Autism Strategies and Neurodiversity-Affirming Practices

October 13, 2025
OSSPEAC

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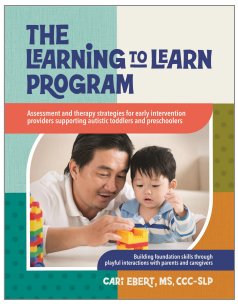
Disclosures

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

Financial Disclosure: Cari is author of the book *The Learning to Learn Program* and has created a variety of t-shirts which she will briefly reference in this training. Cari receives royalties from all product sales on her website and she receives a speaking fee for presenting today.

Cari's Autism Book



Assessment and therapy strategies for providers supporting Autistic toddlers and preschoolers

Available here

Learning Objectives

1. Describe the differences in how Autistic children develop and learn using neurodiversity-affirming language.
2. Summarize the gender and racial disparities in diagnosing autism.
3. Formulate neurodiversity-affirming therapy goals.

Making the Shift

- The information we'll be discussing today regarding neurodiversity-affirming practices is not meant to make anyone feel guilty about how services have been delivered in the past.
- Much of what we were taught about autism when getting our degrees is now outdated and ableist.

  ➡️ **Ableism** = discrimination against disabled people, rooted in the belief that non-disabled people are superior.
- Our responsibility now is to actively work to be anti-ableist.

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Why Professional Development Matters

Professional development is a lifelong process of learning and improving one's skill set (reflect and refine!).

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!

Listen to the Autistic community by:

- ➔ Reading books by Autistic individuals
- ➔ Following Autistic people on social media
- ➔ Learning from Autistic-led websites

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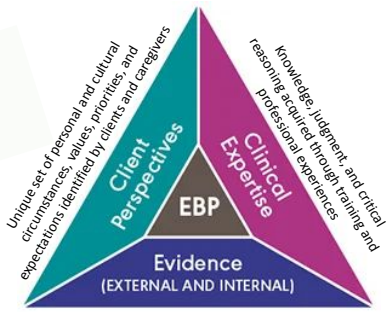
But Cari, are neurodiversity-affirming practices evidence based?

Research is important, but evidence includes more than the studies published in scientific journals.

Evidence Based Practice (EBP)

From ASHA's website



External evidence: scientific literature
Internal evidence: data and observations of individual client

Reframing Autism

Reframing Autism Topics

1. Understanding autism
2. Autism traits
3. Racial and gender disparities
4. Neurodiversity
5. Neurodiversity-affirming language
6. Reframing the spectrum
7. Autism acceptance
8. Three models of disability
9. Gestalt language processing
10. Stimming
11. Presuming competence
12. Behavior

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1. Understanding Autism

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 brain difference; a neurotype; a different and 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 (non-autistic) children–they have scattered skills/ spiky developmental profiles.

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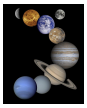
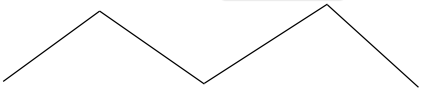
Spiky Developmental Profile

Example: 4-year-old Autistic child



Knows detailed information about the solar system

Has been reading since age 2



Eats food with fingers; does not use utensils

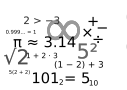
Not toilet trained

Struggles answering yes/ no questions

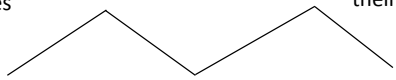
Spiky Developmental Profile

Example: 12-Year-Old Autistic Child

Able to explain intricate details about volcanoes



Can perform complex math problems in their head



Struggles with hygiene routines

Difficulty answering basic questions

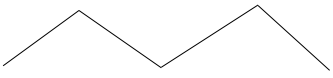
Limited interactions with peers

Different Way Forward

Forward is forward, no matter the speed, and no matter the path.

Allistic child development: linear and predictable

Autistic child development: non-linear and spiky



The Future

Autism is a different way forward.

When parents worry about what lies ahead for their Autistic child, gently remind them to take it one step at a time—focusing on the next six months instead of the next 20 years.

Autistic children keep growing, learning, and developing new skills across their whole lifespan. The journey may look different, but it's still full of progress, possibilities, and hope.

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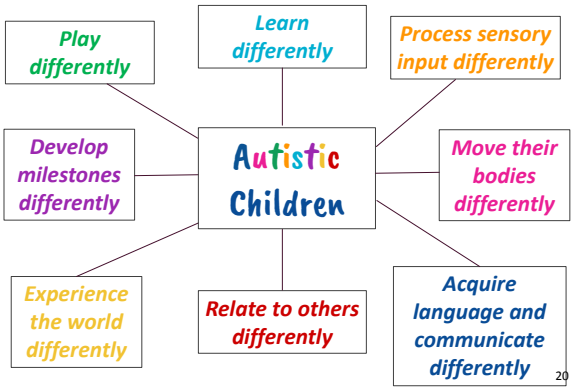
Cari's Explanation of Autism



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Autistic children are different, not less. But…autism isn't always *that* different. Sometimes the developmental differences in Autistic children are quite obvious, but sometimes they are more subtle.

If an Autistic child presents with non-stereotypical traits, has low support needs, or masks effectively, it is less likely they will be diagnosed at a young age.

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Understanding Autism (cont'd)

- Sensory processing differences are common in Autistic people, but not all people with sensory differences are Autistic.
- Autism is found in every ethnic group and across all socioeconomic levels.
- Some Autistic individuals also experience co-occurring medical conditions such as epilepsy, digestive issues, feeding disorders, or autoimmune disorders (National Autism Association). These conditions should be treated by qualified medical professionals. However, autism itself is *not* a medical condition; it is a brain difference.

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- MRI studies reveal structural differences in specific brain regions in Autistic individuals.
  - This reinforces the need to view autism through a neurological lens rather than a behaviorist lens.
  - Autism is a brain difference, not a behavior disorder.
  - Autistic brains are wired differently…it's like having a different operating system (Windows vs. Mac).

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

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Analogy: Windows vs. Mac

A Windows PC is like the neurotypical brain. It's the operating system most businesses and schools use. It's familiar, widely supported, and built for mainstream compatibility.

A Mac is like the neurodivergent brain. It runs on a different operating system with unique features and strengths. It can accomplish the same tasks, but with different tools or settings.

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- About 25-35% of Autistic individuals will never acquire complex speech (Rose et al., 2016).
  - This is why unrestricted access to linguistically robust augmentative and alternative communication (AAC) is necessary and should never be considered a last resort. The goal is communication in any modality.
  - We all use multimodal communication every single day (texting, emojis, email, gestures, speech, etc.).
  - When supporting Autistic kids it is important to honor *all* forms of communication and avoid placing a higher value on spoken language.

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SPEECH and LANGUAGE are not the same thing! Everyone develops language, but not everyone develops speech!

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- There is no single cause of autism.
  - Autism can occur because of natural variations in the human genome.
  - Autism can be heritable and run in families.
  - Following their child's autism diagnosis, many parents are getting their own diagnosis.

