



Social Skills "Training": The
Neurodiversity-Affirming
Conceptual Practice
Framework for Social
Communication (NCPFSC)

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Disclosures

- ✓ **Financial:** Julie Roberts received an honorarium for this presentation. She is Founder and CEO of the Therapist Neurodiversity Collective, Inc. and owner of Bayou City Speech & Language, a consultancy agency.
- ✓ **Nonfinancial:** Julie is a late-identified Autistic CCC-SLP.
- ✓ **Content Disclosure:** This learning event does not focus exclusively on any specific product or service.

Sources For this Presentation

- ✓ Contemporary Autism Research
- ✓ Services Provision World: ASHA Certified, State Licensed Speech-Language Pathologist, 1999 to present
- ✓ First Person World of Autistic Lived Experiences

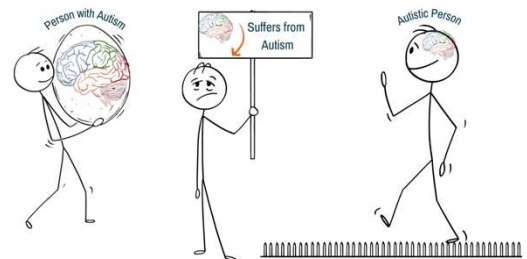
Topics to be explored

- Review of contemporary neurodiversity-centered autism research theories.
- An overview of the NCPFSC components.
- Assessment, Goal Writing, and Therapy – NCPFSC trauma informed & evidence-based best practice guidelines.

Learning Outcomes

1. NCPFSC Foundation – List four key research theories
2. Target areas
3. Assessment
4. Recommendations
5. Goal Writing

Why Do I Use Identity – First Language?





Social Skills Training has an Evidence Problem

(Bellini et al. 2007)

"This meta-analysis of 55 single-subject design studies examined the effectiveness of school-based social skills interventions for children and adolescents with ASD. Intervention, maintenance, and generalization effects were measured by computing the percentage of non-overlapping data points. **The results suggest that social skills interventions have been minimally effective for children with ASD.**"

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Social Skills Training has an Evidence Problem

(IES What Works Clearing House 2013)

Social skills training was found to have no discernible effects on cognition and positive effects on social-emotional development and behavior for children with disabilities in early education settings.

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Social Skills Training has an Evidence Problem

(Sasson, et al, 2017)

Autistic children "generally receive the greatest amount of social skills intervention during this developmental period, which decreases precipitously after high school. Thus, **despite being at an age when intense attention is often paid to social skills training, the children are nonetheless rated poorly by both adults and same-age observers.**"

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Social Skills Training has an Evidence Problem

(Bottema-Beutel et al, 2018)

Social skills training (SST) curricula aim to improve well-being for autistic individuals such as the attainment of meaningful friendships. **Several recent meta-analyses indicate that SST curricula may fall short of these goals.**

We argue that **employing the social rules advocated for by SST curricula may work counterproductively by inhibiting authenticity, while at the same time increasing stigma associated with autism.**

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Social Skills Training has an Evidence Problem

(Morrison et al 2020)

Collectively, results suggest that **reduced performance by autistic adults on standardized measures of social cognition, social skill, and social motivation do not correspond in clear and predictable ways with their real-world social interaction outcomes.**

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Social Skills Training has an Evidence Problem

(Book et al 2020)

Overall, the majority of the studies indicate that there is **low quality of evidence and low clinical significance to support the effectiveness of social cognitive interventions to improve social participation in children with ASD**, making the potential burden and cost on families exceed the expected amount of benefits. **Therefore, when considering social cognitive interventions to address social participation in children with ASD, clinicians should be aware of the limited available evidence and consider seeking alternative interventions.**

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Social Skills Training has an Evidence Problem

(Ryan-Enright et al, 2022)

While in this review, **Autistic children presented with differences in style of prosocial behaviour**, patterns of responding and differences in terms of how they were perceived by others, **they presented largely similarly to neurotypical children in terms of frequency of prosocial behaviour and a tentative increase of this behaviour with age**. If Autistic children are, as this review suggests, almost as prosocial in terms of behaviour as their neurotypical or neurodivergent peers, then **this invites a re-appraisal of the deficits view of Autistic social interaction, namely regarding Autistic children's prosocial capacities.**

