specifically, activities should take place in a designated area designed for that purpose. For instance, studying in a peaceful setting where one can concentrate without interruptions, and in a well-lit space that is not excessively comfortable.

## **2. Priority setting**

As the saying goes, even the best-laid plans can go awry. Unexpected circumstances and unforeseen challenges can arise when striving toward a goal, leading to conflicting demands. It is crucial for adolescents to have a well-developed sense of priorities. They must be able to discern when schoolwork takes precedence and when commitment to a team event should take precedence over that. They should be able to utilize and evaluate criteria to guide their decision-making when managing their time and resources. They must also understand that priorities can shift based on events. However, when priorities do shift, a decision point should be established to reassess the state of priorities and potentially revert to the original set. Effective priority setting should be explicitly taught.

## **3. Self-reward**

It is crucial to ensure that efforts put into achieving a step towards a milestone are not solely motivated by external rewards. Relying too much on extrinsic motivation can negatively impact adolescents, making them less inclined towards intrinsic motivation. Over time, excessive extrinsic motivation can lead to disengagement if there's no reward in sight, and potential for giving up. To strike a balance between the two, adolescents should reward themselves with incentives they plan for themselves. For instance, they can reward themselves with screen time after finishing an assignment, buy themselves a treat with their earnings from part-time work, or dedicate time to their hobbies.

## **4. Reference to milestones**

Frequently, milestones are designated and recorded on calendars, but they tend to slip from memory due to the busyness of life. To prevent this, it is advisable to display the milestones in a prominent location where they can be seen regularly. Additionally, checking progress on a weekly basis can aid in staying on track.

## **5. Monitoring**

Developing a habit of regularly monitoring progress towards goals and evaluating the effectiveness of chosen paths is crucial. It's recommended to establish predetermined decision points to conduct a thorough assessment of progress and make necessary adjustments.

By implementing these five personal systems, adolescents can gain greater control over their actions. Research<sup>14</sup> indicates that parental modelling, active support, and interest are also

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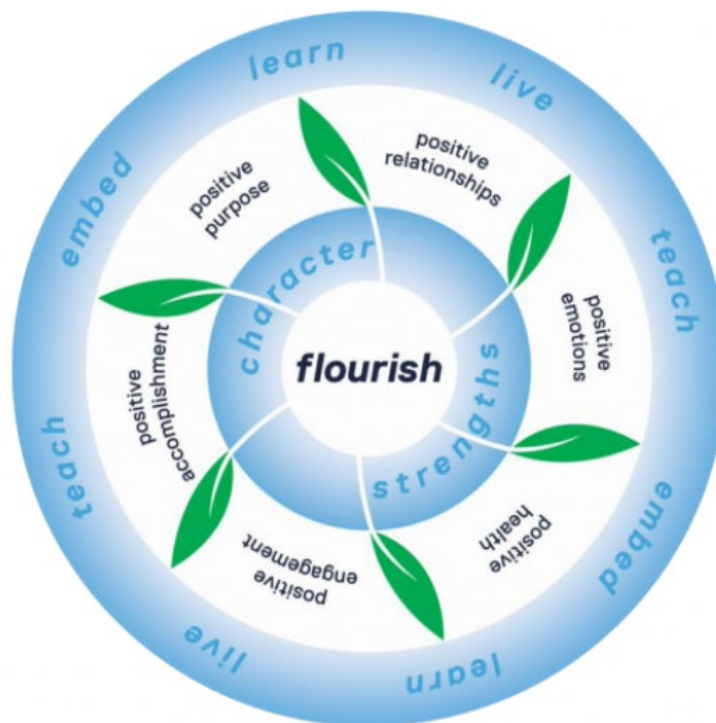
<sup>14</sup> Sanders, M. R., & Mazzucchelli, T. G. (2013). The promotion of self-regulation through parenting interventions. *Clinical child and family psychology review*, 16, 1-17.

crucial. Collaborating on vision boards, Gantt charts, and calendars can be an excellent way to begin.

## Positive Education promoting resilience

Positive education is a current and contemporary professional interest for teachers, school administrators, and youth workers. It is a field led by Seligman<sup>15</sup> and targets wellbeing and happiness for youth. Positive education is all about promoting the skills and behaviours underpinning a good life. Geelong grammar refer to it as flourishing and have designed the image presented here as Figure 12 to highlight the components.

Achieving a state of flourishing involves embracing positivity in various aspects of life. This model encompasses multiple elements that can be developed to promote a positive existence. We have previously discussed these components as essential for adolescent development. Positive thinking and behaviour are crucial for promoting wellbeing. Establishing a positive purpose, nurturing positive relationships, practicing healthy eating and lifestyle habits, employing positive emotional control and response strategies, engaging in positive activities, and striving for positive accomplishments are all facets of this model that can help reduce the incidence of mental health concerns, particularly depression in adolescents.



*Figure 12 Geelong Grammar's "flourish" model for positive education<sup>16</sup>*

<sup>15</sup> Seligman, M. E. (2002). Positive psychology, positive prevention, and positive therapy. *Handbook of positive psychology*, 2(2002), 3-12.

<sup>16</sup> <https://www.ggs.vic.edu.au/learning/wellbeing/what-is-positive-education/positive-education-model/>

## Revisiting Heather and Peter

Let's revisit the situation of Heather and Peter, both of whom are neurotypical adolescents. Despite this, they are at risk of negative outcomes as their peers negatively construct their identity and independence. Peers play a significant role in an adolescent's life, often becoming more influential than family members. It's challenging to establish positive relationships between individuals, but it's crucial to foster a positive and supportive community of peers. As leaders of enterprises and activities that engage youth, we have a responsibility to create a positive environment where everyone feels valued, included, and a sense of belonging.

## Chapter Summary/Key Takeaways

Navigating adolescence can be a difficult journey with various developmental challenges. Adolescents experience physical, social, emotional, and cognitive changes as they move towards adulthood. Often, they tend to prioritize the approval of their peers and can become intolerant towards those who are different, even if they are neurotypical. However, there are effective strategies that can lead to positive outcomes. Essentially, by encouraging adolescents to accept themselves, set life goals, and work towards them with the support of trusted adults, supportive peers, and a positive role model, they can achieve success. In the next chapter discussion turns to the developmental experience of neurodiverse youth.

## For further reading

### Growth Mindset:

Dweck, C. (2014) TED Talk. [https://www.ted.com/speakers/carol\\_dweck](https://www.ted.com/speakers/carol_dweck)

### Self-regulation:

Raising children (2021). Self regulation for children and teenagers. <https://raisingchildren.net.au/toddlers/behaviour/understanding-behaviour/self-regulation>

### Resilience:

<https://growingupinaustralia.gov.au/research-findings/annual-statistical-reports-2018/adolescents-resilience>

### Time management

<https://www.verywellfamily.com/teaching-time-management-skills-to-teens-2608794>



## Chapter Three: The Challenge of being neurodiverse

### What does “Neurodivergent” mean?

The terms "neurodivergent" and "neurodiverse" are used to describe individuals who have conditions that affect how they process information and respond to situations that do not align with societal expectations. This may be due to delays or deficits in their emotional, cognitive, physical coordination, behavioural, or social development. The concept of neurodivergence offers an alternative perspective to the medical model, which pathologizes differences and aims to prevent, treat, or cure them through diagnoses provided by medical or mental health professionals.

Individuals who exhibit differences in their behaviour or thinking are often formally diagnosed or labelled with a particular syndrome or condition by healthcare or educational professionals. The diagnosis is based on the criteria outlined in professional manuals, such as DSM 5, which are regularly updated. The management of these conditions typically involves a combination of behaviour therapies and medication. However, in the 1990s, Judy Singer introduced the term "neurodiverse" as a way to refer to variety and diversity, rather than pathology. We can all think of people who interact with the world in unique and sometimes challenging ways, regardless of whether they have sought a diagnosis. Furthermore, most diagnosed conditions are spectrum disorders, meaning that the severity of individual challenges can range from mild to severe. Each person's experience as a neurodivergent individual is unique to them. Part 2 of this book explores the different types of profiles under the collective term "Neurodiverse."

We often use familiar labels to describe common conditions. For instance, if we come across a young boy who fits the diagnostic criteria for autism, we may refer to the guidance on the condition. However, we consciously try to avoid defining him solely by his diagnosis. He would simply be "Warren," if that happens to be his name. We incorporate both medical and non-pathologizing perspectives in our approach. We acknowledge the diagnosis but do not stigmatise it.