A lot fell into place: the adults who discovered they were Autistic after their child was diagnosed

Link ⇨

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There have been plenty of theories over the years about what causes autism.

Refrigerator moms

Vaccinations

Always blaming mom

Tylenol

Vaccines do not cause autism.

- ➔ In 1998, Wakefield and colleagues published a study of 12 children that suggested a link among MMR vaccine and autism.
- ➔ At least 20 higher-quality studies have since failed to show any link between the MMR vaccine and autism.

Link

Tools for Practice

The autism–vaccine story: fiction and deception?

Tylenol doesn't cause autism.

According to research published in 2024 that looked at over 2.4 million children, Acetaminophen (Tylenol) use during pregnancy was *not* associated with children's risk of autism, ADHD, or intellectual disability.

Ahlqvist, V. et al. (2024). Acetaminophen Use During Pregnancy and Children's Risk of Autism, ADHD, and Intellectual Disability *JAMA*. 2024;331(14):1205-1214. doi:10.1001/jama.2024.3172

2. Autism Traits

Autism Traits

Autism is heterogeneous, meaning that Autistic individuals can exhibit a wide range of traits with no single presentation considered typical.

- The developmental differences in Autistic kids might be quite obvious or they might be more subtle.
- Some Autistic kids have high support needs and some have lower support needs.
- There is no single trait that rules in or rules out an autism diagnosis.

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We can no longer say…

This child couldn't be Autistic because:

- *He makes eye contact*
- *She engages in pretend play*
- *He looked at me when I called his name*
- *She's so social*
- He's really smart
- *She has strong language skills and an advanced vocabulary*
- *She has no behavior problems and is a good student*

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Autism is just one word, trying to describe millions of different stories

@storiesaboutautism

Autism Traits in Young Children

(Sources: Adapted from Autism Navigator & CDC)

Autistic children have developmental differences in the following areas:

1. Communication
2. Social Interaction
3. Interests and Behaviors

The developmental differences may be obvious or they may be quite subtle.

Note: Differences in motor development are not currently used to diagnose autism…but we know that motor differences exist in Autistic children (toe walking, finger/ hand posturing, bilateral coordination struggles, fine motor challenges, dyspraxia/DCD, etc.).

Our Words Matter

Let's review autism traits in young children using neurodiversity-affirming language to describe their developmental differences.

💡Neurodiversity-affirming language means choosing **strengths-based** or **neutral wording** instead of the negative, deficit-driven language we have historically used.

Autism Traits in Young Children

Communication Differences

- May use fewer socially motivated gestures (e.g., pointing to share an experience, waving "hi" or "bye")
- May start talking later than other kids
- Often enjoys making unique sounds or using an distinctive tone of voice
- Might not consistently respond to questions or directions
- May communicate by guiding another person's hand to meet their needs

(Sources: Adapted from Autism Navigator & CDC)

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- May find it challenging to interpret facial expressions, tone of voice, or body language
- Sometimes stops using words that were previously spoken
- Might say words and/or use gestures but find it difficult to use them at the same time
- Often demonstrates strong rote memory skills
- May repeat words/phrases verbatim, including lines from favorite movies or shows (delayed echolalia); processes language in whole chunks (gestalt language processing)
- Is often drawn to music; may hum before speaking words and can mimic intonation patterns with ease

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Autism Traits in Young Children

Social Interaction Differences

- Tends to use eye contact in ways that feel inconsistent or selective
- May show less interest in turn-taking games (e.g., peek- a-boo, pat-a-cake, rolling a toy car back and forth, playing catch)
- May prefer limited physical affection, or conversely, be overly affectionate, even with unfamiliar people
- Might not consistently respond when name is called
- May prefer playing alone or with adults whose behavior feels more predictable than that of peers

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- Often focuses intently on preferred interests
- May use a limited range of facial expressions
- Sometimes does not recognize or respond to the feelings of others in expected ways
- Might show enjoyment in ways other than smiling, laughing, or making eye contact
- Often displays social learning differences—may not learn naturally through observation, imitation, or group social play

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Autism Traits in Young Children

Differences in Interests and Behaviors

- May develop a strong fondness for certain objects, which serve as comforting and regulating items
- Often prefers consistency and predictability, finding a sense of safety in the familiar
- Can show strong interests in specific sensory experiences (e.g., rocking, spinning, flapping)
- Might respond with heightened or reduced sensitivity to certain types of sensory input, which can make routines such as brushing teeth, clipping nails, or haircuts challenging

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- May posture their fingers or hands in distinctive ways (flared fingers/T-Rex arms)


- Might not attend to what is happening in the surrounding environment
- Can show more interest in objects than people
- Is sometimes fascinated with specific parts of objects
- Often enjoys exploring how things work and may prefer gadgets such as vacuums and light switches more than traditional toys

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- Tends to play in unique ways, such as studying toys from different angles, organizing toys (gathering, sorting, lining up), or focusing on how objects move





Focus on connection and meet the child where they are!

Autistic play is authentic play

All play is okay

Freebie: Autistic Play

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3. Racial and Gender Disparities in Diagnosing Autism

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 diagnosis for boys, but we are missing the signs of autism in girls (girls often present with non-stereotypical traits)

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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 often:
  - Control their behavior in public
  - Share more social smiles and use more eye contact
  - Have similar interests as other girls their age (just with more intensity)
  - Show more interest in friendships
  - Imitate the social behavior of peers ("social echolalia")

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- Often engage in pretend play (still organizers in their play though)

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- Tend to meet speech milestones on time and may even be hyperverbal with advanced vocabularies
- Sometimes are supported by a peer acting as a "mother hen" (this support often fades with time)
- Show fewer repetitive and restricted behavior than boys (Stanford study, 2005)
- Are skilled at masking Autistic traits, making it less likely for them to be referred for an evaluation
- Tend to display more internalizing behaviors (low self-esteem, anxiety, depression), so they might be quieter and more withdrawn

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- Autistic girls are more likely to be diagnosed at a younger age if they display externalizing behaviors (e.g., verbal outbursts, physical aggression, self-injurious behavior, or elopement)

- Before receiving their autism diagnosis, many girls are first diagnosed with anxiety, ADHD, or depression—diagnoses that may or may not be accurate
- Too often, Autistic girls grow up wondering what's "wrong" with them…and many don't receive a diagnosis until adulthood, if ever

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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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The Gender Gap

- According to the CDC, the gender gap is starting to narrow
- Previous data: 1 girl for every 4.7 boys diagnosed
- Current data: 1 girl for every 3.8 boys diagnosed

➡️ We're moving in the right direction, but many Autistic girls are still overlooked.

➡️ Without a diagnosis, there are no supports, no services, and no accommodations.

