

Morrigan:

Alright let's get started. So, first of all hello and thank you so much for being with us today at the first in our mini webinar series Promoting Inclusive Sexuality Education.

My name is Morrigan and I'm a community research liaison with the University Center for Excellence in Developmental Disabilities at the Oregon Health & Science University.

Before we introduce our presenter today I just want to go over a few details about this webinar. So this webinar, Autism and Human Sexuality, is being recorded and will be available on our website. We will send a follow-up email to everyone who registered with the link to the website.

Live American Sign Language interpretation is available for today's webinar. Thank you Maggie and Donna for being here this evening. The ASL interpreters will be pinned so that you can see them the entire webinar. Live Spanish language interpretation is also available. Thank you Rosie and Carolina for being here this evening. If you would like to listen to this webinar in Spanish please click the world icon at the bottom of your screen and select Spanish.

And also live English closed captions are available. To turn on closed captions click the CC button on your screen then choose the live transcription option. Now I'll go over some instructions about using the Q and A to ask the panelist a question, or any of us for that matter. Click the Q and A icon at the bottom of your screen the Q and A box will open and you can type your questions there.

And now I'll introduce our presenter. So, Jack is a queer autistic sexuality educator. They have been working as a sexuality educator and autism advocate for 6 years. Jack works with therapists as well as other professionals, parents, caregivers, and autistic individuals, on how to support autistic individuals by providing consultations, one-on-one as well as group consultation, resources, and educational workshops on the intersection of human sexuality and autism. Jack also works as a massage therapist specializing in pregnancy and pediatric massage. They have been working as a massage therapist for eight years.

Alright and with that Jack do you want to take it away?

Jack:

Yes, so I'm going to share my screen and I believe individuals should have already received the PowerPoint and if you have not, you can that's definitely an option. Alright, so I'm just going to move this into full screen there we go, these are the objectives we're going to be covering. Today is really talking specifically about the intersection of sensory processing, trauma, neuroception, autism, consent, and LGBTQIA2S+ and this will also include a conversation around "How do we create trauma-informed approaches to sexuality education? How do we create queer inclusive spaces? And what are some things we need to keep in mind when we're working with autistics particularly when we're working in the area of sexuality?" Because I am in full screen I will be periodically checking the chat in the Q and A but I will predominantly only be doing that at various stopping points. I will not be doing that continuously because I have trouble splitting my attention that way.

Just as a brief land acknowledgment I'm in Seattle, Washington which is on Coast Salish specifically the unseated territory of the Duwamish. We've already done the introduction of who I am and for the sake of time I do ask if possible to again put questions into the question and answer section or into the chat but I won't really be able to get to them until the end. I will try to leave 10 to 15 minutes at the end for having a discussion and answering any questions as well. I also want to make it clear that what this class is. This class's main focus is on really helping to understand what is going on inside someone. I have included, ideally that you received as well, a bunch of resources on suggested curriculum and other resources that can provide information on "How do we teach consent, anatomy things like that?"

I also want to be clear that it is not within the scope of this training to provide very specific strategies for specific individuals since I don't know those individuals. I don't know their context and because we all experience the world in a way that's unique to us it's really impossible to provide strategies that will work for everyone identically. But what I can do during this class is share general ideas, guiding principles that can be very supportive and helpful overall.

I'm also offering individuals who take this training, they're welcome to take advantage of a free consultation if there is a very specific thing that you

want to talk about you're welcome to reach out to me and we can set up a free consultation for about an hour to discuss whatever specific thing that you would like to discuss. But yeah hopefully that makes sense and I'm just going to briefly check the chat cool and now I am going to... oh there we go. Alright so to start before-

Morrigan:

Sorry to interrupt, it looks like you haven't gone into the full screen mode yet. I just wanted to ask if that was that that way on your end. I'm not sure why it says screen share is paused. It looks like you haven't presented yet when I'm looking at it.

Jack:

Okay. Alright are you able to see it now?

Morrigan:

Yeah we're also seeing on the side, we're seeing kind of like, all your thumbnails and other things so it looks like it's not presenting yet.

Jack:

Alright. Okay. Okay let's see. Let me see if this. Alright I'm not sure why it's not letting me do screen share at all. Oh right that's a question. Okay let's try Plan B I don't know what's going on with Canva and I don't know how to get it to cooperate right now so what I'm going to do instead is just open it up with what I have saved on my laptop and so hopefully that will work alright. Alright is that better for people?

Morrigan:

It looks like that it's larger. We're still seeing the slides on the on the margin like the thumbnails.

Jack:

Yeah I can't really do anything about that. Yeah I don't know how to make those go away and I don't know how to make Canva cooperate with the screen share on Zoom so I apologize for that.

Morrigan:

I think that I think that should be fine. Thank you, Jack.

Jack:

Okay, alright. So yeah sorry about that tech hiccup. Technology, always fun. So before we really get started I want to make sure that we're all coming from the same page when we're talking about autism.

And so when we're talking about what autism is, I mean obviously this is something that you could teach literally hours of class work on, but just very briefly I wanted to share how I and other individuals define autism outside of the deficit-based, pathologizing framework that is typically presented through things like the DSM, a lot of the research, and in a lot of trainings. And so autism is just a neurotype and it's an example of human variation.

So all behavior and human interaction is a reflection of unique neural wiring plus the goodness of fit from the environment and people in their lives. There is no one type of normal brain, all brains are different and this is starting to pull into the neurodiversity framework. And this idea of the neurodiversity framework stipulates that neurodiversity incorporates everyone. We're all a little bit different but within the general population there are certain individuals whose minds as a group work a little bit differently from the majority and that these individuals are referred to as neurodivergent and not everyone who falls under the umbrella term of, who are neurodivergent, not all of them have conditions or disorders some like autistics are just naturally occurring different neurology's. Just differences in development differences, in sensory processing, differences in attention and how their attention works and it is true that autism is also sometimes referred to as a neurodevelopmental disability and while there may be certain aspects of autistic neurology especially around sensory issues that might be disabling because there is no amount of accommodations or reasonable adjustments that can really take those problems away.

But, at the same time we can think about how we talk about disability as a whole. This is getting into the medical versus social model where under the medical model disability is seen often in a pathologizing lens, it's seen as something to be cured whereas under the social model of disability the issue really is more an inaccessible world. And so a lot of times what is disabling about being autistic has less to do with being about the autism and more to do with either an environment that is not really accessible or alternatively a co-occurring condition that often shows up alongside autism but that hasn't been properly recognized, supported, or addressed.

And so again this is just a very brief introduction to some more complex topics but the whole point is that it is possible to talk about autism in a way that isn't deficit based, that isn't about pathologizing the autistic brain, and that isn't about trying to push the individual to perform some kind of poorly defined normal if that makes sense. Autism is something that's present throughout life and autism is a spectrum. But when I speak about a spectrum I don't mean like a linear rigid spectrum I mean think more of like a paint wheel something where a person has different strengths and weaknesses and where their support needs will shift throughout the lifespan and this is true of everyone, for all of us throughout our life our support needs will shift and change.

