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# Autism Strategies and Neurodiversity Affirming Practices



SHAA  
February 8, 2024

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Pediatric speech-language pathologist specializing in autism, apraxia, and parent coaching → author → professional speaker → product developer → parent of an Autistic child → neurodiversity-affirming provider

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Facebook: Cari Ebert Seminars

Podcast: *SLP Talk Show*

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## Disclosures

**Nonfinancial Disclosure:** Cari has an Autistic son and shares personal experiences in her trainings.

**Financial Disclosure:** Cari is author of the book, *The Learning to Learn Program*, and the handouts, *Understanding Autism*, which she will briefly reference in this training. Cari receives benefits financially from all product sales on her website. She receives an honorarium and travel expenses for presenting at the SHAA conference today.

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## Learning Outcomes

As a result of this training participants will be able to:

1. Summarize strategies for providing strengths-based, neurodiversity affirming services to Autistic children.
2. Explain the racial and gender disparities in getting an autism diagnosis and in receiving autism services.
3. Describe the differences in how Autistic children play.

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## Making the Shift

- The information we are going to discuss regarding **neurodiversity affirming practices** is not meant to make anyone feel guilty about how services have been delivered in the past.
- Much of the information we were taught about autism when getting our degrees is now outdated and ableist.
- Professional development is a lifelong process of learning and improving your skill set (reflect and refine!).

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*We do the best we can  
until we know better.*

*And when we know  
better, we do better!*

*-Maya Angelou*



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## Listening to Autistic Voices

We are learning so much about how to best support Autistic children because we are finally listening to the true autism experts...actually Autistic people!



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## Reframing Autism



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## Reframing Autism Topics

1. Understanding autism
2. Disparities in diagnosing autism
3. Neurodiversity
4. Identity first language
5. Stigmatizing language
6. Functioning labels and severity ratings
7. Infinity symbol
8. Three models of disability
9. Echolalia and gestalt language processors
10. Stimming
11. Deep interests
12. Presuming competence
13. Behavior
14. Social skills "training"

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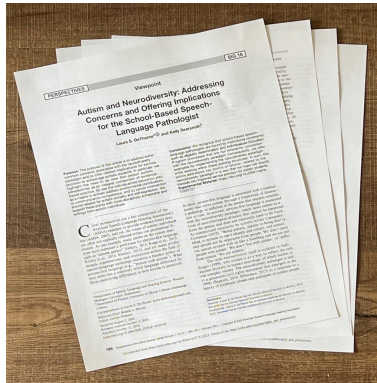
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**Autism and Neurodiversity: Addressing Concerns and Offering Implications for the School-Based SLP by DeThorne & Searmirth**

Perspectives of the ASHA Special Interest Groups, SIG 16, 2021



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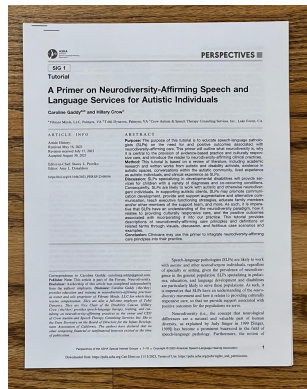
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**A Primer on Neurodiversity-Affirming Speech and Language Services for Autistic Individuals by Gadd & Crow**

Perspectives of the ASHA Special Interest Groups, SIG 1, 2023



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**Affirming Neurodivergence: No More 'Quiet Hands'**

The ASHA Leader, Nov/Dec 2023



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## Removing the Pathology from our Field

- ★ Autism isn't something we "treat"
- ★ There is no "autism therapy" or "autism treatment"
- ★ As SLPs, we provide supports and services to Autistic children that focus primarily on regulation, connection, communication, and self-advocacy

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## 1. Understanding Autism



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## Understanding Autism

Mayoclinic.org, Childmind.org, CDC.gov, Dr. Barry Prizant)

- Autism is not a disease or illness that needs to be cured. Autism isn't something we "treat" and there is no "autism therapy." **Autism is a different, yet valid way of being human.**
- Autism affects all areas of development and is present throughout the lifespan. A child does not "outgrow" autism or become less Autistic if we do enough therapy/provide enough "treatment."
- Autistic children develop **differently** from allistic children—they have spiky developmental profiles.

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- Sensory processing differences are common in Autistic individuals, but not all individuals with sensory differences are Autistic (e.g., hand flapping).
- About 25-35% of Autistic individuals will never acquire complex speech (Rose et al., 2016). This is why unrestricted access to multimodal communication/augmentative and alternative communication (AAC) is necessary. We don't have a crystal ball, so no one can predict which kids will talk and which ones won't. **\*\*Everyone develops language, but not everyone develops speech.**



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- In the medical world, it is referred to as "Autism Spectrum Disorder" or "ASD." The word "spectrum" refers to the varying strengths and challenges that Autistic people experience. No two Autistic people present with exactly the same traits or behave exactly the same way. The word "disorder" is a problem because it suggests something is wrong (i.e., autism is bad) and needs to be fixed.

**\*Neurodiversity affirming providers and parents are now using the more neutral terms "autism" or "autism spectrum" instead of the pathologizing terms "autism spectrum disorder" or "ASD."**

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My son Aaron is Autistic, not broken.

His brain is wired differently.

He does not have a disorder. There is nothing "wrong" with him and he doesn't need to be "fixed."

He is different, not less.



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- Autism occurs in every ethnic group and across all socioeconomic levels.
- Autistic individuals may have co-occurring medical conditions such as allergies, epilepsy, digestive issues, sleep disorders, feeding disorders, immune/autoimmune disorders, etc. (National Autism Association). These medical conditions need to be treated by medical professionals. But autism itself isn't a medical condition...it's a brain difference.
- There are many different biologic/genetic and environmental factors that make a person more likely to be Autistic.

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## Autism and Brain Differences

- MRI studies have highlighted some **brain regions that are structurally different** in Autistic individuals.
- This helps us to understand that autism should be viewed through a neurological lens, not a behaviorism lens.
- Autistic people are wired differently.
- Autism is a brain difference, not a behavior disorder.

*Reference: Brain structure changes in autism, explained by Angie Voyles Askham, October 2020, SpectrumNews.org*

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## 2. Racial and Gender Disparities in Diagnosing Autism



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## Bias in Autism Research

Riley-Hall, 2012; Dean et al., 2017; Rynkiewicz, et al., 2016; Young et al., 2018

- While autism is 4 times more likely to be diagnosed in boys than in girls (CDC), it doesn't mean that autism occurs more often in boys...it means Autistic girls aren't getting diagnosed as often as Autistic boys
- Autistic girls often go undiagnosed because they do not "fit" the diagnostic stereotypes (due to use of predominantly male samples in testing and research)
- Autism has historically been considered a *boy's disorder*, but we are missing the signs of autism in girls

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## Autism Traits in Girls

Dean et al., 2017; Rynkiewicz, et al., 2016; Young et al., 2018

- Autistic girls tend to be more socially motivated than Autistic boys which means they:
  - are more likely to control their behavior in public
  - share more social smiles and use more eye contact
  - tend to have similar interests as other girls their age
  - show more interest in peers
  - may imitate the social behavior of peers ("social echolalia")