Individuals who are neurodiverse are aware of their differences and may feel like they do not fit in with their peers. Even without an official diagnosis, they have likely developed a clear understanding of their unique qualities by adolescence. Unfortunately, these differences may have been pointed out to them in uncomfortable ways such as being coddled, bullied, harshly disciplined, or shunned. While they may receive exceptional support for their schoolwork, they may struggle with tasks that come naturally to others. This can lead to negative attention from peers and feelings of jealousy, particularly if their challenges are not immediately apparent.

Categorising differences between individuals based on their diagnosis may not always be helpful. It can make them feel confined by their label and hinder their willingness to engage in challenging activities. However, their diagnosis can be a source of liberation and validation for some people, helping them make sense of their experiences. Others may view their challenges as hurdles to overcome, and intentionally seek out difficult tasks. We can all think of examples of individuals who fit into these categories. Regardless, what's important is that each person has a

profound personal understanding of their situation and is navigating it in their own unique way. Sometimes, those who struggle to connect with neurotypical peers may observe and model their behaviour to help them develop their own identity. However, this can also cement negative perspectives about themselves that can last a lifetime.

To a large extent, the experience of a neurodivergent individual will depend upon the specific nature of their capacities. In some cases, there can be benefits. A brilliant person, for example, who does not function well in social situations, may find solitude enables them to focus their attention on inventive ideas. A very social person with intellectual deficits may be a popular and cohesive social group member. For many, though, the fundamental challenges of their neurodiversity can amplify anxiety, making them shy, isolated, depressed, and even lonely.

As we have discussed, adolescence is a time for finding an identity and establishing independence. This requires social immersion and resilience. For the neurodiverse individual, their neurodiversity may set a barrier to the necessary positive social immersions. They may not be called upon or feel capable of taking on responsibility, leadership, and high-energy engagement with peers. This can interfere with identity building. The opportunity to feel independent might be repressed if they need much support to engage fully with their environments.

## Common neurodivergent conditions

First and foremost, it's crucial to clarify that neurodiversity should not be equated with intellectual impairment or a lower level of general cognitive ability. While a neurodivergent individual may have intellectual impairments, it's not a defining feature of this condition. Table 2 outlines common conditions that meet diagnostic criteria.

Behavioural	Social	Cognitive	Physical	Emotional
Attention Deficit Hyperactivity Disorder (ADHD) Attention Deficit Disorder (ADD) Opposition Defiance Disorder (ODD) Obsessive Compulsive Disorder (OCD)	Autism Spectrum Disorder (ASD) / Aspergers Anxiety Phobia Shyness	Auditory Processing Visual Processing Language Aphasia Intellectual Impairment/ II Schizophrenia	Coordination (Dyspraxia) Fine Motor Control (Fmc)/ Gross Motor Control (Gmc) Sensory Sensitivity Hearing Impairment Visual Impairment Sleep Disorders Eating Disorders/ Bulimia, Anorexia	Depression Bipolar/ manic depressive
<b>Learning disabilities</b>			<b>Combinations</b>	

Reading/ Dyslexia Writing/ Dysgraphia Spelling Math (Dyscalculia)	Trauma Post-traumatic stress disorder/ PTSD Cerebral Palsy/ CP
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It's helpful to know a little bit about each of these conditions.

## A – Z of Common Adolescent Neurodivergent Conditions and terms<sup>17</sup>

### A

**Agoraphobia**<sup>18</sup> is an anxiety disorder that involves the fear and avoidance of situations or places that may trigger panic and feelings of entrapment, helplessness, or embarrassment. These situations may be actual or anticipated, such as using public transportation, being in open or enclosed spaces, standing in a queue, or being in a crowd. The anxiety arises from the fear that there may not be a quick escape or help available if things get overwhelming. Situations may be avoided due to the fear of getting lost, falling, or not being able to find a restroom. This condition often develops after one or more panic attacks, causing individuals to worry about experiencing another attack and thus avoid the places where it may happen again.

**Anorexia** is a type of eating disorder wherein a person chooses not to eat. The reasons for this decision can vary, from beliefs related to body dysmorphia to extreme reactions to allergies. Sometimes it arises from a drive for perfection, and control. The result is fatigue, heightened susceptibility to illnesses, and in extreme cases systemic failures.

**Anxiety**<sup>19</sup> can lead individuals to withdraw from certain situations and avoid social interactions. It may cause them to choose isolation from their community. It is not always apparent that a person suffers from extreme anxiety. The person can feel out of control, that people are judging them, or that they are fated to failure.

The term "**Asperger's**"<sup>20</sup> is no longer used as a formal diagnosis. However, individuals previously diagnosed with Asperger's are likely to be on the autism spectrum. Those with Asperger's, also known as "high-functioning autism", may experience social challenges, exhibit awkwardness, and have an inclination to hyperfocus on particular topics. They may struggle with recognising emotional cues, are inclined to take comments literally from others and rely on rules to guide their behaviour, often being intolerant of change. They can lack core strength and be physically uncoordinated.

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<sup>17</sup> A useful resource for updated information for a range of challenging conditions can be found at <https://www.mayoclinic.org/diseases-conditions>

<sup>18</sup> <https://www.mayoclinic.org/diseases-conditions/agoraphobia/symptoms-causes/syc-20355987>

<sup>19</sup> <https://www.healthdirect.gov.au/anxiety>

<sup>20</sup> <https://www.healthline.com/health/asperger-syndrome>

ADHD, or **Attention Deficit Hyperactivity Disorder**<sup>21</sup>, is a condition characterized by easy distractibility and a strong urge to move around. This can lead to difficulties with authority figures, particularly in situations requiring control and compliance.

**Attention Deficit Disorder**, also known as ADD, is a condition similar to ADHD but without hyperactivity. Individuals with ADD tend to get easily distracted and may find themselves lost in daydreams when they should be focused on a task. It can be challenging for them to stay on track and maintain their concentration.

**Auditory Processing Disorders** can manifest in different ways, but the common denominator is the challenge in processing auditory information. Individuals with this condition may struggle with retaining the beginning of an instruction until the instruction ends. They may also experience confusion when learning from verbal instructions.

**Autism Spectrum Disorder (ASD)** also can be many things but the diagnostic criteria address the following categories:

- A. Persistent deficits in social communication and social interaction across multiple contexts
- B. Restricted, repetitive patterns of behaviour, interests, or activities,
- C. Symptoms present in the early developmental period
- D. Symptoms cause significant impairment in social, occupational, or other important areas of current functioning.
- E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

It is crucial to comprehend that autism is a spectrum disorder that manifests in varying degrees and necessitates professional diagnosis. People with autism typically encounter difficulties in social situations and possess specific interests. They may be hypersensitive to stimuli, leading to occasional emotional outbursts or "meltdowns."

## **B**

**Behavioural disorders** encompass various conditions. Essentially, a behavioural disorder is characterized by a pattern of behaviour that is consistently unsuitable for the situation. It can manifest as a recurring, specific inappropriate behaviour or a tendency to engage in intentionally confrontational or outspoken behaviours to seek attention or create disruption.

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<sup>21</sup> <https://www.cdc.gov/ncbddd/adhd/facts.html>

**Bipolar disorder**<sup>22</sup>, previously known as manic depression, is a mental health condition characterized by extreme mood swings that alternate between emotional highs (mania or hypomania) and lows (depression). During depressive episodes, individuals may experience feelings of sadness or hopelessness and lose interest or pleasure in activities. On the other hand, during manic or hypomanic episodes, one may feel euphoric, highly energized, or excessively irritable. These mood changes can impact sleep, energy levels, activity, decision-making, behaviour, and cognitive functioning.

**Bulimia** is a serious eating disorder characterized by the act of forced and deliberate vomiting, also known as purging, after consuming food or nutrients. This disorder often stems from body dysmorphia, perfectionism, and a need for control over one's life, similar to anorexia.

## C

**Cerebral Palsy (CP)** is a condition that results from brain injury during early development in pregnancy or birth. It leads to movement difficulties and is classified into different types based on the type of brain injury sustained. While some individuals with CP may experience intellectual impairment, epilepsy, blindness, or deafness, others may not. Muscle stiffness or partial paralysis are also common symptoms. It's important to acknowledge that each person with CP is unique and may experience a different set of challenges.

**Cognitive disorders** encompass a range of challenges related to thinking abilities. These may include sensory difficulties, short-term memory loss, or trouble with organizing thoughts coherently. It's important to note that these disorders don't necessarily involve intellectual impairment.

## D

**Depression**<sup>23</sup> is a prevalent mental disorder that goes beyond normal mood swings or daily life struggles. This condition is characterized by a persistent feeling of sadness, disinterest, or loss of enjoyment in activities that typically bring pleasure. Depression can have a significant impact on various aspects of life, including personal relationships, social connections, and academic or work performance.

A **Developmental Delay** is often used to describe a situation where a child or adolescent is developing physically, socially, emotionally, or cognitively out of step with their peers. It does not necessarily suggest intellectual, or any other long term impairment.