And, there's a variety of other problems as well with the linear spectrum model, one of which is how individuals who have higher support needs can be framed as being less valuable because they purportedly don't contribute as much and often have assumptions made about their intellect or their internal world which are not helpful. And for those who are of lower support needs they often do not get adequate support or help until they have a significant crisis because of the presumption that they're probably fine. And so it's really better to think of the autistic spectrum in this sort of complex three-dimensional paint wheel way rather than this linear model where you're in one place or the other and that's where you are for all of your life. It's far more nuanced than that.

Autism is not a recent invention, autistic individuals have always been with humanity. prior to the invention of the word autism there were a variety of other ways that people thought about and talked about individuals that we might today consider to be autistic. And then it's also really important that when we're working with autistic individuals to be really careful what we're ascribing to autism and this is something that I refer to as sort of the "autism bucket" where we just sort of assume that something is because of autism when it could be a co-occurring condition or just part of someone's personality and not really a result of autism.

There's this idea that philosopher Ian Hacking describes how diagnoses can lead to the construction or making up of people with the understanding that when we look at something like autism and the autism definition and diagnosis in the DSM this comes from this cumulative interactive conversation from autism advocates, doctors, social forces,

and it's in this continual feedback loop with a lot of factors shaping our current approaches and understandings of autism and that the diagnosis can really influence the perception of someone who--and then when these actions are read through the lens of a diagnosis, as something intrinsically autistic, this can obscure the uniqueness of the individual. And that when we treat people based on a set of assumptions this can then affect their own behavior and then before long their own behaviors start affecting the perceptions of the diagnosis and then so forth and so on. All of which is to say that it's really important to be present to the individual and not just write things off and because of "Oh they're just autistic" or what have you.

I'm just going to now transition to talking very briefly about autism and sexuality so in a very brief summary we have research and information from autistic individuals themselves that autistics do need targeted education and support and this is due to a number of reasons but some of the bigger reasons that really stand out are things like language and social emotional struggles, which again, this is not because autistics have a deficit within language or within social emotional struggles it's more about one, the fact that some autistics are non-speaking, some autistics are minimally speaking, some autistics are unreliably speaking, and our culture is very much oriented toward verbal speech and that often assumptions are made about a person's intellect when they're not able to speak or consistently speak and that can absolutely impact not just the ability to access medical care and education, but also the ability to socialize and engage in relationships.

And in terms of the social-emotional struggle instead of thinking about it as having a deficit it would be more accurate to think about it in terms of things like the double empathy problem where there are these breakdowns in communication that happen because of things like differences in salience, difference in how like what's considered relevant to talk about, differences in how people want to socialize. And so this obviously will have an impact on both learning and relationships when the double empathy problem is not taken into consideration and when there's just assumptions about, "Well there's one right way to socialize and if you don't do it then you're doing something wrong," then that can create problems not just for autistics but for anyone who doesn't necessarily fit within the broader cultural norm if that makes sense.

Another thing as well is the sensory issues piece and the autistics as a whole, research is increasingly showing the importance of understanding sensory processing and sensory motor when it comes to basically understanding the lived experience of autistic individuals. And so we don't have a lot of research right now around this intersection of sensory processing and sexuality but we do have enough information to know that when there are unaddressed sensory processing differences and challenges that this impacts both learning and also ability to be in relationships.

Finally, another reason why there's a need for targeted education and support is because of trauma. Autistics are much more likely to experience trauma and trauma impacts our ability to be in relationships and to also learn and then compounding all of this is an absence of appropriately trained educators, medical, and psychiatric providers. And then an additional layer is that there's a higher rate of gender variance and LGBTQIA2S+ identification and there's also an absence of enough medical providers, educators, psychiatric providers who are appropriately trained on working not just with the general populace of LGBTQIA2S+ individuals but at this intersection of autism and the gender variants in LGBTQIA2S+ communities. And when you look at the research around this the research is often not great, there's oftentimes some degree of evidence that the researchers have unexamined biases around assumptions around like yeah, for lack of a better word, the unexamined assumption that anything that isn't heterosexual or cis needs to be explained rather than just acknowledging that diversity is the norm across the board both in humans and just in animals in general and nature in general. And so yeah there's often some less than ideal research and commentary made about this intersection that I have noticed as an educator. And so that's just a very brief summary of some things to keep in mind when working with this population and we'll be going into specifically talking well the sensory issue piece and the neuroception and trauma piece.

Alright, so and this really applies to understanding the nervous system, understanding sensory processing, understanding sexuality. But language, having the words whether it's spoken, written what have you,

sign language, is a form of power. It helps create categories that help us interpret the world. When things are not readily available or easily available in language, it gets often ignored and thought itself. A shared vocabulary can make ideas more accessible while a lack of language can render an experience illegible, and it can be quite isolating and and that's just sort of a transition point as we move into talking about sexuality.

And so as sexuality educators regardless of what population you're working with, these are all common questions that need addressing because a lot of people do not receive adequate sexual and romantic education and depending on who you're working with that's going to inform things like how you talk about things, basically that's why I try to include a wide range of resources and a number of different curriculums that can give you information on how to navigate these conversations with your students or with individuals that you're working with. But this is something, that these are all things that a lot of people regardless of support needs, regardless of neurotype, have questions about even well into adulthood because they never really received adequate education. And it's also important to note that it is very common, given the absence of sexual and romantic education, for individuals to struggle with and need support around learning the difference between what they've been taught or modeled to want, and what they actually do want. Because our wants and desires, whether it's relating to sexuality or to really anything else, these are all informed by the culture we move through, the cultures we move through, the languages we speak. And that part of providing sexuality education is giving people the tools and the language to move from want and should statements, to move from should statements to want statements.

And relating to this, a lot of us have not really been taught or modeled how to have embodied present and attuned sex and relationships, that oftentimes what we were taught or what was modeled to us was very performative. It was very mechanical, it was very much this, like a very limited range of images or narratives. But there was really not a lot of discussion around things like pleasure or figuring out what you want or even figuring out what sensory input you do and do not enjoy. It was more like, "Well this is what you should do and this is what you shouldn't do." But there's not really a lot of conversation around consent, pleasure, and, "What do I actually want out of a relationship? Out of a friendship? Out of just those things in general?"

And also relating to these two things most of us have not really been taught how to unpack or understand attraction and arousal. And this also gets into the piece around understanding the nervous system, having tools to understand like the language to talk about like, "What does it feel like when I'm upset? What does it feel like when I'm relaxed?" Having the language to understand like, "This is what it feels like when I'm regulated. This is what I can do to help myself re-regulate." A lot of us were not really given those tools regardless of support needs, regardless of neurotype. And so this is something that can be really helpful to provide as a sexuality educator is explaining that there are different kinds of attraction. Or helping individuals develop interoceptive skill, with interception being one of the eight senses where basically it's like the ability to ascertain internal sensation, internal emotions, and being able to sit with that without becoming overwhelmed for lack of better word. That's what it means to develop interoceptive skill and awareness.