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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).
- Historically, Black and Hispanic children have been less likely than their white peers to be diagnosed with autism (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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The Racial Gap

- Autism prevalence in the U.S. is rising (from 1 in 36 kids to 1 in 31)—and this is GOOD news
- Black and Hispanic children are now being diagnosed more frequently, narrowing the racial gap with white children
- Thanks to improved screening and services for ALL kids, autism is no longer a diagnosis given primarily to while males from middle- or upper-income families (those with the best access to healthcare, transportation, and specialists)

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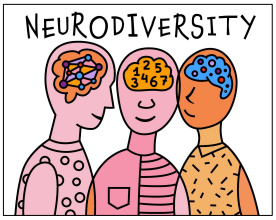
4. Neurodiversity

Neurodiversity is to humanity as biodiversity is to nature



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We recognize human physical diversity every day:

- Hair color & texture
- Skin color
- Eye color
- Height & weight

But we've never talked about brain differences…until now. That's where **neurodiversity** comes in!

What is Neurodiversity?

- Neuro = brain
- Diversity = differences
- Neurodiversity = brain differences

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Neurodiversity Movement

- The neurodiversity movement is a **social justice** and **civil rights** movement that intersects with the **disability rights** movement (Hughes, 2016).
- The neurodiversity movement has been gaining momentum since it was first introduced by Singer in 1998 due to the voices, advocacy, and protest of the Autistic community (Leadbitter et al., 2021).
- A central premise of the neurodiversity movement is that variations in neurological development and function are a natural and valuable part of human variation and not pathological (Leadbitter et al., 2021).

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The World Needs All Kinds of Minds

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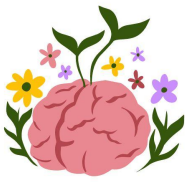
Our Neurodiverse Society

Our neurodiverse society includes two neurotypes (brain types):

Neurotypical & Neurodivergent



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1. **Neurotypical**: Refers to a person who thinks, processes, learns, communicates, and behaves in ways that are considered the "norm" by the general population. Society is designed for people with neurotypical brains. 
2. **Neurodivergent**: Refers to a person who has enough variation to their neurology that it warrants a diagnosis (autism, ADHD, dyslexia, dyspraxia, etc.). A neurodivergent person can't be cured because they don't have a disease or illness—they have a brain that functions differently. 

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Neurodiversity

"At the heart of neurodiversity, both as a philosophical paradigm and as a social justice movement, is the understanding that no one neurotype is more valid or valuable than another."

Gaddy & Crow, 2023

In other words, neurotypical people are not superior to neurodivergent people.

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Intersectionality

(Erevelles & Minear, 2010; Kapp, 2020).

Neurodiversity doesn't exist in isolation—it intersects with other aspects of a person's identity:

- ➔ socio-economic status
- ➔ cultural background
- ➔ race
- ➔ gender
- ➔ sexual orientation

These layers shape both opportunities and challenges, as well as how the world responds.

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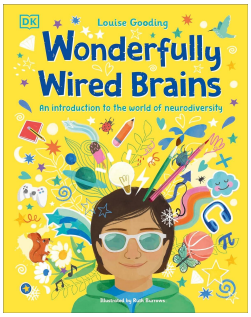
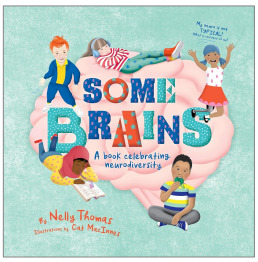
Kids books about neurodiversity





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Using the Terms

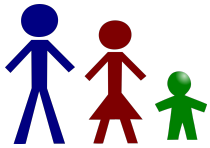
- **Neurodiverse:** Term used to describe a **group of people** with varying neurologies (both neurotypical and neurodivergent). Society is neurodiverse. *A single person cannot be not neurodiverse.*
- **Neurotypical:** Term used to describe a person whose brain development and functioning align with societal expectations.
- **Neurodivergent:** Term used to describe a person whose brain functions differently from what is considered typical based on societal expectations.
- **Allistic:** Refers to a person who is not autistic.

Assortative Mating

Assortative mating is a nonrandom mating system in which people with similar genotypes mate with one another (Connolly et al., 2019).

- People tend to choose partners who are similar to themselves
- Parents of Autistic children often share genetic similarities
- Suggests neurodivergent people are more likely to pair with other neurodivergent people
- As a result, autism prevalence is rising

Assortative Mating



When two neurodivergent people have children, the likelihood of their child also being neurodivergent increases

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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 31 children

Are there more Autistic kids or are we just better at identifying them? The answer is YES to both.

- Better understanding of the autistic neurotype
- Improved screening and diagnosis of Black and Hispanic children
- Assortative mating (easier with online dating!)

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But, we still need to improve screening and diagnosis to better identify Autistic girls…and when we do, expect the autism prevalence numbers to skyrocket!

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Neurodiversity affirming providers recognize that:

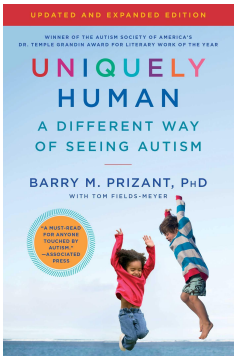
- Brain differences do not equal brain deficits.
- There is no right way of being human.
- Neurodivergent children often need individualized supports to help them thrive in a world that is not designed for them.
- Neurodivergent children are not optional members of society.
- All brains are beautiful.

T-shirts available at cariebert.com

Old Way of Thinking

- We have been working under the assumption that neurotypical people represent the right way of being human and neurodivergent people the wrong way.
- For decades, therapists and educators have been trying to make Autistic children act less Autistic by trying to "fix" their deficits and by teaching them to mimic neurotypical behaviors (masking their authentic way of being human).
- The Neurodiversity Movement is helping society reframe our understanding of how to best support neurodivergent individuals.

Highly recommended book and podcast!



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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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5. Neurodiversity-Affirming Language

Our Words Matter

- As professionals, we need to resist the use of negative, ableist language when talking about autism and describing the developmental differences in Autistic children.
- Updating our verbiage is important because our words matter. Using affirming language increases positive feelings about Autistic individuals and increases the connection between caregivers and Autistic children.

Gaddy & Crow, 2023

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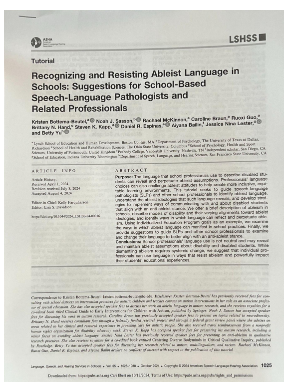
2024 journal article on resisting ableist language

Bottema-Beutel, et al., 2024



ASHA American Speech-Language-Hearing Association

LSHSS

Tutorial

Recognizing and Resisting Ableist Language in Schools: Suggestions for School-Based Speech-Language Pathologists and Related Professionals

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ARTICLE INFO

Article History:
Received April 1, 2024
Revision received July 8, 2024
Accepted August 4, 2024

Editor-in-Chief: Kelly Farquharson
Editor: Lisa S. Davidson

https://doi.org/10.1044/2024_LSHSS-24-00036

ABSTRACT

Purpose: The language that school professionals use to describe disabled students can reveal and perpetuate ableist assumptions. Professionals' language choices can also challenge ableist attitudes to help create more inclusive, equitable learning environments. This tutorial seeks to guide speech-language pathologists (SLPs) and other school professionals to identify ableist language, understand the ableist ideologies that such language reveals, and develop strategies to implement ways of communicating with and about disabled students that align with an anti-ableist stance. We offer a brief description of ableism in schools, describe models of disability and their varying alignments toward ableist ideologies, and identify ways in which language can reflect and perpetuate ableism. Using Individualized Education Program goals as an example, we examine the ways in which ableist language can manifest in school practices. Finally, we provide suggestions to guide SLPs and other school professionals to examine and change their language to better align with an anti-ableist stance.
Conclusions: School professionals' language use is not neutral and may reveal and maintain ableist assumptions about disability and disabled students. While dismantling ableism requires systemic change, we suggest that individual professionals can use language in ways that resist ableism and powerfully impact their students' educational experiences.

