

A Parent's Introductory Guide to Neurodiversity-Aligned Therapy and Educational Practices for Autistic Children



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Thank you!



Thank you so much for downloading this. I spent a lot of time designing this handy booklet to have all of this information in one place, to be used by neurodiversity-affirming



therapists to help educate others, and to help parents learn about autism through a neurodiversity-affirming lens. This is the same information available on the Resources page of my website, and on those of many other advocates. **Human rights issues shouldn't be used for profit**, so rather than selling the *information* that should be freely available and shared as much as possible.

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Important Note:

The information in this booklet is based upon my experiences as an autistic person, my work with autistic children, and my work as an SLP in the public school system. This experience was also informed through the lens of everything I have learned about neurodiversity from autistic advocates who have come before me. Although I haven't taken any of this information directly from any one source, group, or resource, I have consumed such a vast array of many autistic advocates' work that what I have learned from them has shaped my knowledge and has surely made it into this booklet. For example, I wasn't born knowing the term "neurodiversity", and I don't even remember the first time I heard the term, but it was once upon a time created by someone (actually Judy Singer, an autistic sociologist) and since that time the term has been used by and the idea has shaped the works of many many other autistic advocates, including myself. That and other related terminologies and ideologies are not trademarked or copyrighted things – they deserve to be shared as much as possible. The Neurodiversity Movement is a human rights issue and information about it should not be subject to gatekeeping.

Although I cannot say for certain where every single bit of my knowledge has come from, the amalgamation of such has made up this booklet, and I would be remiss not to mention some of the other autistics and groups from whom I know I have learned the most:

- Autistic Self-Advocacy Network
- Rachel Dorsey – Autistic SLP
- Kieran Rose – The Autistic Advocate
- Various contributors to Neuroclastic
- Lyric Holmans – Neurodivergent Rebel
- Tiffany TJ Joseph – Nigh Functioning Autism
- V. Tisi – Speechologist
- Therapist Neurodiversity Collective

I would also like to highlight the importance of listening to multiply marginalized populations, such as BIPOC, LGBTQIA+, and/or non-speaking autistics. I am continuing to further my knowledge by learning from these groups, but know that I still have a lot to learn and as a society we have a really long way to go. Please visit my website for more information.

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Introduction



Hello! I'm so glad you're taking the time to read this. I put together this booklet to help explain to you – the parent or caregiver of an autistic child – that there are other options for your child's education. From the time your child was diagnosed, you were likely bombarded with information and recommendations from the standpoint that autism is something undesirable, and that you need to try to “treat” or “cure”. These people, even trusted individuals such as therapists, teachers, and doctors, may preach “autism acceptance”, but in reality try to change your child into something they find more “acceptable”. Although autism is a disability that surely impacts your child's life and your family's lives, it doesn't need be viewed in such a negative light. There is another viewpoint that is becoming exponentially more prevalent as more autistic adults begin advocating, more research is conducted, and more professionals begin to listen. This viewpoint is the Neurodiversity paradigm.

This short guidebook will introduce you to the neurodiversity paradigm, educate you on neurodiversity-aligned, respectful, and empathetic therapy and educational practices, and give you tips to advocate for your child, if you decide to adopt this viewpoint as your own.

Please be aware that some of these ideas and articles present a different viewpoint than what you may be used to, and also may contradict that what might be presented to you regarding your child's disability and their education. If you dive deeper into some of the provided resources, you may even find some of them are difficult to read. However, I think it's important to stay up to date with current research and explore different perspectives, including those of individuals who are actually autistic.

Another note: You will notice that identify-first language is used throughout this guidebook. For example, I will say “autistic person” instead of “person with autism”. This is intentional, as the autistic community overwhelmingly prefers this language.

Let's get started!

Neurodiversity



Neurodiversity is the variation and differences in neurological structure and functioning that exists among all human beings, especially when viewed as being normal and natural, rather than pathological. Neurodiversity is an umbrella term, encompassing all types of neurocognitive differences, as well as “normal” neurocognitive functioning, or *neurotypicality*.

Neurotypical individuals are those who are neurologically typical. Everyone is different, so it is hard to find a brain that is completely “typical”; this term is used more so for comparison sake. We

compare this to *neurodivergent*. Neurodivergent individuals have brains that function differently from the typical; they may have some form of neurodivergence. When talking about a group of people, including neurodivergent or neurodivergent and neurotypical individuals, we may describe the group as *neurodiverse*.

The concept of neurodiversity is not a theory, perspective, belief, or political position; it's a fact – it's easy to accept the fact that everyone has different brains, or that there is diversity amongst our brains. However, not everyone realizes that neurodivergent individuals can and should be accepted as they are, nor do they see the inequities in social dynamics for this marginalized group. For this reason, the *Neurodiversity Movement* has been growing considerably. The Neurodiversity Movement is a cultural and human rights movement lead by autistic, neurodivergent, and other disabled people with the end goals of acceptance of neurological differences, autism/neurodiversity acceptance, self-determination, autonomy, the end of discrimination, equitable inclusion, and equal opportunity.

Some Examples of Neurodivergence:
Autism, ADHD, Dyslexia, Tourette's, Anxiety, OCD, Depression, Intellectual Disability, Apraxia, Schizophrenia, Traumatic Brain Injuries, Dyspraxia, Stuttering, Dyscalculia, Epilepsy, Gender Dysphoria, Sensory Processing Disorder, Bipolar Disorder, Dementia, Learning Disabilities, Demand Avoidance, PTSD, and many more

There is no one “right” gender, race, or sexuality.
Similarly, there is no one “right” neurotype.

Paradigms & Disability Models Explained



To help explain some of the foundational underpinnings of the neurodiversity movement, it helps to understand the difference between the Pathology Paradigm & the Neurodiversity Paradigm, as well as the Medical Model of Disability & the Social Model of Disability.

Pathology Paradigm

There is only one “right” or “normal” kind of brain.

If your brain does not fit into “normal”, there is something wrong with you.

The Pathology Paradigm is unfortunately the dominant perspective in today’s society and educational system.



Neurodiversity Paradigm

Neurodiversity is a natural and valuable form of diversity.

There is no one “right” or “normal” kind of brain.

The current societal dynamics are not accepting of neurodivergent people.

Overall, the pathology paradigm purports that something is wrong with neurodivergent people and they need to be fixed, whereas the neurodiversity paradigm encourages acceptance of all individuals as they are.

Medical Model of Disability

A person is disabled by the way in which their body or mind is deficient or abnormal.

Disabled people are a broken variety of human; they need to be fixed, cured, or prevented. Only neurotypical humans are valid.

Disabled people need others to make decisions for them, and are only receivers of help.

Social Model of Disability

A person is disabled by society’s and their environment’s barriers.

Disabled people are a normal variation of human; they should have equal rights and access to society, without being “fixed”.