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- In preschool and elementary school, Autistic girls are often taken in by a peer who acts as a "mother hen" (this support often fades away by middle school)
  - Autistic girls tend to have more internalizing traits, so they might be quieter and more withdrawn than Autistic boys (Abha Gupta, MD, PhD)
  - Autistic girls exhibit less repetitive and restricted behavior than boys do (Stanford study, 2005); they may suppress natural stimming behaviors
  - Autistic girls are better at masking Autistic traits, making it less likely for them to be referred for an evaluation

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- Autistic girls are more likely to be diagnosed at a younger age if they have significant disruptive behaviors (i.e., externalizing behaviors such as verbal outbursts, physical aggression, self-injurious behavior, or eloping)
- Before receiving their autism diagnosis, Autistic girls may be misdiagnosed with anxiety, depression, or ADHD
- Autistic girls often go through life wondering what's wrong with them...and may not get diagnosed until adulthood



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*“Realizing I was Autistic set me free. I was depressed for over 15 years before finding out. I am now off all psych medications for the first time since high school.”*

-message from a an adult female follower on Instagram

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## Racial Inequities in Autism

- For racialized communities, there is an ongoing lack of culturally competent resources and services to support families with Autistic children (Wong, 2021).
- Black and Hispanic children are less likely than their white peers to be diagnosed with autism and to have access to quality services (Durkin et al., 2017).
- For Black children, there is an average of a 3-year delay between parents first reporting developmental concerns and actually getting the autism evaluation (Constantino et al., 2020).

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- Historically, Black children have been misdiagnosed at high rates. A 2007 study by Mandell et al. found that black children are 5 times more likely to be misdiagnosed with behavior disorders before receiving the correct diagnosis of autism.



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## Autism and Hispanic Children

Among Hispanic children, there are many potential barriers to identification of Autistic children including:

- stigma associated with the label
- lack of access to healthcare services due to non-citizenship or low income
- non-English primary language

Source: CDC, National center on Birth Defects and Developmental Disabilities

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## Good News!

- According to the CDC, one reason autism prevalence in the United States is rising (up from 1 in 44 kids to 1 in 36 kids) is because for the **first time ever** autism is being diagnosed more frequently in Black and Hispanic children than in white children.
- Thanks to improved screening and autism services for **ALL** kids, autism is no longer a diagnosis primarily given to white males from middle- or upper-income families (those with the best access to high-quality healthcare and autism specialists).

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## Autism is on the Rise

Autism prevalence in 2000: 1 in 150 children

Autism prevalence in 2010: 1 in 68 children

Current autism prevalence: 1 in 36 children

- Reasons more Autistic kids are being identified today: better understanding of the Autistic neurotype, assortative mating, and improved screening for Black and Hispanic children.
- BUT, we still need to improve screening and diagnosis to identify **Autistic girls**...and when we do, expect the autism prevalence numbers to skyrocket!

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## 3. Neurodiversity



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## Let's Start with Biodiversity

- Let's talk about *biodiversity*.
- *Bio* = living organisms and *diversity* = differences so *biodiversity* = differences in living organisms.
- Biodiversity refers to the enormous variety and variability of life on earth (humans, animals, plants, microorganisms).
- Biodiversity is essential to maintain balance and support all life on Earth.



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## Understanding Neurodiversity

- Neuro = brain and diversity = differences so *neurodiversity* = brain differences.
- Neurodiversity helps us understand the varying brain differences in human beings.
- We know that people all look different (different hair, skin, eye color, height, weight). Neurodiversity helps us understand that our brains are different too!
- We live in a neurodiverse society...and we are becoming more and more neurodiverse.



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## Understanding Neurodiversity

Neurodiversity includes two different **neurotypes**:

- ▢ **Neurotypical** refers to a person who thinks, processes, learns, and behaves in ways that are considered the “norm” by the general population.
- ▢ **Neurodivergent** refers to a person who has enough variation to their neurology that it warrants a diagnosis (ADHD, autism, AuDHD, dyslexia, dysgraphia, dyspraxia, dyscalculia, etc.) to help explain their brain differences, learning differences, and need for individualized supports.

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- It is estimated that about 15-20% of people in the world are neurodivergent (Doyle, 2020).



- In a classroom with 20 students, it is likely that 3 - 4 are neurodivergent (some are undiagnosed; these kids learn differently from neurotypical kids in the class).

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## Gen Ed Teachers and Neurodiversity

- As our world becomes more and more neurodiverse, general education teachers are going to need more training in neurodiversity-affirming teaching practices.
- Being able to differentiate teaching to support both neurotypical and neurodivergent students is a critical 21st century teaching skill.
- **Not all neurodivergent students can be referred to special education!**

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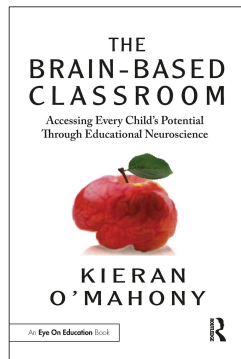
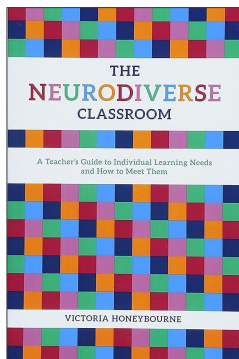
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*Neurodiverse, neurodivergent, neurotypical...another new vocabulary word to add to your repertoire is **allistic***

**Allistic** refers to a person who is **not Autistic**

**Note: A person can be neurodivergent *and* allistic**

For example: A person can be diagnosed with ADHD (making them neurodivergent) but be allistic, meaning they are not Autistic

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The concept of **neurodiversity**:

- helps us view neurodivergent people as having differences, not deficits.
- acknowledges that there is no “right” way of being human.
- encourages us to recognize and celebrate the richness and complexity of the human brain.
- helps us understand that kids don’t all learn in the same way or at the same time.

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**All brains are beautiful!**



*“The world needs all kinds of minds.”*

Temple Grandin, Autistic animal scientist and professor of animal science at Colorado State University

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## Explaining Autism

Autistic adults explain that being Autistic is like having a different operating system: Mac vs. Windows or iOS vs Android...one is not better than the other, they are simply **different!**



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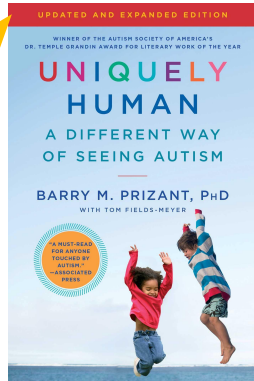
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**Must Read  
Reference:**

**Updated and  
expanded edition  
now available!**



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*“Autism isn’t an illness. It’s a different way of being human. Autistic children and adults aren’t sick; they are progressing through developmental stages as we all do. To help them, we don’t need to change them or fix them...what’s most vital—for parents, professionals, and society as a whole—is to work to understand them, and then change what we do.”*

**Barry Prizant, Page 4**

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## 4. Identity First Language



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## Person-First Language

- When talking about individuals with disabilities, diseases, and other health conditions, most of us have been taught to use **person-first language**.
- **Person-first language** means the person is stated first and the disability/disease is stated last (e.g., Person with AIDS instead of AIDS patient, Child with Down syndrome instead of Downs child).
- Person-first language was written into law in the Americans with Disabilities Act in 1990 and the Individuals with Disabilities Education Act in 1997.