**Down Syndrome**<sup>24</sup> is a genetic condition that occurs when there is an abnormal cell division, resulting in an extra full or partial copy of chromosome 21. This additional genetic material leads to developmental changes and physical characteristics associated with Down Syndrome. The severity of the condition varies among individuals, but it generally causes

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<sup>22</sup> <https://www.healthdirect.gov.au/bipolar-disorder>

<sup>23</sup> <https://www.mayoclinic.org/diseases-conditions/depression/symptoms-causes/syc-20356007>

<sup>24</sup> <https://www.downsyndrome.org.au/about-down-syndrome/what-is-down-syndrome/>

intellectual disability and developmental delays that last a lifetime. Additionally, it often leads to other medical abnormalities, such as heart and gastrointestinal disorders.

**Dyslexia** is a condition that makes reading and spelling challenging for individuals. Despite having a normal capacity to learn, their academic progress can be hindered if teaching methods are heavily reliant on print materials. It is important to note that dyslexia does not affect intelligence levels.

**Dyscalculia** is a condition that affects a person's ability to comprehend arithmetic and numbers.

**Dysgraphia** is a condition that affects the ability to write legibly and comprehend written symbols and text. It does not indicate intellectual impairment but can hinder learning when teaching and assessment rely heavily on text and symbols. It is similar to dyslexia.

**Dyspraxia** is a neurodevelopmental disorder that affects movement. Individuals with dyspraxia experience coordination difficulties and struggle to translate signals from their brain into muscle movement. It can range in severity and include:

- abnormal posture
- balance and movement issues, or gait abnormalities
- poor hand-eye coordination
- fatigue

## **E**

**Eating disorders**<sup>25</sup> are severe mental health conditions that involve an unhealthy fixation on eating, exercise, or body shape. Individuals who struggle with eating disorders may exhibit the following behaviours:

- Being preoccupied with their appearance, food, and weight gain.
- Experiencing extreme dissatisfaction with their body and wanting to lose weight, even if others believe they are underweight.
- Having a fear of gaining weight.
- Pretending to have eaten when they have not.
- Keeping their eating habits a secret because they know they are unhealthy.
- Feeling anxious, upset, or guilty after eating.
- Feeling out of control around food.
- Constantly checking their body, such as weighing themselves or pinching their waist.

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<sup>25</sup> <https://www.healthdirect.gov.au/eating-disorders>

- Engaging in harmful behaviours, like self-induced vomiting or using laxatives to lose weight.

**Epilepsy** is a disorder of the central nervous system, where abnormal brain activity results in seizures or periods of unusual behaviour and sensations. Seizure symptoms can vary from person to person, with some experiencing loss of awareness while others do not. During a seizure, some individuals may stare blankly for a few seconds while others may experience convulsions or spasms, involving repetitive twitching of the arms or legs.

## **F**

A **Fine Motor Control Disorder** can occur in any condition that disrupts the communication between the brain and the muscles controlling the fingers and hands. This can make it challenging to coordinate hand and eye movements and perform fine motor tasks like writing, tying shoelaces, or drawing.

## **G**

A **Gross Motor Control Disorder** is a condition where an individual struggles with spatial awareness and proprioception, which is the sense of self-movement, force, and body position. Proprioception is managed by mechanosensory neurons called proprioceptors that are located in muscles, tendons, and joints. When proprioception is poor, coordination and communication between the brain and body, limbs, and head can be affected. This can happen during a normal stage of development due to a growth spurt or may be a part of another neurodivergent condition.

## **H**

**Hearing Impairment** is a wide-ranging condition, with individuals affected to varying degrees. Some may struggle with certain sounds, while others may be completely deaf. The management of this condition depends on its underlying causes and the extent to which individuals are integrated into the deaf community. Those who are completely deaf may utilize Auslan (in Australia) or local forms of sign language, while others may rely on lip-reading or technological assistance such as cochlear implants. For those with partial deafness or mild hearing loss, modifications to teaching methods may be necessary to improve communication.

## **M**

About 10% of the Australian population has **Multiple Disabilities**, which can create challenges due to the interactions between the disorders. The nature of these disabilities is unique to each individual, but certain elements of one condition can exacerbate the difficulties associated with another disorder (comorbidity).

## O

**Obsessive Compulsive Disorder**<sup>26</sup> (OCD) is characterized by a recurring cycle of distressing thoughts (obsessions) and repetitive actions (compulsions). These thoughts and actions disrupt daily life and cause significant distress.

**Oppositional Defiant Disorder**<sup>27</sup> (ODD) is characterized by a consistent and persistent pattern of anger, irritability, arguing, and defiance towards parents and other authority figures. It may occur alongside other disorders, but it is important to recognize ODD as a distinct disorder on its own.

## P

**Post-Traumatic Stress Disorder** (PTSD) is a mental health condition that can be triggered by a traumatic event, whether experienced or witnessed. Symptoms of PTSD may include flashbacks, nightmares, and intense anxiety, as well as uncontrollable thoughts related to the traumatic event. These reactions can become more severe over time and may persist for months or even years, affecting one's ability to function on a daily basis.

**Phobia** is a type of anxiety disorder characterized by an intense and irrational fear of a particular object or situation. This fear can arise suddenly and persist for more than six months. People with phobias may go to great lengths to avoid the object or situation that triggers their fear, even when there is no actual danger. If they cannot avoid it, they may experience significant distress, which can result in fainting, panic attacks, or other symptoms, depending on the type of phobia.

## S

**Schizophrenia** is a mental disorder that alters an individual's perception of reality. This condition often leads to psychosis, where the affected person experiences delusions and hallucinations.

**School Refusal** is a condition in which children experience persistent and intense distress at the thought of attending school or leaving home, leading them to frequently miss some or all of their school day. This emotional issue can stem from negative experiences with peers (such as bullying), authority figures (like being treated harshly), fear of failure, or a combination of these factors. School refusal can be a reaction by any child or adolescent to a negative circumstance and is not, as such, a disorder or neurodiversity. It can, however, be exacerbated by an existing neurodivergent condition.

**Sensory Sensitivity** happens when the brain receives intensified sensory information due to improper filtering. As a result, people who experience sensory sensitivity may react negatively

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<sup>26</sup> <https://www.mayoclinic.org/diseases-conditions/obsessive-compulsive-disorder/symptoms-causes/syc-20354432>

<sup>27</sup> <https://www.mayoclinic.org/diseases-conditions/oppositional-defiant-disorder/symptoms-causes/syc-20375831>



to certain sounds, textures, or smells. While this can be a part of the experience for individuals with autism, it's not always the case.

**Shyness** is a common emotional state that can be experienced by both neurotypical and neurodivergent people. It arises from the fear or unease of interacting with others, particularly in unfamiliar or new circumstances. Its degree of intensity can vary greatly. Shyness is an uncomfortable sense of self-awareness and the apprehension of being judged by others. This anxiety can restrict one's capacity to express oneself freely or act according to one's will. In addition, it can impede the development of meaningful relationships. Shyness is frequently associated with a lack of self-esteem and may be a contributing factor to social anxiety.

**Sleep Disorders** are conditions that can negatively affect the quality, timing, or duration of a person's sleep, ultimately impacting their ability to function properly while awake. Suffering from a persistent sleep disorder can lead to daytime fatigue, difficulty concentrating, struggling to process complex information, and experiencing challenges with emotional regulation and self-control.

## **T**

**Trauma** is a common reaction to a highly stressful event. It's important to note that not everyone responds in the same way to an event or series of events. However, some individuals may develop persistent anxiety which can eventually lead to PTSD.

## **V**

A **Visual Processing Disorder** indicates difficulties in responding to visual information. These difficulties may arise from the brain's perception and response to visual information, or from the motor output resulting from visual information. The received information is not processed accurately, and this can be the case for conditions like dyslexia and dysgraphia, which are both types of visual processing disorders.