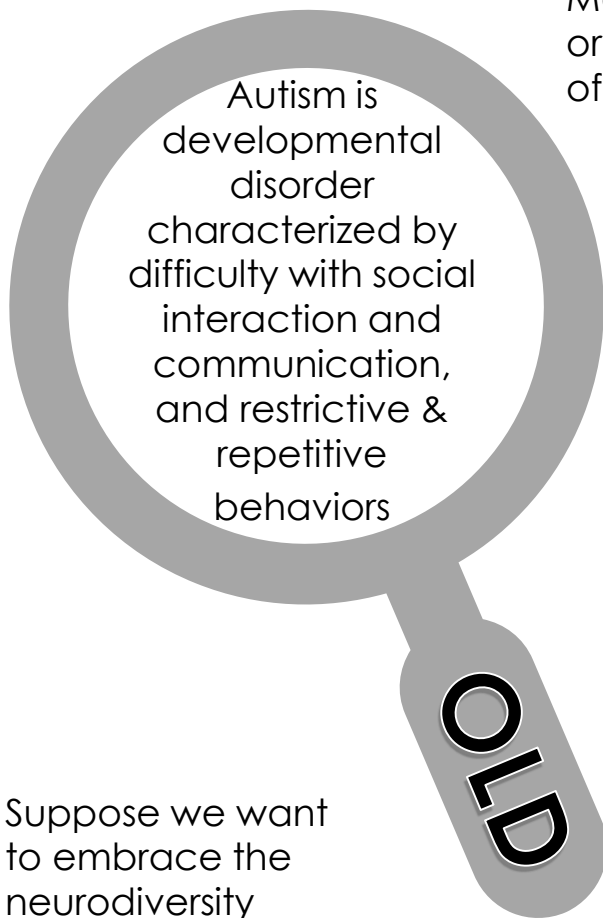
Disabled people are inherently equal, and thus have a right to autonomy and self-determination.

A New Lens



When we view neurodivergencies through the neurodiversity paradigm rather than the pathology paradigm, and from the social model standpoint rather than the medical model, it can open up a big shift in our perception of them. Although this can be applied across neurodiversity, we are going to focus on autism.

Most people are first taught or provided with a definition of autism similar to this one



But what if we use this definition?



Suppose we want to embrace the neurodiversity perspective of autism – what do we do now?

We need to understand, accept, and appreciate autism.

We can adopt the viewpoint that autism is just a difference. There is nothing wrong with autistic people, they are just different.

Reframing Thoughts & Language



Accepting and appreciating autism involves that we reframe our thoughts about it. Little by little, the Neurodiversity movement is helping society to reframe how they view autism and other disabilities.

However, many professionals have only been educated using the medical model of disability, and the pathology paradigm. Along with autism “charities” that profit off of fear-mongering, and the long history of autism researchers basing their work off false assumptions, we've really ended up in a place where society as a whole views autism as something undesirable. This stigma makes parents fearful about autism.

This is why we have to work hard to change this prevalent viewpoint. How we think and talk about autism has a significant impact on how autism is viewed, and thus on autistic people themselves. Autistic people are speaking out and advocating to change this narrative, and we need to listen to them and reframe our thoughts and language appropriately.

Identity First Language vs. Person First Language

Person-first language - person with autism - is what many people use so as to remind everyone that the individual is a person and their “disorder” should be considered secondary. “With autism”, “has autism”, or “on the autism spectrum” is all language separating autistic people from autism. But autism is not something that autistic people need to be separated from. It is not something bad – it is an actual state of being that shapes every part of that person. And we should not have to remind everyone that autistic people are in fact people. For these reasons, the autistic community vastly prefers the use of identity-first language - autistic person – to help reduce stigma.

Puzzle Piece vs. Infinity Sign Symbolism

The puzzle piece logo was first used to represent autism in 1963 by the National Autistic Society in the UK. This symbol also had a picture of a crying child inside it, to represent the sadness of autism. Now, many people still think of autistic individuals as being puzzling, having a missing piece, or being an unfinished puzzle - one that needs solved, or cured. For these reasons, the autistic community regards the puzzle piece as a hate symbol. Instead, the autistic community embraces an infinity sign to represent autism. The symbolism of the infinity sign is that the autism spectrum is not linear. Each autistic individual has endless possibilities and untapped potential.

Autism



Autism is a developmental disability that affects how an individual experiences and thus interacts with the world around them. Autistic people have differences in their sensory system and sensory perception. Due to the difference in input that this causes, the information is then perceived and processed differently, and therefore the output, or how the autistic person thinks, feels, communicates, socializes, moves, and otherwise behaves, is also different. However, that doesn't mean that they do these things *incorrectly*.

Due to all these differences that can occur, there is no one way to be autistic. All autistic individuals experience autism differently. This is why autism is called a *spectrum*. However, no matter how an individual's autism presents, everyone deserves understanding and acceptance.

What Autism is NOT

- Autism is not a disease. It's also not something that can or should be "cured".
- Autism does not cause intellectual disability or learning disability. Autistic children can learn just like all people do when well-supported.
- Autism doesn't cause deficits in social skills or communication. It just causes differences in these skills (The Double Empathy Problem & Diversity in Social Intelligence).
- Autism doesn't cause behavior problems or aggression. If a student is having a perceived behavioral problem, or a meltdown or shutdown, it typically means there is a problem in their environment that needs to be fixed.

We call autism a developmental disability because it is present when someone is born and becomes evident as an individual develops in childhood. Autistic people are born autistic and will be autistic for their entire lives; it is their neurotype. An autistic person never stops being autistic. Autism is a disability because the society has not set up the world in a way that it can be easily accessed by autistic people. The environmental barriers are what cause autistic people to be disabled.

Autistic Thinking



Autistic people have some differences in how they think and how their brain works:

- Special Interests - These are interests related any topic that are very important to the autistic individual! The autistic person may know a lot of information about that topic. There are many kinds of special interests – some may even seem strange to you. Whatever the interest, it should be embraced because it is something that makes the autistic person happy!
- Monotropism – This is a flow state that autistic people can get into that helps them to focus on things they like.
- Executive Functioning Differences - This involves skills such as planning, organization, and starting and stopping tasks. It may appear to be laziness, but it is not the same thing. If someone is experiencing executive functioning difficulties, they may want to do a task, but can't. This is an area in which sometimes autistic people need extra support.
- Attention to detail - Autistic people often notice things that others don't.
- Good memories - Autistic people may remember small details from their lives or many facts related to their special interest!
- Like routine and dislike change - This helps autistic people know what to expect and help make sense of their life. It can help with anxiety as well.
- Black and White thinking - To autistic people, many things are either 'good' or 'bad', or 'right' or 'wrong'. They may have difficulty thinking in the in-between or gray zone.