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## Making the Shift

Shannon Woolridge, NIH Office of Communications, 2023

- Language and societal views and values are always changing and some people in the disability community are opposed to person-first language. They believe that **if language is needed to separate them from a trait, it suggests that the trait is negative**.
- So there is a shift in thinking and **many in the autism community prefer the use of identity-first language** because they feel that autism is a defining part of their core identity.

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## Identity-First Language

([www.aucd.org](http://www.aucd.org))

- When using **identity-first language** the disability is stated first and the person is stated last (**Autistic child** instead of **child with autism**).
- **Identity-first language** emphasizes that the disability plays a role in who the person is and cannot be separated from them. It also reinforces disability as a positive cultural identifier.
- **Identity-first language** attempts to remove the stigma associated with their diagnosis/way of being human.

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## Autism isn't like a Backpack

When we use person-first language and say, *Child with autism*, it makes autism sound like something that can be carried around and set aside upon request, like a backpack.



*"Please set your autism aside for a while because your way of being human is bothering me right now."*

-Neurotypical Person

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## Identity-First Language

([www.aucd.org](http://www.aucd.org))

**Identity-first language** is generally preferred by self-advocates in the **Deaf, Blind, and Autistic communities**.

Deaf child, not child with deafness

Blind child, not child with blindness

Autistic child, not child with autism

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## Let's Ask the Autism Community

A 2022 poll of close to 7,500 Autistic people (including non-speaking Autistic people) showed that **76% of those surveyed preferred to be referred to as an "Autistic person"** viewing autism as a positive part of their identity; **4% preferred to be described as "person with autism"**; 15% said either is fine; and 5% did not respond.

*(The Autistic Not Weird Autism Survey results; learningdisabilitytoday.co.uk, I don't 'have autism', I am Autistic" – Mette)*

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## Autism: Diversity of Perspectives

Shannon Woolridge, NIH Office of Communications, 2023

- Generally speaking, we should consider using the language that the community at large uses (the autism community generally prefers identity-first language: Autistic child/student/person).
- BUT...we must also understand that there is a diversity of perspectives within the community, so we need to listen to individual preferences. **Many parents prefer person-first language** (child with autism).

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## 5. Stigmatizing Language



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## Stigmatizing Language

One of the most stigmatizing things about autism is that it often talked about using negative, deficit-driven language.



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## Our Words Matter

- It's time to change the narrative!
- Current autism definition:

*Autism is a disorder marked by deficits in communication and social skills, and the presence of restricted or repetitive behaviors.*

-American Speech and Hearing Association (ASHA)

**Do you see any negative, stigmatizing language?**

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## Replace stigmatizing words with neurodiversity affirming language...

Autism is a **disorder** marked by **deficits** in communication and social skills, and the presence of **restricted** or repetitive behaviors.

Autism is marked by **differences** in communication and social skills, and the presence of **highly focused deep interests** and/or repetitive **regulating** behaviors.

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## Our Words Matter

- It is common for professionals to describe a child as having **symptoms, red flags, or warning signs of autism**.
- The term **warning sign** suggests that autism is a tragic diagnosis that leads to negative outcomes. The truth: Autistic individuals can and do lead happy and fulfilling lives, with appropriate supports and services.
- The Center for Disease Control (CDC) actually has a document called "**Early Warning Signs of Autism Spectrum Disorder**."

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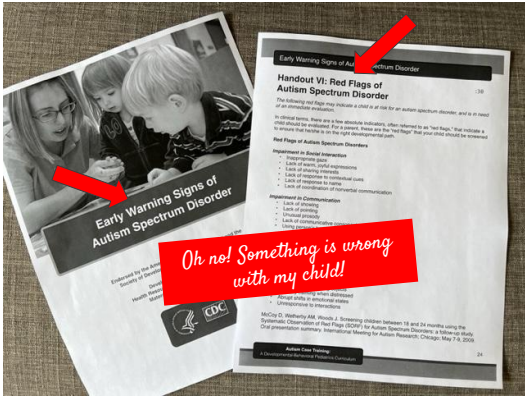
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- The term **red flag** is a warning of danger and leads parents to think something is alarmingly wrong with their child. The truth: autism is a label for the child's neurology...for their way of being human.
- **Symptom** is a term used to describe medical concerns related to a disease or illness. The truth: autism is a different neurotype, not a disease or an illness that needs to be cured...therefore, it does not have symptoms. (Note: Autistic children can have co-occurring medical diagnoses, such as epilepsy, that do have symptoms requiring medical intervention. But autism isn't a disease, so it doesn't have symptoms.)

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*Instead of saying*

**Red flags, Warning signs, or Symptoms of autism**

*We can say...*

**Signs, Traits, or Characteristics of autism**

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## Another Term to Consider

Q: How do most people refer to a child who does not talk?

A: Non-verbal



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## Non-Verbal vs. Non-Speaking

- Instead of describing a child as **non-verbal**, the Autistic community has indicated a preference for the term **non-speaking**.
- Here's why: **Verba** is the Latin root word of **verbal** and it means "words." Therefore the term **non-verbal** suggests that the person is without words. A non-speaking person uses words to communicate, but they are not mouth words.
- So that's why we are shifting away from the term **non-verbal** to the term **non-speaking**.

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## Other Terms

Along with the term "non-speaking" we can also use these terms to describe one's use of spoken language:

- **Minimally speaking:** This describes a person who uses some spoken words occasionally, but relies on other forms of language to communicate.
- **Inconsistently speaking:** This describes a person who can communicate adequately with spoken words, but when under duress, may not be able to access their spoken language. [Selective mutism]

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## Strengths-Based Language

When using strengths-based, neurodiversity-affirming language, it is important to describe and document how the Autistic individual *does* communicate instead of focusing on how they *don't* communicate.

- Deficit driven language: *The child is non-speaking.*
- Strengths-based language: *The child uses gestures, signs, pictures, and a speech generating device to communicate.*

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## 6. Functioning Labels and Severity Ratings



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## Current Language

High-functioning autism = mild autism  
Low-functioning autism = severe autism

↑  
Functioning  
labels

↑  
Severity  
ratings

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## How We Use the Labels

- The terms **high-functioning autism** and **low-functioning autism** are subjective descriptors used to separate Autistic people into two categories (humans like binary things...good/bad, black/white, high/low, mild/severe).
- **Low-functioning autism** is a term historically used to describe Autistic people who are non/minimally-speaking and those who have co-occurring intellectual disabilities. These individuals are also described as having **severe autism**.

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- **High-functioning autism** is a term historically used to describe Autistic people who can talk (use spoken language as their primary means of communication) and have cognitive abilities in the average or above average range. These individuals are also described as having **mild autism**.
- A person with high-functioning autism is thought to be closer to “**normal**.”



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## Let's Talk about "Normal" People

- Who gets to decide what makes a person “normal?”
- Is the word “normal” appropriate to use when discussing human beings?