Table 2: Likely issues for adolescents with common disorders

Condition	Social	Physical	Emotional	Cognitive	NOTES
<b>ASD</b>	Difficulty in reading and responding appropriately to social contexts. Difficulty in forming positive relationships with peers.	Weak core strength Coordination difficulties Limited flexibility Low cardiopulmonary fitness for age	Difficulty expressing emotions appropriately Meltdowns if overstimulated Wide mood swings Mood and emotional regulation is difficult Expectation of perfection	Tendency to literal interpretations Application of knowledge for practical/problem solution is limited Sensory oversensitivity	Spectrum disorder Might be accompanied with IA or sensory oversensitivity May be paired with ADHD Linguistic and articulate profile can mask the challenges General immaturity common.
<b>Asperger's</b>	Difficulty in reading and responding appropriately to social contexts. Difficulty in forming positive relationships with peers.			Detailed factual knowledge store	Sometime considered as “the little professor” fascinated with facts, hypervigilant for patterns and will correct “errors” No longer a diagnostic category in DSM-V
<b>ADHD</b>	Lack of focus/attention can impair ability to form stable friendships	No consistent profile Physically acting out in disruptive ways is common.	Poor regulation of emotional responses and states Overreaction to triggers Generally poor resilience	Lack of focus and attention Difficulty in forming cohesive understandings of topics ... tendency to collect disconnected facts	Spectrum disorder Generally characterized by lack of self-regulation and focus Typically involved disruptive outbursts and/or rituals in response to triggers
<b>CP</b>		Difficulty in coordinating gross motor skills		Significant concentration resources needed to manage physical coordination presenting heavy cognitive load.	
<b>Sensory sensitivity</b>	Obsession with need for personal space		Can be unduly upset by high sensory contexts	Engagement within a large group provides high cognitive load that can be overbearing.	May find uniforms uncomfortable and distracting May be upset by sudden loud noises
<b>DYSPRAXIA</b>	Can be withdrawn	Significant coordination challenges			May require reasonable adjustments for complex coordination tasks

## Reflections and considerations

Our journey into understanding the conditions, states, and disorders that impact neurodiverse adolescents has shown that dealing with these issues requires a customized and comprehensive approach. These problems are widespread, affecting up to 10% of teenagers in any given group. Additionally, even neurotypical adolescents may experience temporary difficulties due to incapacity, trauma, or other conditions such as emotional and behavioural responses to trauma, grief, or family instability through ill health/relationship break-down/poverty. Therefore, we can expect that a significant number of the adolescents we interact with will face challenges during this critical developmental stage, which may lead to long-term negative impacts on their lives. Please refer to Table 2 for a close summary of the most common presentations among adolescents and key takeaways.

In my experience in working with adolescents, these are the most likely challenges that require support when working with them as an educational or allied health professional.

## Chapter Summary/Key Takeaways

The main lesson from this chapter is that everyone is unique. Even individuals who may be categorised with a disorder and who clearly are neurodivergent will have varying degrees and types of difficulties. A formal diagnosis is not required for acknowledging and addressing the challenges faced by an individual. Medical and allied health professionals are responsible for providing formal diagnoses. However, we can still offer our support to adolescents in the community. It is our responsibility to recognise and respond appropriately to how a person's experiences affect their interactions with the world, their ability to engage, and their self-confidence.

In the next chapter, we will consider generic pedagogical and supportive approaches that are effective for a broad spectrum of adolescents with specific attention to neurodiversity.

## For further reading

Mayo Clinic (2023). Diseases and conditions. <https://www.mayoclinic.org/diseases-conditions>

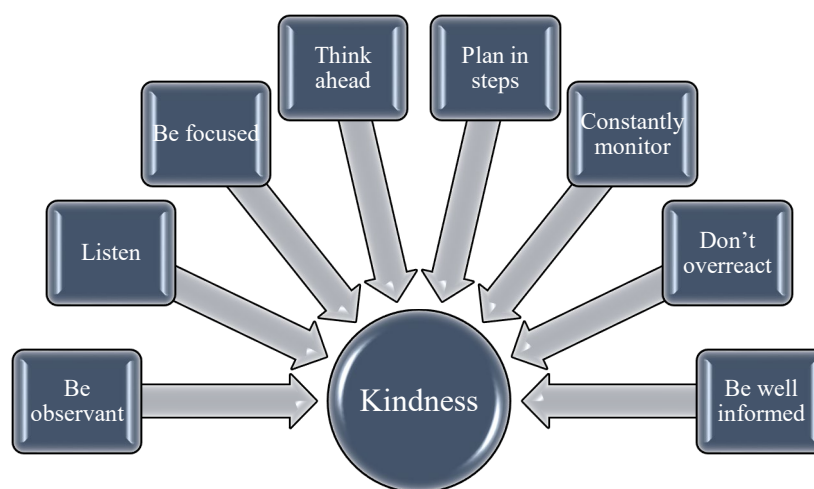
MSD (2023) [Adolescent Development - Children's Health Issues - MSD Manual Consumer Version \(msdmanuals.com\)](https://www.msdmanuals.com/child/adolescent-development)

World Health Organisation (2023). Mental Health of Adolescents. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

## Chapter Four: Responding to Difference

Working with groups of adolescents can present various challenges due to the unique needs of each individual. Nevertheless, there are practical strategies that can suit a wide range of people, regardless of their condition, cognitive differences, abilities, or attitudes. One of the most crucial approaches is to exhibit kindness. Although it may sound simplistic, being kind necessitates a proficient understanding and awareness of acceptable and rational adaptations while instructing.

### Kindness



*Figure 13 The elements of kindness*

So what does being kind entail? The following are key factors, also illustrated in Figure 13:

- Be observant

It's important to remain observant of people's reactions, engagement levels, and overall mood during an activity or conversation. If anyone seems to be struggling or disengaged, it's crucial to step in quickly with reassurance and support. This can involve adjusting tasks, reframing the situation, and encouraging them in a caring and non-pressuring way. Relationships with others also need to be monitored and any signs of bullying, isolation, or taunting need to be addressed urgently.

- Listen

When conversing with an adolescent, it is important to actively listen and express interest in what they are saying. Encourage them to elaborate on their thoughts and feelings. Later on, make sure to reference the topic to show your support and understanding.

- Be focused

It is crucial to stay focused on their words and give them your undivided attention when called upon. If you are unable to do so at the moment, schedule a specific time to meet with them and hear their story.

- Think ahead

When planning activities for a group of adolescents, it is necessary to consider the demands of each component element with the adolescents' perspectives in mind. Identifying potential triggering, complex, or confusing situations is crucial to prevent adolescents from being carelessly thrown into an overwhelming and unmanageable circumstance.

- Plan in steps

When working with adolescents, it is important to establish deliberate decision points, checkpoints, and milestones to evaluate progress and impact. It is crucial to be open to reconsidering plans that are already in motion.

- Constantly monitor

It is important to be attentive to the emotions and level of engagement of adolescents. Observe closely for signs of frustration, irritation, or disinterest, as these could indicate a need to modify, end, or redirect an activity.

- Don't overreact

When an adolescent confides in you, it is important to respond in a neutral manner. Listen attentively, ask relevant questions, and offer helpful advice for making reparations. However, it is crucial to avoid responding with an overly emotional or angry reaction.

- Be well informed

Inform yourself of the specific needs and challenges for each adolescent.

To truly exhibit kindness, one needs more than just to avoid harm. It is not just the absence of cruelty and nastiness. Kindness requires positive action. For example, dismissing a child's/adolescent's inappropriate behaviour as mere attention-seeking is unkind and unjustifiable. If someone needs attention, they simply need it, and this should be acknowledged. Leaders must provide positive affirmations to foster positive self-esteem and self-concept development. It is vital that these elements of kindness are predictable and reliable. You must be absolutely dependable and consistent.

Kindness is a professional responsibility and is a bridge to positive development for all adolescents and works well for neurotypical and neurodivergent individuals. Appendix 1 outlines a small research project conducted for Balance Foundations Ltd. on the issue of kindness as a professional requirement when teaching and learning.

## The Equity Principle

When working with young people, it's important to prioritize equity over equality. Providing everyone with the same level of support, opportunities, instruction, assessment, and other resources is not equitable. It's like comparing the swimming abilities of a snail to a fish - they're not the same. Likewise, setting identical expectations for every individual trying to perform a task is unreasonable. It may be necessary to make minor adjustments to expectations or give more time to account for each person's unique capabilities.

## The FISH! Philosophy

In the Seattle Pike Place Fish Market<sup>28</sup> a philosophy for engaging with customers became famous for their enacted enthusiasm and positive impact on peoples' lives. There are four principles and associated quotes for each from the original FISH! resources:

1. Be There

“Be emotionally present for people”

2. Play

“Tap into your natural way of being creative, enthusiastic and having fun”

3. Make Their Day

“Find simple ways to serve or delight people in a meaningful, memorable way.”

4. Choose Your Attitude

“Take responsibility for how you respond to what life throws at you... ask is my attitude helping?”



Figure 14 The FISH! Philosophy

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<sup>28</sup> <https://fishphilosophy.com/what-is-fish/>

Both adolescents and their supporters require a straightforward framework to navigate their interactions with the world. Maintaining a positive outlook can create a ripple effect of positivity. To this end, research on the benefits of smiling and laughter also offers additional recommendations. The four component FISH! Philosophy connects with the Positive Education work of Seligman, and the Flourish model of Geelong Grammar<sup>29</sup>. It is a simple, and easy to communicate concept that can be embraced quickly for dramatic results for everyone.