- Learning differences - Autistic people may learn things in a different order, may be really good at some skills but bad at others, may learn some things really slowly but some things really quickly, or may need to learn something more than once. As long as the autistic person is supported in the right way, they will be able to learn and grow.

Autistic children may benefit from adaptations in school to account for the differences in thinking and learning they may have.

Autistic Feeling



Because of differences in perception, autistic people may have some differences in how they feel things and experience emotions:

- Emotions - Autistic people can feel emotions just like neurotypical people, but they may express their emotions in different ways. For example, they may use different facial expressions or body language than a neurotypical person. They also may feel their emotions more strongly or completely, or not be able to name or identify the emotion they are feeling (alexithymia).
- Empathy - Again, even though autistic people might not show empathy in the same way, they definitely feel empathy! Many autistic people actually feel too much empathy and can't turn it off (hyper-empathy).
- Anxiety - Unfortunately, many autistic people also feel a lot of anxiety, again due to how society views and treats autistics and the barriers they face in their environment. Many things can cause them to feel anxious, even if it is something you don't think is a big deal. It's important to support them when they are feeling anxious!
- Meltdowns & Shutdowns - These happen when an autistic person can't control their feelings and when they get too stressed, but they don't happen on purpose. They aren't the same as tantrums, and autistic people can't control when they happen. Meltdowns may involve crying, screaming, losing control of their body, or running away. On the other hand, shutdowns cause the autistic person not be able to do anything. These feel very scary to the autistic person.
- Self-Regulation – When autistic people are feeling an emotion or sensation, they may have difficulty modulating how they feel because they often feel so strongly.



Some autistic individuals may benefit from speech/language therapy to help them communicate how they are feeling, occupational therapy to help with regulation, or therapy to assist with anxiety.

Autistic Communication



Autistic people have some different ways of communicating they may use, that may be misinterpreted by neurotypical people.

- **Speech & Language** - One way that some autistic people communicate is through speaking, just like anyone else. However, they may use language differently than neurotypical people, and are more likely to also present with speech and language disorders. It is important to remember that there are other ways to communicate besides speaking, too, and they should all be listened to.
- **Echolalia** – Echolalia is repeating what you have heard, either immediately or delayed. Autistic people use echolalia to communicate, especially when they are unable to make their own sentences. This is often dismissed as non-communicative, but it's important to listen to it to figure out what your child may be saying.
- **Scripting** – Scripting is simply preparing what you are going to say ahead of time. Everyone scripts sometimes, but autistic people tend to do it more often and have longer scripts.
- **Non-speech communication** - Speaking can be difficult for some autistic individuals. They don't always have good control over their bodies and muscles, and speaking takes a lot of fine motor control. Some people may be able to speak sometimes, but not other times. These people can communicate in other ways besides speech. Most of these individuals prefer to be called “non-speaking” rather than “non-verbal”, which implies they don't use or understand language.
- **Behavior** – If an individual does not know how to express what they are feeling, or cannot express it at that time, they may act in certain ways. You need to learn how to interpret your child's behavior to try to understand what they are communicating.
- **Augmentative and Alternative Communication (AAC)** - AAC is a way that non-speaking people, or people who have difficulty speaking sometimes, can communicate. There are many forms of AAC, and they are all valid.

Some autistic individuals may benefit from speech/language therapy, to help them build a functional communication method.

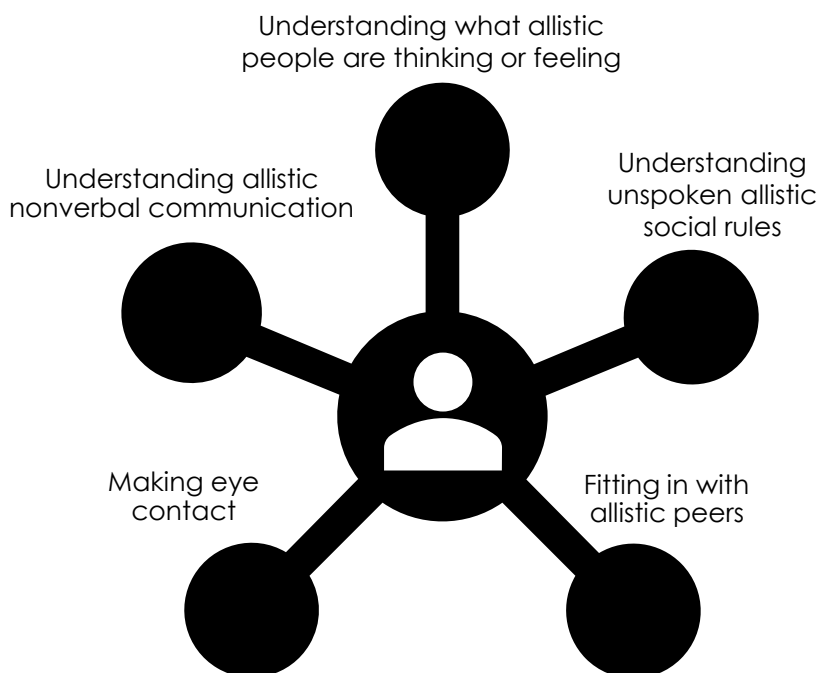
Diversity in Social Intelligence



Most people think that autism makes someone bad at socializing. This is not true – autistic people just socialize *differently*. The following concepts explain this in more detail:

- Diversity in Social Intelligence
 - This is the idea that different groups of people have different forms of social intelligence. Autistic people have their own form of social intelligence. It is just as valid as non-autistic, or *allistic*, social intelligence.
- The Double Empathy Problem
 - This concept refers to when there is a mismatch in the social intelligence type of two people. This is what causes breakdowns.

Due to the mismatch between social skills of autistic and allistic people, the autistic person may appear to have difficulty with:



Although autistic people may have difficulty interacting with allistics and understanding their social skills, it is equally the case that allistic people lack insight into autistic minds, culture, and social skills.

Autistic people don't have a social *deficit*, but a social *difference*.

It shouldn't lie solely on the autistic person to learn about allistic social skills – it is important for allistic people to learn about autistic social skills.