**I have three children...two of my kids are neurotypical and one is neurodivergent, but I would argue that they are all normal!**

**The opposite of normal is...**

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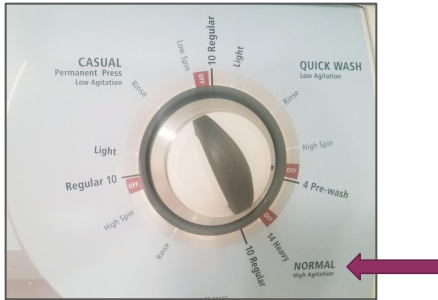
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Author and comedian Patsy Clairmont says that  
“Normal is just a setting on your dryer.”



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Other words for *normal* include:

- *usual*
- *average*
- *standard*
- *typical*
- *expected*

The problem with trying to make Autistic kids act more normal/average/typical/as expected, is that we are assuming that typical abilities are superior. And that leads to **ableism**.

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## Ableism

- Ableism is discrimination against disabled people because of the belief that typical abilities are superior.
- So, all of us “typical people” in special education have been hired to “fix” these Autistic children.  
*Whoa! We really need to stop and unpack that...*
- Autism is a different neurotype...it is a **different** but valid way of being human.

*Different not less!*

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## Severity Ratings

We don't assign a level to how Autistic someone is (mildly/severely Autistic) just like we don't assign a level to how neurotypical someone is.

- ★ *Have you met Karen, the new SLP? She's **severely neurotypical!***
- ★ *Have you met that new teacher Carlos yet? Well, he's **mildly neurotypical.***

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## DSM-5 Autism Levels

- The Diagnostic and Statistical Manual-5th edition (DSM-5) does outline specific autism levels:
  - Level 1 autism:** individual requires support
  - Level 2 autism:** individual requires substantial support
  - Level 3 autism:** individual requires very substantial support (*spicy autism* 🌶️ ????)
- These levels may not be very helpful because an Autistic person's support needs can vary depending on the task, environment, level of regulation, etc.

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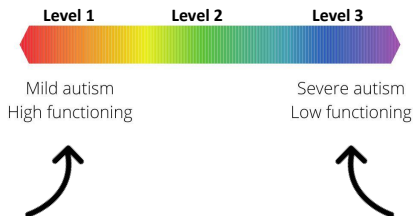
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## MANY PEOPLE THINK THE AUTISM SPECTRUM IS LINEAR



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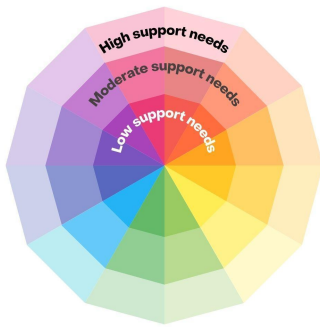
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What if we viewed autism as a non-linear spectrum?



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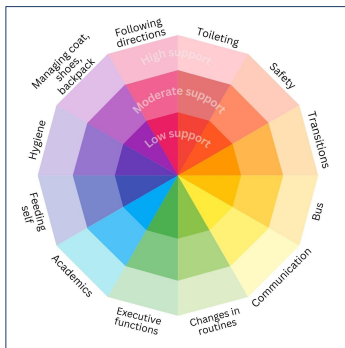
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### Support Needs Profile

*early elementary school*



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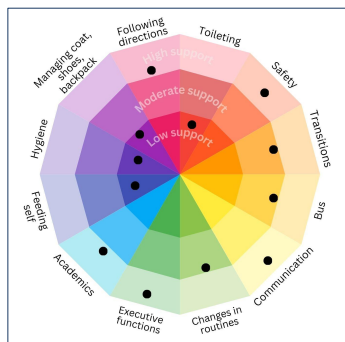
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### Support Needs Profile Example

*early elementary school*



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## Support Needs Profile

*executive function skills*



Could we use a support needs profile for all kids?

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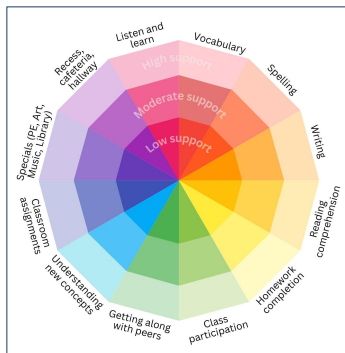
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## Support Needs Profile Example

*academics*



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## Support Needs Profile

- Each child's **support needs profile** should be individualized (i.e., don't use the same template for every child!).
- Basing therapy/IEP goals on the child's support needs profile would lead to **meaningful goals**.
- Instead of talking about functioning levels and severity ratings...neurodiversity-affirming providers and parents are making the shift to talking about the child's **level of support needs** for access and participation in everyday activities.

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Instead of using functioning labels or severity ratings, describe the child's strengths and areas where they benefit from higher levels of support.

**Example 1:** Instead of classifying 18-year-old Aaron as having high functioning autism, we could say...

*At school Aaron is punctual, manages his time well, is kind and considerate, and is learning to self-advocate by asking for clarification or help when he needs it. He requires more support in situations where sarcasm or non-literal language is used, in PE class when learning new movement games, and when asked to follow complex directions.*

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**Example 2:** Instead of classifying 5-year-old Ava as having severe autism, we could say...

*Ava enjoys lining up her blocks, jumping on the trampoline, and watching episodes of Bluey. She is able to feed herself with her hands but is not yet using utensils. Ava communicates her wants and needs primarily by leading caregivers to desired items. She pushes objects or people away and uses a high-pitched screech to protest. Ava needs higher levels of support to access the kindergarten curriculum, to communicate with others, to remain safe during transitions, and to get her sensory needs met throughout the day.*

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## 7. Puzzle Piece vs. Infinity Symbol



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## Logos of Autism

The puzzle piece has historically been the logo associated with autism awareness.



How many of you have ever owned something with a puzzle piece on it?



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## The Puzzle Piece

- A brand's logo should be carefully chosen to convey their character, principles, mission, and core identity.
- The original puzzle piece symbol from 1963 had a child crying inside of it, designed to represent the mystery and sadness of this puzzling condition known as autism.



From this → To this

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## The Puzzle Piece

- The puzzle piece logo contributes to the **stigma associated with autism**...and we have research to back this up.
- The puzzle piece imagery has been found to evoke negative associations in the general public (Gernsbacher et al., 2018). Participants in this study explicitly **associated puzzle pieces** (both those used as autism logos and those used more generically) **with incompleteness, imperfection, and oddity**.



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## Issues With the Puzzle Piece

@NeuroClastic 

- The childish puzzle pieces contribute to infantilism (treating older children and adults like babies). Regardless of support needs, Autistic children become Autistic adults. Autistic adolescents and adults are **not** perpetual children trapped in adult-sized bodies.
- The interlocking puzzle pieces in mismatched colors are a jumbled hot mess...in what world do non-matching puzzle pieces link together?



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## Issues With the Puzzle Piece

@NeuroClastic 

- The puzzle piece symbol suggests that an Autistic person is a puzzle to be solved...that there is a missing genetic link to a cure. And if we could just find that missing link, then we could rid the world of autism. If we believe that Autistic people have incomplete brains, then we view them as broken neurotypical people who need to be "fixed." (YIKES!)
- The puzzle piece is brand recognition, and Autistic people are not products to be capitalized upon. \$\$\$

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## Issues With the Puzzle Piece

- The color blue is usually associated with the puzzle piece, perpetuating the myth that autism is a "boy disorder."