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Language, Speech, and Hearing Services in Schools • Vol. 55 • 1025–1038 • October 2024 • Copyright © 2024 American Speech-Language-Hearing Association 1025

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One of the most stigmatizing things about autism is that it is often talked about using negative, deficit-driven language. Many parents fear the diagnosis because of the alarming language that is used to describe autistic traits.

Red flags
Warning signs
Behavior problems
Obsessions
Deficits
Rigid behaviors

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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-Language-Hearing Association (ASHA)

(Do you see any stigmatizing words?)

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Let's consider the negative, stigmatizing words:

⚠️ Autism is a <u>disorder</u> marked by <u>deficits</u> in communication and social skills, and the presence of <u>restricted</u> or repetitive behaviors.

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Now let's replace stigmatizing words with strengths-based or neutral language to create an affirming definition of autism…

✅ Autism is a neurotype characterized by unique ways of communicating, socializing, and processing information, along with highly focused interests and repetitive, regulating behaviors.

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ND Affirming Language

- Instead of focusing on what the Autistic child *can't* do, neurodiversity-affirming providers recognize and build on the child's strengths and interests.
- Neurodiversity-affirming language uses strengths-based or neutral wording to describe autism traits.

Let's look at some examples contrasting deficit driven language with neurodiversity-affirming language…

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Negative, Deficit-Driven Language	Neurodiversity-Affirming Language
-Autism spectrum disorder -ASD	-Autism spectrum -Autism
-Rigid behaviors -Is inflexible -Insistence on sameness	-Prefers consistency -Finds safety in the familiar -Thrives in predictable situations
-Deficits	-Differences
-Restricted interests -Obsessions -Fixations	-Deep interests -Passions -Familiar and predictable activities

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How to modify our language

- Instead of, "She is obsessed with butterflies" we could say, "She is **passionate** about butterflies."
- Instead of, "He is obsessed with dinosaurs," we could say, "He has a **deep interest** in dinosaurs."
- Instead of, "She fixates on letters and numbers," we could say, "She is **fascinated with** letters and numbers."



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

- Instead of, "He perseverates on lining up objects" we could say, "Lining up objects is a **preferred/ regulating/familiar and predictable** activity."

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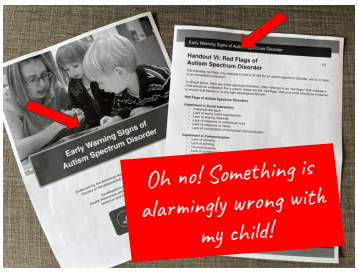
Negative, Deficit-Driven Language	Neurodiversity-Affirming Language
-Red flags of autism -Warning signs of autism	-Signs of autism -Autism traits



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Negative, Deficit-Driven Language	Neurodiversity-Affirming Language
-Is difficult to engage -Is in own world	-Focuses intently on own interests
-Does not interact with peers -Ignores other kids	-Enjoys playing alone -Prefers talking to/playing with/hanging out with adults
-Disorder -Handicap	-Disability (it's not a bad word)
-Normal	-Neurotypical
-Abnormal -Atypical	-Neurodivergent

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Negative, Deficit-Driven Language	Neurodiversity-Affirming Language
-Child with autism (person-first language)	-Autistic child (identity-first language)

When talking about individuals with disabilities, diseases, and other health conditions, most of us have been taught to use person-first language.

Child with autism
Student with autism
Person with autism

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Identity-First Language

(www.aucd.org)

While most professionals were taught to use person-first language, 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

We need to listen to the members of the community whom we aim to serve

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Autism isn't like a backpack

When we use person-first language and say, *child with autism*, it can make autism sound like something a person carries around and could simply set aside, like a backpack.

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

-Neurotypical Person

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Ask the Autistic Community

A 2022 poll of close to 7,500 Autistic people (including non-speaking Autistic people) showed that **only 4% preferred to be described as "person with autism**."

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

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 Autistic community generally prefers identity-first language–Autistic child/Autistic person).
- BUT…we must also understand that there is a diversity of perspectives. Many parents prefer person-first language (*child with autism*) until they learn the *why* behind identity-first language. This is why professionals need to guide parents to the Autistic community.

Outdated/Negative, Deficit-Driven Language	**Neurodiversity-Affirming Language**
-Tantrum -Fit -Challenging behavior	-Meltdown -Dysregulation -Stress response
-Poor eye contact	-Inconsistent eye contact -Selective eye contact
-Refuses/is non-compliant with adult-directed activities	-Engages best during low-demand interactions and when given more autonomy
-Nonverbal	-Non speaking
-Minimally verbal	-Minimally speaking
-Refuses to talk at times	-Inconsistently speaking

Most people refer to a child who does not talk as being **non-verbal**. The Autistic community has asked us to use the term **non-speaking** instead.

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 spoken words.

Bottema-Beutel et al., 2021; Gaddy & Crow, 2023

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Negative, Deficit-Driven Language	Neurodiversity-Affirming Language
-High functioning autism -Mild autism	-Low support needs
-Low functioning autism -Severe autism	-High support needs
-Non-functional echolalia	-Gestalt language processor
-Shows no interest in age appropriate toys	-Likes gadgets, such as vacuums and light switches, more than store-bought toys
-Has restrictive and repetitive play	-Enjoys playing in predictable ways

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Outdated/Negative, Deficit-Driven Language	Neurodiversity-Affirming Language
-Does not play appropriately with toys -Lacks purposeful play	-Enjoys gathering, grouping, sorting, and lining up toys -Likes to watch objects spin, roll, and wobble -Studies toys from different angles

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2 Ways to Create a Supportive Learning Environment for Autistic Kids

(3-2-1 & Video Modeling)

The 3-2-1 Strategy

- ➔ **3** familiar toys, books, or activities the child already loves
- ➔ **2** toys, books, or activities that are related to their current interests (but add a small twist)
- ➔ **1** new toy, book, or activity you believe the child might enjoy exploring

This structure meets the child where they are, while gently expanding their experiences in a supportive way.

Video Modeling 🎥

Video modeling is an evidence-based strategy that helps Autistic learners develop new skills. In this approach, children watch a short video of someone completing a task or behavior—such as washing hands, initiating play, or asking for help.

Since many Autistic children are strong visual learners, seeing a skill demonstrated on video can be more effective than hearing instructions. The video can be replayed as often as needed, giving children a clear and consistent way to practice and build confidence.