Autistic Social Skills



Rather than expecting autistics to change or mask their social skills to fit in with allistics, allistics should take the perspective of autistic people and learn about their social skills as well. Here are some autistic social skills that you may see:

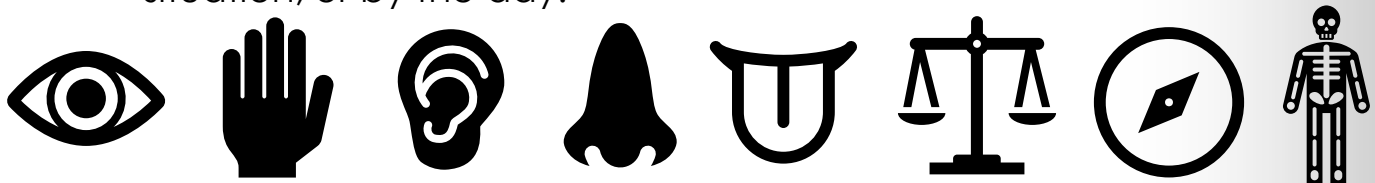
- **Infodumping** – This is a form of monologuing in which the autistic person speaks at length about a topic. This is a way that autistic people relate to each other rather than exchanging small talk. Often autistic people will take turns Infodumping at each other, demonstrating longer conversational turns than the short ones that allistics are used to.
- **Empathy** – When an allistic person is sharing something about themselves, such as a problem they are having, autistic people often will reply by sharing their own related story. Allistics may perceive autistics to be self-centered when doing this, but really it the autistic's way to show they relate to and understand what you are saying. Conversely, when an allistic person is having a problem, rather than acting empathetically in the allistic way, an autistic person may instead work to solve whatever problem they are having.
- **Literal, Direct, & Honest** – Unlike allistics, autistic people tend to say what they are thinking and what they mean. Allistic people may see this as rude, whereas autistics may see allistic communication as confusing.
- **Parallel Play** – Autistic people may prefer to have social time with others by engaging in their own interests in the same vicinity as them. They may not want to play in the same way that neurotypical children play with each other, and this is okay!

Many people think we should train autistics to have “better” social skills. However, now we know that autistics just have different social skills, and it is important that neurotypical people learn about autistic social skills as well.

Autistic Sensory Differences

Sensory differences are one of the biggest differences experienced by a lot of autistic people:

- Hyposensitivity and hypersensitivity - Many autistic people have senses that are weaker or stronger than what neurotypical people experience. This is what causes autistic people to actually experience the world differently.
 - These differences not only can affect the 5 sensory systems that most people are familiar with (vision, touch, hearing, smell, and taste), but also the vestibular sense, proprioceptive sense, and interoceptive sense.
 - These sensory differences can vary within the person by sense, by situation, or by the day.



- Sensory Overload – Sensory overload is when an autistic person's senses get overwhelmed. It can cause a lot of anxiety, or even a meltdown or shutdown. It is important to remember that when this is happening, your autistic child is not just overreacting to sensory stimuli that are no big deal. For your child, their brain actually perceives the stimuli differently, and they even perceive them as painful.
- Stimming - Stimming refers to repetitive movements and can include many different types of stims. Stimming is important because it helps autistic people balance out their senses, show how they feel, and focus. Even non-autistic people stim sometimes. It is important not to force an autistic person to stop stimming!

It's important to remember that there's no right or wrong way to sense and process things – these are just differences. The environment should be adapted to meet the individual's sensory needs.

Autistic Movement Differences



Autistic people often have some traits that have to do with movement or motoric differences. For some autistic people, their motor differences may be very mild, but other autistic people may have big differences.

- Gross motor skills – Autistic people may have differences in the big movements they make. This can be evident when we observe autistic people walking, as they may have an atypical gait.
- Fine motor skills – Fine motor skills are the smaller movements that people make. Differences in fine motor skills can be evident in autistic people's handwriting skills.
- Proprioception – Our proprioceptive sense is one of our sensory systems, which allows us to know where our body is in space. Autistic people have differences in sensory systems, and differences in proprioception can lead to poor hand eye coordination or clumsy movements.
- Posture – A lot of autistic people hold their bodies in ways that are different than how typical people do. They may appear to slouch, or sit differently in chairs.
- Body Control – Some autistic people may have dyspraxia or apraxia, which can cause them to have difficulty controlling their body. This can also impact an individual's speech. Speaking takes very coordinated motor movements. Due to motor differences in autistic individuals, some people may be non-speaking, and be better able to communicate using alternative methods.

Some autistic individuals may benefit from occupational therapy or physical therapy to work on their motor differences, to help them to be better able to access their environment and do what they want to be able to do.

The Autism Spectrum



Most people think of autism as a linear spectrum, from less autistic to more autistic:



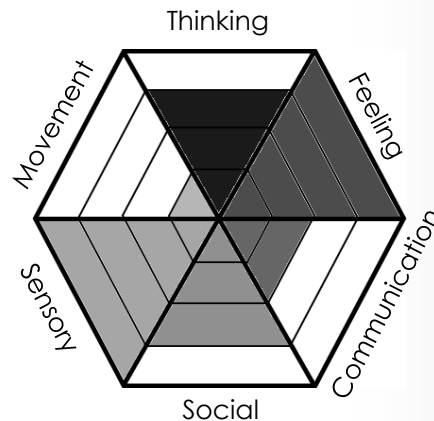
Less autism:
“Mild autism”
“High Functioning”

More autism:
“Severe autism”
“Low Functioning”

However, this is inaccurate.

The autism spectrum is more like this:

Autistic individuals may vary more or less from neurotypicals in each different area. Because society is not set up for autistic people, they may require more support in each area, based on how much they differ from the “norm”. Their needs in each area may vary from day to day or from situation to situation. Because there is so much variety from area to area, we cannot put autistic individuals on a linear spectrum like the first one – they may have high needs in one area but low needs in another, and their needs may change over time.



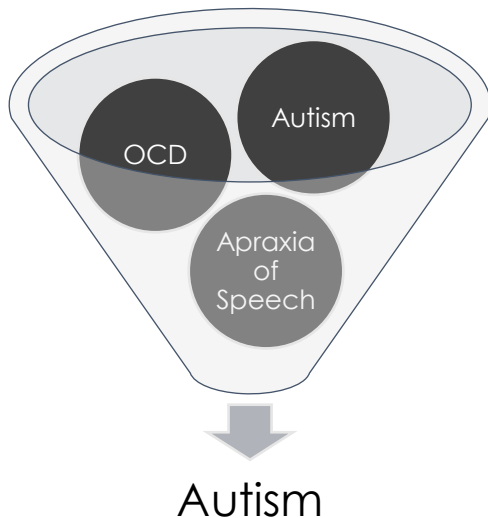
For this reason, we don't use functioning labels. When describing an autistic individual, it is better to talk about what they are good at and what kinds of accommodations they may need.

Co-Occurring Conditions



Some of the differences that are present in some autistic people are actually the result of co-occurring conditions. That is, separate conditions that occur alongside autism. These are often lumped in with autism, and are under-diagnosed.

What People Think:



The individual is multiply neurodivergent, but they are perceived as all being part of autism.

Reality:



The individual is recognized as having multiple neurodivergencies in addition to autism.

Some commonly co-occurring conditions are: ADHD, Apraxia/Apraxia of Speech, Dyspraxia, OCD, Anxiety, Intellectual Disability, Learning Disability, Tourette's Syndrome, Epilepsy, Language Delay, digestive issues, sleep issues, and many more. Autistic people may also present with things such as synesthesia, hyperlexia, executive dysfunction, alexithymia, or demand avoidance, which are not really diagnosed "disorders" independently, but rather are traits, and can occasionally be seen in non-autistic people as well.

