

# Autism Acceptance

Paula Stone

[paulameadowsweet@yahoo.co.uk](mailto:paulameadowsweet@yahoo.co.uk)

07766 88 5631

# Purpose of this session

- From Medical to Social model-Autism & Neurodiversity
- To improve accessibility, so the individual can feel safe and benefit from your Careers sessions
- Possible presenting issues in a Careers session
- Consider our interventions. Before. During. After
- What changes can we make, as we can not change the Autistic person
- Slides are only for Beacon East Careers advisers. Not to be shared as it`s to promote discussion in session

# What do we need to consider

- Advice from autistic individuals. Autistic person`s perspective. See handout
- Understanding of difference, mutual respect of individual needs. The individual feels welcome, heard and valued. Relationship equal via collaboration, choice & voice
- Review our approaches, to become more curious & adventurous. Challenge any Neuro-normative assumptions?

# Inclusion & Equality

- **Inclusion** is creating an environment in which all individuals feel welcomed, respected, supported, and valued, where everyone can feel empowered and fully contribute and participate and feel appreciated for their difference.
- **Equal opportunities** taking into account unique needs and challenges so as to access opportunity and advancement for all individuals, while also striving to identify and eliminate barriers (equity).

# Diversity

- **Diversity**, the range of human differences, including individuals from various backgrounds (diversity).  
Consists of *visible and non-visible diversity categories* which include factors such as gender identity, sex, age, background, race, socio-economic status, sexual orientation & expression, age, disability, personality and working style...Autism+ possible gender diversity
- Be curious & open about different paradigms & layers of marginalisation experiencing discrimination  
Remember Swan/Iceberg

# ACTIVITY

On scale 0 to 10, how much do you think you already know about Autism?

Please complete 1<sup>st</sup> two questions of the quiz

WHAT IS  
AUTISM?

NEURODIVERSITY?

NEUROTYPICAL ?

NEURODIVERGENT?



# From medical to social terminology

- **Neurodiversity** is the full spectrum of neurological differences and 70+ cognitive differences. Made up of both neurodivergent and neurotypical individuals.
- Neurodiversity-all humans have different natural variations, such as hair colour & a spectrum of brain differences, includes Neurotypical & Neurodivergent
- A group of people are neurodiverse, an individual is **neurodivergent**, who has a less typical cognitive variation

# Neurodivergent

- Aspects shared with other Neurodivergent persons. ADHD. Autism. Dyslexia. Dyscalculia. Dyspraxia. Speech & lang difficulties. Tourettes.
- **Divergent people** may have difficulty fitting in & facing the challenges that predominant Neurotypes take for granted. Need society to work for all. Neurodivergent diverge from what has been decided as normal.
- Atypical(Neurodivergent)neurological development is a normal human difference & should be recognised & respected as any other form of human variant.

# How identified?

- Identity 1<sup>st</sup> Lang(IFL) “I am autistic”. This is part of whom I am. **Preferred** use by many.
- Person 1<sup>st</sup> Lang(PFL) ND does not define who I am “ I have Autism”
- #Actually autistic. Twitter.

# **G E O R G E B E R N A R D S H A W**

*“The reasonable man adapts himself  
to the World*

*The unreasonable persists, trying to adapt  
the World to himself*

*All progress depends on the Unreasonable man”*

# Labels can blind us to possibilities

- Aspie. Autism. Aspergers. Auti.
- ASD (DSM-5) on EHCP. SEND. Disability. Special needs.
- Medical labels can be unhelpful & disempowering. Mental Health disorder, condition, deficit, **negative** impairment/ limitations/ functioning/ behaviour to be treated or cured!
- Spectrum? Umbrella of issues? Better a Rainbow of colours blending & overlapping dimensions of individual abilities and challenges. Or seen as a Wheel.
- Not high and low functioning. High functioning= low support needs. Support needs v functioning