Important Note:

‼️ Using neurodiversity-affirming language (strengths-based or neutral wording) does not negate the need for services for Autistic kids.

➡️ As providers, we can show a need for services and supports *without* having to use stigmatizing, deficit-driven language. See the next slide for an example.

Seven-year-old Charlie enjoys spinning objects, organizing his collections, and playing Minecraft. He prefers consistency, often choosing the same activities and eating the same foods each day.

Charlie currently communicates using scripted phrases from shows and songs. He would benefit from strategies to support more flexible and spontaneous language.

He enjoys coloring, but has difficulty using scissors and utensils. With support, he can further develop his fine motor skills.

Due to sensory processing differences, Charlie often covers his ears in the community and in public restrooms. Identifying individualized sensory supports would help him participate more comfortably in community activities and daily routines. These supports could also reduce stress during hygiene tasks such as haircuts and fingernail clipping.

6. Reframing the Spectrum

Most people view the autism spectrum as linear

How autistic are you?

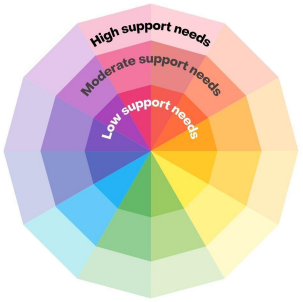
0% 100%

High functioning autism
Mild autism
A touch of the "tism"

Low functioning autism
Severe autism

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

And considered **level of support needs** instead of functioning labels and severity ratings?



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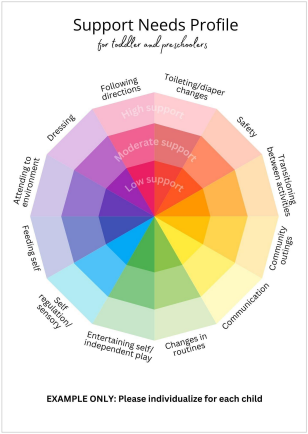
EXAMPLE
Toddlers and Preschoolers



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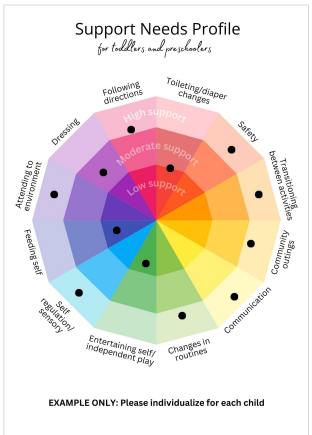
The **SUPPORT NEEDS PROFILE** allows us to see specifically where higher levels of support are needed and then write meaningful goals…so we can provide meaningful support in meaningful ways



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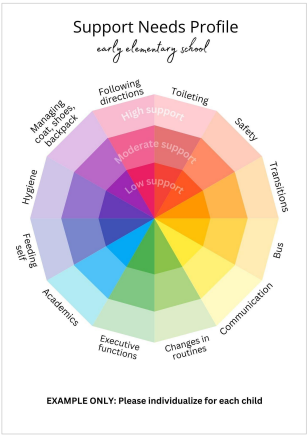
EXAMPLE
Elementary school



EXAMPLE ONLY: Please individualize for each child

EXAMPLE
Executive Functions

EXAMPLE ONLY: Please individualize for each student

Support Needs Profile

Basing services on the child's support needs profile would help us write goals that teach meaningful skills in meaningful ways.

Instead of talking about functioning levels and severity ratings, neurodiversity-affirming providers are making the shift to describing the child's level of support needs for access and participation in everyday activities.

Example: Instead of classifying a child as having low-functioning or high-functioning autism, we could say:

Child A has high support needs *in the areas of hygiene (bathing, washing hands), self-care (toileting, dressing, brushing teeth), communicating with others, remaining safe during transitions, and getting her sensory needs met throughout the day.*

Child B benefits from additional supports *in situations where sarcasm or figurative language is used, when introduced to new vocabulary, and when asked to follow multi-step directions.*

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DSM-5 Levels

These levels reflect the degree of impairment in two core domains: social communication and restricted/repetitive behaviors.

Level 1: Requiring Support
Individuals at this level may have noticeable social communication deficits, such as difficulty initiating social interactions or maintaining conversations. They might also exhibit some repetitive behaviors, but these do not significantly interfere with their daily life or functioning.

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Level 2: Requiring Substantial Support
Individuals at this level experience more pronounced social communication difficulties and restricted/repetitive behaviors that require more significant support. They may have difficulty with verbal and non-verbal communication, limited interest in social interaction, and struggle to form relationships.

Level 3: Requiring Very Substantial Support
Individuals at this level have severe impairments in both social communication and repetitive behaviors. They require very substantial support to function in daily life and may have significant difficulty with communication, social interaction, and adapting to changes.

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Interestingly, while the DSM-5 currently lists three Autism levels based on support needs, **new 2025 research is pointing toward four possible Autism subtypes**. This doesn't replace the idea of support needs—it gives us another lens to understand the spectrum.

Just as support needs can vary from day to day and across environments, these emerging subtypes may help us better appreciate the diverse ways Autism can present, without boxing people into outdated or limiting categories.

2025 Research

https://doi.org/10.1038/s41588-025-02224-z

A study of 5,392 Autistic kids (ages 4-18) found that autism can be described in four broad profiles that link lived experiences with genetic patterns.

These profiles are not "levels" or hierarchies, but different ways autism can be expressed.

The researchers were also able to connect genetic information to each profile, offering new insight into the diversity of Autistic experiences.

Subtype 1:

Social and Behavioral Differences (37%)

- Met early developmental milestones on time (walking, first words, etc.), similar to allistic siblings
- Core autism traits are present (e.g., repetitive behaviors, need for sameness, deep interests, social communication differences)
- More likely to also experience ADHD, anxiety, OCD, depression
- Genetics (not inherited): Differences are mostly linked to many small genetic changes working together, rather than a single "autism gene" passed down from parents

Subtype 2:

Mixed Autism with Developmental Delay (19%)

- Delays in early milestones (e.g., walking, first words)
- Often identified and diagnosed earlier; more likely to receive early intervention services
- More likely to experience language delays, intellectual disability, and motor challenges
- Fewer co-occurring mental health concerns
- Genetics (inherited + non-inherited): influenced by a combination of inherited and new genetic variants that disrupt neuronal genes active during fetal brain development

Subtype 3:

Moderate Support Needs (34%)

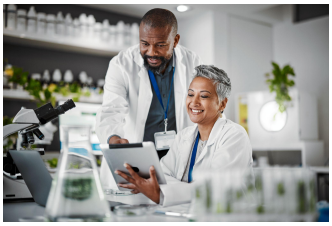
- Lower support needs compared with other subtypes
- Typically do not experience co-occurring psychiatric conditions such as ADHD, anxiety, or depression
- Many follow expected developmental paths, though some may show mild learning differences or sensory sensitivities
- Differences may be more subtle, so they are often diagnosed later in life or initially misdiagnosed
- Genetics (inherited): Most strongly linked to rare genetic changes passed down from parents

Profile 4:

Broadly Affected (10%)

- Widespread challenges across multiple areas of development + intellectual disability
- Significant developmental delays in early childhood
- More likely to also experience co-occurring psychiatric conditions, such as mood disorders and anxiety
- Genetic (not inherited): most strongly linked to high-impact de novo variants (new genetic changes not passed down from parents); carries heaviest load of disruptive variants, explaining why their support needs are the highest

*Researchers stress that these profiles are not a definitive or exhaustive grouping, but rather a starting point. This doesn't mean there are only four subtypes of autism, but it means there *at least* four.