It's helpful to remember that although any of these can co-occur with autism, they're not autism in and of themselves.

Autism Strengths & Challenges



Every autistic person is unique and has their own strengths and challenges just like any other person. However, as we reframe our perspective of autism away from a deficit based model, it is important to recognize that autistic people may possess some certain strengths along with the challenges they may face. Here are some examples:

Strengths	Challenges
Honest	Self-Regulation
Strong Sense of Justice	Executive Dysfunction
Good Memory	Sensory Overload
Attention to Detail	Fine Motor Skills
Ability to Hyperfocus	Communicating with Allistics
Highly Empathetic	Self-Injurious Behaviors

Although we can see that autistic people have strengths along with their challenges, we still need to remember that autism is a disability. Because society is set up for neurotypical people, autistic people are disabled by their environmental and the societal barriers.

For this reason, autistic people often need support. As a parent, you obviously want to help your child with their challenges and support them however they need it. There are two ways to approach this:

1. The Pathology Paradigm and the Medical Model of Disability
2. The Neurodiversity Paradigm and the Social Model of Disability

Providing Support



There are 2 main viewpoints from which we can approach the idea of supporting autistic people:

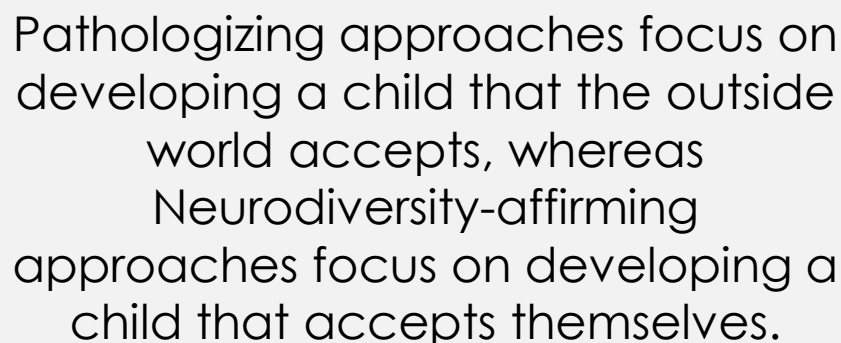
1. The Pathology Paradigm and the Medical Model of Disability
2. The Neurodiversity Paradigm and the Social Model of Disability

What type of support should we be providing?

When we look at the idea of support, we have to ask what our overall goal is and what we want for the child.

Under the ideology of the pathology paradigm, we would want to “fix” the autistic child. We would want them to improve as quickly as possible to be able to fit into and function within society. We would want them to be more neurotypical. And this approach can appear to work – autistic children can memorize skills and be trained to act in particular ways...but at what cost? One cannot change a child’s neurology. By using this approach, you are teaching the child that they have to change to be accepted.

Conversely, working from the neurodiversity paradigm, we want the child to feel inherently accepted. We want to teach them skills to help make their life easier, help them foster a positive self-identity, and help them to feel happy.



Pathologizing approaches focus on developing a child that the outside world accepts, whereas Neurodiversity-affirming approaches focus on developing a child that accepts themselves.

Any parent would agree that they want their child to be happy and accept themselves, but they may never have been told that the popular pathologizing models of “autism treatment” won’t get them there. Neurodiversity-affirming therapy will accomplish this goal.

Neurodiversity-Affirming Practices



Neurodiversity-affirming therapy and education practices will always operate under several basic tenets:

Accept & Appreciate Autistic Differences	Focus on Connecting & Building Relationships	Respect Bodily Autonomy	Presume Competence
Follow the child's lead and interests	Honor Sensory Needs	Accept all forms of communication	Listen to & Encourage Self-Advocacy
Advocate for Equitable Inclusion	Use Strength-Based Approaches	Build Positive Autistic Identity	Learn from Autistics

*see next page for explanations

Neurodiversity-affirming therapy and education will have goals that focus on improving a child's quality of life and prepare them to live well as an autistic person. Though they try to help improve their life, neurodiversity-affirming therapy will not try to fix the child and will not try to make them more "normal".

Neurodiversity-affirming therapists or educators will also avoid certain techniques and approaches that are commonly used to "treat" autism.

Neurodiversity- Affirming Practices



- **Accept & Appreciate Autistic Differences** – Neurodiversity-affirming practices won't try to change the autistic individual, but will accept and appreciate them for who they are.
- **Focus on Connecting & Building Relationships** – Rather than focusing on compliance, neurodiversity-affirming approaches focus on respect, trust, and empathy in order to connect and build relationships
- **Respect Bodily Autonomy** – Respecting bodily autonomy means respecting an individual's right to control their own body. For example, refraining from using hand-over-hand prompts, and asking permission before touching an individual's body.
- **Presume Competence** – Presuming competence means assuming that a disabled person has the capacity to understand, think, and learn even if there is no visible evidence of this.
- **Follow the Child's Lead & Interests** – This will create learning opportunities that are natural and intrinsically motivating to a child, rather than using contrived activities and coercing a child to participate through use of extrinsic motivation such as positive reinforcement.
- **Honor Sensory Needs** – Neurodiversity-affirming professionals will view sensory differences as valid and work to make adaptations to the environment rather than forcing the autistic child to stifle their discomfort.
- **Accept All Forms of Communication** – Autistic or other disabled people may communicate in ways besides oral speech, and all ways of communicating are valid and should be accepted.
- **Listen to & Encourage Self-Advocacy** – Self-advocacy involves standing up for oneself and taking control over one's own life. It can also include things such as saying "no" and asking for help.
- **Advocate for Equitable Inclusion** – Inclusion or inclusive education means including all children, regardless of disability, within an academic classroom, where they will receive high-quality instruction, interventions, and supports to meet their needs.
- **Use Strength-Based Approaches** – Instead of focusing only on a child's challenges, strengths-based approaches build on what the child is good at.
- **Build Positive Autistic Identity** – This means helping to foster self-acceptance helping autistic children realize that they are not broken neurotypicals.
- **Learn From Autistics** – Most importantly, anyone who claims to be neurodiversity-affirming but always continually be educating themselves from actually autistic people.

Pathologizing Approaches



It's also important to know what you want to avoid in terms of therapy and educational practices. These techniques are **not** neurodiversity-affirming, and should be considered red flags:

Positive Reinforcement	Social Skills Training	Errorless Learning	Behavioral Interventions
Increasing Eye Contact	Functional Behavior Analysis	Whole Body Listening	Compliance
Positive Behavior Support Plans	Planned Ignoring	Extinguishing Behaviors	Applied Behavior Analysis (ABA)

*see next page for explanations

Pathologizing approaches will have goals that focus on reducing symptoms of autism or treating autism. However, autism isn't something that can be cured, so these approaches end up causing autistic children to be ashamed of and mask their autistic traits. They focus on compliance as their main goal, creating children who will do anything they can to please others and are unable to advocate for themselves. Many autistics who have had these approaches used on them end up with trauma and mental health concerns.

