

Embracing Neurodiversity

Strengths-Based Approaches for
Autism in Clinical Practice

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UTAH CENTER
FOR EVIDENCE BASED
TREATMENT

A Brief Intro

- Licensed Clinical Psychologist and Assessment and Testing Program Director
- Specialty in assessment of autism in preschoolers through adulthood
- Comes from a neurodiverse family context

Your Turn!

- What's your setting?
- Experience with neurodiverse populations?
- What are you hoping to learn today?

Please use this QR Code to join the Slido for the presentation polls and discussion.

Link:

<https://app.sli.do/event/u3W5U4jeR7kEK5gsFEXUek>



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What are you hoping to learn today?

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Objectives

1. Describe how **neurodiversity affirming principles** align with **professional ethics**
2. Conceptualize cases from a neurodiversity paradigm for autism using **strengths-based language**
3. List at least 3 ways to enhance the **therapeutic relationship** with autistic clients using neurodiversity affirming principles
4. Describe at least 3 **skills** to incorporate into popular **evidence-based treatments** in therapy with autistic clients

Official Things

- No commercial support to disclose
- No conflicts of interests
- Risks of attendance are minimal- be careful about applying skills or treatments without proper training or supervision
- Professional ethics will be discussed through APA and NASW- be mindful of your own professional ethical codes and state laws
- Research and skills may not apply to all populations- limitations will be noted



Neurodiversity Affirming Principles

History and Ethical Dilemmas

Definitions

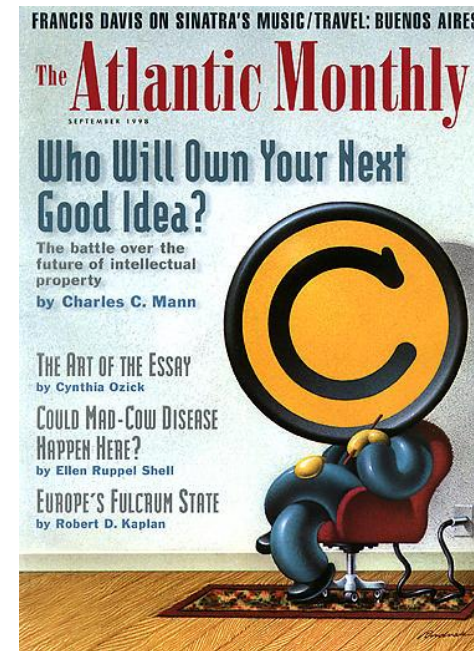
- **Neurodiversity:**
The biological fact that people's brains work differently



Wikipedia.

Judy Singer, Autistic Australian Sociologist. "The Mother of Neurodiversity"

Journalist Harvey Blume coined the term in the Sept. 1998 *Atlantic*.



Neurodivergence

- Neurodivergent (ND) Having a mind that functions in a way different from the societal “norm”
- Autism is a form of neurodivergence

Coined by Kassiane
Asasumasu, autistic activist



Commission for People with disAbilities
2017 Inclusion Jubilee



Neurotypical

- Neurotypical (NT)- a person's brain fits into the "typical" way society thinks it should function
- Unclear who originated this term- used by autistic advocates in the 90s.

Neurodiversity Paradigm



California Institute of Integral Studies (CIIS). 2020.

No research based consensus...One perspective: Dr. Nick Walker, autistic activist, academic, queer, transfeminine

1. Neurodiversity is natural and valuable form of diversity
2. There is no one "normal" or "right" type of brain
3. Neurodivergent people are marginalized by discrimination, invalidation, and rejection

A Social Model of Disability

- Autistic people can succeed when the environment matches their needs
- Accommodations needed in schools and workplaces
- Inclusion of autistic people in scientific research and policy-making
- Opposition to intervention that makes autistic people “act not autistic”- celebration of strengths and acceptance of differences

Hughes JA. Does the heterogeneity of autism undermine the neurodiversity paradigm?. *Bioethics*. 2021;35:47-60.
<https://doi.org/10.1111/bioe.12780>

