Care Across Contexts: Ethics of Care and Relational Leadership Increasing Efficacy of

Interventions for Disabled and Neurodivergent Learners

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Abstract

This abstract is set in the context of my journey as a neurodivergent woman, undertaking my M.Ed while simultaneously developing a decade long career in the care, education, and support of neurodivergent and disabled children, youth, and their families. The efficacy of intervention has always been significant to me, and throughout my M.Ed Ethics of Care and relational leadership gave definition to the practices I chose to embrace. I contend that practicing transformational, relational leadership, and Ethics of Care increases the efficacy of interventions and education for neurodivergent and disabled learners across contexts. ABA (Applied Behavior Analysis) and behaviorism are highly controversial sciences, focusing intently on the efficacy of practice with a history of controversial practices. Understanding the stimuli that are most conducive to effective and ethical behavior change could be paradigm shifting. In my experience, adopting these philosophies was the "missing piece" to the behavior analytic theory I had previously been exposed to, that differentiated my practice from that of my colleagues. Accepting Ethics of Care and knowledge of leadership styles into the enterprise of ABA serves to validate the interpersonal nature of the science, creating behavior change through connection and not compliance.

Keywords: ethics of care, relational leadership, disabled, neurodivergent, increase, efficacy

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Chapter One: Introduction

My Journey

I am a neurodivergent woman, undertaking my M.Ed while simultaneously developing a decade long career in the care, education, and support of neurodivergent and disabled children, youth, and their families. My journey with Applied Behaviour Analysis (ABA) and education began long before my enrolment at Thompson Rivers University (TRU), beginning in my first year of post-secondary education in 2014. I have a background in inclusive education and disability, and have worked in a wide variety of educational, community, and home-based contexts. I was told throughout my undergrad and early practice that my interpersonal skills were my greatest asset; a long history of being able to converse with most anyone would likely affirm this.

In 2020, desperate for a change, I enrolled in TRU's M.Ed, seeking a career path outside of ABA, a futile attempt to channel my passion for working with individuals with complicated behaviours into another vocation. During my M.Ed I was exposed to philosophies on education that revolved around interpersonal connection, communication, trust, and relationship rather than reinforcement and punishment. In my early practice I believed that the best method of getting others to comply with your instruction was to ensure they liked you. After reading *The Challenge to Care in Schools* (Noddings, 2005) I realized this is what I needed, not a career change but a paradigm change. I began to develop my own method of intervention, integrating what I was learning in my classes into my practice guided by principles of ABA.

Developing Interest in the Topic

My students are considered complex or "difficult" even by my colleagues, living with co-occurring disorders, neurological conditions, and intricate trauma histories. In conversation, my colleagues remark how much they dislike supporting these students, that their complexity is

exhausting. As a neurodivergent student, who thrives when I feel cared for, I began to wonder if my own students were feeling cared for in their paid relationships and how these feelings of care and connection were affecting the outcomes of the intervention practices. This disparity between my perspective on supporting complex learners and those of my colleagues drove my desire to understand the impacts and efficacy of care even further.

Significance of the Topic

The efficacy of intervention has always been significant to me, and throughout my M.Ed Ethics of Care and relational, transformation leadership gave definition to the practices I chose to embrace. Understanding the stimuli that are most conducive to effective and ethical behavior change could be standard shifting. The notion that "we are neurobiologically hardwired for attachment and relationship" (Desautels, 2021, p.38) cements the significance of recognizing the effects of Care on practice. In my experience, adopting these philosophies was the "missing piece" to the behavior analytic theory I had previously been exposed to, that differentiated my practice from that of my colleagues, that enabled me to support even the most complex of students with joy and grace.

Presenting the Argument

I claim that practising Ethics of Care and transformational, relational leadership increases the efficacy of interventions and education for neurodivergent and disabled learners across contexts. In Chapter Two of this paper, I will provide information on ABA in relation to the neurodivergent and disabled learner, a brief outline of its history, how my claim may be contested by the philosophical underpinnings of the science, and perspectives on ABA, concluding with a section on behaviour as communication. I will then argue that the theoretical frameworks of Ethics of Care and relational, transformation leadership do increase the efficacy of interventions and education for the reason that "behaviors in Autism [and disability] reflect the

individual's attempts to cope with underlying psychological differences" (Torres as cited by Delahooke, 2019, p.212) yet children do well when they can (Greene, 2014). I will discuss themes of trust and connection, that "[people] do things for people they like and trust" (Noddings, 2005, p.36) and that "trust is often the key missing ingredient when...students...fail to engage in the learning process" (Tschannen-Moran, 2013, p.1). Consequently, discussing the presumption of competence and potential, and distributed leadership throughout teams that ensure even the most complex of student are able to cope, succeed, and thrive. In Chapter Three I will outline practical applications of these theories within the various contexts in which I support my students and their effects. Finally, in Chapter Four, I will explain the implications of this topic and the impact Ethics of Care and relational, transformational leadership could have on behaviour modification tactics and the many contexts they are employed in. As this paper moves into the literature review, I will begin by discussing ABA and the neurodivergent and disabled learner.

Chapter Two: Literature Review

The Disabled and Neurodivergent Learner

The disabled and neurodivergent learner has a complex history of exclusion, ableism, unfair treatment, stigmatization, and even institutionalization. While best practice for disabled and neurodivergent children and youth have evolved, language and practices used with these students often serves to reinforce stereotypes and discrimination (Clark, 2023). In 2023 the British Columbia (BC) Ministry of Education amended the School Act (Province of British Columbia, 2023) to change the labelling of students from "special needs" to "disabled" or as having "diverse abilities". This amendment defines a student with a disability or a diverse ability as a "student who has a disability of an intellectual, physical, sensory, emotional or behavioural nature, has a learning disability or has exceptional gifts or talents" (para.1). Within this paper, I

will refer to disabled and neurodivergent students by those respective titles as Gersbacher at al. (2016) explain that "dysphemisms are terms that begin as euphemisms but become even more negative than the terms they were initially intended to euphemize" (Gómez, 2009; Holder, 2002, as cited by Gersbacher et al., 2016, para.77); in this case the term "diverse ability" is a euphemism for the word "disabled" or "neurodivergent". The dysphemism "diverse ability" perpetuates inaccurate associations about disabled and neurodivergent students and does not serve to benefit their education, nor does it accurately describe students; do we not all possess diverse abilities?

This section of Chapter Two aims to explore Applied Behaviour Analysis (ABA), a widespread "treatment" method for the disabled and neurodivergent, it's history and evolution, and the shifting perspectives on this science. This section concludes with a subsection on behaviour as communication, which explains the nuance of complex behaviours and highlights the need for Ethics of Care and relational, transformation leadership in our practice with disabled and neurodivergent students.