## Smile

Research into smiling and the impact of laughter has a long history<sup>30</sup>. In the spirit of the old adage “Fake it until you make it” and aligned to the FISH! Philosophy’s recommendation to choose your mood, it has been shown that there are many positive benefits from smiling and laughing even if the smile or laugh is not spontaneous. Scott, in her article *The Benefits of Smiling and Laughter* (2019)<sup>31</sup> identified six key benefits: Being approachable, Positive hormones, Stronger relationships, Better productivity, Stress relief, and Longevity. There is comprehensive research behind each of these observations. How do you smile and laugh more?

- **Fake it.** If necessary, try forcing it: Research shows that even a forced smile can boost one's mood, so the initial step towards happiness could be smiling, even when it seems difficult.
- **Actively seek funny things.** Try watching a comedy movie, reading some jokes, or finding ways to boost your sense of humour.
- **Engage with others.** Being around a group of people can naturally make us more inclined to smile and laugh. Spending time with friends who bring out those positive emotions in you is a great way to enhance your social life.
- **Laugh at yourself.** Have a positive outlook. Even during difficult times, it's essential to find the good or humorous aspects of the situation. Laughing at yourself can improve your overall quality of life and have a positive impact on your health and mindset.

It seems simple and it is. Wallowing in distress has a negative impact on everyone around you and is infectious. People will want to be a part of something that feels fun and happy, and they are much more likely to choose to participate. This forms a foundation then for all the other positive impacts possible from the activity itself.

## Health and Fitness Focus

Sustaining positivity can depend on general feelings of good health. Adolescents who are susceptible to infections, injury, and fatigue are more likely to be less resilient and unhappy. A common attribute for neurodivergent people is that they can lack core strength and cardiovascular

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<sup>29</sup> Refer to Chapter 2 of this book

<sup>30</sup> For example, Neuhoff, C. C., & Schaefer, C. (2002). Effects of laughing, smiling, and howling on mood. *Psychological reports*, 91(3\_suppl), 1079-1080.

<sup>31</sup> <https://online.uwa.edu/news/benefits-of-smiling-and-laughter/>

fitness. The goal is not to build them into champion athletes, but simple and regular stretching, strengthening, and engaging in activities that raise the heart rate (hiking, sparring, pattern work in martial arts) can make a difference incrementally. It's important to take it slow and make it fun. In tandem with regular exercise, adolescents need a regular and adequate sleep cycle, and a varied and healthy diet which doesn't include too much processed products. For adolescents with identified deficits, it may be necessary to work with parents and a medical practitioner to plan a sustainable approach tailored to their needs.

## **Wellbeing**

As a leader, you can foster a sense of positive wellbeing by facilitating opportunities for informal relationships to develop, promoting a strong sense of community and belonging, and establishing clear behavioural expectations and boundaries. It's crucial for each adolescent to feel secure in their understanding of what's expected of them. As a leader, you can foster a sense of positive wellbeing by facilitating opportunities for informal relationships to develop, promoting a strong sense of community and belonging, and establishing clear behavioral expectations and boundaries. It's crucial for each adolescent to feel secure in their understanding of what's expected of them.

## **The Principles and Benefits of Inclusion**

Perhaps the most important strategy for working with neurodivergent adolescents is inclusion. A persistent common approach to working with adolescents who are neurodivergent is to segregate them into specially constructed groups. In some ways this makes it easier for the teacher/leader to manage consistency in their approach. You might be surprised at the suggestion that this approach is actually firmly teacher/leader centred rather than student centred as it functions to make it easier for delivery of services rather than responding to student needs. Let's remind ourselves of the principal needs of an adolescent:

1. Identity
2. Independence

Segregated groupings reinforce an identity of difference, of other-ness, of deficit.

Categorizing individuals based on their neurodiversity can limit their independence by implying that they need special treatment. While this may be true for some people, it is not the norm. The principle of inclusion is based on the idea that everyone has a place in society, and that differences are a natural part of life that should be embraced with kindness and openness. Inclusion allows individuals to gain a greater understanding of one another, including the challenges they face, and promotes tolerance and acceptance within a positive community. This type of environment encourages members to establish their own identity through a diverse range of relationships that reflect the diversity of society. Rather than being defined by their labels, individuals are recognized as unique and valuable participants in group activities. This satisfies the adolescent need for identity.



Having a strong sense of independence is rooted in feeling secure and confident in oneself. When self-confidence is cultivated within a diverse community, it instills an unwavering belief in one's ability to handle new situations with a positive outlook. Inclusion plays a crucial role in fostering independence.

To support the transition from childhood through adolescence to adulthood it is helpful for these inclusive and diverse groupings to include close family members.

## **Chapter Summary/Key Takeaways**

In this short chapter we have discussed some strategies that make a difference regardless of whether an adolescent is neurotypical or neurodiverse. The key takeaways are that the environment needs to be positive, inclusive, accepting, and nurturing. This context can be created through embracing the FISH! Philosophy, deliberately smiling more, and fostering a sense of kindness in all aspects of engagement with adolescents.

In the next chapter, we will discuss inclusive practices and how it is possible to incorporate reasonable adjustments in our expectations for adolescents where there are neurodivergent challenges.

## **For further reading**

The FISH! Philosophy <https://fishphilosophy.com/what-is-fish/>

## **Chapter Five: Martial Arts Training as an Exemplar for Positive Pedagogy for Neurodivergent Adolescents**

### **The benefits of martial arts**

Martial arts training is conducted individually but, in a group. This provides young people with a sense of individuality in a social context. They are provided with clear direction for self-development as an individual. The syllabus for training is sequential and developmental with every person on their own journey marked by achievement milestones. The training itself practices coordination for gross and fine body control and provides development of strength and flexibility to enable young people to master the management of their new physical assets. Martial arts provide vicarious modelling for positive control of emotions, mood swings, social engagement, anxiety, and anger management. If martial arts becomes a stable and regular part of the routine for youth it will provide a framework for the construction of a strong positive sense of identity.

### **Martial Arts and the development of resilience**

Many people think that resilience, the ability to bounce back when things go wrong, is a natural trait... that people either have the strength of will to survive adversity, or they don't. However, since the beginning of this century research has shown us that resilience is learned. There are two dominant perspectives on how people learn to be resilient; sink or swim, or explicit and experiential teaching.

#### **Sink or swim?**

The sink or swim approach is based on the idea that resilience is developed with constant goading and encouragement to soldier through contrived/real challenges. The fundamental belief underpinning this view is that survival is the best teacher for creating a sense of resilience in people. There have been many successful educational programs built on this principle; the Duke of Edinburgh award program<sup>32</sup>, and Timbertop<sup>33</sup> are two elite examples. For these programs, young people have been sent out on expeditions into the wild with limited resources with the explicit goal of crafting them as survivors. In these contexts, without careful oversight, people either sink or swim. The impression is that the simulated adversity provokes their survival instincts and helps them see themselves as capable and resilient people. However, the success of these programs is not the sink or swim characteristic. Their success comes from the presence of a supportive learning context.

The supportive learning context is designed to develop the types of capabilities and mindsets that frame a person as resilient. The core attributes of resilient people are that they take a problem-solving approach to adversity. They work to take control of the situation and themselves and they do this by actively seeking information, planning their response, envisioning the way forward, and monitoring their progress toward their goal. These steps can be taught and are

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<sup>32</sup> [dukeofed.org.au](http://dukeofed.org.au)

<sup>33</sup> <https://www.ggs.vic.edu.au/learning/campuses/year-9-at-timbertop/>

fundamental to martial arts training.

## **A context for resilience development**

Martial arts provides students with a skill set to draw upon when things go wrong. Students can be taught to deconstruct the components of any problem that they face, and then they can be shown multiple paths for garnering relevant information and support to plan their actions and control their response to the situation. That is, they can be taught to be resilient. However, the effectiveness of this approach relies upon the establishment of a conducive context for learning. The best contexts for learning to be resilient:

- Are emotionally safe. That is that the student is supported and guided with the help of a trusted mentor.
- Provide authentic simulated experiences to practice response strategies
- Demonstrate a suite of potential actions and solutions to problems with an explanation on how they work
- Introduce students to information sources to enable self-seeking
- Provide mechanisms for monitoring success and goal setting
- Promote a growth mindset for students whereby they understand themselves as learners of a skill set for resilience.

These contextual features are part and parcel of martial arts training.

## **Martial arts and resilience**

Martial arts training hits the mark for each of these. The idea of martial arts training is to equip people with the skills and attributes to manage a confrontational physical attack. Martial arts training provides opportunities for testing responses, learning set actions to counter opposition, connecting with information, and demonstrating effective actions. The syllabus promotes a growth mindset and provides a goal-setting sequence for confidence building. Physical confrontation is perhaps one of the most challenging for a person's resilience. Through martial arts training, we can help people to become more self-reliant with a long-term impact on their identity as resilient.