And relating to these three pieces all comes back to how we're not really taught how to negotiate or communicate our various access needs or sensory needs regardless of support needs, we all have access needs, we all have sensory needs. And yet for so many of us we were never given really the tools on how to recognize or communicate them in a way that's also respectful of others. And it's really important that individuals have access to this information about their bodies because when we deny information it's a way of denying autonomy and it really increases the likelihood of harm due to lack of information.

So, for example, if we don't help individuals unpack some of the cultural myths or stories that they might have already absorbed from media, from their peers, from the various environments they move through and there's a likelihood of themselves either experiencing harm or accidentally causing harm to others. So, for example, cultural messaging that elevates being in a partnered monogamous relationship and paints being single as being as a failure can push individuals to feel like they have to start dating or they have to do X, Y, or Z to stay in a relationship even if it means violating their own consent or not really respecting their own bodily autonomy. It can lead them to feel like they're less than if they're not in a relationship by a certain time. Another cultural script that can do a lot of harm is this idea that a certain kind of sexual interaction is

somehow more special, more significant, and a source of greater thrills and pleasure than any other activity and that if you're not doing it in a certain amount with a certain kind of people then that makes you less than or that means that you're not performing your gender correctly, particularly if you're AMAB or assigned male at birth. And so this can lead to people feeling this pressure to engage in things not because they necessarily want to but because they think they should and so this is why it's really important as educators that we also do the work on learning our own biases and being really thoughtful about how we talk about things because part of the work that we're doing isn't just providing information, it's also addressing these myths and cultural stories that people have already absorbed. It's also really important that we really lead with pleasure and that this idea that some people do enjoy engaging in certain sexual activities or certain intimate activities needs to be included alongside any discussion of like anatomy and social skills.

And, that we also have to consider how it's not enough to just endorse, or promote, or mention pleasure, we also need to remember that there are how social and political inequities really impact intimate experiences. And how they affect how individuals imagine and evaluate their erotic lives and experience. Just as only certain bodies are coded or are legible as desirable, and desire able, or invested with erotic privilege, so too or only certain folks granted access to sexual pleasure as inalienable rather than a privilege. And for a lot of individuals who are disabled or have higher support needs there can often be this kind of desexualization that happens where they're just automatically assumed to either be disinterested in sex or they're assumed to be too childlike, too immature to engage in it right. So were then, rather than giving them information they're either not given information or they're given a lot of scare tactics and a lot of mechanical like, "How do you prevent a pregnancy?" But they're not really taught about things like pleasure or how to figure out what your needs are within a relationship as it were.

And an example of both of these things, oh and it's also important when we talk about pleasure that we make sure to note that pleasure is not the same as orgasms, there is a tendency in both research and media to equate satisfaction, fulfillment with orgasm and in doing so experiences that might be intensely erotic and pleasurable but not result in orgasm can be undervalued. It's also really important that we help individuals understand that just because their bodies respond a certain way that

does not necessarily mean they enjoy or want more of that activity and that's going back to arousal non-concordance which is in the sexuality glossary that should have been included in the resource packet and sometimes there can be this anxiety among adults around talking about sex in a positive way, about mentioning pleasure.

There's sometimes this anxiety that if you frame it in a more positive way or if you talk about it at all that it'll make individuals more likely to do certain things but that's not actually what the research shows. If anything what the research shows is that when individuals are exposed to more positive messaging around sexuality, around sex they're actually less likely to take sexual risks and they experience less harm and have more positive overall experiences.

And an example of sort of both of these things is talking about the importance of education around masturbation which might all include things like when and where is appropriate, what kind of lubricants might we use if we're using that. It might mean working with another sexuality educator who specializes in teaching people about different toys and things like that that an individual might use but it also means talking about well how, it means addressing cultural myths that might shame masturbation and explain that there's really nothing wrong with it but also we need to do so in a way that's respectful of others and part and parcel of talking about masturbation means addressing the whole conversation around educating people around porn, teaching things like what is ethical porn, helping individuals understand that porn is meant to be fiction, it's not meant to be a literal how-to guide in terms of intimacy. And helping individuals understand that intimacy and relationships are about collaboration and not performance. It's not about you doing things to someone, it's about you and another person or persons creating a mutually enjoyable experience for everyone and how that might look really depends on everyone involved.

So with that said, some of the things that I recommend alongside with the resources that I sent are things like if you want to do more work as a sexuality educator it is absolutely crucial to seek out further education and training. I really recommend taking ASAR or A Sexuality Attitude Readjustment. I believe that's what the acronym is from. And to really build community with other sex educators, especially those who are working with similar populations or who are working in similar

environments like the classroom or what have you. And it's also important to seek out self-advocates and listen to their feedback. It can also be really helpful to engage with the students now if you don't feel comfortable with that or if you don't think it's appropriate to solicit feedback from students then you need to find other self-advocates and to talk to advocates from a variety of backgrounds as well.

And that a lot of times some of the resistance to educating kids and teens and adults is because individuals haven't dealt with their own sexual trauma and if we haven't dealt with it then that's going to mean talking to others about it is much more difficult. So if you do have stuff from your past or what have you, and you need to get it addressed try to get it addressed. I mean trying to find a therapist is a whole thing but it's really important that we make sure that we are not letting our own trauma and our own past experiences and get in the way of our providing quality education because for so many of us our formative sexual experiences were not good and acknowledging that and healing from that can be really helpful as an educator. And to be honest, it can be really hard to find a therapist who is both trauma informed and disability informed. They don't always take your insurance, they might not have an opening, so prevention is really important because finding appropriate support especially for someone who is, has higher support needs after something has happened can be really hard to find. And it's so important that individuals have at least one adult in their life that they can go to to ask questions around sex and relationships without fear of shame or punishment. And ideally they would be operating from a consent-oriented trauma-aware intersectional feminist viewpoint while utilizing medically accurate, up-to-date information and would be kink aware, because again depending on who you're working with they might already be interested or in exploring that.

Again, it depends on who you're working with and all of that and it's really important to know about local and national resources to collaborate with, individuals, and to have referrals not just because of the problems that might come up but it's also really important that the students you work with have access to positive representation, that they have access to community and that they don't feel necessarily like they're the only ones in the world. So, knowing what other organizations are out there that students might be able to join or find community can be really helpful.

It's also important that we don't make assumptions about what terms a person might use to describe themselves, their genitalia, or their gender. People have been taught all sorts of names for their body parts, it's often one of those things where you start with the familiar and then you move to more anatomically accurate language and that regardless of support needs an individual is in some way or another able to articulate preferences around clothing and gender and that needs to be respected.