Non-Disorder Claims

- Analogies with other identities- ethnic minority status
- Highlighting that homosexuality used to be considered a “disorder” and autism should no longer
- Relates autism to being “gay, black, or left handed
- “The only harm associated with autism is that which results from discrimination”

Jaarsma, P., & Welin, S. (2012). Autism as a natural human variation: Reflections on the claims of the neurodiversity movement. *Health Care Analysis*, 20(1), 20-30, pp. 20, 22. These authors' defence of a 'narrow' neurodiversity that applies only to high functioning autism will be considered below.; Ortega, F. (2009). The cerebral subject and the challenge of neurodiversity. *BioSocieties*, 4(4), 425-445, p. 432.

What About “Severe” Cases?

“some characteristics, including more severe manifestations of communication and sensory difficulties and issues with impulse and attention control, may remain significantly disabling even when all possible forms of support have been provided”

Hughes (2020)



A More Nuanced Approach

Relational or
Interactional
Model



Disability is
interaction of
internal and
contextual
factors

Comorbidities

- Disability or “impairment” stems from co-occurring mental and physical health conditions
- Psychiatric comorbidities:
 - ADHD
 - Learning disorders
 - Social anxiety
 - OCD
 - Trauma and PTSD
 - Substance abuse
 - Bipolar disorder

Medical Comorbidities

- Autoimmune disorders
- Connective tissue disorders (Ehlers Danlos)
- Gastrointestinal problems
- POTS
- Fibromyalgia
- Chronic fatigue
- Endometriosis
- Mast cell activation syndrome (MCAS)
- Migraines
- Osteoporosis
- Sleep problems
- allergies

Al-Beltagi, Mohammed. "Autism Medical Comorbidities." *World Journal of Clinical Pediatrics*, vol. 10, no. 3, 9 May 2021, pp. 15–28, www.ncbi.nlm.nih.gov/pmc/articles/PMC8085719/, <https://doi.org/10.5409/wjcp.v10.i3.15>.

Identity First Language

- “Autistic person” vs. “person with autism”
 - No consensus
 - Majority seem to prefer identity first language
 - Cultural considerations
-
- Go with how others refer to themselves

Opposition to “High vs low functioning”

- Invalidates support needs for those labeled as high functioning
- Does not acknowledge strengths of those labeled as low functioning
- Interferes with those labeled as high functioning to advocate for those labeled as low functioning

Hughes JA. Does the heterogeneity of autism undermine the neurodiversity paradigm?. *Bioethics*. 2021;35:47-60.
<https://doi.org/10.1111/bioe.12780>

Key Points

- “Autistic” person
- Autism or autism spectrum vs. Autism Spectrum Disorder
- Inclusion of autistic viewpoints in research and policy
- Highlighting autistic strengths vs. deficit focus
- Shifting environment to accommodate needs
- Therapy focusing on comorbidities and self-advocacy vs. reducing autistic traits

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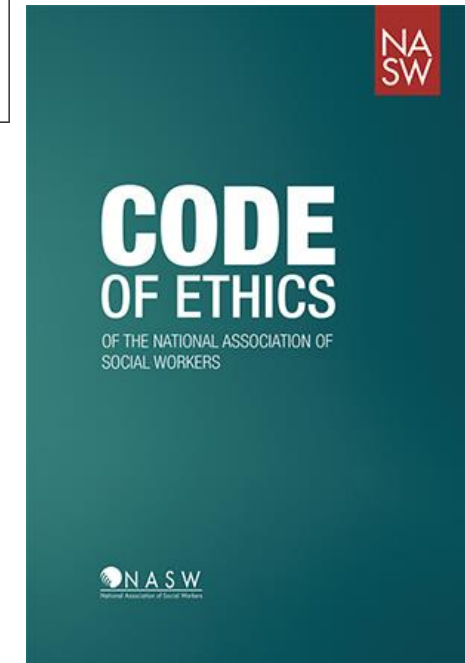
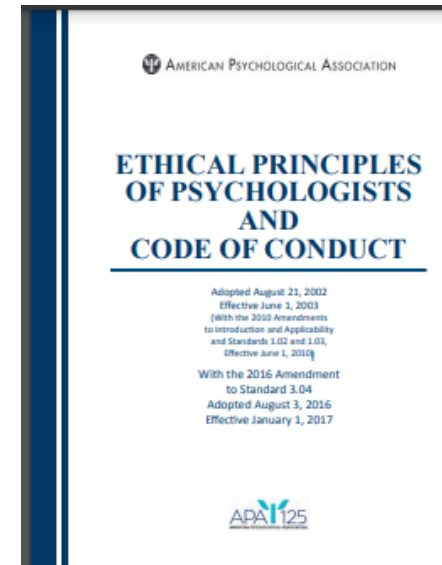