A Brief History of Applied Behaviour Analysis (ABA)

John B. Watson, (as cited by Morton-Bentley, 2010) a pioneer of behaviourism prior to the name being coined, believed that psychology "must abandon its inquiry into the intangible concept of the mind and instead focus on observable behaviours" (p.119) within organisms and that behaviours could be "catalogued without interference of the amorphous subjective notion of consciousness" (p.120). Watson stated that introspection played no role in the methods of behaviourism and claimed that this branch of science was exclusively experimental. Watson (as cited by Cooper et al., 2020) also made bold, unsubstantiated claims about the ability to predict and control human behaviours, the goal of behaviourism. Watson's theories inevitably inspired Skinner, the most renowned behaviourist who constructed the foundations of ABA.

B.F. Skinner (as in Cooper et al., 2020), expanded upon Watson's theories of behaviourism, making contributions to this theory that changed the trajectory of the science, and argued that behaviourism itself was not a science but a philosophy of a science that studied human behaviour. Skinner believed that stimuli that follows behaviour is more important to shaping a behaviour than the stimuli that precedes it and sought to understand how reinforcing stimuli (reinforcers) and punishing stimuli (punishers) consequently effected observable behaviour (Cooper et al., 2020). Within ABA and its predecessor Experimental Analysis of Behaviour (EAB) "the role of punishers and reinforcers is to control behaviour" (Morton-Bentley, 2010, p.120). Morton-Bentley notes that Skinner "was a proponent of positive reinforcement" and "believed positive reinforcement should be used in the treatment of human beings" (p.121) but did experiment with punishers and aversive stimuli to evoke certain behaviours in animals, such as states of deprivation (Cooper et al., 2020, Morton-Bentley; 2010). The successes of punishing stimuli in turn inspired other behaviour practitioners to adopt practices and found institutions that rely on punishers as a behaviour change tactic.

ABA refutes mentalism, the notion that there is a separate inner dimension within us that exists and differs from the behavioural dimension. Skinner (as in Cooper et al., 2020) believed that "hypothetical constructs" such as free will, language acquisition, memory retrieval, and other unobservable mental processes contributed nothing to a functional account of behaviour. The notion of thoughts and feelings as motivation for behaviour are also considered "explanatory fictions" within ABA; a person walks cautiously on a slippery surface due to the association with the punishing stimuli of falling but to say that this individual walks carefully due to caution is an explanatory fiction. Skinner did believe in the existence of private events, such as thoughts and feelings and acknowledged that these were in fact behaviours, that the individual experiencing a tooth ache can observe it and it is valid, however, behaviours surrounding these sensations are

still controlled by physical events in the environment (Cooper at al.,2020). This is the main

contestation to my argument, that the environmental stimuli that follow behaviour are what

shapes its, not connection, not trust, but consequence, whether it is positive, negative, punishing,

or reinforcing. From an ABA perspective it is not my caring relations with my students that

contributes to positive behaviour change, it is the reinforcing stimuli presented after an evoked

behaviour that shapes it and increases the likelihood of the behaviour happening in the future.

Fuller (As in Carter, Cushing & Kennedy, 2009), a student of Skinner (as mentioned in

Cooper et al., 2020), began altering Skinner's laboratory works into "ways of modifying the

behaviour of people with the most significant disabilities" (p.2). This work advocated that

curriculum could be developed based on fundamental principles of learning and that even

students with profound, multiple disabilities were capable of benefiting from education (Carter,

Cushing & Kennedy, 2009). This notion was then explored by other proponents of ABA and

applied to learners with autism and other neurodivergence. ABA, as a science is a relatively new

discipline, with roots in 1959 but the first empirical evaluations of applying behaviour analytic

principles to practice took place sometime between 1964 and 1977 and university programs on

the subject began around the same time (Cooper et al., 2020; Leaf et al., 2021). During this time,

"journal editors were reluctant to publish studies using an experimental method unfamiliar to

mainstream social science" (Cooper et al., 2020, p.14). I believe this is an important

consideration when discussing ABA and its history. The early days of many sciences are vastly

different than their modern practices. Applied behaviour analysis aims to control and change

behaviours in individuals that are considered "socially significant" and will improve the quality

of life of the client. Cooper at al. (2020) cite a variety of recent research into various problem

and self-injurious behaviours that have been changed through the practice ABA, yet admit "no

behavioural problem or learning goal has been solved completely, and many important

challenges await analysis" (p.21). This text, sometimes referred to as the ABA Guidebook, offers insight into behaviour analytic principles and the ethics of practice but offers no advice on building or maintaining positive relations within clients, caregivers, and other practitioners.

A critical theory in science is the notion of "philosophic doubt", that scientists must question what is fact constantly and honour new findings until they can be disproven (Cooper et al., 2020). In fact, Skinner (1974) even wondered of ABA "Is such a science really possible? Can it account for every aspect of human behaviour?" (p.1 as cited by Cooper et al., 2020, p.11). As an educator with a practice guided by ABA, I must doubt the notion that consequence stimuli are the main contributors to the shaping of behaviour. New research points us in new directions that directly challenge dated notions of ABA and highlight how important hypothetical constructs are to the development of well-adjusted neurodivergent and/or disabled children and youth across contexts.

Perspectives on ABA

If one were to start a conversation on ABA in a room of multi-modal practitioners who support disabled and neurodivergent students there would be a cacophony of responses. Practice guided by the principles of ABA are present across a variety of contexts and particularly within the classroom, present within "the foundation for behavioural approaches to curriculum design, instructional methods, classroom management, and the generalization and maintenance of learning" (Twyman, 2013, as cited by Cooper et al, 2020, p.14). Yet, ABA is wrought with unethical, controversial historical practices, some of which fringe institutions still practice today, such as the Judge Rotenberg Centre (the JRC) which liberally administers "aversive therapy, a form of reformative treatment that includes electric shock" (Morton-Bentley, 2010, p.113) to "punish" or decrease behaviours labelled problematic. The JRC, founded by a student of Skinner, focuses on student compliance, also utilizing physical restraint and meal deprivation with its

disabled and neurodivergent students. While there are steps involved prior to the implementation

of an aversive therapy program, including parental consent and court approval, many contest

aversive therapies due to the pain they cause, the morality of punishers, the construction of a

violent culture, the basis on questionable logic, and the notion that punishing treatment must be

applied indefinitely[1]. This critique of punishment procedures cannot be discussed without

admitting that the behaviourist principle of punishment and aversive therapy does in fact work to

achieve behavioural compliance and reduce problem behaviours.

      The notion of behavioural compliance must also be addressed when discussing

perspectives on ABA. Behavioural compliance does not inherently equate to functional

behaviour change, instead sometimes increasing the likelihood that students are masking

behaviours in order to achieve this compliance to the detriment of their own well-being. As

Desautels (2021) states "behavior management is not about students. Behavior management is

about the adults" (p.33). McIntosh et al. (2014) affirm that "effective classroom management

does not emphasize enforcing compliance" (p.9). As a high-masking neurodivergent woman, I

can attest to the fact that behavioural compliance does not always link to the adoption of more

functional skills and can exacerbate the anxiety students feel trying to conform to societal norms.