Have you ever seen a pink puzzle piece to represent autism?



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## Autistic People Decide

@NeuroClastic

- If an Autistic person likes the puzzle piece or if it has some special significance to them, respect their choice.
- But as neurodiversity-affirming allies to the Autistic community, we should respect the community majority and choose **not** to use the puzzle piece to “brand” autism.

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## Infinity Symbol

- The infinity symbol is now the preferred visual representation for autism and neurodiversity in general. 
- The infinity symbol indicates that the spectrum is not linear (like a line), recognizing that Autistic individuals have fluctuating strengths, needs, and challenges.
- The infinity symbol removes the stigma of Autistic brains being incomplete, like a missing puzzle piece.

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## Infinity Symbol

- The infinity symbol promotes the **endless possibilities that exist for Autistic people**, when their differences are accepted instead of pathologized.



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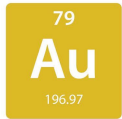
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## Infinity Symbol

- The color is relevant, as is true with any brand identity. The gold infinity symbol represents autism (like the gold element on the periodic table) while the rainbow infinity symbol represents **all** neurodivergent people.



Autism,  
dyslexia, ADHD,  
dyspraxia, etc.

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## Update Your Support

@NeuroClastic

- Some people have been using the puzzle piece but their heart is in the right place. So don't be judgemental.
- If you have been using the puzzle piece up to today, but now understand the rationale behind shifting to the infinity symbol, then be open and admit it. Be ready to explain why you are making the shift.

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## 8. Models of Disability



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## Models of Disability

Amy Donaldson, Ph.D. & endeaver\* corbin, 2022;  
Davis & Crompton, 2021

- Medical Model of Disability
- Social Model of Disability
- Biopsychosocial Model of Disability (hybrid model)

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## Medical Model of Disability

Amy Donaldson, Ph.D. & endeaver\* corbin, 2022;  
Davis & Crompton, 2021

- Disability is caused by a problem that exists inside a person's brain and/or body
- Disability is considered a disease or condition that is pathological in nature
- The responsibility for overcoming the effects of the disability is placed on the individual to "get better" and not stand out in a crowd
- Assumes having a disability = poorer quality of life

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## Our Response to Autism According to the Medical Model of Disability

- Autism is viewed as a disease/disorder that requires intensive therapies (20-40 hrs per week)
- Autism treatment focuses on "fixing" deficits identified on standardized tests and improving behavior so the person acts more typical
- Autism awareness might exist but society does not practice autism acceptance (exclusion is common)
- The professional is expected to "fix" the Autistic individual so they don't stand out in society

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## Social Model of Disability

Amy Donaldson, Ph.D. & endeavor\* corbin, 2022;  
Davis & Crompton, 2021

- Disability is imposed by obstacles created by society's attitudinal barriers toward differences; these attitudes keep disabled people from fulfilling their potential
- Stops blaming the individual for their limitations
- Acknowledges that human differences will always be present, so the best plan is to organize society in a way that includes, rather than excludes, disabled people

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## Our Response to Autism According to the Social Model of Disability

- Autism is considered a different, but valid way of being human
- There is no push for intensive therapies to "fix" deficits
- Society is expected to value, accept, and adapt to the differences of Autistic individuals without trying to change them
- Inclusion is a priority

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## Biopsychosocial Model of Disability

Amy Donaldson, Ph.D. & endeavor\* corbin, 2022; The Nora Project, 2022

- A holistic/hybrid approach that considers disability to occur because of biological, psychological, and social factors
- Recognizes the disabled person's challenges AND society's role in valuing and accepting differences
- Recognizes that policy changes and a shift in society's attitudes toward disability are critical components to addressing barriers and society's implicit biases

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## Our Response to Autism According to the Biopsychosocial Model of Disability

- Autism is viewed as a disability (disability is not a bad word)
- Society practices autism acceptance
- Inclusion and belonging are key
- Autism services provide individualized supports, modifications, and accommodations to increase access/participation and improve quality of life
- Focus is on stretching strengths (instead of fixing deficits)

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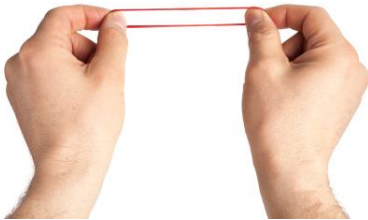
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## Stretching Strengths (instead of fixing deficits)



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**Autism** is not a bad word! **Disability** is not a bad word. Using euphemisms like “differently abled” and “see the able not the label” contributes to the stigma associated with being disabled.



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**Autism** and **ADHD** are disability labels/diagnoses that explain a child's neurology.

If the correct labels aren't used because someone finds them offensive, then labels such as **lazy**, **unmotivated**, **stubborn**, and **naughty** will be used instead.



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## 9. Echolalia and Gestalt Language Processors

Lillian Stiegler, 2015; Marge Blanc, 2012

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### Echolalia

- In Autistic children, echolalia has historically been viewed as meaningless use of language and considered to be a deficit. We now understand this is not true.
- Many SLPs were actually trained to write goals to extinguish the use of echolalia (aka "movie talk") in Autistic kids.
- We now understand that delayed echolalia is how some kids acquire and use language.
- **New Research:** *A systematic review of interventions for echolalia in Autistic children* (Blackburn et al., 2023)

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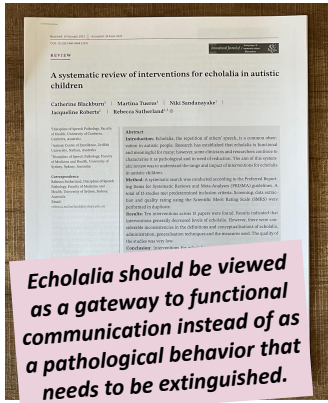
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A systematic review of interventions for echolalia in Autistic children by Blackburn et al., 2023

International Journal of Language & Communication Disorders

Read the discussion at the end of the article



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## Language Development

- There are two different styles of language processing and acquisition: **analytic** and **gestalt**.
- Definitions:
  - Analytic**: separating something into component parts
  - Gestalt**: an organized whole
- While both neurotypical and neurodivergent people can be gestalt language processors, it is **thought to be more common in Autistic people**.

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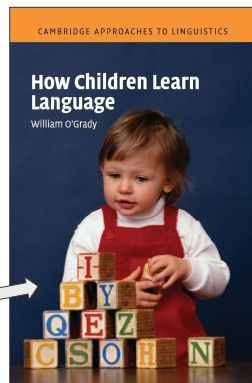
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- Many SLPs did not learn about gestalt language processors in grad school
- Because this concept has not been widely taught, it is poorly understood
- However, this concept is not new

Page 10  
Two different styles of language learning  
1. Analytic  
2. Gestalt



circa 2005

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## Analytic Language Learners

(O'Grady, 2005; Blanc, 2012)

Analytic language learners acquire language by:

- perceiving little units of language (i.e., words)
- learning one word at a time in the moment
- producing short, clearly articulated, one-word utterances
- labeling people (*mama, dada*) and objects (*ball, car, shoe*)
- Using single words to describe their wants, needs, and feelings (*up, hot, juice*)

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## Gestalt Language Learners

(O'Grady, 2005; Blanc, 2012)

Gestalt language learners acquire language by:

- perceiving larger, intonationally defined units of language (i.e., gestalts/scripts); they are more interested in the musicality of spoken language than in the meaning of the words
- memorizing and producing whole chunks of language
- producing speech that is often poorly articulated (often dismissed as babbling, gibberish, or jargon)
- using delayed echolalia

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### Analytic Language Processors

- Bottom-up language learners
- Start with production of single words and then gradually and systematically move to word combinations
- Known as "word babies" (Dore, 1974)

### Gestalt Language Processors

- Top-down, wholistic language learners
- Echo chunks of language focusing on intonational patterns, without understanding the meaning of individual words
- Known as "intonation babies" (Dore, 1974) and are drawn to music

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## Analytic or Gestalt?