Pathologizing Approaches



- **Positive Reinforcement** - When the student performs a desired behavior, they are given something so they associate the action with the reward and do it more often (the same concept as giving a dog a treat when you are training it to do tricks). This can involve token boards, if...then statements, edible rewards, access to favorite objects, or many other things. Positive reinforcement relies on extrinsic motivation which will actually decrease a child's motivation over time. Furthermore, withholding positive reinforcement can be seen as punishment.
- **Social Skills Training** - This often involves trying to make the student conform to neurotypical social norms, and mask, or hide, their natural autistic traits.
- **Errorless Learning** - Students are taught in a way that they are not given the chance to make any mistakes. They are always prompted to ensure they respond correctly. It may involve hand-over-hand prompting as well, which violates bodily autonomy and is an ineffective method for teaching.
- **Behavioral Interventions** – This is a general term used to describe practices that attempt to change a child's behavior, typically to make them appear more neurotypical
- **Increasing Eye Contact** – This is a common goal for autistic children, but eye contact can actually be painful or overwhelming for some autistics.
- **Functional Behavior Analysis (FBA)** – This is an assessment typically completed by schools that attempts to show the reasons behind a student's challenging behaviors. However, they rarely ever get to the root cause of a behavior, and only look at what is observable.
- **Whole Body Listening** – This involves having a child sit still and look at a teacher to show they are listening, but this often is not a way that actually works for autistic children, who often need to move around and not make eye contact.
- **Compliance** – This involves making a child do what you want them to, regardless of their own desires or needs.
- **Positive Behavior Support Plans** – These are a system used by schools to increase behaviors that they want to see by rewarding students.
- **Planned Ignoring and Extinguishing Behaviors** - This involves withholding reinforcement for a behavior that is not desired. It tends to involve ignoring and giving no attention to a behavior, which teaches the child that their thoughts and feelings aren't important. Therapists may try to eliminate natural autistic behaviors, such as stimming.
- **Applied Behavior Analysis** – ABA for short, this approach is considered to be unethical, immoral, and a violation of human rights. Regardless of this, it is considered to be the “gold standard” for “autism treatment”.

ABA



ABA is an approach that focuses on behaviors, with a goal of shaping and increasing desired behaviors and decreasing undesired behaviors. Some of its main concepts are:

- Antecedent-Behavior-Consequence – A way to teach and understand behavior
- Positive Reinforcement - Each time the person uses a target behavior successfully, they get a reward.
- Punishment – Each time the person does an unwanted behavior, something aversive happens to them.
- Task Analysis & Chaining – A way to break down tasks into small steps to train each part individually and then put them back together
- Prompting & Fading – A way to ensure students never have errors, which is then decreased over time as the student is trained in the target skill
- Shaping – Providing positive reinforcement for behaviors that are closer and closer to the target behavior.

As you can see from looking at just a handful of their techniques, ABA is a very structured system. It claims to teach important skills and increase helpful behaviors, while decreasing harmful behaviors. And on the surface level, it appears to work, and do just what it claims. If your child receives ABA, you may have seen what appears to be progress with communication, daily living skills, or whatever else the therapist has decided is important to work on. Many research studies have been done that purport to prove its efficacy. Many professionals believe ABA to be necessary for autistic children, claiming that it is the only research-based treatment for autism. It is generally seen as the “gold standard.”

Besides being effective, ABA also may appear to be play-based and fun. Your child may appear to have a great relationship with their ABA provider, and love going to ABA therapy. Your pediatrician may have recommended it, and you may know Autism Moms that sing its praises. Most schools even endorse ABA through its use in their autism support classrooms. But no matter how it appears on the surface, ABA is a method for manipulating your child's behaviors and controlling them, regarded as “conversion therapy” for autistics. It is largely condemned by the Autistic Community and those within the Neurodiversity Movement. However, due to fear-mongering and lobbying of ABA organizations, parents of autistic children are often pushed into ABA, while being kept in the dark about the viewpoint of the entire Autistic Community.

ABA is Abuse



ABA is unethical, immoral, and a violation of human rights. Although ABA providers don't see ABA as abusive, it is the autistic people who have been submitted to ABA who get to decide whether ABA is abusive or not. An overwhelming majority of autistic individuals are against ABA. Below are just a few of the reasons why:

- ABA is compliance training, which teaches children that their needs and desires do not matter, and that their bodies do not belong to them. Forcing children to ignore their instincts and boundaries makes them more susceptible to bullying and sexual abuse in the future.
- ABA promotes the idea that autistic people are broken, and that they must change to fit in. It rewards them for hiding their pain and distress, while fitting in with neurotypical norms.
- ABA assumes that autistic kids *won't* do what adults are asking, rather than *can't* do what they are asking. It doesn't look at underlying physical or emotional needs or skills, only focusing on compliance. ABA is an outside-in approach, rather than an inside-out approach focused on meeting needs.
- ABA causes increased symptoms of PTSD, poor outcomes for mental health, and increased risk of suicidality.

Given these, it's easy to see why autistics say that ABA is abusive. Sadly, there are many more reasons supporting this idea as well. Unfortunately, this information is often not presented to parents of autistic children. ABA is often presented as a parent's only option for their autistic child. Parents who choose not to use ABA are often seen as neglectful, because there are a lot of professionals who think it is what is needed for autistic children. They are sadly unaware of or ignore autistic voices that are trying to advocate for a better future for autistic children, in which they are not subjected to abuse masquerading as treatment.

But now that you know better, you are responsible for doing better. There are better approaches than ABA for your child.