## **Some specific exemplar strategies for martial arts training in support of neurodivergence**

### **Martial Arts instruction to support DYSPRAXIA**

Provide opportunities to develop strength, stamina, and physical fitness. Martial arts is helpful for young people with dyspraxia. Patterns and routines that practice and develop their technique will assist with the praxis and the resultant success is important for self-esteem through adolescence.

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## Martial Arts instruction to support AUTISM

Martial arts can be of great benefit for students with autism. However, the sensitive and alert instructor will need to consider the following reasonable adjustments:

- Allow for brain breaks in program
- Reasonable adjustment to expectations for Kihup
- Maintain quiet in session breaks
- Do not single out for attention/admonishment
- Consider reasonable adjustment to training depending on sensitivities
- Core strength training

When considering these factors, children with autism can often fully participate in regular classes and advance through grade levels. This experience can be very validating for both the child and their family, and also beneficial in teaching tolerance and awareness to other students in the class. Figure 15 shows the key approaches that make a difference for a range of neurodiverse conditions. It is helpful that the actions listed could be described as good pedagogy that is successful for any student.

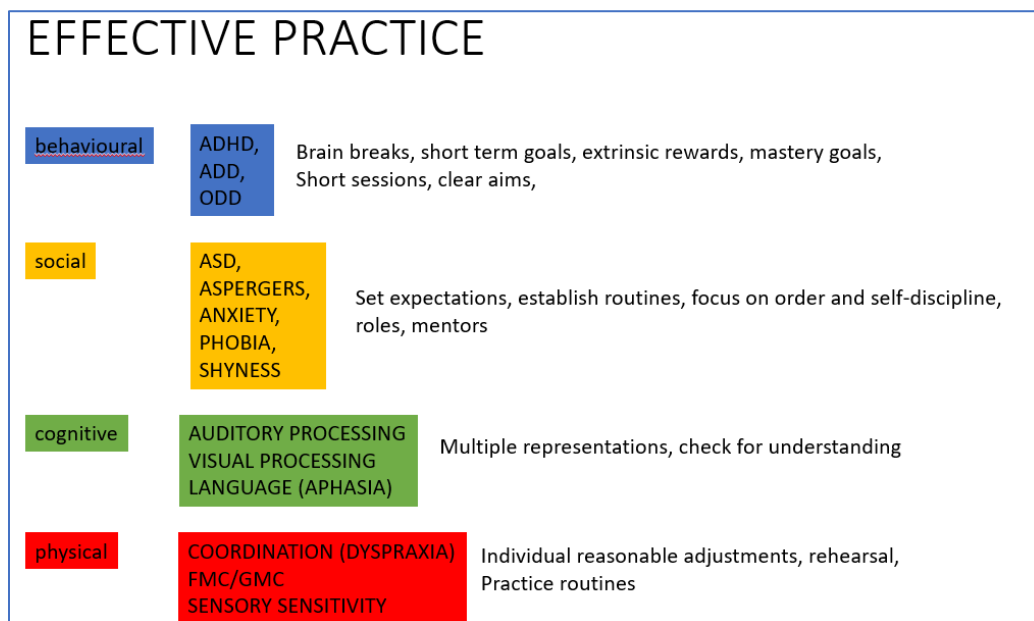


Figure 15 Effective practice for neurodivergence

## **Chapter Summary/Key Takeaways**

This chapter focuses on martial arts instruction and effective teaching methods for neurodiverse individuals. The main point is that accommodating for differences in learning styles is simply good teaching practice. If it proves successful for neurodivergent students, it is likely to be beneficial for all students.

### **For further reading**

Martinkova, I., Parry, J., & Vágner, M. (2019). The contribution of martial arts to moral development. *Ido Movement for Culture*, 19(1).

# Appendix 1: Kindness research report

## Abstract

*Kindness has been generally overlooked as a professional element in constellating a teacher's attributes and skills. This paper takes an Iterative Thematic Inquiry approach to expose and discuss perspectives on the relevance of professional kindness for contemporary teaching. This critical inquiry, in four stages, provides evidence to support recommendations for attention to kindness as a professional standard across the teaching career. Specific attention is given to the role of initial teacher education and the supporting regulatory framework provided by the Australian Professional Standards for Teachers to develop professional kindness.*

Key terms: professional kindness, intentional kindness, initial teacher education, professional standards.

## Introduction

*"... the concept of kindness is singularly silent in accounts of teaching excellence, student satisfaction or professional values.... We must be able to speak about such values as kindness in our professional lives."* (Rowland, 2009)

I open this paper with a direct citation from Rowland (2009). Twelve years ago and counting, Rowland called for attention to kindness in teaching. Little has been explored on the topic since then. In this paper, I question what it takes to be professionally kind in the classroom and why it should matter.

Contemporary teachers have a lot to do in their role. We depend upon them to lead their students to be the best they can be. However, we do not give the students to teachers one at a time. Instead, we provide them to teachers in batches, a job lot if you will, sharing one thing in common, their age. Into that scenario, we impose several professional demands. One such direction is to ensure inclusiveness. We demand that teachers be inclusive in their practices, pedagogies, and engagement with each of their students. Inclusive teaching is a regulated requirement in Australia. Every teacher must be able to demonstrate inclusive practices to gain and retain teacher registration. It is kind to be inclusive. But kindness is not required, and inclusiveness is not the same thing. Yet, it would be the rare individual who didn't expect a teacher to be kind, professionally kind. So what does this mean?

## Professional kindness

Several different perspectives can be taken when considering the kindness of teachers. There has been scant literature on the topic, but the following types of views have been reported. First, that teachers demonstrate kindness by being courteous. Next, teachers must have an essential working kindness ethic; that is, they are kind people, not necessarily tied to their role as teachers. There is also the perspective that teachers can interact with students kindly or be kind by being fully attentive to their duty of care. Finally, and the topic of this paper is professional kindness. Professional kindness is not the same as simply being a kindly, mild-mannered, or courteous person. It is not the same as making sure every student can be engaged in learning, as in the case

of inclusivity. Professional kindness includes everything a teacher does to encourage, predict and plan for, accommodate, respect and respond to student emotional and learning needs. It encompasses the discretion, listening skills, and wiley cunning employed by a teacher to shape the learning potential and demonstrated understanding of every student in their class.

Steve Broidy (2019) has written of the Kindness Oriented Teaching Ethic (KOTE), linking kindness in the classroom to the democratic goals of education. This occurs by establishing a democratic environment supported by appropriate policies, positive relationships and interactions between teachers and their students. This is essential work but misses the observation suggested here that professional kindness is not just about demonstrating a positive way to engage with others. That is, kindness, professional kindness, is directly relevant to all that the teacher does in their role.

Some researchers assert that teaching excellence requires professional valuing of kindness. Rowland (2009), for example, talks of kindness as being a requirement for teaching excellence. That is, excellent teachers are kind people that bring that value to their teaching. Once again, this perspective has a relaxed consideration of a teacher's requirement to develop skills to be professionally kind.

The idea that kindness should feature more prominently in professional preparation for roles aimed at interpersonal service has been raised in nursing research. Holz (2009) discussed the concern that professional kindness could become misunderstood in home-care settings for nurses. In this work, the intent is to warn nurses about careful boundary setting when working with vulnerable people in their own homes. This is not really an issue of similar magnitude in classroom settings, but the fundamental acknowledgement of the place for professional kindness in nursing service is refreshing. In teaching, though, research into kindness in the classroom has focused on how kindness can and should be taught (e.g., Kaplan, deBlois, Dominguez & Walsh, 2016). This is tangential to the current discussion but helpfully highlights that kindness is not limited to a personal attribute. Suppose it can be taught and developed in children. In that case, there is no reason to exclude the idea that it can and should be taught and expected of teachers as a professional skill.

We all know what it means for a teacher to be unkind. When a teacher doesn't address students' questions, makes hurtful comments, rushes through explanations, or assigns work that's too difficult, they're being unkind. It should be easy to define what it means for a teacher to be kind by looking at the opposite behaviours. However, we don't seem to prioritize kindness as a professional standard for teachers, instead treating it as a personal attribute that some have and others don't.

## **Kindness as a professional standard**

The Australian Professional Standards for Teachers (APST) (Australian Institute for Teaching and School Leadership, 2021) provide the regulatory framework for Australian initial teacher education accreditation of course design and standards for assessment of teachers' professional performance as they approach complete registration and across their career (Australian Institute for Teaching and School Leadership, 2021). Each jurisdiction adds additional requirements for teacher registration for teachers' systemic employment in their State or Territory.