1. To infinity and beyond!
2. Buzz, Woody
3. Up
4. Pick you up
5. Go
6. Gotta go now
7. Mama
8. Who's my sweet boy?

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## Natural Language Acquisition of GLPs

(Marge Blanc, MA, CCC-SLP)

Stage 1: Language gestalts

Stage 2: Mitigations

Stage 3: Isolated single words and 2 word combos

Stage 4: Original phrases and beginning sentences

Stage 5: Original sentences with more complex grammar

Stage 6: Original sentences with a complete grammar system

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**Stage 1: Delayed echolalia** (use of whole language gestalts, spoken exactly as they were first heard):

*Where is the ball?                      Go find the dinosaur!*

**Stage 2: Mitigated echolalia** (shortening long gestalts, dividing them into smaller chunks, and the re-combining chunks into new utterances)

*Where is + the dinosaur?              Find + the ball.*

**Stage 3: Isolating and then recombining single words**

*Where?    Ball.    Dinosaur.    Where dinosaur?*

**Stages 4-6: Generating original sentences** (with beginning and then more advanced grammar)

*Where's my dinosaur?                  I found the big ball.*

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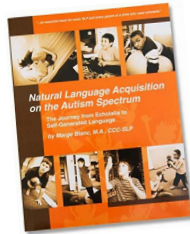
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## Recommended Resources

Marge Blanc's book: *Natural Language Acquisition on the Autism Spectrum*

*The Natural Language Acquisition Guide* by Marge Blanc (free PDF)

The Natural Language Acquisition Guide - Communication Development Center



Follow [@meaningfulspeech](#), [@bohospeechie](#), and [@gemmajuneslp](#) on Instagram for amazing content on gestalt language processors

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## Strategies to Support Gestalt Language Processors

- Build an authentic connection with the child by following their lead and honoring their play style.
- Know the child's interests; determine their favorite shows, songs, movies, toys, activities, etc.
- Collaborate with parents, caregivers, and other school staff to determine the source of the child's gestalts.
- Acknowledge, repeat, and build on the child's gestalts...don't ignore their echolalia.
- Limit pronoun usage (especially you/I/me).

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- Replace questions with comments and avoid instructing the child to say words. **[Use more declarative language!]**
- Attend to the child's sensory needs to support self-regulation.
- Provide more intonationally rich gestalts for the child to echo (instead of modeling primarily single words).
- Incorporate more musicality into language. 
- Read books with repetitive and interesting phrases.
- Help the child break down their larger language units (scripts) into smaller language units and teach them how to construct original word combinations.

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## Academic Considerations for Gestalt Language Processors

- Literacy?
- Grammar?
- Vocabulary?
- Linguistically based tests?

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## 10. Stimming

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## Stimming

- Stimming is engaging in repetitive movement (such as rocking back and forth, hand-flapping, or twirling) or repetitive vocalizing (such as humming, squealing, or making odd sounds).
- According to the DSM-5, presence of repetitive behaviors or speech is an autism trait.
- Stimming behaviors should not be stopped or redirected unless they are dangerous to self or others, destructive of property, or seriously disruptive to others in the room.

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- While stimming is short for self-stimulatory behavior, these repetitive behaviors likely serve a function beyond self-stimulation.
- Stimming is how Autistic individuals interact with their environment.
- Autistic adults explain that these repetitive behaviors help calm their anxiety, improve awareness of their bodies, focus their attention, help deal with overwhelming sensations, and self-regulate.
- Whether the function of the stimming behavior is understood or not, autism acceptance means we recognize stimming as part of the Autistic neurotype.

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## 11. Deep Interests

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## Deep Interests

- Autistic children typically have heightened interests in specific objects or activities; in fact, it is one of the DSM-5 criteria for diagnosing autism.
- When discussing autism programming, therapists and educators often describe the child's intense interests as *obsessions* or *fixations* (words that carry negative connotations).
- If we reframe our thoughts on this and select more positive words, it is easier to view the child's deep interests as a tool for learning and connecting.

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## How we can modify our language

- Instead of saying, "She is **obsessed** with butterflies" we could say, "She is **passionate** about butterflies."



- Instead of saying, "He is **obsessed** with dinosaurs," we could say, "His **deep interest** is dinosaurs."



- Instead of saying, "She **fixates** on letters and numbers" we could say "She is **fascinated** with letters and numbers."



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- Instead of saying, "He is **obsessed** car washes" we could say, "He **enjoys** learning and talking about car washes."



- Instead of saying, "He is **obsessed** with lining up objects" we could say, "Lining up objects is a regulating activity."



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## 12. Presuming Competence

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## Presume Competence

- Presuming competence is expecting a child to succeed rather than assuming they will fail.
- For non-speaking children, we often assume that they don't understand what others are saying. This, unfortunately, leads adults to talk about Autistic children as if they aren't even in the room.
- We should always operate from a strengths-based mindset and assume that ALL children can think, learn, and understand, regardless of what standardized testing has indicated.

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## Strategies We Can Implement to Presume Competence

- Check our own bias about how we view Autistic individuals
- Talk to and treat the child in a manner that is appropriate for their age (don't infantilize them)
- Ask for permission before offering assistance
- Tell the child what you are going to do before acting
- Speak directly to the child and include them in the conversation when talking to others in the room

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- Avoid speaking for the child
- Don't provide too much support or be overbearing (think low-key support)
- Focus on the child's strengths, interests, and sensory needs
- Build an authentic relationship with the child before trying to teach new skills (focus on **connection over instruction!**)
- Avoid using hand over hand assistance

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## Hand Over Hand Assistance

- We should avoid using hand over hand assistance as a teaching strategy.



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## Problems with Using Hand Over Hand Assistance

- It creates prompt dependency (the opposite of the independence we should be striving for)
- It becomes too easy of a prompt to fall back on when the adult is in a hurry
- It assumes that there is only one right way to respond; if we don't honor all forms of communication then the Autistic child may not be able to demonstrate their understanding to us (example: writing a goal for "pointing")

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- It exerts a level of control over the child (we should seek to support, not control, the Autistic child)
- It doesn't allow the child's brain to initiate the motor plan necessary to complete the movement
- It is a **violation of body autonomy** (it teaches the child that others can do whatever they want, whenever they want to your body)

*We must protect the most vulnerable members of our society...children with disabilities*

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## What to Do Instead of Using Hand Over Hand Assistance

- If the child wants to complete the task but needs your help, get permission to touch them first
- Once you have permission, try tapping their shoulder or elbow to help the child “get started”
- If more physical support is needed, use gentle hand under hand assistance (your hand rests under the child’s hand so they can remove theirs at anytime) OR touch the object they are holding instead of touching their hand

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Respectful interactions are the key to building an authentic relationship with the Autistic child



*Hutson and Cari*



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## 13. Behavior



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## Challenging Behavior or Dysregulation?