# Assessment for difference?

- **Diagnosis. Pros/Cons? Self diagnosis?** Years on waiting lists. How access an assessment?
- **Tests** - ADI-R/AQ Cohen test. Cranial MRI scan
- Long observation; ages 0 to 3; carers and peers
- **Mis/Un diagnosis** widespread. Co-conditions. **Women** 4x more likely to be mis-diagnosed. Bi-polar. Eating disorder. 13x suicide to non ASD. 10:1 M:F now 2:1
- Whether an individual wishes to **disclose?** Many not yet be diagnosed on EHCP
- OCD, depression, anxiety. Collective trauma, higher suicide rate. Threatened, undervalued, angry. PDA etc

# What helps or hinders?

- **Masking. Camouflaging. Ableism.** Trauma response. *“Pretending who we are not”*. Not a choice to put on mask when needed. Necessity to keep safe & avoid abuse. Exaggerate or suppress. Exhausting. Links to suicide (Cassidy 2020) Harmful
- **Stress** linked to volume, speed & complexity, lack of control/overwhelmed/no routine. Slower `Strokes` -
- Weighted blankets/pets & animal therapy /music/ calm videos/vibration & stress tools/ clothes can be uncomfortable/food textures/Breath/Mindfulness etc

# EHCP/See handout (Johns)

- **Scaffolding.** Teaching new skill(Like job coach)Giving time to understand & demonstrate knowledge.
- **Red headphones.** Reduces not eliminates noise
- **See my confidential handout** showing background info I get from different schools re young persons.
- **Stimming.** Vocal /sounds/repetition, singing, talk in clicks/finger flicking. Like breathing  
Self- stimulating/regulating/soothing/expression
- **Echolalia.** Repeat what you say

# Other considerations

- **Alexythemia.** Some autistic individuals may be unable to recognize or describe one's own emotions. Spiky profile. Sometimes can & other times less so. If tired/stressed will have difficulty in communicating
- May have difficulty understanding about own & others thoughts/feelings/emotions.
- Traditional societies value more peripheral minds, compared to Western society where there is pressure to conform to the norm. **Autism as a stress adaptation** <https://peripheralmindsofautism.com>  
(Hogenkamp)

# Different ways to communicate

- All behaviour=Communication-different emphasis. Can happen when processing in **silence**, not talking. Enable other senses/methods. Direct, expressive or withdrawn. Use of an assistant to communicate
- **Augmented/assistive & alternative communication.** (AAC) Aided/unaided. Add to someone's speech or used instead of speech. Eg Gestures, signing, laptop, symbols, word boards, communication boards & books & Voice Output Communication Aids (VOCAs).
- **Double empathy.** Difficulties/both ways & have responsibility <https://kar.kent.ac.uk/62639>

# Meltdown/Shutdown/Burnout

- Meltdown is often misinterpreted as anger, temper, aggression, anxiety attacks, tired , but is shutdown /catatonia - when overwhelmed, *not* controllable & can't stop. A response to stress, may feel powerless - respond by withdrawal or unexpected outburst or run!
- **Can't stop not wont.** Meltdowns are *not* controllable
- Hyper/Hypo aroused...Find window of tolerance
- **Be proactive to find triggers. Check** if ok
- Snakedancing <http://snakedance.tumblr.com/post/26926395653/meltdowns-and-adult-aspergers-part-1>

