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Reclaiming the Self: A Case Study in Resilience among Neurodivergent Young People

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Abstract

Resilience is the ability to overcome adversity and emerge as a self-reliant individual with strong self-efficacy. Attachment Theory purports that an individual seeks a secure base, which facilitates emotional growth and development. For the neurodivergent youth, there are an assortment of adversities (cognitive, emotional, social) that can make emergence into early adulthood somewhat perilous. This article discusses the dynamics of resilience in the educational journey of a neurodivergent youth and the impact of Attachment Theory on the individual's development through a case study. Data was collected using available case summaries from the social worker, and interviews with the neurodivergent youth and their parents. Data was summarized in chronological fashion from when the youth was a toddler through 18 years of age. There are five considerations that are critical to a neurodivergent child adjusting well and developing cognitively, emotionally and academically. They are: 1) early intervention; 2) special education services; 3) family services; 4) wraparound support; and, 5) knowing identity is a strength. This article discusses these considerations and concludes with a presentation of buffers that facilitate resilience in neurodivergent youth.

Keywords: Neurodivergent; Attachment Theory, Resilience, Learning Differences

Introduction

The universe for the neurodivergent child is mired in overcoming obstacles, managing social networks, and developing self-esteem and self-efficacy [1]. Approximately 1 in 5 children in the U.S. are identified as neurodivergent [2]. When identifying an individual as neurodivergent, we reference that their brain processes information differently than a neurotypical individual. This includes children who learn and think differently, as well as those children diagnosed with autism spectrum disorder [2]. It can also refer to individuals with social processing issues that may make understanding social cues difficult.

Children who are neurodivergent do not remain children all through their lives, but develop into aware adults. Critical to their development is a pathway through childhood that focuses on self-actualization in overcoming adversities tied to being neurodivergent [2]. This article demonstrates the pathway to resilience in adulthood as a neurodivergent child though the presentation of a case study emerging from the lens of Attachment Theory. It concludes with a discussion of five areas critical to the manifestation of self-actualization in neurodivergent young people.

Literature Review

The journey through childhood and adolescence as a neurodivergent individual can make a person feel like they are in a vacuum – where no one understands you and you don't understand yourself. Neurodivergent individuals can face a lifetime of obstacles without supports and intervention early in their development, according to Black, et al. [2]. The authors emphasize increased issues with poor life outcomes, mental health deficits, diminished functional adjustment, and poor overall well-being to name a few [2]. In order to thrive into adulthood, a neurodivergent child must have a community surrounding them, buffering the onslaughts akin to growing up neurodivergent, which include being misunderstood or mischaracterized by others who may misinterpret the neurodivergent individual's behavior or thinking [1, 3]. According to Marschall [1], neurodiversity refers to a full spectrum of neurotypes (p. 6). In addition, neurodivergent specifically speaks to a neurotype that differs from typical or societal expectations (p. 7).

Early diagnosis and early intervention are critical for a neurodivergent child to ensure they receive the services ideal for them. Whether it is speech therapy, physical therapy, occupational therapy, mental health counseling or other neurodiversity-affirming therapies [1], a neurodivergent child needs to know they do not exist in the shadows but has strengths and skills they can contribute to the greater world [3, 4]. This includes being a professional in Computer Science or other STEM fields as a person diagnosed with ADHD, autism or dyslexia.

Risk is presented as factors within our environment that increase our chances of being harmed. These factors are likely to have negative outcomes when interventions or supports are absent. Kelly [5] asserts that when interventions are absent in addressing "gateway risk factors," these factors increase the likelihood of violence, suicide, addiction and a host of other factors that present as obstacles and challenges for all youth, even those who are neurodivergent. There are many systems that perpetuate risk and promote resilience for youth. Key systems include parents, family, teachers, schools and communities.

Parents are significant elements to perpetuating risk. In fact, parents' low educational status, their negative behaviors, and their inability to maintain jobs and increase their earnings potential over time are significant risk elements [5]. Risks elements can also include abuse and neglect or minimal child supervision. Yet, when parents are consistently involved in the lives of their child and take an active, inspired role in their child's dreams, expectations and achievements, the child is more likely to present as resilient and thrive [5-7].

Families are the primary agents for socializing human behavior and influencing human development [5]. Risk is perpetuated when families are more likely to present as violent, communicate abusively, and have criminal histories. Risk elements can also include poor communicative patterns, low familial value on education, or addiction history in family among other risks [5]. However, when a family participates in positive daily rituals that accentuate cultural attunement and stability in society, and offers the child a progressive familial environment of healthy boundaries and stability, the child is more likely to present as resilient [5-7].