It's also important to practice gender neutral and gender expansive language and that it's really important that we're thoughtful around language around pregnancy, birth, and parenting, and that when we're discussing sexuality we include asexuality terminology, that we avoid absolutes like "All people are sexual or romantic." That we include and validate a variety of relationships as well as attractions and that we normalize "if at all" instead of "when" this is important to keep in mind as well.

And then depending on context, because again it depends on where you're teaching and depends on on what environment you're teaching in but you can do things like place visible affirmative symbols and that will need to be paired with things like consistent inclusiveness. So having a multitude of options on forms for how a person might gender identify, being aware of what books you have both in the classroom but also in your office. Thinking about accessibility. Are there gender-neutral bathrooms? Are the gender-neutral bathrooms accessible for a multitude of bodyminds? Things like that. Having resources that are both in written form but also maybe in comic form and then also in video form, depending on what population you're working with and how they prefer to take in information.

And then, consent education is really crucial. Consent is about all kinds of things it's not just about sexuality, it's about the importance of a freely given yes. Whenever we're engaging with others and the more we can build consent into our day-to-day interaction and into our language. Things like asking before we hug, being thoughtful about how to use physical prompting. This really creates a better environment for everyone and it's really important that individuals have options when it comes to touch, are given tools to articulate their preferences and that when touch is regularly forced this can lead to a nervous system that becomes sensitized to that

touch which can lead to things like fight, flight etc. becoming ingrained. And so it's really important that we normalize asking permission before touching, that we have this ongoing conversation around touch in our relationships, in all of our relationships, and if individuals are non-speaking, minimally speaking, or unreliably speaking, we need to be very, observant about how they're reacting to touch and be open to using things like assistive communication devices and other means of communication as well. And that when we're talking about consent, for some they might understand giving their own consent but may not understand consent for others. It's important to make sure that they can differentiate their own and someone else's consent. Sensory processing can absolutely inform consent issues and this is where you might need to work with an occupational therapist, again going back to having referrals. It's really important that individuals learn not just how to give and receive a "no" but also how to give and receive a "yes" and a "I've changed my mind how do we navigate that?" And we're far more likely to be talked into or talk others into activities you or they don't like or enjoy if we don't have basic information about the body and how it works. and this is why it's important to teach things like arousal non-concordance or that sex is a biological motive, is an incentive motivation, it's not a drive. Again that's in the sexuality glossary. And that when we don't directly deal with things like trauma, sensory processing, this can create barriers and can lead to a lot of negative consequences later in life. Hence the importance of not just having sensory vocabulary, but also learning how to regulate and how to understand your nervous system in a language that makes sense for the individual.

And a final note about consent is when we're talking about consent and autism, we have to talk about ABA. ABA unfortunately can be undermining of consent. It can teach individuals that they can never disagree. It can teach them that they cannot set boundaries that'll make someone unhappy. And then part of what can make autistic individuals vulnerable to exploitation is because they were not allowed to say no, because they were not allowed to pull away, or because they were not given privacy, or they were not really given the option to explore and engage with autonomy or agency. ABA can also reinforce the idea that you don't get to communicate needs and have them met until they're so big that you can't manage it. And overall ABA is really not well set up to support teaching things like regulation or learning to recognize and articulate access needs or support needs. And there's a whole other separate

conversation we could have about ABA but we don't really have time right now to get into that.

Alright, so I'm going to shift from sexuality to talking about sensory processing. Briefly, sensory processing is a large and complex topic and this will just be a very brief introduction to it. So, when we talk about sensory processing we're really talking about the neurobiological, sensory perceptual, sensory modulation, and sensory motor mechanisms that underline things like our sense of safety, our sense of self, our body ownership. And it's very hard to find something that is just a sensory event, there's usually some sort of emotional context to every event that occurs. Most events are sensory and affective and we are generating sensory data all the time that's this continuous loop that is always happening and it's a complicated process and we know that the way in which a person processes and integrates their senses influences how they experience the world, their state of arousal, their sense of safety and their ability to regulate, their ability to be in relationship, and their capacity to learn. We know from research that the integration of our senses is really foundational and when we look at the research the importance of sensory processing in the early years of life is undisputed. We are born sensory creatures and for the first seven years of our life or so we're predominantly sensory motor in nature. We continue to develop sensory integration and processing capacity into our 20s like about our late 20s. There is somewhat of a decline around after middle age but it is still critical to function and participation. Sensory integration and processing is critical to how we learn, how we learn to interact. It impacts literally every area of human function, how you relate to others, how we regulate ourselves, how we explore the world. Higher level thinking, abstract thinking, generating multi-causal thinking, even generating our own moral compass. This all starts from the sensory integration foundation and it all involves this constant combining, incorporating, and integrating of these external sensations, internal sensations, and interactive experience. We have to process all of this in order to make sense and produce adaptive responses. It involves sensory modulation as we respond to the sensation that's being registered and hopefully register in the first place.

Then there's sensory discrimination as we define and interpret what's happening. And then sensory motor outcomes as we produce a plan for action that might be called an adaptive response or what we might call a behavior. And that sensory integration and processing is not just about

this modulation or piece, it's also about the sensory based motor piece as well. And this is things like coordination, or being able to learn through trial and error learning. And so then the other thing is that the sensory integration piece is not just about how responsive you are to the world, it's not just "Do you have heightened responsiveness? Do you have muted responsiveness?" It's also about your ability to organize around the sensations that we're experiencing all the time and what can happen is that there are, for some individuals, differences in sensory integration and processing that are so profound that they are disabling. The world never feels safe. That constantly feels disorganizing and this is a huge impact on functioning and quality of life. Now differences in sensory processing and integration do not have to be disabling when we're able to make environmental accommodations. These can often be minimized and mitigated. And differences in sensory integration and processing can actually confer advantages such as having a really accurate visual memory, an eye for visual detail, things like that. And that while environmental accommodation changes, and what our expectations are absolutely key, we also know through current research that sensory integration therapy or Ayres sensory integration is an evidence-based practice and it can absolutely improve quality of life and well-being.

And so for individuals who have sensory processing disorder or this neurophysiological condition where this sensory input from the environment within the body is poorly detected, modulated, or interpreted, for whom their differences in sensory integration and processing are so profound that they're disabling, this is typically present from birth. Although some adults can develop significant sensory processing differences and challenges following any significant disruption of the nervous system, things like trauma, or head trauma, specifically PTSD, and well as we now know COVID, and that sensory processing differences and challenges in general occur within a really broad spectrum of severity, and that the impact of sensory processing differences and challenges varies widely from day to day and is informed by the nervous system. And that for these individuals their senses and body or feel very unreliable and inconsistent. Ordinary activities such as dressing or socializing are much harder than they are for others, all of which is to say that people are, when we look at this information around sensory processing and then say processing disorder, people are the way they are for good reason and what can look like personal preference or bad behavior can often be the only rational choice possible with their particular sensory profile.