# ACTIVITY

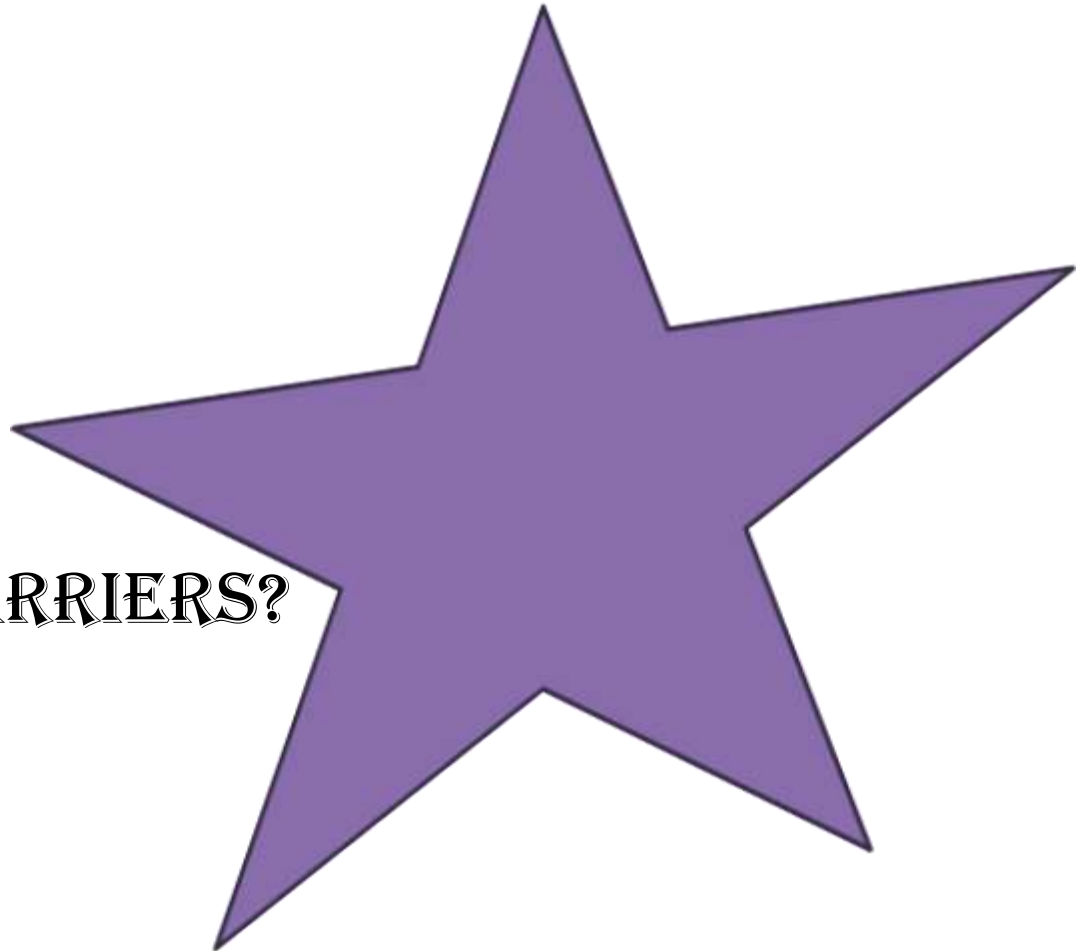
WHAT ARE THE POSSIBLE  
DIFFERENCES/STRENGTHS/INTERESTS?

SHOUT OUT SOME....

SEE QUIZ..Q3.

Q4.ANY POSSIBLE BARRIERS?

WHAT SOLUTIONS?



# Possible Neurodivergent differences

- Plan, prioritise, process, compartmentalise, organise information. Meticulous & accurate. Analytical insight. Do things in a detailed, thorough, logical & systematic way. Identify precision, system, exactness, sequence. Rule based learning/hyper connective brain
- Mono channel processing. Using one preferred sense at a time The general is rarely linked to the particular. 1 thing in more depth v a lot of things in less depth. Monotropism (Murray etal) <https://monotropism.org>
- Sensory differences. Hypersensitivity/Hypo.