Teachers have a lot of relational-power in the life of a child. Further, the student-teacher relationship is a fluid relationship based on power, control and social hierarchy [5], and this relationship can affect a child's self-concept, their view of their own skill mastery and their perception of their own self-worth. When the student-teacher relationship is negative, and the teacher is more likely to invoke conditions in the relationship and present as too authoritarian (often identified by young minority males) [5], the child is more likely to disengage from the learning environment (i.e. the classroom, study hall, etc.). Risks can also include cursory guidance, intolerance to child's culture, or presenting a conditional relationship with child. However, when a teacher understands that often the "school house door" for the child at-risk extends all the way to the front door of the child's home… when the teacher presents as culturally and linguistically competent and responsive as well as trustworthy, the child is more likely to present as resilient [2, 5].

Schools are risk factors when they are violent and poor performing with academic material that is rote, remedial, and rudimentary [5]. In these environments, children are less likely to learn; further, within such an environment, youth may find the atmosphere a very discouraging place to learn or exist [5]. Risk elements in schools can also include low parental involvement, minimal support systems in school's community, or school populations of over 1,000 children [3, 5]. School environments that promote resilience are the ones that think about school safety within the community in all forms (regarding race/ethnicity, gender, class, ability, and more) [5]. It is an issue of tolerance and safety, where students are able to advocate for themselves. Further, the academic culture promotes rigor and offers students cultural meaning and inspiration as though the school environment is a platform helping them reach their own goals. Finally, these environments seek out parental involvement and encourage parents' and students' involvement in the governance of the school community. Researchers confirm that in this type of inclusive, learning environment a child is more likely to emerge from as resilient and thriving [5].

Finally, communities can stifle youth's development by being socially disorganized. In socially disorganized communities, we find greater anonymity and crime, low trust in public institutions, and low community attachment. In addition, risk elements in communities include structural deficits in housing, compromised health care systems, or little or no political involvement among community members. Yet, when communities (even those with high numbers of impoverished families) have many social organizations and associations that include youth in the civic-political structure of the community and its governance, communities promote youth's sense of meaning and their own positive attachment to the community [2, 5]. Pro-youth communities are communities in which a child is more likely to emerge as resilient and thriving.

Application of Attachment Theory

Attachment theory emerges from the field of ethology, which is a biological model. The assumption of this theory is that human behavior – like all animals – is species-specific, with a goal to attach to another member of the species for survival [8]. With attachment theory, the individual or child attaches himself to one perceived as better able to cope with the world (i.e. the attachment figure) [9]. The child seeks to attach to ensure his survival. The attachment figure's responsiveness and availability to the child strengthens the child's feelings of security and facilitates the child's biological need for security [9, 10]. This process of seeking to attach and being responded to results in the attachment bond.

Bowlby [8] defined attachment behavior as "any behavior that results in a person attaining or maintaining proximity to some other clearly identified individual who is perceived as better able to cope with the world." Thus, the attachment figure is the primary individual responsible for facilitating security in the child by satisfying hunger, meeting safety needs, and providing warmth, etc. [8]. Learning predispositions encompass the notion that the young learn to follow a stimulus and come to prefer that stimulus. It is a phenomenon called imprinting. Imprinting increases the survival of the young because it ensures that they stay close to the parent and therefore near food and shelter and far from predators and other dangerous situations. Criteria for the stimulus is that it must make a certain call note or type of movement. While criteria for the stimulus differs among species, the mother always meets the criteria.

Research on attachment behaviors has resulted in categorizing behavior into four types of attachment – secure, avoidant/avoidant, ambivalent/resistant, or disorganized/disoriented [9, 10]. A child who is *securely attached* is able to readily explore in the presence of the primary caregiver[1] (attachment figure) and will exhibit anxiety and distress in the presence of strangers when their primary caregiver is absent [9, 10]. Securely attached children are easily reassured by renewed contact with the primary caregiver upon their return from a temporary separation [10].

A child who is *anxious/avoidant* in their attachment will demonstrate minimal expression of anxiety upon separation from their primary caregiver, and will show minimal interest in automatically regaining proximity to the caregiver upon their return [10]. This child may even show little or no preference for the primary caregiver over a stranger [10]. A child who demonstrates *ambivalent/resistant* attachment patterns will not explore in the presence of their primary caregiver, and exhibits distress during separation from primary caregiver [10]. Further, this child will demonstrate significant difficulty (struggling, stiffness, continued crying, etc.) upon reuniting with their primary caregiver [10].