What potential ethical issues can relate to neurodiversity?

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Ethical Issues

- Avoiding harm
- Therapist competence
- Justice
- Respect for people's rights and dignity
- Assessment and diagnosis



Do No Harm

APA: Beneficence and nonmaleficence

NSW: anti-discrimination

- Autistic individuals are at increased risk for being harmed by institutions and providers

Competence

- APA: Attain competence using relevant research, training, consultation, or study, particularly if appropriate mental health services are limited
- NSW: When generally recognized standards do not exist with respect to an emerging area of practice, social workers should exercise careful judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm.

Justice

- NSW: pursue social change with and on behalf of vulnerable, oppressed individuals
- APA: all persons should benefit from contributions of psychology and to equal quality; do not condone unjust practices

Rights and Dignity

- APA: rights of individuals to privacy, confidentiality, and self-determination; be aware of and limit cultural bias
- NSW: care and respect, mindful of differences and diversity; responsible self-determination; recognize dual responsibility to clients and broader society

Assessment and Diagnosis

- APA: Use assessment techniques based on evidence of proper application; validity and reliability tested on the population; mindful of bias in interpretation



Neurodiverse Affirming Practice

Case Intro- Sally

“I’m a Mum with a five-year-old daughter who is also autistic. I was diagnosed with autism just over three years ago when I was in my 40s. I was the middle child. My younger brother was born when I was seven, so I was the youngest child until this point and my older brother used to show me up all the time for being stupid and not knowing as much as him. This upset me a lot. In retrospect, I can see that my whole family was probably on the autism spectrum. My step father used to have terrifying meltdowns and my mum used to blame me for triggering them. My older brother was the golden boy and revelled in his superiority over me. I felt worthless and that I was intrinsically bad, but I didn’t know what it was I did wrong. I used to enjoy making high-pitched noises and doing other deliberately irritating things to get attention....”

Initial Thoughts

- What stands out to you?
- What initial judgments do you have?
- What information do you want?
- What is a priority in that first session?

Clinician Bias and Assumptions

THE CLINICAL NEUROPSYCHOLOGIST
2022, VOL. 36, NO. 5, 1094–1115
<https://doi.org/10.1080/13854046.2021.1958922>

 **Routledge**
Taylor & Francis Group

 Check for updates

Examination of professional biases about autism: How can we do better?

Louise C. P. Fennell^{a,c} and Shannon A. Johnson^b

^aDepartment of Psychology, University of Victoria, Victoria, Canada; ^bDepartment of Psychology and Neuroscience, Dalhousie University, Halifax, Canada; ^cPrivate Practice of Psychologist Louise Fennell,

PMCID: PMC7258443 | NIHMSID: NIHMS1591644 | PMID: [31237743](https://pubmed.ncbi.nlm.nih.gov/31237743/)

Examining unconscious bias embedded in provider language regarding children with autism

[Dominique H. Como](#), MA, OTR/L, [Lucía I. Floríndez](#), PhD, MA, [Christine F. Tran](#), OTD, MA, OTR/L, [Sharon A. Cermak](#), EdD, FAOTA, OTR/L, and [Leah I. Stein Duker](#), PhD, MA, OTR/L