# Any other differences?

- Respect reduced eye contact or fixation/unusual nonverbal? Perhaps sit at an angle
- Unable to pretend as hard to imagine something you never had. Need to understand first.
- Stick to routines, rituals ...implications re change
- Taking things literally. Not grey areas or binary?
- Possible poor link with action & consequence
- Punctual, open, honest, direct, integrity, social justice

# How can these skills be used?

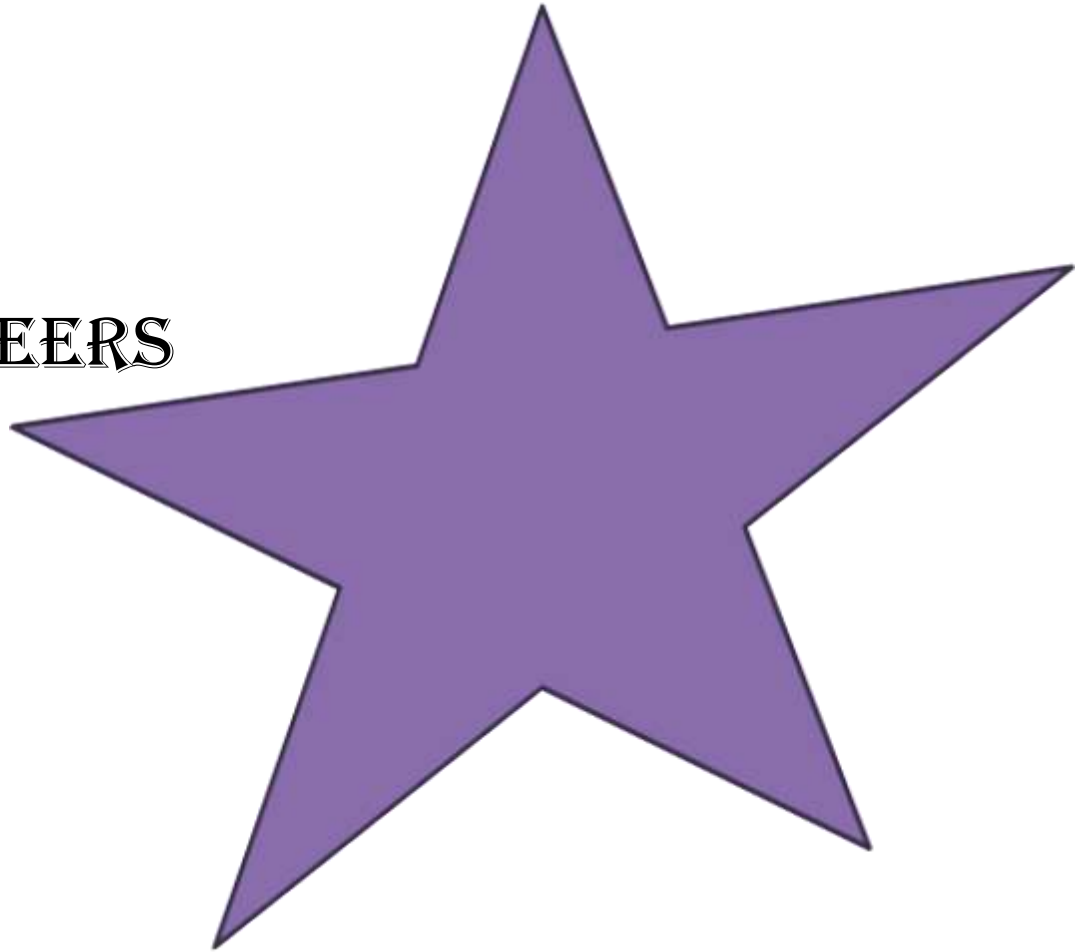
- May see differences & be superfast at spotting details
- Lateral thinking & solution focused. Finding alternative, original, spontaneous, creative & independent ways to solve problems in a direct & efficient manner, using unique thinking processes
- May excel at learning & memorising/retention of facts & figures
- May use effort not intuition & not want social chat
- Sense of humour
- May work reliably on own.

# ACTIVITY

SEE QUIZ Q4.

IDEA STORM

POSSIBLE CAREERS



# Lots of possibilities to use potential

- STEM Engineering, physics, scientific, engines, AI
- Maths. Accounts, insurance, auditing, stats etc
- IT/computers, data entry, programming/software
- Art, design, creative media, games design/digital art, animation, social media , influencer etc
- Music, actors, producers, singers, sound/lighting
- Researchers, academics. Radiology. Use of special interest Electronics and computer hardware, maintenance & repair
- Careers in nature/Env, animals. History...& more
- Woodworker...Crafts...Linked to special interest...