7. Autism Acceptance

Puzzle Piece Logo

- The puzzle piece has historically been the logo associated with autism awareness.
- The original puzzle piece symbol from 1963 had a child crying inside of it, designed to represent the **mystery and sadness** of the **puzzling condition** known as autism.

From this To this

Ole Ivar Lovaas, Founder of Applied Behavior Analysis (ABA)

"You see, you must start pretty much from scratch when you work with an autistic child. You have a person in the physical sense–they have hair, a nose, and a mouth–but they are not people in the psychological sense. One way to look at the job of helping autistic kids is to see it as a matter of constructing a person. You have the raw materials, but you have to build the person."

Excerpt from an interview published in *Psychology Today* in 1974

Issues With the Puzzle Piece

(adapted from @NeuroClastic)

- The childish puzzle piece contributes to infantilism.
- The interlocking puzzle pieces in mismatched colors are a jumbled hot mess…in what world do non-matching puzzle pieces link together?
- The puzzle piece symbol suggests that an Autistic person is incomplete…a puzzle to be solved.
- Blue perpetuates the myth that autism primarily occurs in boys.

represents autism awareness
represents autism acceptance

If you are interested in a discussion on this topic, please listen to episode 53 of my podcast, ***The SLP Talk Show***.

Awareness vs. Acceptance

Autism Awareness

- Highlights surface-level challenges and perceived deficits
- Creates urgency, fear, and panic in society
- Focuses on causes, cures, and treatment
- Frames autism as a tragedy

Autism Acceptance

- Emphasizes understanding, inclusion, and belonging
- Requires effort, reflection, and real change; challenges us to confront our biases
- Focuses on strengths, interests, and individual needs
- Frames autism as a different way of being human

8. Models of Disability

Disability

- From medical and legal standpoints, autism is considered a disability.
- But not every Autistic person identifies as being disabled.
- Disability is not a bad word.

“

While it is true that those with disabilities may meet some of their needs in ways that differ from the societal standard, the needs themselves are fundamentally the same as any human and should be treated as such. The language preferences of all marginalized communities should be respected, and the disability community has made its preference clear: **Disability is not derogatory**.

Laura-Lee Minutello is one of Disability Rights Florida's Public Policy Analysts, and a person with Cerebral Palsy

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Models of Disability

Amy Donaldson, Ph.D. & endever* corbin, 2022; Davis & Crompton, 2021; The Nora Project, 2022

1. Medical Model of Disability (SPED is derived from this)
2. Social Model of Disability
3. Neurodiversity-Informed Model of Disability (Biopsychosocial Model of Disability)

**Moral Model of Disability (less common in the US). In this model, disability is associated with stigma, shame, and blame. It has historical roots in religious and cultural beliefs that view disability as a sign of divine displeasure.

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Medical Model of Disability

Amy Donaldson, Ph.D. & endever* corbin, 2022; Davis & Crompton, 2021, Gaddy & Crow, 2023

- Disability is caused by deficits in a person’s brain/body.
- Frames disability as a disease or condition to be cured.
- Portrays disabled people as needing pity.
- Views disability as inherently negative, leading to the use of euphemisms to soften the language.
- Focuses treatment on fixing deficits.
- Leads to exclusion from mainstream settings.
- Promotes awareness rather than genuine acceptance.

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Social Model of Disability

Amy Donaldson, Ph.D. & endever* corbin, 2022; Davis & Crompton, 2021; The Nora Project, 2022; Gaddy & Crow, 2023

- Disability arises from barriers created by society's attitudes, structures, and systems toward people with differences.
- Lack of access and supports are the cause of disability (e.g., a building without a ramp), not brain/body challenges (e.g., being in a wheelchair).
- Society is expected to make accommodations to include disabled people (Americans with Disabilities Act/ADA was passed in 1990 because of this model).
- Inclusion is a priority.

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Neurodiversity-Informed Model of Disability

Amy Donaldson, Ph.D. & endever* corbin, 2022; The Nora Project, 2022; Murphy, 2023

- Sees disability as a human difference, not something pathological or tragic.
- Recognizes that ableism and barriers to inclusion limit a disabled person's participation in society.
- Acknowledges both the disabled person's challenges *and* society's responsibility to value differences while providing supports and services.
- Validates and accepts neurodivergent traits as part of natural human diversity.

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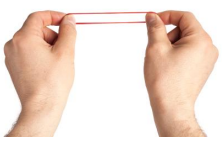
- Supports inclusion and belonging by creating a mindset of acceptance, not just awareness.
- Expands on the social model of disability by creating space for *all* disabled people, including those with invisible disabilities.
- Focuses on stretching strengths instead of "fixing" perceived deficits.



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9. Gestalt Language Processing

Gestalt Language Processing

as part of autistic communication

- There are two main styles of language processing and acquisition: analytic and gestalt.

  Analytic: Separating language into component parts; development moves from parts to whole.

  Gestalt: Processing language as an organized whole; development moves from whole to parts.
- While anyone can be a gestalt language processor, it is believed to be more common in Autistic people.

- 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

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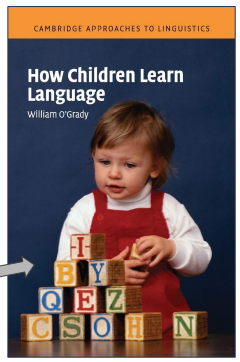
Two different styles of language learning

1. **Analytic**
2. **Gestalt**



circa 2005

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 professionals were actually trained to write goals to extinguish the use of echolalia in Autistic kids ("No movie talk in speech").
- We now understand that delayed echolalia is part of gestalt language processing and it is how some kids acquire and process language.

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Analytic Language Processors	Gestalt Language Processors
• Bottom-up, part-to-whole language learners	• Top-down, whole-to-part language learners
• Start with production of single words and then gradually and systematically move to word combinations	• Echo chunks of language focusing on intonational patterns, without understanding the meaning of words
• Known as **word babies** (Dore, 1974) and focus on the meaning of words	• Known as **intonation babies** (Dore, 1974) and focus on the musicality of spoken language

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Analytic vs. Gestalt

Examples:

Up

Pickyouup

Go

Gottagonow

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It may be best to view the analytic-gestalt contrast as a continuum rather than as an either/or situation, recognizing that a child has tendencies in one direction or the other (Grady, 2005).