Alternatives to ABA



While therapies such as ABA (applied behavior analysis) are quite frowned upon due to their focus on "curing" autism instead of assisting the neurodivergent individual, there are some neurodiversity-affirming therapies and supports that can be beneficial. These won't try to "treat" or "cure" autism, but will try to assist with some difficulties that may be decreasing the child's quality of life. It is important to remember that autistic children don't inherently need therapy. However, below are some supports and therapies that may be beneficial based on your child's needs:

Supports

- Environmental modifications
- Collaborating with your child to solve problems
- Co-regulation
- Respecting and listening to your child
- Meeting your child's needs
- Augmentative and Alternative Communication
- Realizing that children do well if they can

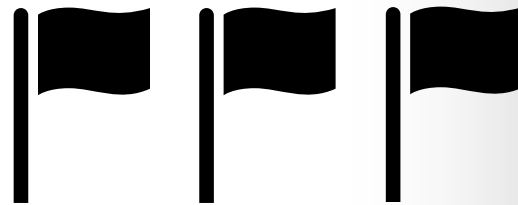
Therapies

- Speech/Language Therapy*
 - Occupational Therapy*
 - Physical Therapy*
 - Mental Health Counseling or Therapy*
- *With a trauma-informed, **neurodiversity-affirming** therapist experienced in working with autistic individuals

Choosing a Good Therapist



If you decide to pursue some kind of therapy for your autistic child, how do you find a neurodiversity-affirming therapist for them? Here are some things to look for, as well as some red flags:



Neurodiversity-Affirming	Ableist
Does not use any ABA-based techniques	Uses ABA and other compliance based methods
Presumes Competence	Claims to “treat” autism
Teaches Self-Advocacy Skills	Trains Neurotypical Communication or Social Skills
Uses strength-based child-led therapy	Violates Bodily Autonomy
Honors Sensory Needs	Requires Whole Body Listening
Accepts All Forms of Communication	Uses Puzzle Piece Logos, Functioning Labels, and Person-First Language
Listens to Autistic Voices	Speaks over Autistic Voices

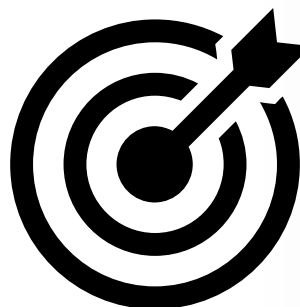
Remember, being neurodiversity-affirming is the bare minimum for being a decent therapist. It's important to talk to any potential therapists for you child before beginning therapy, so as to not expose your child to any practices that may be abusive or traumatic.

Therapy Goals



It's important for your child to work on neurodiversity-affirming goal if they are receiving therapy. Examples of appropriate goal targets are:

- Self-advocacy
- Building functional communication (in any/multiple modalities)
- AAC Implementation
- Perspective taking
- Problem Solving
- Developing functional motor skills
- Self-regulation
- Interoceptive Awareness



Other goals can be related to changing factors in the environment (including people in your child's environment), such as:

- Educating neurotypicals about autistic communication styles and social skills (Perspective taking)
- Using modeling, aided language stimulation, and other strategies for teaching AAC
- Making changes to the sensory input in the environment
- Advocating for inclusion and self-determination for your child
- Using more visuals

Speech/Language Therapy



There's a good chance that speech/language therapy has been recommended for your child at one point or another. Speech/language therapy can be helpful to support your child in developing functional communication skills.

Along with the neurodiversity-aligned concepts, therapist guidelines, and goals already mentioned, there are a few other ideas that neurodiversity-aligned speech/language pathologists (SLPs) should use or consider within their practice:

1 Total Communication Approach
This approach involves finding and using the right combination of communication modalities for each autistic individual.



This approach supports the individual in forming connections and having successful interactions.

2 Respecting the Autistic Individual's Preferred Mode of Communication
This involves not trying to force an autistic child to speak or use another assigned communication modality, but rather letting the child use the communication methods that work best for them.

3 Neurodiversity-Affirming Social Skills
SLPs are often responsible for social skills instruction in schools, but a neurodiversity-affirming SLP will teach perspective taking and self-advocacy skills rather than train neurotypical social skills

4 Not writing goals just because a student is autistic
Being autistic doesn't automatically mean having a communication disorder. Goals should be individualized but the same as with any other student, regardless of whether they are autistic or not.

5 Providing Unrestricted Access to Robust AAC – see next page

Augmentative & Alternative Communication



AAC is all of the ways people share ideas and feelings without speaking. It can include writing, gestures, sign language, using an iPad or other speech-generating device, or pointing, just as some examples. For some autistic people, they may not have access to speech or some of these other methodologies, or they may not have reliable access to them. These individuals should choose what their preferred method(s) of communication are and these choices should be respected.

As I mentioned on the last page, students should be given unrestricted access to robust AAC. What does this mean?

- Unrestricted access
 - This means that the AAC system of choice should be provided and available at **all times** and without requiring the individual to show prerequisite skills
- Robust AAC
 - Robust AAC systems are those that include a large number of core words, a wide variety of types of words, the ability to use grammatical functions, and the ability to type or spell. Basically, they allow the individual to say whatever they want.

Non-Robust AAC Examples	Robust AAC Examples
PECS	Speech generating devices with certain apps
Gestures only	Sign Language
Signs for only a limited vocabulary	Writing
Anything used just for requesting	Typing

Occupational Therapy & Physical Therapy



As we talked about before, many autistic people experiences sensory and movement differences. Occupational and/or physical therapy can help support individuals who need help in these areas.

Occupational Therapy

Occupational therapists can help with skills such as emotional and sensory regulation, executive functioning skills, and fine motor skills including handwriting and activities of daily living such as tying shoes or buttoning a shirt. These are important to increase the autistic person's independence and quality of life.

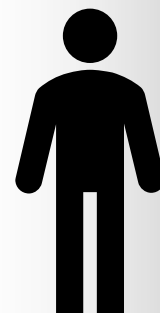
They can also work on activities to increase an individual's interoception, which involves understanding signals one's body is sending, such as hunger, thirst, or pain.

Physical Therapy

Physical therapists can help with some of the more gross motor aspects of autistic movement differences, such as such as balance, coordinating movements, and muscle strength. Again, these can be important to help increase the autistic person's ability to do certain tasks they may want to do.

They can also work on activities to increase an individual's proprioception, which involves understanding where one's body is in space and relative to other things.

Respecting bodily autonomy is particularly important in an occupational therapy or physical therapy setting! Although these therapists work on a lot of motor movements with students, it is important that they get the student's **permission or consent** before touching or moving their body in any way.



Trauma-Informed Therapy & Mental Health



Due to the nature of living in a world that wasn't designed for them, most autistic people carry some amount of trauma. Additionally, events that may not seem traumatic to a neurotypical person could be highly traumatizing to an autistic person. This can greatly impact the individual's mental health and well-being, both now and in the future.

Whether there is a documented traumatic event for an autistic person or not, trauma-informed approaches can benefit everyone. For many students, trauma-informed practices should be used along with neurodiversity-aligned practices.

Trauma informed practices involve:



Additionally, dealing with “problem behavior” in an appropriate way is especially important in regards to autistic children, because they are already highly at risk for trauma and mental health concerns. We will discuss respectful & empathetic behavior techniques on the next page.

Respectful & Empathetic Behavior Techniques



The therapeutic and educational approaches we have discussed thus far have focused on areas such as communication, sensory, and movement differences. However, one area that you may be concerned about as a parent is your child's behavior. When dealing with this area, it is important to remember the feeling differences associated with autism. There are a few concepts to keep in mind, as well as a few specific programs that are widely accepted within the autistic community.