      Critics of ABA maintain that "cajoling, reinforcing (and nonreinforcing) of behaviours ...

are often part of intensive services [that begin] as soon as a child is diagnosed on the autism

spectrum" (Delahooke, 2019, p.205), occasionally without consideration about whether a child

may actually need intervention. One particular critic, Delahooke, also voices concerns about the

implementation of certain practices "following a common treatment technique that reinforces

desired behaviours and uses 'planned' or 'tactical' ignoring in an attempt to help children learn

and acquire new behaviours" (p.218). Delahooke elaborates that she is weary of this approach,

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[1] The Behaviour Analyst Certification Board (BACB) and Applied Behaviour Analysis International (ABAI) both oppose the JRC's use of shock on students

stating that it does not operate within our knowledge of the complexities of autism, while simultaneously developing a paradigm in which "behavioural differences in autism [are] deviant and in need of change" (p.218). Delahooke comments that ignoring children is not appropriate from a developmental or relationship-based perspective. Critics also question the application of behaviour analytic principles to students experiencing trauma or toxic levels of stress as "punishment [in the traditional sense of the word] can trigger a child into deeper levels of autonomic nervous system distress" (p.248). Delahooke speaks from experience about how "the rewards-and-punishment paradigm didn't account for the level of injury [one student] carried in his brain and body...[rewards and punishments] didn't significantly help [him] do what he needed to do most: regulate his response to stress" (p.240). Desautels (2021) elaborates that "[functional behavioral analyses, behavior charts, and systems that employ in situ reasoning and logic] do not work for our roughest students because those students aren't functioning in areas of the brain where we problem solve, pause, regulate, and reason" (p.71).

Critics of ABA cite concerns that "discouraging a behaviour which is a manifestation of a mental condition, attitude or belief does not address the root of the problem" (Mills, n.d as cited by Morton-Bentley, 2010, p.128) and that suggesting application of behaviourist theories to intervention "with children with milder disabilities and diagnoses which are new and disputed (such as bipolar disease) is much tougher" (Morton-Bentley, 2010, p. 133). Delahooke (2019) surmises "there's nothing inherently wrong with helping a child find a replacement behaviour. However, there are benefits to becoming more intentional in the messages we give children about their behaviour" (p.207).

Current proponents of ABA will state "when we know better we do better" (Desautels, 2021, p.46) and explain how the science has shifted over the years, gradually moving away from fringe ideas and into a more care-based approach. Leaf et al. (2021) recommend ABA

practitioners begin "showing compassion, listening and learning from lived experiences" (p.2848). Leaf et al. appear to welcome criticisms of the practice due to the notion that the field is

> Not infallible, and we should continue to improve and progress our interventions. As Baer et al. (1968) so eloquently asserted; the continued examination of behavior analytic applications to solve problems of social significance will help assist in their refinement and, possibly, their replacement by better applications. (p.2849)

> The field of ABA continues to develop, change, and shift as it ages, incorporating

expertise from those who have lived experiences receiving ABA therapies. Yet the social validity of the notion that some individuals may have been traumatized by practices or practitioners continues to be discredited, with Leaf et al. (2021) suggesting that practitioners recommend psychological help for clients disclosing traumatic experiences, and highlighting "the substantial evidence that supports the use of ABA-based interventions for autistics/individuals diagnosed with ASD". (p.2848). Leaf et al. state that "this does not mean negating lived experiences" (p.2848) of those who have received ABA therapy and found it harmful but it does appear that this is not a focus of current research into the effects of ABA.

The science of Applied Behaviour Analysis is incredibly hard to orient on a scale of morally "good" or "bad" as it has historically caused harm and also benefited many disabled and neurodivergent learners. Perhaps it depends on the practitioner, or the scientists from which we take our theories; however, it is still one of the most utilized tactics for initiating behaviour change for neurodivergent and disabled students. While multi-modal practitioners have varying perspectives on the practice and ethical implications of ABA, one thing all those who support disabled and neurodivergent students will agree on is that behaviour is communication.

Behaviour as Communication

Many behaviours exhibited by neurodivergent and disabled learners are classified by the observer as disorder or pathological. Prizant (2015) argues "there is no such thing as autistic [or pathological] behaviour. These are all human behaviours and human responses based on a person's experience" (p.5). Complex neurobiology within neurodivergent and disabled learners may affect communication skills such as the development of verbal speech. Delahooke (2019) explains that "certain behaviours in children with impacted motor systems, particularly non-speakers, can result from acute pain, physical sensations or illness" (p.216). When an individual is unable to engage in verbal communication or have their needs met through subtle non-verbal communication, behaviours labelled "problematic" may begin to occur as a student attempts to communicate functionally with the skills they possess.

Children who have lived through adversity, traumatic experiences or with toxic amounts of stress are four times more likely to be diagnosed with a learning or behavioural disorder than their non-traumatized peers, and have observable neurobiological differences (Harris, 2018 as cited by Delahooke, 2019; Desautels, 2021). Desautels (2021) explains that adversities such as discrimination, a lack of social capital and opportunity, and social rejection and humiliation are negative experiences that can affect a student's ability to cope. When children are living with toxic amounts of stress or trauma they are exclusively "navigating the threat, unable to think about other things, much less focus on learning" (Nealy-Oparah & Scruggs-Hussein, 2018, p.13).

Oftentimes problem behaviours "represent strategies to cope with anxiety or dysregulation" (Prizant, 2015, p.84). In my experience, students do not want to be engaging in behaviours labelled problematic but "individuals experiencing strong emotional arousal often appear to suffer a cognitive deficit, evident in a reduced ability to... evaluate the potential outcomes of various behaviours" (Zillerman, 1994 as cited by Uline et al., 2003, p.788). Siegel and Bryson (2011) explain that tantrums, meltdown, and aggression are all symptoms of a child's

brain becoming disintegrated and that within this state the child is unable to respond calmly and capably to the problem. Desautels (2021) reminds us that in this state rewards, punishments, charts and other behaviour management tactics fail due a child's "logical" brain no longer operating.

Desautels (2021) continues, "the students who need the most connection and understanding will ask for it in the most unloving ways" (p.36). This sentiment is corroborated by LeCompte (2000 as cited by Wesley, 2004) that "people who are in pain and desperately want help often sound as if they are attacking (p.41). The desire to ask "why" a behaviour is happening is supported within much of the literature on disability, neurodivergence, and behavioural neuroscience (Desautels, 2021; Delahooke, 2019; Prizant, 2015). When we are operating as a practitioner in the field of supporting these complex students, on the receiving end of problematic behaviour we can "forget that the repeated negative behaviours we see are signals communicating emotional, mental, or physiological needs...All behaviour is communication" (Desautels, 2021, p.4). It is imperative that we remember that all behaviour is communication when the foundation of our interventions will be the cultivation of caring relations.