Language Acquisition Continuum

Analytic	**Gestalt**
Analytic language processors like to name people and objects; they use lots of one-word utterances in the early stages of language learning	Gestalt language processors memorize and produce chunks of speech (that is often poorly articulated) that correspond to entire sequences of words in the adult language

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Gestalts That <u>All</u> Kids Use

- ➔ Thank you
- ➔ LMNOP
- ➔ Toinfinityandbeyond

Even adults use gestalts when learning a phrase in a foreign language:

- ➔ Dónde está el baño

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⚠️ BE AWARE!

- Gestalt language processors often produce speech that is hard to understand.
- Their spoken language may be mistakenly dismissed as babbling, gibberish, or jargon by both parents and professionals.

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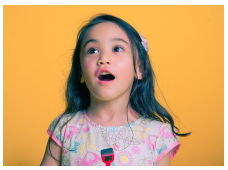
Example of an Unintelligible Gestalt

Child repeatedly says, "*Dasosee, dasosee, dasosee*." This behavior is ignored because the adults have decided that this is meaningless use of language.



The SLP starts paying close attention and realizes the child is actually saying, "*That's so silly*" which is a phrase one teacher uses frequently.

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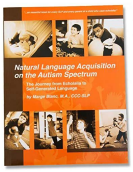
Resources

- Marge Blanc's book



- *The Natural Language Acquisition Guide* by Marge Blanc The-Natural-Language-Acquisition-Guide_-Echolalia-is-all-about-gestalt-language-development_sm.pdf (communicationdevelopmentcenter.com)
- Self-study courses from www.meaningfulspeech.com

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10. Stimming

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. (Trying to extinguish a stim is like playing the Whac-A-Mole game…it will pop up as something else.)

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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 are actually self-regulation strategies** that help calm their anxiety, improve awareness of their bodies, focus their attention, help deal with overwhelming sensations.
- 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. Presume Competence

Presume Competence

Presuming competence means expecting a child to succeed rather than assuming they will fail.

Unfortunately, people often make inaccurate (and harmful) assumptions about Autistic children, such as:

➔ Non-speaking children don't understand what other people say

➔ Autistic children lack empathy

➔ Autistic children will only work for food reinforcers

➔ Autistic children do not want friends

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✨ We should approach every child with a strengths-based mindset, assuming that *all* children can think, learn, feel, and understand, regardless of their diagnosis or what standardized tests may suggest.

✨ Our role is to uncover each child's unique strengths and interests and create opportunities for them to shine.

✔️ Assume ability.

✔️ Build on strengths.

✔️ Support differences.

✔️ Accommodate needs.

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How to Presume Competence

- Reflect on and challenge your own biases about Autistic kids.
- Avoid judging a child's abilities based solely on standardized test scores.
- Don't provide too much support or be overbearing.
- Talk to and treat the child in a manner that is appropriate for their age; do not infantilize.
- Avoid speaking for the child.
- Speak directly to the child and include them in the conversation when talking to others in the room.

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- Avoid using hand-over-hand assistance; it can create prompt dependency, hinder motor learning, and violates body autonomy.

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

- Ask permission before helping or touching the child.
- If permission is given, use a light tap on the shoulder or elbow to help the child get started.
- Collaborate with an occupational therapist about adaptive equipment (e.g., weighted spoon, spring loaded scissors).
- Tug on the tool rather than touching the child's hand.
- Use hand-*under*-hand assistance to provide support while allowing the child to lead the movement.

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12. Behavior

Behavior

- Autistic children often behave differently because they experience the world differently.
- Behavior is a reflection of what is happening in the nervous system. It is a clue, not a problem.
- Challenging behavior should be viewed as a stress response instead of assuming it is willful disobedience.
- Behavior is often the most accessible form of communication a child has during moments of distress.

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Behavior

Traditional Approach	Affirming Approach
• Extinguish the behavior	• Understand the *why* behind the behavior
• Get compliance through use of reinforcers	• Build authentic connection
• Ignore sensory needs	• Honor sensory needs
• Focus on deficits	• Build on strengths
• Expect conformity	• Support flexibility and regulation
• Fix the child	• Fix the environment

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

-Alexander Den Heijer

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

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

➡️ **Whole-body listening expectations:** eyes on the speaker, body faces the speaker, listening ears are on, mouth is quiet, hands and feet are still.

Reality check:

- ➔ Autistic children may not be able to meet these expectations because of their neurological differences.
- ➔ Movement, looking away, or fidgeting can actually help them process and stay engaged.
- ➔ A child doesn't have to sit still to learn or participate.

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Neurodivergent kids can sometimes focus and learn better when allowed to:

- Hold quiet fidgets in their hands
- Stand or move their bodies as needed without asking for permission
- Engage in heavy work prior to seated tasks
- Meet their oral sensory needs
- Participate in low-pressure activities
- Sit in ways that are comfortable, with flexible seating options available (e.g., bean bag chairs, rocker chairs, floor desks, standing desks)

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➡️ **Compliance expectations:** When an Autistic child appears non-compliant, it is often assumed that they are being willfully disobedient.

Reality check:

- ➔ Dr. Ross Greene reminds us: "*Kids do well if they can*."
- ➔ When kids struggle, it's not because they don't *want* to do well, it's because something is getting in the way (lagging skills, unmet needs, or unsolved problems).
- ➔ Our job is to uncover the cause of the dysregulation and address the *why* behind the behavior, rather than focusing on just extinguishing it.

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Possible reasons for not complying with a directive:

- The direction isn't understood.
- The activity isn't meaningful.
- The child has difficulty with initiation.
- The child is dysregulated.
- The activity triggers a negative sensory response.
- Basic human needs are unmet (Maslow).
- The child is currently engaged in a preferred activity and finds it hard to shift focus.
- The child struggles with working memory (forgets the instruction before acting).
- Self-advocating; refusal is valid communication.

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➡️ **Use of behaviorist teaching methods:** Providers often prioritize compliance over understanding, addressing behaviors without meeting the child's underlying neurological needs. Common examples include:

- ➔ Withholding preferred items or activities as punishment for perceived "bad" behavior.
- ➔ Holding a comfort item hostage and making the child earn it back by completing a work task first.
- ➔ Ignoring sensory and nervous system needs by forcing the child to *earn* a sensory break.
- ➔ Justifying harmful practices by saying they prepare the child for "the real world."

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- ➔ Placing demands on a dysregulated child.
- ➔ Forcing the child to play in a prescribed way and dismissing the child's authentic interests and joy.
- ➔ Using planned ignoring to "manage" behavior instead of addressing underlying needs.
- ➔ Relying on reinforcers, such as food, to control behavior or coerce compliance.

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👉 Why we should avoid food reinforcers

- Many Autistic children already have a complex relationship with food.
- Linking eating to compliance can create stressful and harmful associations around food.
- Most food reinforcers are highly processed, sugary, and low in nutrients—which can disrupt blood sugar levels and reduce appetite for nutritious meals.
- Using food as a reward may interfere with feeding therapy or other nutrition-focused interventions.

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Reality check:

➔ Behavior is communication in action.

➔ Behavior is a clue, not a problem.

➔ Our job is to understand the *purpose* behind the behavior and meet the child's sensory, emotional, and communication needs—rather than focusing on suppressing the behavior.