However, a child who is *disorganized/disoriented* in their attachment patterns will exhibit rigid and fixated behaviors (freezing, handclapping, head banging, etc.) in the presence of their primary caregiver [10]. To this author's observations, it is as though the trauma, angst, and fear occur simultaneously in the child and incapacitate him or her upon separation from or reuniting with the

[1]Though the attachment figure is presumed to be the child's mother, there are clearly instances in which the attachment figure is the child's father, grandparent, foster parent or other desired figure (Bowlby, 1982).

attachment figure. The child appears to experience an emotional seizure from which they are momentarily unreachable. While anxious/avoidant and ambivalent/resistant attachments are often characterized as insecure attachments, disorganized/disoriented attachment is severely *insecure* if not impaired in attachment, and is associated with severe neglect, or physical and sexual abuse [10]. When the primary caregiver's support and availability do not exist in the attachment relationship, the growing child can experience severe stress and develop maladaptive coping skills [6, 7, 11]. Impairments can emerge with the self-concept, as the self-portrait a child creates becomes skewed or distorted [8, 10]. However, when the child experiences the parent(s) as warm, responsive and attentive, the child forms secure attachment and emerges from a secure base.

Methodology

A case study method was used to present the outcomes of pro-active comprehensive interventions for a neurodivergent youth over the course of 15 years. Data was collected using available case summaries from the social worker, and interviews with the neurodivergent youth and their parents. Data was summarized in chronological fashion from when the youth was a toddler through 18 years of age. Themes were generated and constructed into three distinct areas: 1) early intervention; 2) education; and 3) supportive services. The subsequent findings present the results of the analysis.

Findings- Case Study: Portrait of Alanna**

Alanna** is a 20 year old neurodivergent young adult who spent her life receiving academic, social, and emotional services for her developmental delays at birth. She is African American, and lives with her parents in a Northeast suburb. She was born prematurely (28 weeks) and spent time in the NICU. Her infancy was marred by speaking and motor skill delays. In addition, she was not eating and suffered frequent chronic illnesses. By age 2, she couldn't walk, talk or feed herself. Her parents loved her immensely, but felt helpless. They went to many specialists, who finally diagnosed her with speech and developmental delays as well as failure to thrive.

Early Intervention: Alanna was provided an assessment by an Early Intervention team, that consisted of a psychologist and a social worker. At age 2.5 years, she was provided the following services: physical therapy to address walking and gross motor skills, occupational therapy to address fine motor skills, and speech therapy to address talking ability and eating. In addition to the in-home early intervention services, she attended at age 3 a therapeutic early childhood center that was recommended by the Early Intervention team. She received pre-school special education at the center, that through groupwork, she acquired the skills to walk with an unsteady gait, articulate a few words, and feed herself.

Education: After two years in preschool special education and making strides in walking, speaking and feeding herself, Alanna transitioned to Special Education at 5 years old. The district administering her education services believed that neurodivergent students learn best when included in learning environments with neurotypical students. Each class had special education teachers present where there was a neurodivergent student. Alanna learned alongside neurotypical students and consistently received increasingly good grades. From grades K-12, Alanna increased her intellectual skills through her classwork. In addition, she continued to receive supportive therapeutic services – speech therapy (up to grade 10), physical therapy (up to grade 5), and social work services and reading support (both up to grade 12).

Upon graduation from high school, Alanna was accepted into and enrolled in a medium-sized University in the Northeast that had programs specifically designed for neurodivergent students. She had a clinical educator/advisor and social worker who met with her twice weekly to go over strategies to excel in college. Majoring in the health sciences, Alanna has maintained an average 3.2 to 3.5 GPA since her first semester. In her last semester of her second year, with the help of the Program staff, she achieved a 3.8 GPA. Alanna is on target to completing her degree in four years.

Supportive Services: Alanna's parents were very supportive of Alanna and significantly involved in all areas of her life. They made certain she had all she needed in her life to ensure academic and social success. Alanna's mother enrolled them in a "Mommy & Me" program. In addition, the family joined a cultural organization geared to Black families to provide support for the family and Alanna. In addition to the family support, beginning in 5th grade, Alanna's parents paid for private tutors to continue the learning she received in school; this continued through 11th grade. The focus was on reaching and math strategies. They enabled her to excel throughout her academic career. Many of those strategies she uses today in college. In addition to academics, Alanna was involved in a plethora of extracurricular activities. These activities consisted of tap and ballet dance for one year, gymnastics for three years where she made the team in her last year, soccer for five years and horseback riding for three years during high school. According to her parents, Alanna was involved in each of these activities because they aided her gross motor skills.

Alanna emerged into young adulthood as a well-adjusted, securely attached, self-efficacious individual. She is self-assured and comfortable with her academic, social and cognitive skills. She has a close relationship with her parents, who continue to be her biggest cheerleaders. Alanna sees herself as an individual who struggled as a child, but with familial support emerged as a resilient person who reclaimed herself.