The APST provides a detailed framework for teacher professionalism, consisting of three domains, seven standards, and 37 focus areas. The standards are organized into categories that encompass professional knowledge, practice, and engagement. A notable standard under the professional practice domain is standard 4, which focuses on creating and sustaining safe and supportive learning environments. It is worth noting that kindness is not specifically mentioned as a mandatory requirement for teachers at any stage of their career or in any jurisdictional expectations.

Standard 4 implies that kindness might be a factor for professional expectations, specifically the focus area 4.1. Focus area 4.1 requires knowledge of inclusive and positive interactions with students. However, as a graduate, the requirement is only to “identify” inclusive practices, not actually demonstrate them. This is true of all the graduate standards (Bahr & Mellor, 2016). However, even at the proficient career stage, where there is a requirement to demonstrate performance, the need for kindness is not explicit.

A proficient teacher, a status attained after a successful probationary period, is required to demonstrate positive and supportive interactions. This goes some way toward kindness, but a positive interaction does not necessarily suggest demonstrated and professional compassion or empathy.

A positive interaction can occur without explicit care for the person or each student’s learning needs. If inclusive practices are to stand as a proxy for professional kindness, then it has been reduced to a notion of simple positivity. In fact, displaying a positive demeanour is not always the kindest and empathetic stance for a teacher. Clegg and Rowland (2010) argue that kindness in teaching cannot be regulated or prescribed.

The idea that kindness cannot be objectively observed is flawed. Some believe that it cannot be taught, practiced, or measured. However, Binfet (2015) challenges this view by highlighting intentional acts of kindness in classrooms and the positive effects they have. This perspective invites further exploration and discussion, moving beyond the binary notion of kindness being either present or absent.

This paper’s proposition is that teachers’ professional kindness can and should be objectively identified. It can and should be a recognised professional standard as one of many Australian Professional Standards for Teachers’ requirements. In fact, teacher professional kindness can and should be recognised as a fundamental and core attribute for entry to, and progression through, the profession. The research question for this investigation was:

*In what ways does kindness manifest in the professional practices of teaching?*

## **Research approach**

This study’s research approach was Iterative Thematic Inquiry (ITI), a relatively new approach to qualitative research described by Morgan (2020). The fundamental epistemology, pragmatism, pays attention to the linking of beliefs and understandings to actions. That is, that



truth is found in the results when a belief is enacted. In this case, that learner experience is enhanced when kindness is demonstrated. The approach employed an adaptation of the four phases of ITI designated by Morgan as: “assessing beliefs; building new beliefs through encounters with data; listing tentative themes; and evaluating themes through coding.” For this study, a critical autoethnography is included in the first step to make explicit and to assess data for evident beliefs and to identify likely themes, followed by a limited interview stage, to confirm and evaluate emergent themes. Essentially there are two stages to this research: a critical autoethnography; and limited semi-structured interviews.

## **Critical autoethnography**

Boylorn and Orbe's recent research (2020) explores the history, evolution, and significance of critical autoethnography. This approach builds on classic ethnographic research, which focuses on analyzing qualitative data to identify cultural themes and interrelationships. It also draws from autoethnography, which emphasizes the researcher's personal experiences and storytelling, but expands the scope to include the cultural and external factors that shape those experiences (Ellis, Adams & Bochner, 2011). Using critical autoethnography, we examine the researcher's personal experiences alongside others' experiences within the same cultural context, paying close attention to the shared cultural meanings of the events (Boylorn & Orbe, 2020). Thus, in the ITI approach, we begin with critical ethnography, which acknowledges and embraces the researcher's biases and beliefs, to examine how kindness is manifested in teaching professional practices.

## **Participants**

### **The researcher**

For the ITI process, I became a participant researcher for the first stage of the investigation. I am a late-career educator with over thirty years of experience across Australia's schooling and tertiary sectors. My principal classroom teacher specialisations have been within the performing arts, although I have also taught senior sciences. My most recent experience with classroom teaching concepts has been through my role as an initial teacher education specialist responsible for assuring the efficacy of the design, development, and implementation of teacher education programs. For the critical ethnography, I relate two stories to illustrate my experiences with kindness in the classroom, efficacy and impact for learner experience. I highlight themes to frame the second stage of the ITI, data from semi-structured interviews.

### **Interviewees**

For the second stage of the ITI, I examined two interviewees' perspectives on stage one's exposed themes for professional kindness.

**Annabelle** (pseudonym) is a secondary school girl aged 17. She is a year 11 student of a state secondary school in southeast Queensland. She has been a student of this school for her entire

secondary schooling since year 7. She studies the “essential” streams for maths and English with vocational subjects (Media, Art, Construction, Fitness).

**Ben** (pseudonym) a 20-year-old male pre-service teacher in his final year of teacher preparation and is studying toward a Bachelor of Education (Secondary) at a Queensland higher education institution. He is an academically minded person with an expressed vocation to teach. His secondary teaching specialisation areas will be French, Music and Legal Studies. However, he is keen to work with lower primary children, having enjoyed his interactions with junior students during practicum.

The participants were invited to describe the elements of teacher professional kindness and outline how it can be demonstrated and observed. This limited interview stage was designed to highlight teacher professional kindness's to support recommendations for its overt requirement in teacher education and practice.

### **Study Phase 1: Assessing beliefs and emergent themes**

My first reflections are on a story about vicarious classroom kindness I experienced as a regular classroom visitor from a higher education academy. By relating my witness of kindness, I can comment on the observed intent of the kindness, the immediate relational and behavioural impact for the student and the teacher, and the broader experience and impact of the class's culture.

I was familiar with the classroom teacher as I had visited her class multiple times to collaborate with her on teacher education and development matters. I considered her a colleague and appreciated her dedication to supervising every practicum block. One time, she even requested to work with struggling pre-service teachers as she believed she could make a difference in their education. During this particular visit, I was there to discuss a prior student's report and was observing her class while waiting to meet with her. I remained outside the classroom and don't think she or her students were aware of my presence until later.

This was a junior secondary humanities class, and they were energetic and chatty. It was late in the lesson period, and they were preparing to finish the lesson and go to lunch break. The teacher, a veteran of some twenty years at the same Brisbane metropolitan, middle income, public secondary school, used all her skills to settle the class and set the homework. After the bell, she released the students. They raced away, except for a handful of more slowly progressing but excited class members: a group of three girls and a girl who seemed to be by herself.

The teacher asked the girls what they were going to do this lunch period. An energetic exchange took place about an audition for the school musical. The teacher noticed the lone girl and included her by asking her if she had ever been in a school production. She said something like, “yes, she had enjoyed being in them at her old school”. The teacher suggested that the group take her along to the audition with them, even if only to watch. They said they'd love to, and the lone girl brightened noticeably and left with the others.

The teacher saw me at that point and said something like, “... new girl, just need to get her settled. I knew she was a performer. I think she'll be ok with those girls”.

I witnessed a teacher respond professionally to a student's need for connection. The teacher utilized their knowledge of the student's strengths to match them with appropriate peers. This act of kindness was professional, objective, and based on expertise. It had an immediate impact on the student's sense of belonging and helped with their transition into the new environment. Although it was not part of a lesson and occurred outside of class time, it was a deliberate professional intervention. The teacher's interest in all students was evident, and positive relationships were fostered among all involved. It was clear that this act of kindness was planned and intentional professional behaviour.

My next story was about my own experience of kindness as a student myself many years ago. So potent was the event for me that nearly 50 years later, it still is a strong memory.

I was a year 12 student and relatively young for the grade. My parents had divorced, and my mother was single parenting while holding down three jobs. I would accompany her for the night shift at a nearby aged care residence, sleeping in one of the residential suites. It was pretty much just mum and me and a tattered teddy bear named Milo.

My class and I went on a camping trip to the Wilpena Pound, Flinders Ranges in South Australia, a five-hour trip from our school. The camp was over, and we were about to leave when I noticed that Milo had disappeared. I didn't want to say anything lest the classmates think I was childish, but I was quietly very distressed. We left the camp sans Milo.

During our trip, a convoy was formed with the tour bus and another car serving as the "safety" vehicle provided by one of the teachers. While traveling, some kids were snickering at the back of the bus, which caught the attention of one of the teachers. Curious, they discreetly approached me and asked if I had forgotten anything when I packed to come home. I hesitantly revealed that I had lost my beloved bear. We had already been on the road for three hours at this point. Upon our next stop, the teacher spoke with the driver of the "safety" car about my missing bear.