And so, the other thing to keep in mind when we're talking about the motor piece, when we talk about the sensory motor, sensory processing, integration all of that, not all movement is goal directed and under high level intentional control. And so sometimes a person who is for example dyspraxic or who has this brain-body disconnect where they are not able to consistently get their body to do what they necessarily want it to do. And that's a very simplified definition of dyspraxia but basically what that means is that it's very often that kids and teens and adults with sensory processing challenges and differences are often not given adequate support because it's just assumed that they're just having a behavior problem or that they're making a conscious choice when really there is something going on on a neural level that they don't really have a conscious choice over. And this again is where working with an occupational therapist can be really helpful.

And so, when the brain is not correctly processing and responding to sensory information then the individual will not be able to perceive and properly make use of that information from their senses and then they won't be able to interact with their environment optimally. And so, a lot of individuals with sensory processing differences and challenges and who or who have sensory processing disorder, there's often a lot of anxiety because the world never feels safe because things are just constantly confusing and disorganizing. There're also implications for posture and when we talk about posture then that has implications not just on learning but also on engaging in relationships, and engaging with sexuality, then of course there're also the pieces around development of self. If you don't know why you struggle with the things you struggle with, it's very easy to internalize the message that there's just something wrong with you. Sensory processing pieces can also inform things like sensory gating or your ability to filter out unnecessary sensory inputs competing for your attention. If you have difficulty with sensory gating then one coping mechanism might be things like tuning out or disassociating and that can look like, "Oh they're not paying attention." But when actuality their brain is checking out because of sensory overwhelm or because of some other sensory piece that's not being adequately recognized or supported.

And this is really crucial when we're talking about autism because as many as 90 to 96 percent of autistic individuals have some degree of sensory difference or challenge. And in fact the autistic sensory

experience is informed by monotropism, which if you go to the autism resource resource page I talk about that in detail. What's interesting to note is that sensory differences were part of the first descriptions of autism, but were actually ignored for many years in research. They were noted but they weren't really considered worth looking more into. And what a burgeoning literature suggests is that particularly when looking at the motor piece, broad motor differences are more relevant than has historically been appreciated for understanding, assessing, and supporting autistic individuals and there's even some research indicating that speech and movement starts to differ from "expected development" pretty early on in infancy and that this motor sensory motor piece is actually pretty critical to the autistic experience. A lot of research showing atypical sensory motor processing, things like lack of coordination, slow motor learning, these are highly prevalent. Other motor challenges commonly identified include challenges with fine and gross motor performance, differences in motor learning, so they're not really learning from their mistakes in the same way and they're not really able to change their plans because they're not processing the information in the same way. They're not developing accurate and reliable sensory memories of movements. And one research team the Tours et al and her team along with other individuals, are now finding that there's this excess reafferent noise in autism. Which basically means that the quality of the sensory input is questionable and may not be helpful at all which impacts trial and error learning because if there's all this excess modern noise happening then trial and error is not going to work as well. And also how can you check into your own body status and body schema with all this excess noise. And this obviously impacts not just learning but also engaging in relationships of all kinds. And there's also the possibility of impacts on sense of self, on agency. "Can I impact the world the way I want to?" And also, this excess motor noise might make it really difficult to experience and generate organized movement and become the master of your own body. And so this is one of those things where once we understand this piece and if an individual has never gotten support around this or hasn't been assessed it's been probably a good idea to get in touch with an occupational therapist and help this individual get some kind of assessment and support because in all likelihood they're probably struggling.

And from the adult autism assessment book is this sort of important note where a lot of the ways we talk about autistic sensory processing comes

from the stance of an ableist and biased perspective of neurotypical sensory processing being this gold standard and anything diverging from this is being disordered. So when we talk about things like over and under responsive, these are not really neuroaffirmative. It's more neuroaffirmative to say a high responsivity or a muted responsivity because over and under responsive are not based on some objective measure of reality and correct response, but are judged against what is typical for neurotypicals. It makes little sense to say that autistic people are over responsive to auditory information when they can hear sounds that do exist but that neurotypicals can't hear. Now this quote does overlook the motor apraxia community a bit but that's getting a bit into the weeds if you want to follow up more about this there's the video from the Star Institute on YouTube on destigmatizing sensory integration differences where you can follow up more on that.

And so, another thing for autistic individuals especially as adults is that it's really hard to find understanding non-judgmental clinicians not just in general but also specifically when talking about sensory processing. And so this can mean that a lot of autistics particularly as adults have unrecognized health needs and a combination with the sensory processing piece and the unrecognized health needs can often intersect with the sensory processing piece to impact quality of life, ability to be in relationships, and access learning.

So, in summary it's important that we be aware of sensory struggles, and awareness of sensory differences needs to be a part of everything we do whenever we interact with autistic individuals in a way that we're hoping to be supportive and helpful. And just really briefly I've already alluded to this and the answer is right below so, but this is a question that you can utilize to start a conversation with your class or with your students where you can invite people to ask like, "Well how many senses do you think humans have?" And this can be a way to start the conversation around sensory processing and to also start a conversation around destigmatizing sensory processing differences by teaching individuals about the different senses that we have.

So, we have eight senses. Now the five most people are familiar with are touch or tactile, vision, taste, smell, and auditory. These are usually the five people are most familiar with and the three that are new that'll go over in just a moment are interoception, vestibular, and proprioception. These

tend to be new for people but regardless, all of these eight senses don't work in isolation they all interact and inform with each other. And there's all this combination of information coming in from all eight. And of course, with each of these eight you could break it down into different parts or components and again we don't have time to go fully into the weeds but this is just in general the number that you typically see when you take trainings from say the Star Institute or what have you.

And so the ones that are not as familiar are vestibular, and the vestibular deals with movement and perception of gravity it's housed in your inner ear um so there's a lot of anatomical overlap with the auditory system. It's part of the semicircular canals and the cochlear system. Then you have proprioception which deals with how much force do we use and it's really housed in the muscle receptors of the joints and that's why I use the egg because you need to be able to basically fine tune how much force you're using when you want to crack an egg well otherwise you'll either wind up crushing the egg or not being able to properly crack it or what have you. And then interoception or things like basically our internal perception. "Am I hungry? Am I tired? Am I thirsty? But also internal emotions and as well as providing information on a number of other sensory systems as well. Another important piece when we're talking about sensory processing that can be helpful to talk about with your students is glimmers. So glimmers was first coined by Deb Dana. And she defined them as small moments when our biology is in a place of connection or regulation which cues our nervous system to feel safe or calm. In the sensory glimmers presentation from this year's sensory health and autism conference, which you'll see in the resources if you want to watch it yourself the presenter Bec Secombe defined glimmers as "a satisfying sensory delight that fills someone with fervent ecstasy." It's the opposite of a trigger or a stimulus perceived as threatening and unsafe. They also noted that, "Autistic people often experience the sensory world with hyper attunement great of alliance and whimsy." So basically glimmers are both internal or external cues that can bring us a sense of safety, security, calmness, joy, or peace and they can help foster overall well-being.