Accepting behavior as communication

- One thing that leads to “problem behaviors” is that your child either cannot communicate what they need you to know, or they are communicating it but they aren't being heard. Not every behavior is necessarily a form of communication, but it is very important to pay attention and determine if it may be.

If a child is displaying behavior concerns, the environment is what needs to change, not the student

- Your child may be in an intolerable sensory environment, undergoing emotional turmoil, or having another similar problem. If a child's learning environment, including how they are taught and interacted with, is suitable to their needs, there is no reason they would be showing 'problem behaviors'. In the words of Dr. Ross Greene, children do well when they can.

Specific Programs:

- Ross Greene's Collaborative & Proactive Solutions
- Alfie Kohn's theories
- Circle of Security framework

Education & Academic Instruction



We have discussed all sorts of specialized supports, approaches, and therapies. These are often very important, and sometimes necessary before a child will be able to participate in school. However, what about the main reason students go to school? – to learn academics!

Based on the principle of presuming competence, we can presume that all children are capable of learning academic skills, such as math and reading. However, because schools were designed with neurotypical students in mind, in order to access the general education curriculum, many autistic students may require some accommodations, modifications, and other types of extra support to be able to do this. This is where an IEP really comes into play.

Individualized Education Plans (IEPs)

Your child's Individualized Education Plan (IEP) is what dictates the education and services your child will receive at school. They are legal documents, and the school is required to do what they say, or risk being taken to due process. The IEP will include everything, such as goals for your child, the specially designed instruction they will receive, and their related services. All of this is decided upon by your child's IEP team, of which you are a major part.

Getting your child's IEP team all on the same page regarding what you want for your student is what will be most beneficial and easiest for everyone. However, as was mentioned earlier, many schools and educational professionals align their practices to the pathology-paradigm. They may not presume competence and they may not use neurodiversity-affirming practices with your child. In these situations, you may need to advocate for your child to get the instruction, supports, and accommodations they should have.

Supports, Accommodations, & Modifications



In order to succeed in an inclusive general education environment, your student may need some support. Each child is unique and will need different types of support, but here are some ideas to get you started:

- Using assistive technology
 - Not being required to sit in a chair at a desk
 - Being allowed to type instead of handwrite
 - Having peers and teachers be educated about autism and neurodiversity
 - Being allowed to stim how and when they need to
 - Incorporating the student's special interest(s) whenever possible
 - Allowing the student to take breaks when they need to
 - Being accompanied by someone (trained specifically to work with your child and use neurodiversity-aligned techniques) to help with attention and classroom activities
 - Providing additional visual aids, such as visual schedules and timers, checklists, and written instructions.
 - Giving advanced warning before transitions or when there is a change in the regular schedule
 - Allowing extra processing time
 - Using closed-captioning when watching a video
 - Assisting with organizational and planning skills
 - Giving clear and concise directions
 - Assigning tasks that play to the student's strengths
 - Allowing access to a quiet and distraction-free work environment when needed
- And most importantly, listening to your child about what would help them the most.

Advocating for Your Child at School

Many schools and educational professionals align their practices to the pathology-paradigm. Trying to educate them and getting them to use neurodiversity-aligned practices can be very challenging. Often they may not agree with your perspective, so in these situations, you may need to advocate for your child to get the instruction, supports, and accommodations they should have.



What do you need to do to advocate for your child?

- Learn all you can about autism and the neurodiversity paradigm.
- Ask lots of questions and listen to the answers.
- Remain focused on your child's needs and goals.
- Understand your rights as a parent and your child's rights.
- Trust your own understanding of your child; you know them best.
- Don't be passive - ask for the things your child needs.
- Come prepared to meetings – be proactive rather than reactive.
- Advocate that your child be in the least restrictive environment, receive academic instruction, and have neurodiversity-aligned supports.

Hopefully as the neurodiversity-paradigm becomes more dominant and more people learn about it, you won't need to do as much convincing and advocating won't be so hard. We all need to work towards a society where everyone is accepted and accommodated.

Special Education Laws & Parental Rights



Parents of children who receive special education services have specific rights under a law called the Individuals with Disabilities Education Act (IDEA). The full law cannot be discussed within the scope of this handout, but you should receive a Procedural Safeguards Notice when your child enters special education; this document will outline all of your parental rights.

However, here are some of the highlights of your rights as a parent:

- You have the right to participate in all decision making meetings regarding your child.
- You have the right to consent or to revoke your consent to assessments, special education services, and related services.
- You have the right to disagree with the recommendations made by the IEP team.
- You have the right to access your student's educational records.
- You have a right to decline changing your child's placement until you come to a mutually acceptable solution with the school.
- You have the right to request documentation be kept of everything said during IEP team meetings.
- You have a right to seek third party mediation. This includes bringing an advocate with you to IEP team meetings.
- You have the right to request legal action to settle disputes between you and the school district.

Make sure to use all your rights as you advocate for your child at school.



References & Recommended Resources:



People & Groups:

Autistic Self-Advocacy Network
Rachel Dorsey – Autistic SLP
Kieran Rose – The Autistic Advocate
Sarah Selvaggi Hernandez – The Autistic OT
McAlister Greiner Huynh - The Neurodivergent Teacher
Maisie Soetantyo – Autistic Family Coach
Lyric Holmans - Neurodivergent Rebel
V. Tisi – Speechologist
Tiffany TJ Joseph – Nigh Functioning Autism
Sonny Jane Wise – Lived Experience Educator
Steph Jones – Autistic Therapist
Oliver Quincy – My Autistic Soul
Callum Stephen – Autistic Callum
Morgan – Neurodifferent
Charlotte – The Spectrum Girl
Lou – Neurodivergent Lou
Ross Greene
Alfie Kohn
Neuroclastic
Autism Level UP!
Meg Proctor – Learn Play Thrive
Katja Piscitelli – Boho Speechie
Jessie Ginsburg – The Sensory SLP
Kate McLaughlin – The AAC Coach
Alexandria Zachos – Meaningful Speech
Nikki Fries – Passport Speech
Andi Putt – Mrs. Speechie P
Therapist Neurodiversity Collective

Websites:

- <https://autisticadvocacy.org/>
- <https://neuroclastic.com/>
- <https://theautisticadvocate.com/>
- <https://awnnetwork.org/>
- <https://bridgeslearningsystem.com/>
- <https://autismlevelup.com/>
- <https://livesinthebalance.org/>
- <https://therapistndc.org/>

Facebook Pages:

- Autism Inclusivity

Books:

- <https://notanautismmom.com/2020/07/20/autism-books/>
- <https://autisticadvocacy.org/resources/books/>
- <https://theautisticadvocate.com/2020/03/recommended-autism-positive-books/>

Podcasts:

- Two Sides of the Spectrum - <https://learnplaythrive.com/podcast/>

And more! Reach out if you need more additional resources!