- The term “challenging behavior” suggests that the child is in control of their actions and is choosing to be disobedient.
- Dr. Dan Siegel and Dr. Tina Bryson talk about what happens when a child “flips their lid” (aka “becomes dysregulated”).
- Shifting to the term “dysregulated” takes into account the state of the child’s nervous system and recognizes the behavior as a stress response.

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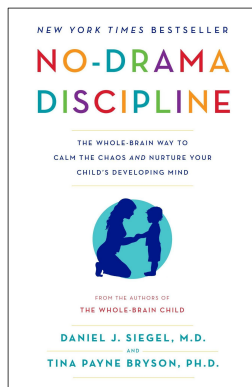
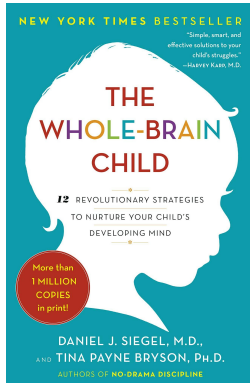
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## Behavior

Many neurotypical behavioral expectations are in direct conflict with the Autistic child’s neurological needs.

- Whole-body listening expectations:** eyes on the speaker, listening ears are on, mouth is quiet, hands are in lap or quiet by your side, feet are quiet on the ground, body faces the speaker, brain thinks about what is being said

**NEWSFLASH:** Autistic children often **cannot** listen with their whole body because of their neurology

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Listening Larry is ableist and his strategies are a no-go for neurodivergent kids



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Some kids can focus and learn better when allowed to...

- hold quiet fidgets in their hands
- have movement embedded into the learning process
- engage in heavy work prior to seated tasks
- have dynamic seating options
- chew on mouth fidgets
- engage in child-led activities
- stand or move around as needed

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We need to shift from whole body listening to whole body learning

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# Meet Bumper, the whole-body learner

(autismlevelup.com)



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**b. Compliance expectations:** when an Autistic child is non-compliant, it is often assumed that they are being willfully disobedient; **kids do well when they can** (Ross Greene, Child Psychologist); we need to determine what is causing the child to become dysregulated and then address the “why” behind the behavior

*Autistic kids do well when they can*

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Neurodiversity-affirming providers seek to understand the behavior, not extinguish it; once the *why* behind the behavior is understood, providers change the environment instead of trying to change the child



*“When a flower doesn't bloom you fix the environment in which it grows, not the flower.”*

-Alexander Den Heijer

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When a child doesn't thrive, you fix the environment in which they learn, not the child.



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What are some reasons why an Autistic child might not comply with a request or directive?

- The direction isn't understood
- The activity isn't meaningful
- The activity leads to a negative sensory response
- Child has difficulty with initiation
- Child is not regulated/not in a ready state for learning; it's not a teachable moment
- Basic physiological needs have not been met (child is hungry, thirsty, tired, etc.)
- Social-emotional needs have not been met (no authentic connection, lack of trust)

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**c. Punitive actions and teaching methods**

- Withholding recess or another preferred activity due to perceived "bad" behavior
- Holding a comfort item hostage and making the child earn it back by doing a work task first
- Forcing the child to attend intensive therapy designed to "fix" their deficits
- Allowing the child to be unsuccessful by *not* providing appropriate supports (inclusion is more than a location)
- Ignoring Autistic joy; forcing the child to play a prescribed way

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- Using reinforcers, such as food, to manage behaviors and coerce compliance



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## Why food reinforcers should not be used with Autistic kids

- Autistic kids are not pets to be trained.
- Using food reinforcers can create an unhealthy relationship with food. A child should never be taught that eating is dependent on compliance.
- Most food reinforcers are highly processed, filled with sugar, and have little nutritional value.
- Being bombarded with junk food throughout the day can affect the child's blood sugar levels and can spoil their appetite.

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## The Developmental Formula for Supporting Autistic Children (the order matters!)

1. **Regulate** the child's nervous system
2. **Reach** the child by establishing an authentic connection
3. **Teach** the child new skills

**REGULATION  
CONNECTION  
INSTRUCTION**

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## 14. Social Skills “Training”

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### Social Skills “Training”

- Any social skills “training” should be bidirectional.
- The social “deficits” related to autism should be reframed; we need to recognize that the problem lies in the interaction between people with different neurologies (Informed SLP, Feb 2021).
- Autistic people seem to read other Autistic people pretty well, and neurotypical people seem to read other neurotypical people pretty well. It’s the interaction between different neurotypes (Autistic and neurotypical people) that leads to communication breakdowns (*that* is the **double empathy problem**). 158

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Skills that often need to be explicitly taught to Autistic kids as they get older include:

- Understanding figurative language (sarcasm, metaphors, similes, personification, hyperboles)
- Understanding how others feel/perspective taking
- Expressing how sensory input correlates to emotions and behaviors (alexithymia is an inability to identify and describe emotions and it is thought to be more common in the Autistic neurotype)
- Executive function skills (mental flexibility, impulse control, planning, organizing, waiting, problem solving, etc.)

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- Teach all children about neurodiversity to increase awareness, understanding, and acceptance of brain, communication, and social differences.
- Place “communication stations” (core boards) in hallways, the library, playground, etc. so neurotypical kids and gen ed staff are exposed to AAC every day.
- Use social stories to create predictability and reduce uncertainty (but *not* to teach neurotypical social norms, such as eye contact).
- Introduce autism acceptance books to neurotypical kids. Add these books to the school library and don’t just read them on April 2nd each year.

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### Understanding Autism: Picture Books

- *Just Right for You: A Story About Autism* by Melanie Heyworth
- *Do You Want to Play? Making Friends with an Autistic Kid* by Daniel Share-Strom
- *A Day With No Words* by Tiffany Hammond
- *My Brother Otto* by Meg Raby
- *A Friend for Henry* by Jenn Bailey
- *I See Things Differently* by Pat Thomas
- *My Autistic Mama* by Kati Hirschy
- *All My Stripes* by Shaina Rudolph & Danielle Royer
- *Liam’s First Cut* by Taye Jones

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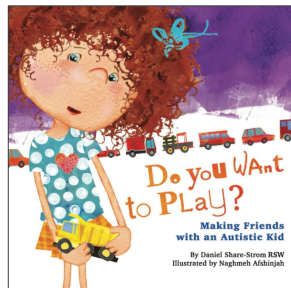
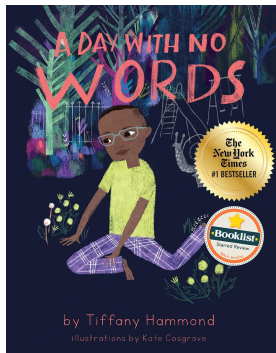
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## Activity

Let's look at the following 5 statements that use language according to the medical model of disability

Then, using what you've learned today, change the language to be more neurodiversity affirming