Ethics of Care

Noddings (2005) states that the central idea of Ethics of Care is that "the living other is more important than any theory" (p.xix). One particular aspect that incurred my respect within *The Challenge to Care in Schools* is that "themes of care are accessible, in a variety of forms, to all students, not only the academically talented" (p.xxv) and that liberal education has been neglecting to truly educate students who do not have futures as collegiates, projecting the message that these students are not cared about. The following section will outline how Ethics of Care seeks to improve the quality of education for the disabled and neurodivergent learners across contexts.

The notion that "all students need to feel safe" (Ross & Berger, 2009, p.6) from an Ethics of Care principle, is that an emotionally secure environment, relation, and connection precede cognitive learning, subject matter, and self-regulation skills (Pestalozzi as cited by Gutek, 2015; Noddings, 2005; Desautels, 2021). Desautels (2021) states that "secure, trusting bonds with caring adults are critical to human beings during the unfolding of their innate potential. For our children to thrive, they need to be connected and cared for in an ongoing persistent manner for years" (p.13). Underlying this concept is the theory that "one who is concerned with behaving ethically strives to always preserve or convert a given relation into a caring relation" (Noddings, 1998, p.218-219). This includes the high stress moments where our students are behaving in ways that may psychologically trigger us. Relationship, connection, and emotional security also serve to benefit practitioners in our interactions with our students. When we are able to understand that challenging behaviors are a symptom of disintegration and not an attack on ourselves, we are better able to care for ourselves in the moment, and in turn, provide better care for our students.

Reciprocity is another significant component of Ethics of Care. It is the theory that caring relations are reinforced by our positive interactions with the person we are caring for; when both parties experience positive exchanges during caring relations they are experiencing reciprocity (Noddings, 2005). Caring relations are "not a manufactured process or action. [They are] organic; [they are] a way of living and breathing each day, hoping for positive results from selfless efforts" (Desautels, 2021, p.44). Ethics of care serve as the philosophy that best describes relational, transformational leadership. Incorporating the following aspects of Ethics of Care into one's leadership practices serves to enhance the theories of relational, transformational leadership.

People we Like and Respect

Noddings (2005) explains that within our current educational paradigm students "not only... lack trust in their teachers, but many lack even the most basic human respect" (p.1). One philosophy within Ethics of Care that I have always believed is that people do things for people they like, trust, and respect (Noddings, 2005; Desautels, 2021). Noddings (2005) explains that students listen, for better or worse, to the people they have built relations with, "the people that matter to them and whom they matter to" (p.36). When "people have a comfortable relationship, they are more willing to ask questions, offer opinions, and discuss options in an open and honest way, making it easier to avoid potential problems and to resolve difficulties promptly when they arise" (Ontario Ministry of Education, 2007, p.20). This sentiment is true for student-educator relations as well. Strong relationships with our students, where we trust and respect each other increases the likelihood of authentic interactions and communication, which in turn opens our students up to the potential of learning with us.

Modelling

Cooper et al. (2020) state "modelling is a behaviour change strategy in which learners acquire new skills by imitating demonstrations of the skills" (p.533). Modelling "shows, demonstrates, or conveys exactly the behaviour the learner is expected to perform" (p.533). Noddings (2005) explains that "moral education from the perspective of an ethic of caring has four major components: modelling, dialogue, practice and confirmation" (p.22). This idea is affirmed by Poche, Yoder & Miltenberger (1988 as in Cooper et al., 2020), attesting that "providing the learner with multiple opportunities to respond combined with feedback on key elements of the model's presentation, enhances the effectiveness of modelling" (p.535).

When modelling "we do not tell our students to care; we show them how to care by creating caring relations with them" (Noddings, 2005, p.22). This is to be said about a variety of skills. Delahooke (2019) weighs in on modelling that, "soothing children – and helping them to

soothe themselves – through our engaged relationships helps support social and emotional development across their lifespan" (p.227) and Desautels (2021) speaks of co-regulation as "modelling the behaviours we want to see from our students" (p.40). From an ABA perspective "modelling can effectively prompt behaviours especially for learners who have already learned some component behaviours required for the imitation" (Cooper et al., 2020, p.403).

Noddings (2005) furthers the argument that "we have to show how to care in our own relations with cared-fors" (p.22), "the capacity to care may be dependent on adequate experience in being cared for" (p.22), and "in supportive environments where children learn how to respond to dependable caring, they can begin to develop the capacity to care" (p.52). There is also evidence that giving "students the opportunity to be dependent while learning to value and respect others through modelling and providing explanations for appropriate behaviours" impacts individual learning which is "inextricably linked to communal well-being" (Nealy-Oparah & Scruggs-Hussein, 2018, p.8; Brendtro School Handbook 46 et al., 2006 as cited by Nealy-Oparah & Scruggs-Hussein, 2018, p.9). Students appreciate understanding what is expected of them, especially disabled and neurodivergent students who may have a difficult time learning incidentally or understanding social cues, however, modelling helps us build a relationship with students, contributing to the aim of education from the perspective of an Ethic of Care.

The Aim of Education

Noddings (2005) believes "a child's place in our hearts and lives should not depend on his or her academic prowess" (p.13), that all students are inherently worthy of caring and being cared for. One way Noddings suggests we develop this notion is "to be sure that all groups of children receive a high-quality education... first, that the needs and talents of individual children are considered in educational planning" (p.41). Evaluating individualized strengths and talents is essential when building competency-based goals for neurodivergent and disabled students.

Focusing on what our students can do and how to build those skills, or generalize those skills across subjects or domains is imperative for building feelings of confidence within our students.

As a society "we must take public responsibility for raising healthy, competent, and happy children...[educators] cannot achieve [these] goals without providing caring and continuity for students" (Noddings, 2005, p.14). Noddings also advocates that the education system should "concentrate on producing people who have an adequate understanding and respect for themselves, intimate others, distant others, the living environment, and the world of objects and instruments" (p.34). From an Ethic of Care the "general aim [of education] is to encourage the growth of competent, caring, loving, and lovable people" (Noddings, 2005, p. Xxvi)

Ethics of Care build the bedrock for relational, transformational leadership, advocating for individualized education, cultivating relations in which students are carer and cared-for, and building foundations of trust and respect. True relational, transformational leadership is governed by the approach Noddings (2005) outlines within *The Challenge to Care in Schools*. The next section of this paper will discuss relational, transformational leadership and the essential themes of Ethics of Care that make this leadership style successful for educating neurodivergent and disabled students.

Relational, Transformational Leadership

Delahooke (2019) states "the way to help children is through relationships" (p.243) and "strong relational health can help protect children from lasting damage connected to [traumatic] experiences and is essential to their resilience" (Perry & Szalavitz, 2017 as cited by Delahooke, 2019, p,243). Slater (2008) explains that if we are attempting to develop one's potential, we must first know that person, and know them well. Slater expands that knowing people is "crucial in developing the trust and respect that characterize collaborative relationships" (Slater, 2004, p.58 as cited by Slater, 2008, p.62).