Glimmers can really help release the buildup of cortisol and improve our ability to return to a regulated state to a sense of safety into a calm state and that when validated can really help with feelings of inclusion, being understood, seen, and heard. Every human enjoys glimmers these

are things like the smell of cooking, the sensation of a fluffy blanket, the visual beauty of a forest. And typically these things are hidden in our everyday experiences and it can be helpful to think about what it feels like in your body when you experience a particular glimmer and that it's possible to access your glimmers without necessarily impinging upon others and that can be part of a larger conversation around consent.

And so when we're working with students it's important to remember that we all process sensory input differently and to invite conversation around that. We don't want to find a reason to separate individuals with disabilities. We really want to illustrate that everyone has access needs, everyone has sensory needs. We all are processing things differently and some of us might need more support in interpreting, or organizing, or responding to sensory input, but we're all sensory creatures, and we all at some point or another experience things like sensory overwhelm to one degree or another. For example, foundational concepts around regulation and sensory needs are the same for everyone and that can help reduce insecurity around being disabled.

And it can be helpful I mean you might not have access to information, but learning about prior experiences with other educators, therapists, and other medical professionals can be helpful because if a person has experienced a lot of invalidation around their sensory needs, around if they've experienced a lot of judgment then that can inform how they interact with others right now. If you've had nothing but a lot of judgment and misunderstanding that's going to impact your ability to trust and engage with others. Things like internalized ableism, learned helplessness, grief, shame.

Things like difficulties with boundaries where like the thing with boundaries is if no one really respected your consent or your privacy growing up then it's really hard to learn that or engage with that as an adult because that wasn't really modeled or taught to you. So when we're working particularly around boundaries we often have to ask, "Were this individual's boundaries respected?" And if not, then that might be informing some of the issues that we're seeing right now. And so a lot of this stuff can show up as "behavior problems" when a lot of this stuff can potentially be addressed through a combination of education on regulation, education around consent, things like that if that makes sense.

Individuals might need help with embodiment, discerning what sensory input triggers pleasant or unpleasant sensation. But this is true of a lot of people as well. It's really hard if you've not really been given the space or tools to learn about what your sensory needs are. You're not just going to be able to spontaneously develop that vocabulary. You might need help building that and when we invite conversation, when we have conversations around, "When do we disclose our sensory needs? How do we disclose them?" These can all be really helpful in destigmatizing sensory differences and challenges. And then due to stigma and shame sometimes discussing sensory issues can bring up really intense emotions.

Another thing to consider is that sensory processing can impact social emotional and coping skills so sometimes we might need to address gaps in those and we would be doing so from a neurodiversity affirming perspective. And part of that might mean teaching vocabulary to help enhance communications of advocacy. It's also important to be aware of how gender norms can inform the perception of things like sensory processing. If we expect boys to be very loud and rowdy then we can for example overlook that someone who is bouncing around the room they might not be doing so because they're a boy and they're just being loud, they might be struggling with perceiving where they are in space for example. And there's a whole presentation on the at the Sensory Health and Autism around this intersection of gender and sensory processing and autism if you want to learn more about that.

And for many individuals it can be really relieving and illuminating to learn about sensory processing because it helps to hear that you're not the only one, that in general bodies work the same and that the details might be different but that we're all mammals with a nervous system and that having a label can really help individuals understand why they're different. And that when they learn about their own gaps they often report a sense of relief because now they're able to understand why they've been struggling to meet certain demands and then they can figure out how to address them. And this can also help sort of rewrite their own internal narratives of, "Well who am I?" And rather than thinking there's something wrong with them or that they're a freak they can have a better understanding of like, "Oh this is just my sensory processing piece." If that makes sense. And that a lot of times individuals with sensory processing differences and challenges, it's not necessarily just the differences

and challenges that are part of the issue, another piece is other people's perception and that other people's perception might be what is causing harm. A lot of times individuals grow up having certain labels applied to them and these labels were given to them without the understanding that the behaviors the adults are seeing, such as being loud or shy or what have you, were all based on adaptations to their social environment and to their sensory processing profile, and that we learn to cope in a variety of ways in the environments that we find ourselves in, and that these coping strategies well they might have been helpful at one point, might not always be adaptive later in life. And so then learning to in effect learning different coping strategies, learning different ways of understanding like what might be going on can be really helpful and sort of addressing the idea that one is deficient or lacking or bad or what have you. Creating an alternative narrative and helping individuals develop different ways of coping can be really helpful as well. And that for individuals who experience sensory input differently, possibly intensely social situations can often be really difficult so it's really important that we help individuals connect with people in a in a safe way and helping them figure out what a safe environment means can be really helpful as well.

And all of this is going back to this idea of like really be thoughtful about what assumptions you make about behavior, just because someone's bumping around the room does not mean that they're doing it to be rude or inconsiderate, there might be sensory processing pieces going on. And that or for example being really thoughtful about like if someone is staring at someone else they might find them attractive or they might be disassociating out and not realizing that they're staring.

The other thing is that especially when you consider how certain behaviors are read and perceived very differently between say ages 5 versus age 19 things like taking off clothes, humping furniture, touching genitals in public, an individual might not be doing these things because of erotic intent, they might be doing it as an attempt to address regulation or sensory processing needs. And so trying to understand their visceral experience of the world and help them find other ways of regulating and helping them for lack of a better word, get a better understanding of why certain things are not appropriate through the lens of the nervous system and through the lens of sensory processing. Which again if we're working with an OT a PT or maybe even a speech therapist can be really helpful and that sometimes disabled individuals who are perceived as attractive can be

hypersexualized or seen as a threat. And so again this is where it's like being really thoughtful about what assumptions are we making about the behavior that we're seeing and we've already talked about how sometimes disabled individuals can also experience desexualization as well.

The other thing is that you need to be aware that not everyone is an externalizer for many individuals we're told not to hit other children growing up but if you have difficulty controlling your limbs then this can result in an internalized fear of hurting another child. And then you just wind up rigidly holding your arms at your side to avoid this happening. So we really need to look for the subtle indicators that someone is struggling and we need to be looking out for those who seem frozen or like the wallflower as well as those who are throwing, hitting, or doing more dramatic things in the classroom. A lot of times unmet needs can manifest as inappropriate behavior and individuals will manipulate if they can't get their needs met in another way if they can't access co-regulation or if co-regulation needs aren't being met. And that oftentimes with disabled teens and adults there's this overprotection and under expectation, but individuals are capable of learning to take care of themselves and that those who struggle with sensory processing and regulation might need more support and more tailored support, but they're still capable of learning. There's also nothing wrong with interdependence and that if allowed to solve problems or to help you solve problems then this can help gain a sense of accomplishment and internal motivation. And this is getting into the concept of dignity of risk.