Maye, M., Boyd, B.A., Martínez-Pedraza, F. *et al.* Biases, Barriers, and Possible Solutions: Steps Towards Addressing Autism Researchers Under-Engagement with Racially, Ethnically, and Socioeconomically Diverse Communities. *J Autism Dev Disord* 52, 4206–4211 (2022). <https://doi.org/10.1007/s10803-021-05250-y>

[Download citation](#) ↓

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Functional Definitions of Behavior

- Approach behaviors with curiosity
- What is the underlying need?
- Antecedants, Behavior, Consequences

(Autism is a spectrum)

NOT like this

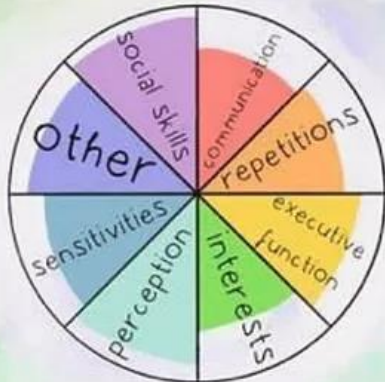
very autistic?
No!



little bit autistic?
No!

But like this

We're both autistic...



...but we have different strengths and difficulties



@autism_happy_place



Autism is Non-Linear



The Double Empathy Problem

- Autistic people do not lack empathy
- Autistic people and nonautistic people experience the world differently
- Both groups struggle to empathize with each other
- Nonautistic people assume that their way of empathizing is better than the autistic way

Mitchell, Peter, et al. "Autism and the Double Empathy Problem: Implications for Development and Mental Health." *British Journal of Developmental Psychology*, vol. 39, no. 1, 4 Jan. 2021, pp. 1-18, [bpspsychub.onlinelibrary.wiley.com/doi/full/10.1111/bjdp.12350](https://doi.org/10.1111/bjdp.12350), <https://doi.org/10.1111/bjdp.12350>.

Social Motivation

- Many autistic people form and maintain relationships
- Eye contact and other NT forms of nonverbal communication are poor indicators of “motivation”
- Social anxiety
- Exhaustion of social interaction

Problems with Measures

- Evidence for increased variability in cognitive measures for autistic people
- Different reinforcers affect performance
- Anxiety

Barriers in Medical Systems

- Dismissing concerns
- Resistance to changing intervention approaches to meet client needs
- Problems navigating multiple systems
- Executive dysfunction
- Refused services

Koffer Miller, Kaitlin H., et al. "Self-Reported Service Needs and Barriers Reported by Autistic Adults: Differences by Gender Identity." *Research in Autism Spectrum Disorders*, vol. 92, Apr. 2022, p. 101916, <https://doi.org/10.1016/j.rasd.2022.101916>.

Self-Identification

- Generally accepted in the autistic community
- Barriers to formal evaluation, including provider bias
- Risks to official diagnosis on record
- Evidence supporting autistic adult self diagnosis tends to be accurate
- BUT risks to not getting needed help as well

Sturm, Alexandra, et al. "Psychometric Exploration of the RAADS-R with Autistic Adults: Implications for Research and Clinical Practice." *Autism: The International Journal of Research and Practice*, 2 Feb. 2024, p. 13623613241228329, pubmed.ncbi.nlm.nih.gov/38305196/#:~:text=The%20study%20found%20that%20the,https://doi.org/10.1177/13623613241228329.

Check Yourself

- What biases do you notice?
- What are the conflicts for you?

Discuss!

- Share with your small group
- Could be your own or things you've noticed

Gender Bias

- Women and Assigned Female at Birth (AFAB) individuals diagnosed later in life compared to cis/het men
- Less “overt” behaviors
- Higher masking
- Stronger verbal abilities

Intersectionality- race and socioeconomic status

- Barriers to service (esp. language barriers for Latinx families, for instance)
- Lack of culturally tailored information
- Delayed diagnosis
- Administration of inappropriate treatment

LGBTQ+ Autistic People

- Poor mental and physical health outcomes compared to cis/het controls
- More co-occurring diagnoses
- More unmet health care needs
- Exacerbated suicide risk
- Negative outcomes mitigated by statewide antidiscrimination policies and Medicaid expansion