Discussion

Being neurodivergent is not a weakness but a doorway to opportunities to ensure one thrives into adulthood from childhood as a securely attached, high esteemed, resilient individual. It is not something to be cured from, but rather a strength in which the neurodivergent individual is an expert on their lived experience [1]. What we have come to recognize is that neurodivergent individual thrive from neurodiverse affirming care. This allows for emotional growth, academic success and overall superior, cognitive development. There are five considerations that are critical to a neurodivergent child adjusting well and developing cognitively, emotionally and academically. They are: 1) early intervention; 2) special education services; 3) family services; 4) wraparound support; and, 5) knowing identity is a strength [1].

First, early intervention is key and grounds the child in their developmental affirmation. Early intervention not only improves cognitive development, but also supports emotional regulation [12]. These services for children under 5 provide the neurodivergent growing child with the opportunity to experience incremental successes on the path to academic success (cite). Early intervention is akin to neurodiverse-affirming care as explained by Marschall [1] and Vivanti, et al. [12].

Early intervention services, primarily provided to children with autism or developmental delays, are critical to a growing child being academically and socially ready for school [12]. The services are individualized for the child and immerse him or her into a bevvy of supports designed to develop skills, mobility and overall emotional well-being. From the moment a child is diagnosed by a mental health professional, the child works with a number of professional therapists to improve their overall well-being.

Second, robust services in Special Education are essential. Individual Education Plans highlight the services a growing child requires to facilitate the successful achievement of the milestones presented in the plans [13]. In their longitudinal study, Wei and his colleagues discussed how critical special education services were to students with autism, in particular. Whether the services are physical

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therapy, speech therapy, occupational therapy or study skills, from pre school through high school, neurodivergent students benefit from an array of optimal services that facilitate their academic, emotional and cognitive development [13]. Third, support for the family is instrumental. There are numerous stressors involved in rearing a neurodivergent child. The typical acting out is further aggravated by the cognitive , emotional and behavioral issues the child exhibits [7]. Parents and neurotypical siblings need to know they are not alone in this journey alongside a neurodivergent child. Parents need strategies to address the emotional needs of the neurodivergent child and enable security and resilience [7]. Whether social work services to deal with emotional issues or involvement in Special Education PTA to associate with likeminded parents, parents are critical to their neurodivergent child acclimating to their educational setting and achieving beyond [6, 7]. It is not uncommon for parents to experience depression or anxiety when rearing a neurodivergent child [6, 7]. Parents may feel at a loss of what to do to assist their child, especially if the child is autistic or diagnosed with ADHD. This is why parents require support in order to persist through the developmental journey of the neurodivergent child and achieve parental efficacy.

Further, resilience emerges from wraparound effects of support. Resilience is how we interact with our environment and the resources we call upon from and contribute to the environment when in stressful situations [5]. These resources, also noted as "protective factors" are not just external, but also internal. They constitute our temperament, social competence, and our problem solving skills, as well as other resources, and these resources are applied when people face insurmountable odds [5].

When neurodivergent children receive wraparound services of support, they have the self-assurance to succeed and overcome the odds. These children not only have stable relationships with their parents, but their parents emotionally, physically and financially invest themselves in the lives of their children [5]. Finally, resilient children are likely to have parents who exhibit good parental efficacy, or the belief that one has a positive influence over the outcomes in their child's life based on their parental investments [5]. Overall, the resilient youth is able to cope successfully in the face of change, adversity or risk.

Conclusion

There are a myriad of ways to measure positive youth outcomes. When looking at youth's level of resilience and their readiness for engagement in society, we explore four dynamics that present as protective buffers. These buffers are the youths' 1) purpose and goals; 2) literacy achievements; 3) skill mastery; and, 4) supportive resources.

Purpose and goals are critical and demonstrate direction, self-determination, and self-efficacy. Self-efficacy is defined as one's belief that he has the ability to positively influence outcomes in their life. Further, resources emerge from our social capital, or people, associations, organizations and networks that can provide us with assistance, support and resourceful intervention at any point in time.

Similarly, literacy pertains to knowledge acquired during one's developmental stages, and skills are the application of that knowledge acquired. There are fundamental literacy and skills mastery (academic, health and technological), vocational literacy and skills mastery (able to perform, apply for, and successfully obtain a job or vocational role), social literacy and skills mastery (social competence, prosocial interactions, social capital), cultural literacy and skills mastery (prosocial rituals that enhance well-being), civic literacy and skills mastery (volunteerism, voting and vocal activism). As such, purpose/goals and resources present as qualitative measures, whereas literacy accumulated and skills mastered can be viewed as quantitative measures.

In promoting resilience among our youth, the child's well-being is intrinsically linked to achieving a purpose, participating in inspiring activities, being able to trust others and exhibiting a high level of self-efficacy. In addition, children seek to present a measure of social desirability along with a sense of openness and faith and agreeableness to believe in themselves, direct their own outcomes and marshal key resources that helps them thrive and survive in our society.

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