For this section, I have combined the notions of relational and transformational leadership into a singular leadership style. Relational, transformational leadership is a leadership style that seeks to develop a student's potential and skills through meticulously developed caring relations. This leadership style, based on Ethics of Care serves to increase the efficacy of interventions and education for disabled and neurodivergent learners across contexts. The subsections below outline ways in which I foster safe learning environments, self-sufficiency and efficacy, and relationship with my complex students. All of the strategies focus on establishing and maintaining a strong relationship because like Desautels, (2021) "I am learning that relationships matter more than any technique, strategy, or practice I invoke" (p.56).

Trust and Connection

Brown (2010) states that "connection is why we're here. It's what gives purpose and meaning to our lives" (3:23). Desautels (2021) continues that "we are neurobiologically hardwired for attachment and relationships" (p.38), but before attachment, connection, or relationship are formed, there must first be trust. Trust may be defined as

> One's expectations about the likelihood that another's future social actions will be beneficial, or at least not detrimental to one's interests...trust lies at the heart of relationships...[and] acts as a guideline, [influencing] one's interpretation of social behaviours within a relationship. (Robinson,1996, p.567 as cited by Handford and Leithwood, 2013, p.194)

Prizant (2015) argues that "autism [and other neurodivergence] can be understood as a disability of trust" (p.73) due to neurological challenges and facing difficulty trusting their bodies, the world around them, and other people. Trust is constructed with students through consistency and reliability, cooperation and collaboration, openness and honesty, as well as benevolence, competence, equal status, and sustained personal interactions (Larson and LaFatso,

1989 as cited by Hill, 2013; Hoy and Tshannen-Moran, 1999, as cited by Cosner, 2009; Prizant, 2015; Allport, 1954 as cited by Mindich & Lieberman, 2012). Developing trusting relations is essential when supporting students who live with trauma histories or toxic stress, as well as students with Autism, other neurodivergence, or disability as it enables them to "cope with a world they perceive as confusing, unpredictable, and overwhelming' (Delahooke, 2019; Prizant, 2015, p.90). Tschannen-Moran (2013) states that "trust is often the key missing ingredient when...students...fail to engage in the learning process" (p.1).

Bryk and Schneider (2003) found "schools with high trust were much more likely to demonstrate marked improvements in student learning" (p.43 as cited by Cosner, 2009, p.253). Druckman et al. (1972) also found that "behaviors that increase either perceptions of trust or feelings of comfort lead to better outcomes" (as cited by Olekalns and Druckman, 2014, p.465). However, trust is not something that can be established with haste, nor will the positive outcomes be immediately observable. As Delahooke (2019) explains

> "All children need time to build relationships of trust in order to risk making mistakes. Encouragement and reassuring adult presence helps children stay calm and alert...The first step is building a relationship of trust, enabling the child to feel safe, take chances, and persevere to show us all he or she knows" (p. 217).

Trust is the foundation of relational, transformational leadership. The other strategies described within this chapter will not succeed if there are not well-developed trusting relations between student and educator.

Distributed Leadership

This section outlines distributed leadership and the notion that "leadership is provided by anyone who meets the need of the team" (Morgeson, DeRue & Karam, 2010 as cited by Hill, 2013, p. 289) and "people [should lead] when and where they have expertise" (Wright, 2008,

p.15). Noddings (2005) advocates that from a caring perspective, educators must "relax the impulse to control" (p.174). In my multi-contextual practice, this means that teachers, paraprofessionals, parents, peers, and the student themself will all have opportunities to lead. The student in particular will have the chance to construct their own goals and exhibit control over the trajectory of their lives. The concept of "'Double Loop' learning (Hughes et al., 1999) is based on the notion that openness to information and power sharing with others can lead to better recognition and definition of problems, improved communication, and increased decision-making effectiveness" (Densten & Gray, 2001, p.121). Double Loop Learning is present when distributed leadership is exercised in the education of neurodivergent and disabled learners. Distributed leadership recognizes the expertise each member of the team brings to developing the success of the student and does not shy away from honouring this expertise.

Within classroom contexts, peers play an invaluable role in the success of their disabled and neurodivergent classmates. Carter, Cushing & Kennedy (2009) found "students with severe disabilities interacted more frequently with classmates and accessed a greater variety of social supports – such as information, material aid, emotional support, and companionship – when working with a peer compared to working exclusively with a paraprofessional" (15-16). Carter, Cushing & Kennedy elaborate that when a distributed leadership strategy such as peer support is incorporated into the classroom:

> [Disabled] students are likely to benefit in other ways... They may learn new social and communication skills (Hunt, Alwall, Farron-Davis &Goetz, 1996; Weiner, 2005 as cited by Carter, Cushing & Kennedy, 2009), meet more of their classmates (Kennedy & Itkonen, 1994; Kennedy, Shukla & Fryxell, 1997 as cited by Carter, Cushing & Kennedy, 2009), develop new friendships (Haring & Breen, 1992; Kennedy, Cushing & Itkonen, 1997 as cited by Carter, Cushing & Kennedy, 2009), access valued social supports

(Meyer, 2001 as cited by Carter, Cushing & Kennedy, 2009), attain important educational

goals (Hunt, Staub, Alwell, Goetz, 1994 as cited by Carter, Cushing & Kennedy, 2009),

and experience a greater sense of belonging and class membership (Schnorr, 1997 as

cited by Carter, Cushing & Kennedy, 2009). (p.16)

Parents are also indispensable stakeholders when working in a multi-contextual team,

since parents have "knowledge and expertise about their children that are not available to anyone

else" (Slater, 2008, p.58). Child Trends (2010 as cited by Olmstead, 2013) outlines that parental

involvement for students produces better grades and test scores, as well as fewer behavioural

problems. In practice "parents should send the message that they are partners – active, interested,

and involved partners- with [educational] professionals" (p.233-234) and "feel welcomed and

involved and... reassured that their children are receiving a good education and making progress"

(Ontario Ministry of Education, 2007, p.17). Educational professionals should reciprocate the

sentiment that parental involvement, collaboration, knowledge, and expertise is welcomed,

encouraged, and expected as an aspect of facilitating the successful education of disabled and

neurodivergent children and youth.

Perhaps the most undervalued stakeholder in the education of neurodivergent and

disabled students is the student themself. Farmer & Stringer (2023) testify that even non-

speaking children with profound or multiple learning disabilities can, with a team with a strong

sense of relationship and understanding, contribute to the development of their own goals

through their behavioural communication. When considering how to distribute leadership to

neurodivergent and disabled students, Delahooke (2019) affirms that we must allow "flexibility,

control, and choices" (p.247). Prizant (2015) posits that practising shared control with students

with autism provides them with a sense of power over their own life, enabling the student to feel

more trusting of the people around them. Educators who do not feel the need to exhibit control of

their neurodivergent or disabled students share control, respecting the student's autonomy and sense of self, which in turn aids to develop the student's self-determination, self-sufficiency, and independence. Sharing control, or distributing leadership to our students, relies on the educator assumption that our students are competent and contain potential.