Wallisch, A., Boyd, B. A., Hall, J. P., Kurth, N. K., Streed Jr, C. G., Mulcahy, A., McMaughan, D. J., & Batza, K. (2023). Health Care Disparities Among Autistic LGBTQ+ People. *Autism in Adulthood*, 5(2). <https://doi.org/10.1089/aut.2022.0006>

Self-Reflection- ADDRESSING

Age and generational influences

Developmental disability

Disability acquired later in life

Religion and spiritual orientation

Ethnicity/racial identity

Socioeconomic status

Sexual Orientation

Indigenous Heritage

National Origin

Gender



Drpamelahays.com

Hays, P. A. (2008). *Addressing cultural complexities in practice: Assessment, diagnosis, and therapy* (2nd ed.). American Psychological Association. <https://doi.org/10.1037/11650-000>

Example

Age and generational influences- millennial

Developmental disability- ?

Disability acquired later in life- none

Religion and spiritual orientation- none

Ethnicity/racial identity- white/Hispanic mixed race

Socioeconomic status- raised upper middle

Sexual Orientation- straight

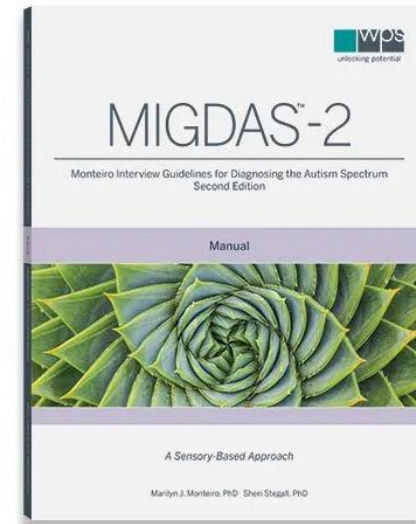
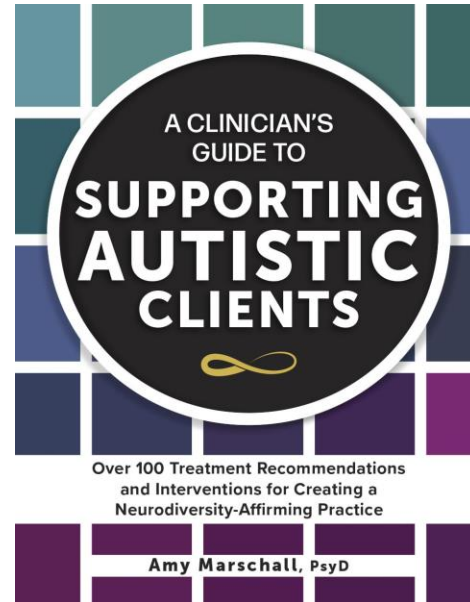
Indigenous Heritage- none

National Origin- USA

Gender- woman



In the Room



A “Sensory Based Entry Point”

- Start with engaging sensory materials
- Reduce social communication and task demands
- Shift to preferred topics (interests)
- Goal: reduce masking

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What are your favorite sensory items for clients?

① Start presenting to display the poll results on this slide.

The Therapy Environment

- Lighting- soft, quiet
- Seating options
- Movement
- Music and sounds
- Communicate options