Autonomy and choice can also reduce behavioral challenges because how would you feel if you were micromanaged all day and given no choice? And we undermine autonomy when we use things like pressure, restraints, force, punishment, coercion, rewards, but we support autonomy when we accept a no, when we honor bodily integrity, and when we don't seek to extinguish signs of distress, and when we respond to all forms of communication. And so there is also the fact that if you're working in a classroom with a multitude of students that there might be competing sensory needs and this might look like fighting or one-sided aggression, meltdowns, shutdowns, declarations that they hate a classmate, avoiding a classmate, or even avoiding the classroom. This was also another panel that was in this year since we have an autism conference that's in the resources so if you want to go watch the full thing you can.

But just as a note, what really doesn't help is saying someone's attention seeking, ignoring or detaching, this not only makes things worse it can also undermine trust. Telling students to just get along really isn't fair to those who are already struggling or already overwhelmed or dysregulated. Assuming that a student is too mature, too smart, or just fine also doesn't help. What does help with competing sensory needs is validating and recognizing these competing sensory access needs, giving individuals tools to recognize and name their sensory needs, as well as the tools to regulate the nervous system. Ideally, we'd be able to find a resolution where we could meet all the needs to everyone's satisfaction but sometimes that cannot happen which case you need to ensure that everyone's sensory needs are acknowledged as valid even if the accommodations cannot be made at that time. And so whatever solutions we come up with people will not engage in things that will help them because they don't want to look weird. We have to come up with solutions that will help them that don't make them look different, and if they do make them look different then we need to go out of our way to destigmatize that solution to everyone else. And it's important that everyone understands the sensory perceptual worlds of others and then how we can use that information with empathy and compassion to not only better relate to each other, but also create more meaningful supports for individuals.

And as a final note, sensory issues are a key contributing factor in autistic burnout and there's more information on that in the autism resource page. So while there is an absence of data around the intersection of sexualities and sensory processing, it makes sense that sensory processing would impact sexuality since intimacy with a partner or partners engages multiple and conflicting sensory systems. There's also the piece around posture or motor which can obviously impact sexuality since sexual activity often involves a series of movements and motions. All of which is to say that sensory processing can absolutely impact in a number of ways both positive and negative.

For this part I'm going to focus mostly on what will come up in a classroom situation but it's not uncommon for individuals with sensory processing differences to express an interest for example in BDSM. And depending on who you're working with there might be need to be a conversation around, again going back to that porn education and ethical

porn and when is it appropriate to look at this and where and when is appropriate to engage in things like masturbation and what have you.

And then it's not just in terms of sexuality, but just in general meltdowns and shutdowns can often be misinterpreted as immaturity or attention seeking. And this goes back to that importance of helping individuals learn regulation and how to basically have the tools to regulate and re-regulate when their systems become overwhelmed. Sensory differences and challenges can be misinterpreted as manipulation tactics especially if they don't really know how to ask for what they want or if they don't really know how to articulate what they want. So this is where that sort of combination of recognizing sensory access needs, learning about consent, learning about regulation, all of these pieces kind of overlap and inform each other. And then obviously sensory differences and challenges will have implications in things like how we teach sex education. If we know for example that a student has fine motor challenges that might impact how we teach something like, "How do we put on a condom? How do we put in a tampon?" Things like that. And so you might need to adjust what you're teaching to the specific sensory motor profile of who you're working with and right now there's not a lot of resources for teens or adults on this intersection of sensory issues and sexuality unfortunately.

And then I want to briefly, and this is a very brief introduction but I want to very briefly talk about the autonomic nervous system because I have referred to at this point multiple times perception of safety and all of that. And so we can think of our autonomic nervous system as this foundation upon what your lived experience is built. It's what's beneath literally all of our experiences and this is a brief map and you can go back and look at this later, but we're going to be predominantly talking about the autonomic nervous system or what's controlled autonomically. These are your smooth muscles, your cardiac muscles. And then this can be broken down even more into your sympathetic nervous system, often referred to as your fight or flight, your parasympathetic or your rest and digest,

and then your enteric nervous system which is your digestive system's own local nervous system. And when we have an understanding of our nervous system we can then have a better explanation for why individuals feel the way they do. And that can reduce anxiety over intense physical

responses to things or situations that activate the flight, fight, freeze, fawn, appeasement or flock response.

And so I've already touched upon neuroception and safety but basically we have this ongoing process through our autonomic nervous system that's evaluating information from our senses about our environment and the state of our body. Our brain stem is constantly detecting danger or safety, we're all subconsciously monitoring the environment, asking, "Is it safe? Is it not safe?" Our brain moves towards safety since creating safety is a key priority. Our neuroception is partly the way we're wired at birth. Some are just born with a more sensitive nervous system, and partly the accumulated response of trauma i.e. the nervous system has been sensitized. And if individuals are entering spaces on guard, hyper vigilant they're more likely to check threat than if their nervous system had a different threshold. And all of this is happening and informed by our sensory processing. And the concept of faulty neuroception is often taught in a pathologizing and potentially harmful way but it's only really faulty when safety is perceived as dangerous. Having a highly tuned neuroception or sensitivity to real and perceived danger is not necessarily faulty, it can actually be quite adaptive. It's also important to note that when we're living with others there's our nervous system, their nervous system, and then the shared nervous system as well.

It's important to note that calm and regulated are not the same. And regulated means that you have accessed your cortex, it means you have the energy to match the task at hand and when we're just regulated that is not a conscious choice, it's an involuntary physiological state. And I would really recommend there's a class and a training that you can take at the Star Institute on specifically sensory processing and regulation that has both more information but also a bunch of really practical tools for teaching and working with regulation with individuals, particularly those with sensory processing differences and challenges.

And when we are dysregulated our higher order thinking skills just go right out the window. We can have skills but not have access to them because we don't have full access to our cortex. That's why when we're teaching regulation, utilizing a mix of both top down such as thinking one's way through a problem and bottom up or body-based strategies is really important. And when people are dysregulated we need to give grace for greater difficulty with communication, offer alternatives to communication,

and help facilitate re-regulation by things like glimmers, favorite stims, taking a break, things like that. And so when neuroception occurs we try to generate a narrative to explain why we have the feelings that were triggered. And while we might not be aware of the cues that trigger neuroception we're frequently aware via interception of the physiological reactions that were then elicited by neuroception.