# Before/Preparation

- May need different **seating** & not directly opposite
- Different communication styles. Simplified language
- Pattern thinking & routine & timing & **structure**
- **Sensory** box of fidget toys/visual stims, favourite books, safe snacks, headphones, nice textures, calm scents, soft items, stress balls.
- Roleplay, storyboards, comic strips, physical demonstrations
- How develop trust, respect, belongingness, positive regard, reassurance, acceptance? 1<sup>st</sup> impressions count



# Considerations **before** you meet

- Find out about any **triggers**, how support specific **needs**. Pre-appt questionnaire/profiles/EHCP. See John`s handout. Any other possible support needs, such as dyslexia/dyspraxia/ADHD
- Coordinate **support** of TA/Parent/Carer who knows individual & to discuss & offload any anxieties
- Prepare **room**. Keep sensory input low. Light, colours, temperature, touch, smell (perfume), noise.Reduce stimulation to reduce anxiety. Low arousal spaces. Safe, separate, appropriate, stable

Integrate different types/amounts of info. Time to process. 1 thing at a time. Skills, strengths, qualities



# During the session

- Focus on positives, what **can** do. Outcomes.Solutions Relationship. Low self esteem & self critical-difficulties in self analysis & sensitive to comments. **Ask the individual.** Allow for adaptation to you/envir
- Misinterpretation-both ways. **Pause-check**
- Ask direct, literal, probing **questions.** Non-verbal may not be understood. **Choice** needs to be structured & informed as too many options can be confusing, visually disturbing and create anxiety

Use laptop/images. Worksheets, thought bubbles.  
Visual prompts...subjects.  
Allow/welcome sensory items stress balls etc



# Interests Strength cards.. I can...(Skills) I am...(Qualities)



# What else may help?

- Offer **clear, explicit aims** & objectives. Beginning & end Discuss the purpose/reason/intention & ensure acceptance of purpose. Be clear, concise & be succinct/non-ambiguous. Draw attention to relevant part. May be seeing each ind tree not the forest
- Enable `time out` as a concept & space/escape. Adapt Watch for changes in behaviour. Session time **flexible**
- **Explain what is going to happen** in the session. Contract. Soft boundaries, so feel safe & respected
- Check thermometer of emotions. Happy to furious

# Careers book/Prospectuses

## Websites on Careers plan with career videos



# What else? **Plan** given afterwards

- **Repetition**, checking for consolidation. Be open, curious, honest, open to discussion
- Link tasks & use small `demands` in early stages & build to more complex with success
- Be consistent with positive reinforcement. **Mean what you say & say what you mean**
- All **summarised in plan**, so can go over it and process it with carers/someone else`s help at another time. **Action goals**. Will meet again to update it