Presuming Competence and Potential

When considering disabled and neurodivergent learners "a tendency to regard 'difference as deficit' (Dei, 1996 as cited by Guo, 2012) erects... barriers to teacher's learning about diversity" (p.6), "deteriorates expectations for students and weakens educator's abilities to recognize giftedness in its various forms" (Ford & Grantham, 2003 as cited by Gorski, 2011, p.2) and "absolve[s] the school of responsibility for teaching all students" (Ross & Berger, 2009, p.6). Presuming competence "is a term coined by Douglas Biklen and emphasizes that everyone, even people with disabilities, can and in fact do learn all the time" (Moore, 2021, 1:08). The theory of presuming potential is the same, that all people regardless of ability are born with an inherent potential that must be realized by those in their community. Heward (2005) posed the question "Why would we assume that this person with a developmental disability could not learn to do the same things so many of us do? Why not try to do it?" (p.323 as cited by Cooper et al., 2020, p.19)

Biklen & Burke (2006) state that there is a history in "education to assume [the] incompetence of students who have severe communication impairments [that] extends beyond autism, and includes those with other developmental disabilities, such as Down syndrome, Rett syndrome, Cri-Du-Chat, and others" (para. 4). Moore (2016) states that "we assume students [with disabilities] don't or can't understand. We talk to them like they aren't there. We think they can't hear or see or communicate. And we are wrong" (p.34). When we fail to presume the competence and potential of our students, they develop a belief that they "can't", a belief that we

have imposed onto them through a deficit ideology, and leaders construct exclusive spaces,

where only those who "can" are accepted (Moore, 2021). Biklen and Burke (2006) assert "the

presumption of competence does not require the teacher's ability to prove its existence or validity

in advance; rather it is a stance, an outlook, a framework for educational engagement" (para. 13).

When we presume competence and potential in our students with complex behaviours "we

assume that their behaviours reflect necessary adaptations to their body's signals" (Delahooke,

2019, p.205) and understand that "children do well when can [and] if they can't, we need to

figure out why so we can help" (Greene, 1998 as cited by McKenzie, 2001, p.36). Moore (2016)

profoundly quips "unless I presume competence in all people, I am the one who is disabled"

(p.34).

The presumption of competence and potential fosters feelings of independence, power,

confidence, and capability within exceptional students (Densten & Gray, 2001) and allows us to

"set our expectations just within reach throughout their development." (Greene, 1998 as cited by

McKenzie, 2001, p.36). Presuming competence also allows for the application of "positive

pressure...that does motivate, that is palpably fair and reasonable and does come accompanied by

resources for capacity building" (Fullan, 2007, p.33). By strengthening student capacities,

confidence, power, and independence through this presumptive approach, leaders foster self-

efficacy. Leithwood (2007) states:

> Belief in one's ability to perform either a specific task or a more general domain of tasks
>
> has a strong influence on the amount of effort one expends, how long one persists in
>
> trying to accomplish the task, how resilient one is in the face of failure, and how well one
>
> is likely to cope with stress and demanding circumstances. (p48)

The education of disabled and neurodivergent students can be fraught with challenges.

There will be times when a member of the team does not conform to the above ideologies or an

intervention is not succeeding in the way it was intended even when presuming competence and potential, distributing leadership, and having a solid foundation of trust. In those moments, it is essential for efficacy that educators practice self-reflection.

Self-Reflection

Desautels (2021) states that "the vital difference between a good teacher and a superior teacher is the one who self-reflects" (p.47). Noddings (2005) states that education should be responsive and flexible. Educators of the disabled and neurodivergent must self-reflect because "if we cannot question the way we are doing things and thinking about things at present, it will not occur to us that they could be thought of or done differently" (Christenson, 2001, p.27 as cited by Thompson & Pascal, 2012, p.321). Learning to look back on interactions with our students, our curriculum, our successes, and our failures are critical to developing effective practice.

When considering self-reflection from an ABA perspective, it should be noted that "failure is always informative in the logic of behaviour analysis" (Baer, 2005, p.8 as cited by Cooper et al., 2020, p.18). Data about what is not working or what has failed is as valuable as data on what has been successful for students. It provides us with the opportunity to change our course of action and find a better fit. When data, whether concrete or anecdotal, is displaying success, educators who self-reflect are "well prepared teachers who focus on continually improving instruction" (Darling-Hammond, 2012, p.28), and "effective coach[es] [who] never rests on past successes, but [work] to improve the team's functioning for the future" (Hill, 2013, p.304).

There is also a delicate balance to be struck between reflection and other domains, "people are most efficient when they are able to vary routines between concentrated task activities, play and opportunists to reflect" (Clutterbuck & Hirst, 2003, p.104 as cited by

Thomspon & Pascal, 2012, p.320). The paradigm of one's practice should not affect one's capacity to self-reflect. A proponent of ABA, a teacher adopting an Ethic of Care, a relational, transformational practitioner in another field supporting disabled or neurodivergent students must all self-reflect to ensure the practices that are being utilized are the most efficacious and beneficial to the student. I was once told that it is my role as a practitioner to work myself out of my job. This would not be possible without fully developed self-reflection skills.

Self-reflection, trust, distributed leadership, and presuming competence and potential are essential aspects of relational, transformational leadership through a lens of Care for neurodivergent and disabled students. In Chapter Three I will discuss the application of these theories in my vocation with a number of current students across contexts, namely, within the home, in the community, and in the classroom.

Chapter Three: Application

Efficacy of Care

This chapter will address the practical applications of Ethics of Care and relational, transformation leadership as the main tool to increase efficacy within interventions for neurodivergent and disabled learners across contexts. Contexts that will be discussed in this chapter include the home, the classroom, and the community. I will outline how applying the principles from my literature review effected the efficacy and impact of my interventions with a variety of complex students. Students discussed within this chapter are referred to by pseudonyms and confidential information has been excluded from this paper. Students chose their own pseudonyms for this paper, as I believe their involvement and approval of all documents that include them is the primary way to demonstrate ethics of care and relational, transformational leadership when they are not present.

It is also important to note that I support these students across contexts, and their intervention programs are not limited to the singular context in which they are discussed as exemplars. The contexts in which each student is discussed is where significant others noticed substantial differences in positive, functional behaviours. First, I will discuss practical applications of these theories within the home with "Peppa".

In the Home

"Peppa" is a four-year-old girl, living in a multigenerational home, being raised by her mother. Peppa lives with Autism Spectrum Disorder (ASD), Hip Dysplasia, and generalized anxiety. With her family she primarily speaks Tagalog[2], but she is becoming quite proficient in the English language as well. She enjoys teaching me words in Tagalog and laughing when I pronounce them wrong. When I began working with Peppa, she virtually never spoke to individuals outside of her family, and even spoke minimally to them, communicating with gestures and behavioural communication such as nodding, pointing, and crying. I was brought onto her team specifically because I have an extroverted personality, have significant experience with anxiety, living with it myself, and because the other members of our behaviour team did not feel as though their prescribed interventions were resulting in the desired ratios of success. I surmised that Peppa did not have strong trust in the practitioners supporting her in her home; that the demands of a therapy session were too high considering her anxiety and she first needed to connect with her support person before she could "perform" tasks.