- Consider going outside

Telehealth Considerations



CLIENT CONTROLS
ENVIRONMENT



LESS INTERPERSONAL
PRESSURE



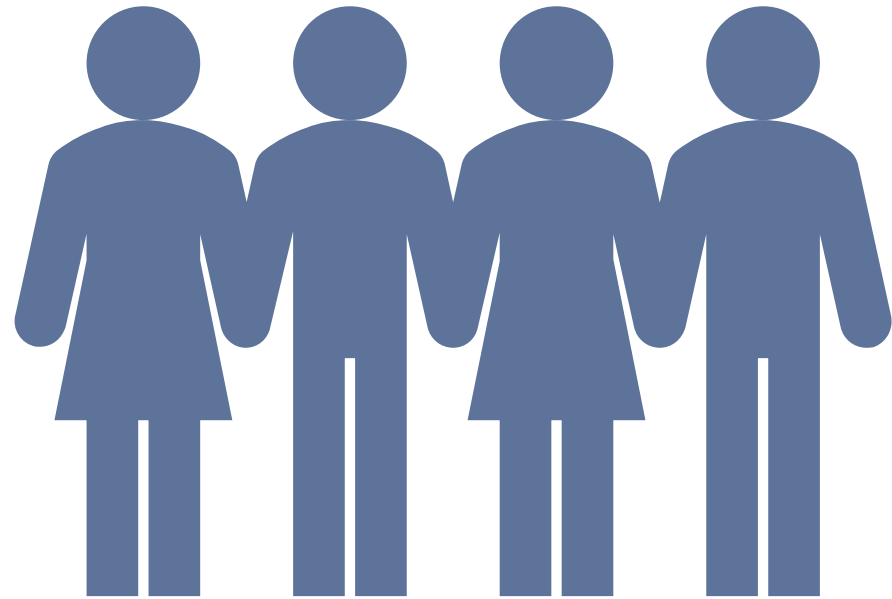
MULTIPLE COMMUNICATION
METHODS

Autonomy

- Prioritize their goals in treatments
- Assertion and self-advocacy
- Make diagnosis (diagnoses) explicit

Bonello, Chris. *Results and Analysis of the Autistic Not Weird 2022 Autism Survey - Autistic Not Weird*. 23 Mar. 2022, autisticnotweird.com/autismsurvey/.

Self and Parent Advocacy



- Disclosing
- Requesting accommodations
- Sharing with other family members or important people

Strengths-Based Language

- Diagnostic criteria and autistic descriptors filled with judgmental labels
- Thought exercise: <https://medium.com/@attleehall/dsm-5-neurotypical-disorder-68b4ba8e3021>

Compare

Nonaffirming	Affirming
"Poorly modulated" eye contact	Differences in use of eye contact including: consistently avoids; sporadic/fleeting; mostly when speaking, but rarely when listening
"Odd" tone of voice	Speaks with a cadence that is distinctive and either: lilting, stilted, exaggerated, monotone
"Rigid" or "Inflexible"	Thrives in routine and structure; Feels regulated when having a sense of control and predictability in their environment

Case Example 2- Casey

- "The presented patient is a white Caucasian birth-assigned female, who first visited our clinic at the age of 16.5 years due to GD, depression and suicidal thoughts. At the first meeting, he explained he was a "trans-male" and asked the therapist to use male pronouns...."

Translate!


- Discuss in your groups how you can conceptualize this case in strengths based language
- How would you describe the client to their parents?
- What aspects of the case description were affirming?



Autistic Burnout



“Having All of Your Internal Resources Exhausted Beyond Measure and Being Left with No Clean-Up Crew”: Defining Autistic Burnout

Authors: Dora M. Raymaker , Alan R. Teo, Nicole A. Steckler, Brandy Lentz, Mirah Scharer, Austin Delos Santos, Steven K. Kapp, Morrigan Hunter, Andee Joyce, and Christina Nicolaidis | [AUTHORS INFO & AFFILIATIONS](#)

Publication: Autism in Adulthood • <https://doi.org/10.1089/aut.2019.0079>

- Distinct from occupational burnout or clinical depression
- Characterized by: Chronic exhaustion, loss of skills, and reduced tolerance to stimulus

Risks and Protective Factors

- Risks
 - Life stressors
 - Masking
 - Barriers to support
 - Inability to get relief from overload
 - Nonacceptance
- Protective Factors
 - Social support
 - Reduced expectations during times of stress
 - Unmasking

Burnout Recovery

1. Recovering from immediate burnout
2. Build sustainability in life to avoid future burnout

Immediate



Sensory soothing
practices



Reducing sensory
input



Sleeping and
resting



Comfort foods



Time spent with
interests

Neurodivergent Insights

Longer Term

- Advocate for accommodations
- Time off, breaks
- Reducing activities, asking for help
- Recognize triggers and cope ahead
- Engage with autistic community