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The Developmental Formula for Supporting Autistic Children

(the order matters!)

1. **Regulate** the child's nervous system by meeting their bodily, sensory, and emotional needs.
2. **Reach** the child by establishing an authentic connection.
3. **Teach** the child new skills.

Regulate their nervous system. Reach their heart. Teach their mind.

REGULATION
CONNECTION
INSTRUCTION

Maslow before Bloom

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Intervention Models

2 Intervention Models

Most providers were trained primarily in the Deficit-Driven model, so that's often the only approach families hear about after a child's initial diagnosis. But there is another option:

- Deficit-Driven Model (compliance-based)
- Neurodiversity-Affirming Model (honoring differences)

Deficit Driven Model

- Grounded in medical-model therapies (ST/PT/OT/ABA)
- Frames therapy as a way to "fix" autistic traits
- Often leads to exclusion from peers or typical environments
- Services are compliance-based; kids work for reinforcers
- Emphasis is on fixing deficits identified on standardized tests (focusing on what Autistic kids *can't* do)
- Goals revolve around neurotypical expectations
- Skills are taught in isolation, out of meaningful contexts
- Promotes awareness rather than acceptance

Neurodiversity-Affirming Model

- Strengths-based, child-led intervention that follows the child's interests and builds on what they *can* do
- Relationship-based services that prioritize safety, regulation, and connection over compliance
- Meaningful skills are taught in meaningful ways
- Providers meet Autistic kids where they are, rather than imposing neurotypical expectations
- All forms of play and communication are honored
- Affirming, respectful language is consistently used
- Genuine autism acceptance is practiced

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A neurodiversity-affirming, child-led approach does *not* mean:

✔️ A chaotic learning environment

✔️ A free-for-all with no guidance at all

✔️ No boundaries or expectations for behavior

✔️ Ignoring developmental needs or safety concerns

A neurodiversity-affirming, child-led approach *does* mean the provider honors who the child is, supports their communication and joy, and does not aim to make them indistinguishable from their peers.

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Balancing Affirming Language with System Requirements

- A provider can use affirming language while still demonstrating medical or educational necessity.
- However, to meet insurance, state, federal, and IEP requirements, systems often demand deficit-based terms such as *disorder, deficit, impairment, lacking, compared to same age peers,* or *age appropriate*.
- As a result, the language that professionals must use in required documentation may differ from the way they speak to and about neurodivergent children in everyday practice.

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Writing Affirming Goals

Goal Areas to Avoid

Adapted from therapistndc.org

- Eliminating or reducing echolalia or stimming
- Forcing or increasing eye contact
- Eliminating or reducing deep interests
- Answering *WH*- questions without context or relevance
- Expecting compliance without question or self-advocacy
- Extinguishing challenging behavior so the child acts in more neurotypical ways
- Enforcing whole body listening requirements

- Teaching isolated skills that are not relevant and meaningful to the child
- Desensitizing natural responses to sensory inputs
- Focusing on independence without accommodations
- Expressing appropriate facial expressions, body language, and emotions appropriately (this encourages masking/fawning)
- Taking turns during forced adult-directed activities (compliance goal)
- Initiating play with peers despite independent play being preferred

Links

Neurodiversity-Affirming Therapy: Positions, Therapy Goals, and Best Practices - Therapist Neurodiversity Collective

Nothing about Social Skills Training is Neurodivergence-Affirming - Absolutely Nothing. - Therapist Neurodiversity Collective

"Training" Social Skills is Dehumanizing (Part 1) - Therapist Neurodiversity Collective

Why Perspective-Taking and Neurodiversity Acceptance? (Part 2 of "Training" Social Skills is Dehumanizing: The One with the Therapy Goals) - Therapist Neurodiversity Collective

On Writing Masking Goals for Autistic Middle School Girls – Stop It! - Therapist Neurodiversity Collective

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Goal Areas to Address

- Supporting safety and regulation
- Encouraging self-advocacy
- Building authentic connections by establishing positive shared social interactions
- Supporting multimodal communication
- Enhancing executive function skills
- Strengthening motor planning skills
- Fostering autonomy with an emphasis on interdependence, not necessarily independence
- Adapting the environment to increase participation

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Examples of Neurodiversity Affirming Therapy Goals

(you make them measurable)

- Child will communicate in any modality (e.g., speech, pictures, gestures, signs, speech generating device), to share interests with others.
- Given unrestricted access to multimodal communication, child will demonstrate evidence of learning during 3 different structured activities.
- Given unrestricted access to multimodal communication, child will self-advocate for personal needs (e.g., say no, use the restroom, express overstimulation, ask for help).

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- With sensory supports, child will participate in shared social experiences with adults or peers (circle time, snack time, etc.).
- Child will self-advocate to indicate preferred ways to socialize with others (e.g. at recess or on the playground).
- With adult support, child will express sensory needs to improve self-regulation during hygiene activities.
- Child will communicate sensory/environmental needs for self-regulation and successful learning (e.g., "*I need to stand,*" "*I need to move,*" or "*I need to go somewhere quiet*").

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- With sensory supports, child will seek out safe ways to achieve oral input.
- With sensory supports, child will engage in positive social interactions with three different adults or peers.
- When provided with visual supports, child will successfully transition between activities.
- Child will explore and use self-regulation strategies that allow participation in group activities in a way that feels comfortable and safe.
- With sensory supports, child will have safe and positive experiences on the bus when riding to and from school.

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- When provided with executive function supports, child will complete multi-step tasks.
- Given unrestricted access to multimodal communication and adult support, child will participate in whole-group learning activities 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 and adult support, child will respond to meaningful comments, questions, and directions across 3 different settings.

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Time to Wrap Up

Instead of using our energy to make Autistic children behave and learn like their neurotypical peers, let's focus on accepting, supporting, celebrating, and nurturing their unique strengths.

✨ *Neurodiversity makes the world a brighter place!* ✨

- ★ My son Aaron is Autistic, not broken, disordered, defective, or special. He has a brain that functions differently.
- ★ There is nothing "wrong" with him and he doesn't need to be "fixed."
- ★ What he needs are supports, services, and accommodations to help him access the same opportunities that non-disabled 20-year-olds have.

Feeling overwhelmed? Want ongoing support?

Be the first to know!

When you sign up for my newsletter, you'll get exclusive details about my brand-new online professional coaching membership for providers—**The Learning Lounge**—launching this fall! 🚀

https://cariebert.com/Newsletter

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Autistic-led neurodiversity-affirming websites:

Autisticadvocacy.org
Autismlevelup.com
Therapistndc.org
Icannetwork.online

Neurodiversity-affirming Instagram accounts to follow:

@neurowild_
@theautisticot
@neurodivergent_lou
@aneurodivergentway
@justkeepstimming
@fidgets.and.fries
@neuroclastic
@autismlevelup
@learnplaythrive
@rdorseyslp
@theexpertally
@therapistndc
@neurodiversityireland
@mrsspeechiep
@speechdude
@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
@bohospeechie
@one.on.one.speechtherapy
@rdorseyslp

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