I began to build trust and caring relations with Peppa through modelling in the hopes that she would acquire new skills through imitating my demonstrations (Cooper et al., 2020). Modelling in our sessions through play allowed me to incidentally teach a variety of topics in a low-demand way, which did not require Peppa to respond but instead facilitated independent utterances when

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[2] Tagalog is the standardized national language of the Philippines

she felt confident enough to share them. By "relax[ing my] impulse to control" (Noddings, 2005, p.174) Peppa's responses during our sessions and focusing instead on opportunities to allow Peppa "flexibility, control, and choices" (Delahooke, 2019, p.247) about when and how she communicated with me our relationship, connection, and trust blossomed rapidly. Once a trusting relation was established, it was clear that this was an aspect of care that had been missing to enable Peppa to engage with our curriculum (Tschannen-Moran, 2013). Peppa and I have since spent just over a year developing our trust and reestablishing trust when I have broken it. Failures and mistakes I made within our sessions were disappointing yet insightful (Baer, 2005 as cited by Cooper et al., 2020) and with self-reflection I was able to course-correct and reaffirm our caring relation (Noddings, 2005). I describe myself as a "warm demander" (Kleinfeld, 1975) but am still in the process of unlearning a "tough love" approach and finding balance within my demands. As a practitioner who strives to be ethical, caring, and exemplary, I believe it is critical that I always focus on improving my practice (Darling-Hammond, 2012). This means admitting when I have made a mistake and preserving caring relations (Noddings, 2005).

Today, Peppa is a charismatic, silly, intentional communicator, with a strong sense of self. Her mother often calls her "bossy", a stark contrast from the girl I first met. Through the relational, transformational leadership style rooted in an Ethic of Care, Peppa has developed confidence, power, and independence, leading to feelings of self-efficacy (Leithwood, 2007). She readily tries new things, advocates for her needs, and feels safe enough to engage in the curriculum the team continues to prescribe (Pestalozzi as cited by Gutek, 2015; Noddings, 2005). Peppa's trust in me and ever-growing behavioral repertoire are testaments to the efficacy of relational, transformational leadership through a lens of Care within the home.

The efficacy of this leadership style governed by Care not only increases the efficacy of interventions in the home but also in other contexts. In the next subsection of this chapter, I will apply my argument to the context of the classroom with one particularly nuanced student, "Liger Girl".

In the Classroom

"Liger Girl" is an eight-year-old child living in their hometown with their mother. They prefer gender neutral pronouns and often assert that they are a "kid" and "not a boy". It is an essential part of my practice to honour my student's identities and preferences regardless of their age. They are diagnosed with ASD and our behaviour team suspects there is an underlying profile of Persistent Demand for Autonomy, or Pathological Demand Avoidance (PDA). PDA is characterized by intense anxiety and toxic stress due to the nervous systems perception of demands and a perceived loss of autonomy as threats. Our team surmises Liger Girl may have Attention Deficit Hyperactivity Disorder (ADHD) and the family are currently pursuing diagnosis. Liger Girl also has a complex trauma history that includes child protection and removal from the home due to sexual abuse perpetrated by a close family member. At this time, we do not know if Liger Girl was a victim, however we are actively seeking supports for this. The case caused a termination of services for Liger Girl's previous behaviour team, leaving Liger Girl and their family without additional behavioural supports for a number of years.

Liger Girl's educational history is tumultuous. Prior to joining their team last September, I was told that Liger Girl frequently eloped at school, experiencing chronic dysregulation and the effects of their toxic stress and trauma, which in turn limited their capacity to engage with curriculum and cognitive learning (Pestalozzi as cited by Gutek, 2015; Noddings, 2005) because their nervous system was focusing on mitigating threats (Nealy-Oparah & Scruggs-Hussein, 2018). Liger Girl's mother told me that during this time, Liger Girl's Education Assistant (EA)

was someone that Liger Girl profoundly disliked. Liger Girl thus would not comply with this EA's demands or instruction because they did not like, respect, or trust her, nor did they feel liked, trusted, or respected (Noddings, 2005; Desautels, 2021). I am under the impression that Liger Girl's tendency to enter a dissociative state as a coping strategy caused educators to incorrectly assume that Liger Girl was not cognitively present or did not understand what was being said them (Moore, 2016).

After a few sessions with Liger Girl, I observed that they found many of their daily interactions with others unpredictable and confusing (Delahooke, 2019; Prizant, 2015). To foster feelings of safety and trust within our interactions I arrived to each session as my authentic self, sharing details about my life and interests with Liger Girl because knowing people is an essential factor when building trust (Slater, 2004 as cited by Slater, 2008). Helping Liger Girl know me encouraged Liger Girl to be their authentic self with me, which lead to a comfortable relationship where they were able to share their opinions and discuss problems and solutions (Ontario Ministry of Education, 2007). I further facilitated our trusting relations by sharing control of sessions and goals with Liger Girl (Prizant, 2015).

By June, Liger Girl had not had an outburst or meltdown at school for several months. They had begun to participate during math, something that used to predictably cause elopement, and was accurate in their answers. They were reliably regulating in a variety of situations and had begun to make conversations with peers, generalizing all of our curriculum to the school environment. This September Liger Girl met a variety of changes which are causing some unpredicted behaviours to happen at school. It is essential in this moment to remember that all behaviour is communication (Delahooke, 2019). In the context of our sessions, Liger Girl is still making immense progress. In fact, Liger Girl is still making strides at school despite challenges arising, such as completing grade level math during every lesson and increasing their duration of

in-class time. I suspect we are observing more "problem" behaviours at school because Liger

Girl is meeting more demands each day from the adults at school due to the trust Liger Girl now

feels with the adults that support them.

Efficacy of interventions does not mean a complete ceasing of "problem" behaviours. It

would be a fallacy to assume the efficacy of one's intervention could eliminate all "problem"

behaviours. Merriam-Webster (2023) defines efficacy as "the power to produce an effect".

Efficacy of intervention speaks to the notion that we are making the most amount of progress in

the most efficient way. Cultivating Liger Girl's sense of trust and safety with adults enabled

Liger Girl to acquire and practice a variety of skills that were not available to them prior to the

establishment of caring relations in under a year. This speaks to the efficacy of relational,

transformational leadership rooted in an Ethic of Care.

The next subsection of the chapter applies relational, transformational leadership and an

Ethic of Care in the context of the community through analyzing my vocational relationship with

a long-time student of mine, "Thanos".