So, we take these visceral sensations, we process it via cultural schemas available, language and we create narrative around it. And it's important to note that safety is an inherently classed, raced, and gendered experience. That's a state of being that's enjoyed and indeed expected by only a select few in American and Western European societies, and that most individuals are moving through a world that is to some extent unsafe and precarious and that a lot of adults have never had the experience of feeling safe and connected in relationships. And that a lot of autistics do not feel safe in their bodies or moving through social spaces for a number of reasons. We also know that a lot of LGBTQIA2S+ individuals do not feel safe either for a number of reasons, including various legislation targeting that community. A lot of trans and gender expansive individuals have experienced violence at home which has also informed their ability to feel safe when moving through different spaces.

And that when we think about the neuroception piece and the sensory processing piece we can then come up with different explanations for behavior we might be seeing. So for example when we look at something that's often referred to as elopement, which is a pathologizing deficit way to look at individuals that run away, and that a lot of times this elopement is a response to a stimuli that just hijacks intent and the body mind just heads out the door because the body mind is perceiving a threat for whatever reason in that environment and that might be related to sensory processing in some way. And then the brain just feels like well this is the only thing we can do is just get ourselves out of perceived danger. So when we understand neuroception and the nervous system and sensory processing we can come up with alternative narratives and also provide different resources and support for individuals. And that when we're working with autistic individuals we need to start by assuming their system is functional and we need to look for the myriad subtle cues in their environment that is screaming, "Not safe!" to a hypersensitive social engagement system.

Now we don't have time to go into detail around trauma but I know there's already been prior trainings offered on trauma. But just really briefly trauma is really any event that overwhelms the nervous system's resources and ability to regulate. It can result from various factors and it's not solely defined by external events, but also by our perception of those events. It's too much too fast too soon and no choice or too little too late. And a person who is in trauma does not choose among flight, fight, freeze etc. The brain in its attempt to save the body regulates the nervous system in whatever way it needs to. And we know that when the energy called up to address the perceived threat is not properly-- doesn't complete its cycle--then a person can wind up stuck in either sympathetic over activation or they can get stuck in a disassociative free state. And we know that stress and trauma can negatively impact quality of life, impact quality of relationship, and make it more difficult to relate to others and maintain relationships as well as engage in learning. And that we also have trauma symptoms, autistic symptoms can look really similar.

We know that certain populations such as autistics are more sensitive to potential traumas and stressors. In general neurodivergent individuals, especially those with sensory differences, can find themselves more easily activated into dysregulation because of a smaller window of tolerance or basically their capacity. They were just more easily dysregulated and again that's a longer training than we have time to get into right now, but when you have this constant experience of being basically flooded with cortisol, being constantly dysregulated all of that means is that it's going to take the equivalent amount of experiences of perceived risk to learn safety. So if you've had a lot of experiences of not feeling safe you're going to need about the equivalent amount of safe experiences to sort of reset that nervous system as it were. And we don't really have an exact percentage of how many autistics are struggling with trauma or PTSD right now. So we know that addressing nervous system activation, just regulation in general, is key to quality of life. We know that in order to negotiate and navigate our environment and relationships we need a felt sense of safety. For a number of reasons autistics are more likely to experience trauma and to struggle with unprocessed trauma and that trauma and nervous system activation and dysregulation all have a significant impact on sexuality in one way or another.

So it's important to recognize how common it is to avoid medicalizing, pathologizing language, to focus on strengths, to try and create a safe

environment such as modulating sensory input while also keeping in mind conflicting sensory needs, helping students recognize sensory access needs, and then teaching them how to regulate and provide accessible language around the nervous system. And there are resources in the resource pack on how to do that with them. We can also utilize glimmers as a way to start building a strength-based perspective and as a way to calm the nervous system and that it's when we engage in our special interests this helps with subjective well-being, when we appreciate our hyper fixation we feel happier or more satisfied with life. Maintaining it helps maintain autistic mental health, helps with stress management, lower levels of depression, can be a way to build authentic social connections that are built on authentic connection rather than masking.

And for a really concrete example on how to utilize passions or special interests to promote social connection and address challenging classroom behavior such as impulsivity, I really recommend the show Abbott Elementary in the season 2 episode 4. That's a really good example of how to do that and when we join individuals in glimmers and deep interest, moments of sensory delight, this creates more availability for relational connection and freedom and then we can make possible a shared experience and a mutual delight, and this can create more ease and more social cohesion.

And then finally just to wrap this whole class up, and I know I'm running a little tight on time, but we need to go beyond just discussing trauma, we need to also recognize the capacity for recovery, we need to prevent re-traumatization, we need to incorporate specific principles such as safety, trustworthiness, collaboration, peer support, voice, choice, self-agency, and cultural humility. And we need to recognize that trauma is not really the end of the conversation it's more about stepping beyond just recognizing it and moving into understanding that the next step is healing and that it's the beginning and not necessarily the end if that makes sense.

And so with that said I am now going to--oh no yeah I know we're a bit out of time. I'm going to now stop actually. Now I'll check the chat and I'll check the question and answer.

Yes, glimmers for one person can absolutely be triggers for someone else this is going into that whole piece around working with conflicting sensory needs and navigating that in a classroom setting and so yeah that's why part of the glimmers conversation is, "How do we access our glimmers while also being respectful of others?" And so this is where that can be part of that larger consent conversation of "Just because something brings you delight or joy does not mean it might bring delight and joy to someone else."

And I'm just going to briefly stop share right now and let's see. I'm just going to put my email in the chat if individuals would like to look at the notes that I was reading off of, if they have any questions about anything in the resource packet, or if they'd like to set up a free consultation. I know this was a lot. I know I did not provide enough time for mental processing of the information so if you're re-watching the recording and a question comes up feel free to email me and I'd be happy to answer that.

And let me look at the Q and A. Yes, I do have resources around co-regulation and so if you just email me I'd be happy to send those resources to you I would also recommend the Star Institute has a training on sensory processing and regulation. They also have a longer training on relationships, regulation, and sensory processing, and in both they talk about co-regulation and so that would be a good place to start.

And I'll put the Star Institute website in the chat right now alright. Let's see and then I'm just going to check to see if I missed anything in the chat alright then. I know we're at time but are there any additional questions or anything like that coming up for people?

Morrigan:

Alright well I'm not seeing any other questions and we are at time so thank you so much Jack it was wonderful!

Alright, so as we close today we will have a short three-question survey that will open when you sign out of this webinar. If you could please take a moment to complete this survey that would be really great to get your feedback. And then our next webinar will be tomorrow which will be Disability Justice and Latino/a/e/x Culture in the Sex Ed Classroom. That will be tomorrow or September 20th at 4 pm Pacific time and the

Zoom link will be the same for each webinar. Everyone who registered will receive an email with the resources shared during this this series as well as a notice from the next webinar recordings are available.

And thank you for joining us and please contact us if you have any questions. And I can drop this link in the chat here for you. You can contact us at that email address and there's our website if you have any other questions for us. Alright thank you and I hope to see many of you tomorrow!