# ACTIVITY

QUIZ. CHOOSE ONE OF THE JOHNS?  
IN PAIRS CONSIDER WHAT ELSE CAN YOU DO

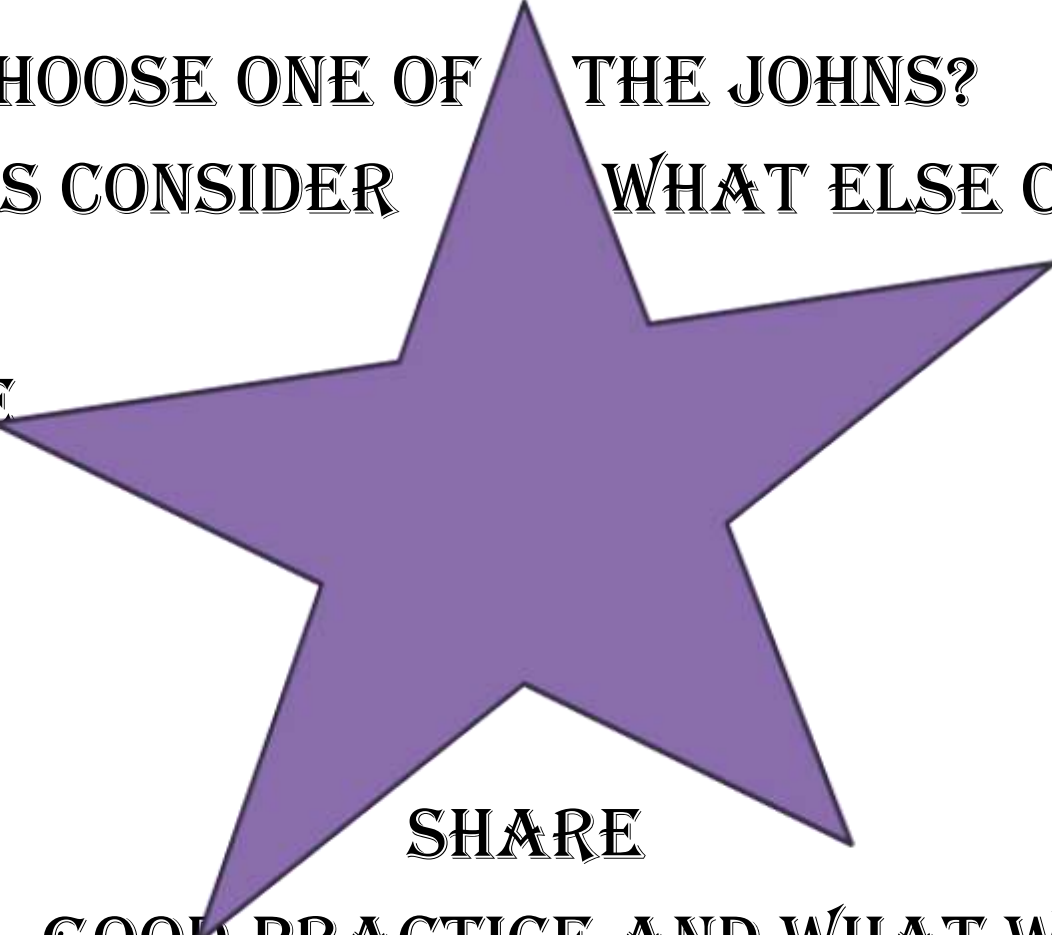
BEFORE

DURING

AFTER

SHARE

GOOD PRACTICE AND WHAT WORKS?



# Books/Resources

- Neurotribes. The legacy of Autism & how to think smarter about people who think differently by Steve Silberman
- Pretending to be normal-Liane Holliday Willey
- Curious incident of the dog in the night time by Mark Haddon
- The power of Neurodiversity .Dr Thomas Armstrong
- <https://makered.org/about/what-is-maker-education/> Maker education approach?
- <https://www.asperger.org.uk/> Asperger East Anglia

# Resources

- Strength cards <https://whatsyourstrength.co.uk/>
- Mencap <https://www.mencap.org.uk>
- National Autistic Society  
<https://www.autism.org.uk/advice-and-guidance>
- <https://tonyattwood.com.au/> Has many resources and info on a range of issues including disclosure etc
- Chris Packham & Christine McGuinness Television documentaries
- <https://drdevon.com/> Neurodiversity/unique thinkers
- Wendy Lampen. TED talk-Autistic voice  
<https://www.youtube.com/watch?v=XPGyeT-6AEk>

# Autistic voice-see handout

- See `In my language` Mel Baggs  
<https://ballastexistenz.wordpress.com/about-2/>
- <http://www.psychologytoday.com/blog/aspergers-diary/201307/the-importance-learning-say-no>
- <https://www.psychologytoday.com/gb/contributors/lynn-soraya> Lynne Soraya with Autism
- <https://www.theneurodivergentcollective.co.uk/>
- <https://neuroclastic.com/autism-101-resources-from-the-autistic-community/> Lots of communities/ advocacy support on social media, YouTube etc