In the Community

"Thanos" is a 22-year-old woman diagnosed with Rett Syndrome, a complex

neurodevelopmental genetic condition characterized by repetitive hand movements and apraxia,

difficulty in coordinating one's movements. Apraxia affects all motor functions, including the

generation of verbal speech. Thanos uses a wheelchair for mobility and a speech-generating

device with eye-gaze technology to communicate. I joined Thanos' team approximately five

years ago and was the first non-Speech Language Pathology (SLP) team member to have

experience using, programming, and teaching Alternative and Augmentative Communication

(AAC) prior to my hiring. Due to a background in Disability Studies, I was keenly aware of the

notion that non-speaking does not mean non-thinking and that the presumption of competence and potential would be essential theories to apply when supporting Thanos.

In secondary-school, Thanos was a student whose differences were considered deficits (Dei, 1996 as cited by Guo, 2012). Her educators were not able to understand the ways in which she was gifted (Ford & Grantham, 2003 as cited by Gorski, 2011) and assumed that because she had Rett Syndrome and complex communication that she must be incompetent (Biklen & Burke, 2006). This resulted in Thanos being excluded from courses she was highly motivated to study. Thanos and I began our work together when she enrolled at a Distributed Learning institution and needed educational support. This transitioned as she aged, my role shifting to community liaising, collaborating with other therapists, doctors, and community-based organizations, and training new staff to provide Thanos with the life *she* desired.

When Thanos and I began our work together, I first intensively modelled on her AAC device, to demonstrate the behaviours I expect from her in our relationship (Cooper et al., 2020), namely, communication. Thanos has always been a strong communicator who will make her goals very clear to you, through her communication device or her non-verbal behaviours with trusted communication partners (Farmer & Stringer, 2023). However, novel communication partners who do not have a strong relationship with Thanos would find it difficult to understand her non-verbal behaviours. Modelling, for this reason, needed to be active, consistent, and combined with feedback (Poche, Yoder & Miltenberger, 1988 as in Cooper et al., 2020). Familiarizing myself with Thanos' AAC device through modelling strengthened her trust in me because she expected my actions to be beneficial (Robinson,1996 as cited by Handford and Leithwood, 2013).

Throughout our vocational relationship, allowing Thanos voice about the trajectory of her life provided her with feelings of power that enabled trusting relations to be maintained between

us (Prizant, 2015). These feelings of trust, power, and shared control between us enabled Thanos to develop her self-determination and independence within a context she felt safe (Prizant, 2015). This sense of safety in our relationship in turn enabled Thanos to take chances and persevere to demonstrate her knowledge in generalized contexts (Delahooke, 2019).

In December, I depart from Thanos' team feeling confident that she can take up the reigns to control her future. In June, Thanos will graduate from the Inclusive Post Secondary Education (IPSE) program at her local university. She has obtained her first paid role with a local Speech Language Pathologist, presenting at conferences, and creating social media posts about her lived experiences as an AAC user. Thanos continues to build her confidence within her community, engaging in conversation with new communication partners, and actively dating. Presuming her competence and potential, taking the time to truly know her (Slater, 2008), and developing her own feelings of power and self-determination (Prizant, 2015) allowed Thanos to create the life for herself that she dreamed of. She recently shared with me how grateful she is to have been so deeply involved in her care, communication, and decision-making over the years. From the perspective of an Ethic of Care, Thanos and I have been able to achieve Noddings (2005) aim of education, the creation of a caring, loving, and loveable person. Relational, transformational leadership influenced by an Ethic of Care has the power to be lifechanging for undervalued neurodivergent and disabled learners across the lifespan. There is power in care and the belief that our students can no matter how complex they may be.

Summary

Presuming competence and potential, distributing leadership through the sharing of power and control, self-reflection, and trust and connection are essential components of relational transformational leadership, a leadership style guided by Ethics of Care. Cultivating caring relations with our neurodivergent and disabled students serves to increase the efficacy of

our interventions across contexts. In the final chapter of this paper, I will summarize all of the information that has been discussed within my introduction, literature review and application as well as analyze the implications of my argument on practice.

Chapter Four: Conclusion

Summary

My practice is guided by principles of Applied Behavior Analysis (ABA) and I do believe that behaviorism's behavior modification tactics through reinforcement and punishment do have concrete effects on the occurrence and topography of behavior. My vocational role, after all, is a Junior Behavior Consultant. This paper does not aim to persuade against the use of ABA but instead seeks to highlight interpersonal and neurobiological theories that ABA is only now endeavoring to understand, calling attention to the need for Care within interventions.

In chapter one I shared my educational and vocational history, outlined how I became interested in this topic, and shared my argument that in interventions and the education of neurodivergent and disabled learners, Ethics of Care influencing relational, transformational leadership increases efficacy across contexts. Chapter two explored the theoretical practices underpinning Ethics of Care and relational, transformational leadership such as understanding behavior as communication, modelling, distributing leadership, presuming competence and potential, cultivating trust and connection, and self-reflection that are necessary for increasing efficacy. Chapter three explored several practical applications of these philosophies that demonstrated marked success with a diverse assortment of neurodivergent and disabled students in more contexts than targeted interventions took place.

The culmination of this paper provides evidence that Ethics of Care and relational, transformational leadership facilitate positive outcomes for disabled and neurodivergent learners, highlighting the value of these practices, particularly when evaluating practical efficacy. After

developing relationships and trust with practitioners, exemplar students demonstrated the potency of Care and relationship as motivators for efficacy, moving rapidly through prescribed programs and meeting numerous milestones. The literature and applications of Care and relationship within this paper illustrate the success of this argument.

The next section of my conclusion will discuss theoretical and practical implications of my argument, connecting my paper to the scholarly conversation of Ethics of Care and ABA and to the broader practice of ABA for neurodivergent and disabled learners.

Implications

Theoretical Implications

ABA is a relatively new science, considering the longevity of other scientific studies, that has changed in numerous ways since its inception. As the field shifts and understanding of neurodevelopment grows, specified and applied research from ABA practitioners about how Ethics of Care and relational, transformational leadership effect practice and efficacy must be conducted. A focus on how Ethics of Care and relational, transformational leader impact the potency of reinforcement and punishment procedures with caregivers across contexts should be included. Understanding how Care and relational, transformational leadership impacts interventions and education for neurodivergent and disabled students could advance the field in unprecedented ways, transforming traditional practices, such as functional communication training.

Practical Implications

The families of neurodivergent and disabled individuals have traditionally faced the dilemma of explaining to practitioners that their child thrives with strong relationships and having a revolving door of supports move into and out of their lives. This phenomenon happens across contexts, abilities, and ages of people who require additional supports. The findings of this paper

suggest that adopting a "best fit" practice in which students and educators connect deeply and authentically is the most efficacious way to conduct interventions and education for the neurodivergent and disabled. The heritage of students being assigned to educators and interventionists who have space within their caseload, without consideration to learning style, communication style, scope, and personality is a paradigm that must change within practice. Ensuring compatibility between educator and student is essential for cultivating the trust and connection necessary for increasing the efficacy of interventions. If it is true that "the living other is more important than any theory" (Noddings, 2005, p. xix) it is imperative that educators across domains and contexts begin to see the importance and value of cultivating care.

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