After returning to school, our families picked us up. However, no one mentioned anything about Milo until later that night when a teacher called me. They informed me that Milo had been picked up by the safety car and would be returned to me the following day at school. I later learned that this act of retrieval added an extra six hours to their trip. The teacher, along with the safety car staff, showed exceptional commitment, discretion, and compassion in retrieving and returning Milo. Although their kindness was evident, I wondered if it was also within the scope of their professional responsibilities. I believe that the actions of the teachers as a team and individually was professionally kind. They used professional discretion to make sure I was comfortable. Although I did find out later that the mean kids were individually counselled. The teachers understood the lost item's significance and went out of their way to ensure balance was restored. A critical analysis of these two stories provides insight into the landscape of professional kindness. I assess the key elements that comprised professional kindness to be:

- professional background knowledge of the lived experiences and emotional connections for the learner,
- professional understanding of the interpersonal dynamics of a group of learners,

- professional understanding of the potential emotional and learning impact if no action was taken,
- professional discretion, and
- intentional kindness.

The professional kindnesses were observable in both cases and had a direct and positive effect on the target student:

- establishing a kind and respectful relationship between student and teacher,
- assisting, through discretion, the connectedness and sense of belonging of all students.

These stories most likely represent everyday kindnesses in the professional lives of these teachers. Professional kindnesses such as these may be as common as noise for some but are the relationship glue fundamental to effective teaching.

In my critical examination for the component themes, I find three interrelated processes for intentional and professional kindness.

- (1) The kindnesses extend from *professional knowledge* and understanding of the learner.
- (2) The kindnesses emanate from a *professional understanding and empathy* for the need to act restoratively, promoting the learner's emotional balance.
- (3) The kindnesses are *professionally generative* in that they promote the positive relationships required to support an inclusive learning culture.

Here are three methods that link expert knowledge with kind actions aimed at fostering emotional balance and a positive learning environment for everyone. In the initial phase of the ITI, the ethnography analyses the contextual views of stakeholders, while the autoethnography reflects on the researcher's personal experiences and how they were affected by events. Lastly, the critical autoethnography examines the intentions, reactions, and interactions between individuals that led to the event. By combining these approaches, we can gain insight into the impact on learners and the cultural context that shapes their learning.

## **Phase 2: Encounters with data**

I engaged in semi-structured interviews with the two other participants using the themes emerging from the critical autoethnography to structure the discussion: perspectives on the role of professional knowledge; the role of professional understanding and empathy for the restorative need for emotional balance; and, the impact of professional decisions to act on learning culture and experience. The interviewees were asked to reflect and describe how a teacher might be kind and report on the impact of kindnesses that they may have experienced. These were open-ended questions. The interviews took place in the participant's own homes, were recorded with permission, and conducted with informed consent. Ethical clearance was obtained from the Human Research Ethics Committee of Southern Cross University (Approval Number: 2021/032). Each interview was complete in approximately 15 minutes. The conversations were transcribed for analysis.

## Interview 1: School student

Annabelle, when asked about teacher kindness, said:

*“A kind teacher shows students that they want to be more interactive. They say encouraging things and try to help. It matters that teachers are kind because I wouldn’t want to be at school if I didn’t feel encouraged to do the work.”*

In this brief statement, Annabelle clarifies that she understands kindness to be something about how a teacher behaves; that is, it is observable. She proposes that kindness relates to the work the teacher has set her and associated encouragements. This suggests that the teacher’s curriculum choices and pedagogy are elements in the kindness she experiences. Finally, Annabelle relates the experience of kindness to her motivation to study. The interaction she has with the teacher is not limited to her sense of inclusion or sense of worth but extends to include her value in the classroom context.

Against the phase 1 themes, Annabelle focused on the teacher’s understanding and empathetic responses designed to encourage and support the learner with their learning tasks. So, for Annabelle, the visible professional kindness was evident in the interactions’ nature and tone. The idea that these might derive from professional knowledge about the learner did not occur to Annabelle and is probably the most invisible of the elements of professional kindness.

## Interview 2: Pre-service teacher

In the second of the interviews, Ben considered kindness in teaching as a part of the teacher’s responsibility to create a positive environment by demonstrating kind habits. This aligns with some of the research perspectives on kindness that separate it from a broader professional skill and a personal attribute, a set of values-based habits and behaviours. But more than this, Ben also saw kindness as a part of the teaching role in his statement that:

*“Teachers show their kindness in the way they go about teaching, the language they use, and the way they interact with students both within and outside the classroom. It encompasses everything, including demonstrating the behaviour they expect.”*

In this, he identifies kindness as being professionally generative. It underpins the establishment of a positive learning culture through the teacher’s measured interactions with the students. Ben also considered the link between kindness and catering for learning needs and motivation of the students:

*“A teacher who demonstrates that they are kind to students tend to foster learning attitudes and work ethics amongst them. Whereas teachers who do not take into account the importance of kindness and courtesy tend not to foster the same habits in their students’; which therefore creates a very destructive environment...the students are not happy and where there is less likely to be a positive learning outcome with the class.”*

In this extract, Ben suggests that kindness is observable, that it is connected to the teaching decisions made by the teacher, and has an impact on the learning outcomes. Ben makes the case that kindness is professional, not simply a considerate manner when interacting with others. However, while Ben has again considered professional kindness's generative nature, he has not evaluated the place for professional understandings and empathy required to foster the students' work ethic. Ben wanted to be clear that there was a distinction between inclusive practice and professional kindness, Ben explained:

*"There is overlap between being an inclusive practitioner, but there are parts of being inclusive that are not the same as being kind. Demonstrating the practices and habits that you'd expect out of your students is not necessarily related to being inclusive. Still, it does relate to kindness, and some areas are related to both, such as the language and activities that are used in the classroom to interact with students."*

So in this excerpt, Ben has shown that inclusive practice is more about ensuring all students can engage with the learning. This comment goes to the role of professional knowledge and understanding for intentional kindnesses. For Ben, kindness is about ensuring that the design and the interactions are conducive to learning.

Ben made direct reference to both the roles of professional knowledge and understanding and empathy in his reference to kindness in lesson planning:

*"Lesson planning ...what teachers need to consider with their lesson planning is whether or not their activities and instructions and layout of the classroom are such that they (students) feel welcome to express themselves, be themselves and ask questions. A supportive learning environment."*

For Ben, kindness dependent on professional knowledge was apparent in designing and implementing learning activities. This was largely unrecognised by Annabelle, perhaps due to her student perspective. Ben, like Annabelle, commented on the understanding and empathy required for professional kindness and the intentional generative impact for learner experience and general class culture.

Ben was much more able to articulate his beliefs and perspectives than Annabelle. His responses were more detailed and nuanced. However, it is essential to recognise that Ben, as a pre-service teacher, has already begun his induction and exposure to the vast array of preparations and decision-making required for leading learning. So for him, much of what would not be apparent to a novice observer is clearly identifiable, performative aspects of the role. In a sense, he is an expert observer.

Reflecting on the research question that has guided this project:

*In what ways does kindness manifest in the professional practices of teaching?*

I suggest that professional kindness manifests in intentional actions designed to strengthen a teacher's working relationships with their student/s, establish a context conducive to learning, and act for the restoration or assurance of emotional balance and motivation for the learners. It

involves professional knowledge, understanding and empathy beyond inclusive practices in establishing a kind and positive environment for learners and learning.

## Conclusion

Kindness in daily life, for general interpersonal interactions, is complex. The motivations, the objective, the established relationships between the people involved, including the power relationships, are intertwined and variable. In everyday life, kindness is bestowed from one person to others. It may or may not involve the subjugation of the kind person's needs or personal capital to strengthen another.

The kindness exhibited by a professional teacher is relatively straightforward. The teacher's professional role dictates their objectives and motivations, which include fostering a positive working relationship with their students. They do not expect anything in return for their actions, be it professionally or personally. Professional teacher kindness can be as simple as designing a curriculum or pedagogy that helps students succeed, and it is always intentional and direct.

Sometimes, a beginner may not recognize professional kindness. This was shown by Ben and Annabelle. Annabelle believed that a teacher's kindness came from being a naturally kind individual. On the other hand, Ben recognized the less noticeable aspects of teaching, such as planning, designing, and preparing professionally, which intentionally create a context for kindness.

The notion that a teacher's preparatory work is often unconsidered and unnoticed by a novice has been discussed in other research into the nature of teaching quality (Bahr & Mellor, 2016). Like teacher quality, general kindness, in terms of being a kind person, eludes precise description. In the attempt to describe, it tends to diminish the concept. It is possible that the focus on inclusive practices in the professional standards was considered sufficient by the authors of the regulatory framework. Though the findings of this Iterative Thematic Inquiry on the matter have demonstrated that intentional and professional kindness is more than inclusive practice, it should be articulated as a requirement for the professional and articulated as a requirement in the professional standards.

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