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## Modify Our Language

Deficit-Driven Language	Neuro-Affirming/Strengths-Based Language
Obsessed with car washes	Has a deep interest in... Is passionate about...
Red flags of autism	Traits/signs of autism
Is rigid/inflexible	Prefers consistency Finds safety in the familiar Thrives in predictable situations
Is difficult to engage	Focuses intently on own interests
Does not play in age appropriate ways	Enjoys lining up toys Is interested in how objects move

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## Neurodiversity Affirming Services

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## 2 Autism Approaches

There are two autism approaches to consider (although many parents will only be given the first option following their child's initial autism diagnosis)

1. **Compliance-based behaviorist approach** that is designed to fix deficits and make the child behave in more typical ways (medical model/ABA)
2. **Relationship-based approach** that builds on the Autistic child's strengths and emphasizes regulation, connection, communication, and self-advocacy (neurodiversity affirming)

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**Neurodiversity affirming** means we provide services and supports that:

- are trauma informed.
- are strengths based.
- provide modifications and accommodations to improve access, participation, and quality of life.
- support regulation (sensory and emotional), connection, communication, and self-advocacy.
- acknowledge and build on the child's interests.
- presume competence.
- honor all forms of play and communication.
- provide robust AAC.

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## A robust AAC system...

Kate McLaughlin, @the.aac.coach

- Has the ability to communicate about more than what is happening in the here and now
- Is organized and easy to use
- Can grow language and literacy over time
- Provides access to a wide variety of words
- Has options for pre-programmed messages
- Has full alphabet and word prediction
- Is always available
- Is used for a wide range of functions (not just to request and label)

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## Robust AAC systems to consider...

- LAMP Words for Life
- TouchChat
- CoughDrop
- Proloquo2Go
- TDSnap
- Avaz AAC
- PODD Books



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## PECS is Outdated



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## Why PECS is Not Recommended

- It is *not* a robust AAC system.
- PECS books are cumbersome and the icons are difficult to keep track of.
- PECS icons are always moving, making it difficult for the child to establish a motor plan for using their communication system.
- PECS focuses primarily on requesting in the initial levels, but does not provide other communication functions (commenting, asking questions, protesting, suggesting, socializing, expressing thoughts, etc.).

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- PECS sentence strips often creates unnatural, robotic-sounding speech (“I\_want\_a\_cookie”).
- Hand-over-hand assistance is encouraged with PECS, which violates the child’s right to body autonomy.
- PECS focuses on compliance and is based on operant conditioning. Neurodiversity-affirming practices are not aligned with this behaviorist approach.
- PECS makes it difficult to access curriculum and literacy.
- PECS is difficult for communication partners to model in everyday life.
- Non-speaking adults do not use PECS.

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**It is fine to use pictures as a form of AAC, just don’t use a behaviorally-based exchange system such as PECS.**



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## **Neurodiversity Affirming Services and Reimbursement**

- To receive reimbursement for certain “medically necessary” services, the medical world (which SPED is derived from) still demands the use of ableist language such as: *disorder, deficit, impairment, compared to same age peers, age appropriate, etc.*
- For now, the way professionals document may be different from how they speak to and about the individuals they are supporting in therapy and in the classroom.

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## Neurodiversity Affirming Goals for Autistic Toddlers and Preschoolers

[When provided with environmental accommodations/sensory supports/visual supports/unrestricted access to multimodal language]

- Child will engage in enjoyable shared social interactions with their caregivers.
- Child will remain engaged with a preferred book or toy during a shared interaction with parents and siblings.
- Child will engage in positive social interactions with three different caregivers, siblings, or peers.

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[When provided with environmental accommodations/sensory supports/visual supports/unrestricted access to multimodal language]

- Child will participate in mealtime by eating half of each meal when standing or sitting in the kitchen.
- Child will wear necessary winter clothing (such as shoes, coat, hat, gloves) when going outside.
- Child will remain buckled into the car seat when riding in the family vehicle.
- Child will successfully transition between activities.
- At preschool child will participate in story time and music time in ways that are comfortable for them.

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[When provided with environmental accommodations/sensory supports/visual supports/unrestricted access to multimodal language]

- Child will expand their play scheme with trains.
- Child will initiate play when presented with their favorite toys.
- Child will accept modeling and assistance from an adult when struggling to put pieces into a favorite toy (such as a puzzle or shape sorter).
- Child will remain near the adult during shared reading time, for a few pages of each book.
- Child will seek out safe ways to achieve oral input.

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[When provided with environmental accommodations/  
sensory supports/visual supports/unrestricted access to  
multimodal language]

- Child will comment to share interests with others.
- Child will use 5 different communicative functions expressively (using any language modality) during playtime, mealtime, or other routines.
- Child will share 2+ details about a recent event.
- Child will use words from preferred echolalic scripts to create new word combinations.
- Child will generate original words and phrases during playtime.

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### Examples of Neurodiversity Affirming Therapy Goals for Older Autistic Students

- Given unrestricted access to multimodal communication, child will demonstrate evidence of learning during 3 different classroom activities.
- Given unrestricted access to multimodal communication, child will self-advocate for personal needs (e.g., say no, use restroom, express overstimulation, ask for help).
- Child will seek out safe ways to achieve oral input.

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- Given sensory inputs to support self-regulation, child will participate in shared social experiences with three different adults.
- Child will self-advocate to indicate preferred ways to socialize with others at recess/in the classroom.
- With adult supports, child will communicate (in any modality) their sensory needs to improve self-regulation during classroom activities.
- Child will communicate environmental needs for self-regulation and successful learning (e.g., "I need to stand" or "I need to move" or "I need to go somewhere quiet").

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- Given visual and executive function supports, child will complete multi-step activities.
- Given unrestricted access to multimodal communication, child will participate in a whole group learning activity by making comments and asking/answering questions.
- When provided with visual supports, child will share 3+ details about a recent activity.
- Given unrestricted access to multimodal communication, child will respond to comments, questions, and directions across 3 different school settings.

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## Time to Wrap-Up!

Instead of spending all our efforts trying to make Autistic kids act and learn like neurotypical kids, let's spend more effort accepting, building on, and celebrating their differences.

Neurodiversity makes the world a brighter place!




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### Neurodiversity-affirming websites:

[Autisticadvocacy.org](http://Autisticadvocacy.org)

[autismlevelup.com](http://autismlevelup.com)

### Neurodiversity-affirming Instagram accounts to follow:

- |                     |                        |
|---------------------|------------------------|
| @neurowild_         | @learnplaythrive       |
| @theAutisticot      | @rdorseyslp            |
| @neurodivergent_lou | @theexpertally         |
| @aneurodivergentway | @therapistndc          |
| @justkeepstimming   | @neurodiversityireland |
| @fidgets.and.fries  | @mrsspeechiep          |
| @neuroclastic       | @speechdude            |
| @autismlevelup      | @sensory.slp           |

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**Instagram accounts to follow for AAC:**

- @the.aac.coach
- @aac.and.me
- @rachelmadelslp
- @aac\_innovations
- @drawntoaac
- @aacchicks
- @chickadee.aac

**Instagram accounts to follow for supporting gestalt language processors:**

- @meaningfulspeech      @gemmajuneslp
- @bohospeechie

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