Raymaker, 2020

Unmasking

Stim on purpose

Spend time alone

Notice behaviors done for other people

Rediscover interests

Community

Addressing Internalized Ablism

- Shift unhelpful beliefs about what we “should” be able to do
- Challenging what “normal” standards are
- Let go of people-pleasing

Grief Work



ACCEPTANCE



GRIEF PREVIOUS
EXPECTATIONS





COPE WITH
LIMITATIONS

Sensory Space

- Find a space in the home
- Collect sensory items
- Schedule sensory breaks
- Use the space when triggers are identified or cued

Marschall, 2024



“When you take an affirming approach, you honor each client as the primary expert on themselves and their own life”

Amy Marschall, PsyD



EBTs

Cognitive Behavioral Therapy (CBT)

- Adapted versions effective for treating anxiety in children with autism (RCT)
- OCD symptoms in children (case study)
- Depression and self harm in adults (case study)

Behavioral Interventions for Anxiety in Children with Autism

- Longer sessions with parent component each session
- Modular format
- Disruptive behavior addressed with incentive-based practices
- Social skills taught as needed
- Exposure based peer assignments
- Comprehensive reward system at home to promote motivation and treatment engagement

Wood, Jeffrey J., et al. "Cognitive Behavioral Treatments for Anxiety in Children with Autism Spectrum Disorder." *JAMA Psychiatry*, vol. 77, no. 5, 22 Nov. 2019, jamanetwork.com/journals/jamapsychiatry/fullarticle/2755898, <https://doi.org/10.1001/jamapsychiatry.2019.4160>.

CBT Adaptations for Adults

- Comfort or soothing behaviors (limited eye contact; fidgets)
- Removing core beliefs
- Use a range of methods to facilitate communication
- Therapist flexibility- structuring sessions tailored to patient needs
- Collaborative discussions about expectations, preferences, difficulties
- Working with significant others
- Therapist supervision/consultation on autism focused issues

Spain, Debbie, and Francesca Happé. "How to Optimise Cognitive Behaviour Therapy (CBT) for People with Autism Spectrum Disorders (ASD): A Delphi Study." *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, vol. 38, no. 38, 14 Dec. 2019, pp. 184-208, link.springer.com/article/10.1007/s10942-019-00335-1, <https://doi.org/10.1007/s10942-019-00335-1>.

Dialectical Behavior Therapy

- Decreased suicidality and emotion dysregulation in autistic adults (small n)
- Improvement in social communication for autistic adults (small n; skills training only)
- Perceived benefit and support (small n; skills only)

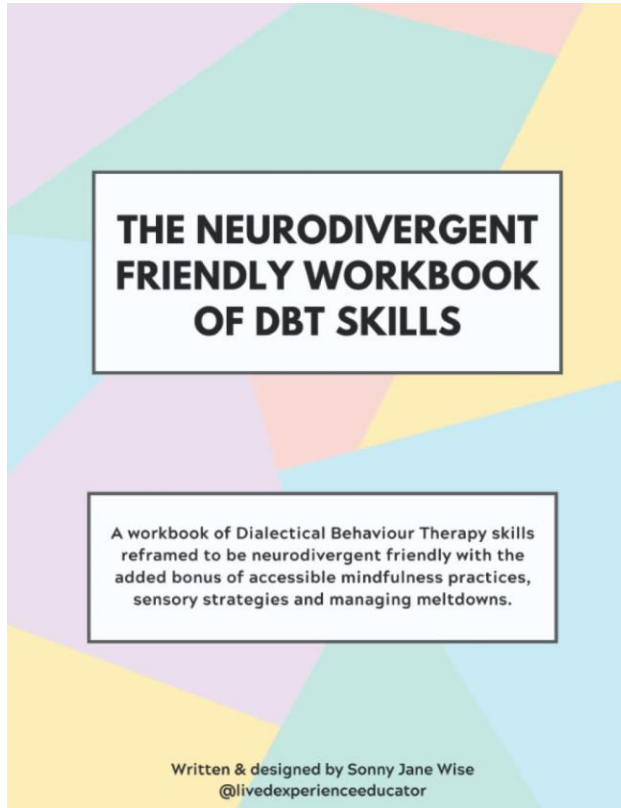
Bemmouna, Doha, et al. "Feasibility, Acceptability and Preliminary Efficacy of Dialectical Behavior Therapy for Autistic Adults without Intellectual Disability: A Mixed Methods Study." *Journal of Autism and Developmental Disorders*, vol. 52, no. 10, 9 Oct. 2021, <https://doi.org/10.1007/s10803-021-05317-w>.

DBT Modifications

- Shorter treatment duration
- Involve parents or social supports
- Social skills
- Incorporate interests
- Visual methods in teaching skills; modeling; role play
- Use a variety of communication methods for “phone coaching”
- Exposure exercises to generalize skills
- Gradual exposure to chain analysis of therapy interfering behaviors
- Awareness of social signaling

Harmann, Urbano, Manser, Okwara (2012) Modified Dialectical Behavioral Therapy to Improve Emotion Regulation in Autism Spectrum Disorders

DBT Skills Workbook



Parent-Child Interaction Therapy (PCIT)

- Effective for preschool aged children in increasing compliance and improved social and behavior functioning
- Modified versions effective for 5-12 yr olds (mostly boys) in increased child compliance, acquisition of positive parenting behaviors, and reduction in parent-reported child behavioral functioning

Vess, Sarah F., and Jonathan M. Campbell. "Parent-Child Interaction Therapy (PCIT) with Families of Children with Autism Spectrum Disorder." *Autism & Developmental Language Impairments*, vol. 7, Jan. 2022, p. 239694152211407, <https://doi.org/10.1177/23969415221140707>.

PCIT Modifications for Autism

- Reducing time spent in Time Out
- Ignoring circumscribed interests
- Visual supports for reinforcing behaviors
- Social stories
- Praising social behaviors

EMDR

- Effective based on self report and subjective units of distress
- Case studies and 1 RTC (all adults)

Fisher, Naomi, et al. "Using Eye Movement Desensitisation and Reprocessing (EMDR) with Autistic Individuals: A Qualitative Interview Study with EMDR Therapists." *Psychology and Psychotherapy: Theory, Research and Practice*, 11 Aug. 2022, <https://doi.org/10.1111/papt.12419>. Accessed 10 Oct. 2022.

EMDR- Factors to Check In About

- Verbal demands
- Visual cues of distress
- What autism means to them
- Visualization capabilities
- Flexibility in type of BLS (bilateral stimulation)

What about ABA?

- Controversy
- The same intervention can be affirming or nonaffirming depending on how it is implemented
- We should listen to autistic experiences

Sneha Kohli Mathur, et al. "Affirming Neurodiversity within Applied Behavior Analysis." *Behavior Analysis in Practice*, 25 Jan. 2024, <https://doi.org/10.1007/s40617-024-00907-3>.

Case Example 3: Junior

- **“Being black and autistic is one of the most exhausting experiences ever.**
- I'm different and being different in the black community automatically makes you a target I wear the same clothes everyday, struggle to make eye contact with others and days like today I become nonverbal which they see as a sign of disrespect... I'm not doing these things to upset others but no one believes me not even when I tell them I'm autistic because I "speak proper English" ..
- I even get mistaken for being a drug addict because of my "weird body language" they follow me around in stores, call me names behind my back and today I was accused of stealing one of my package while Infront of my door by a stranger, I keep thinking of ways to make it better but I can't think of any way to.. even when I give into their demands it's just never good enough for them they hate me and I'm tired I can't see things improving anymore can anyone give me some advice or maybe words of encouragement?
- I've experienced this problem everyday for 30 years when I was a child I was told things would get better once I was grown now I'm grown and nothing has changed people still treat me cruelly.”



Thank you

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