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Social Skills Training has an Evidence Problem

(Libster, et al, 2022)

While one could assume that having fewer ASD symptoms would improve peer relationships, **evidence suggests that stronger social skills may increase the likelihood of experiencing and reporting peer conflict.**

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Social Skills Training has an Evidence Problem

(Roberts, et al, 2022)

Five electronic databases were systematically searched and seventeen studies were identified. The majority **targeted social-emotional reciprocity** and were of relatively low quality. **There was insufficient evidence to determine whether effects were generalisable, sustained or important to autistic people"**

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Social Skills Training has an Evidence Problem

(Keating and Cook, 2022)

"what have **previously been thought of as "social deficits"** in autistic people may actually reflect a **mismatch in the facial expressions** produced by autistic and neurotypical people. This is really crucial as it **takes the element of blame away from the autistic person** and instead proposes that these difficulties are a product of **autistic and neurotypical differences.**"

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Four Misconceptions About Nonverbal Communication - NEW

Misconception No. 1: We Communicate Using Body Language

Misconception No. 2: People Have a Stable Personal Space (There is no ideal "bubble")

Misconception No. 3: We Have Basic Emotions That Are "Read Out" by Universal, Evolved, Iconic, Categorical Facial Expressions (happiness, surprise, contempt, sadness, fear, disgust, and anger)

Misconception No. 4: The Body Never Lies

Miles L. Patterson, Alan J. Fridlund, & Carlos Crivelli (2023). Four Misconceptions About Nonverbal Communication. *Perspectives on Psychological Science*, 0(0), 17456916221148142.

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Four Misconceptions About Nonverbal Communication - NEW

- Nonverbal communication is interactive
- The physical environment sets the stage for interaction.
- Culture is the deep context.

Miles L. Patterson, Alan J. Fridlund, & Carlos Crivelli (2023). Four Misconceptions About Nonverbal Communication. *Perspectives on Psychological Science*, 0(0), 17456916221148142.

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Four Misconceptions About Nonverbal Communication - NEW

*"If our language concepts bear any relation to our experience, then **continuing to argue the case for universal emotions will be tough indeed.**"*

Miles L. Patterson, Alan J. Fridlund, & Carlos Crivelli (2023). Four Misconceptions About Nonverbal Communication. *Perspectives on Psychological Science*, 0(0), 17456916221148142.

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Four Misconceptions About Nonverbal Communication - NEW

In our view, it is time to **move beyond several ill-founded beliefs**:

- (a) that non-verbal communication is a language;
- (b) that individuals possess a stable personal space that regulates their in-person contacts with others;
- (c) that our emotions are read out by universal, iconic, categorical facial displays; and
- (d) that the body never lies.

From our vantage point, the Internet and social media have perpetuated these misconceptions, making claims that go well past the evidence. **Propelled by obvious incentives, some professionals have used dubious science to promote practices that are unfounded, unreliable, and expensive.**

Miles L. Patterson, Alan J. Fridlund, & Carlos Crivelli (2023). Four Misconceptions About Nonverbal Communication. *Perspectives on Psychological Science*, 0(0), 17456916221148142.

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Non-Autistic vs Autistic Social Communication Norms

NEUROMAJORITY (WHITE/WESTERN)

Deference and conformity to the neuromajority (i.e. White, Western) social norms.

Ongoing negotiation for position. Constantly playing to and positioning oneself in relation to others' comparative values.

Interlocution: The presumption is that it's face to face.

Indirect, "fluffy," ambiguous language is used for politeness – direct language is rude, aggressive and confrontational.

AUTISTIC (& SUBCULTURES WITHIN)

Autistic culture social norms (and subculture social norms, and intersectional culture social norms)

Social hierarchy jockeying for position and comparison, increasing, enhancing social reputation are not priorities for self, or others.

Interlocution: Doesn't have to be face to face, or in the same space.

Direct, straightforward language. Don't make me guess – it's rude and confusing

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Non-Autistic vs Autistic Social Communication Norms

NEUROMAJORITY (WHITE/WESTERN)

Eye contact makes me comfortable.

Echolalic communication is a disorder.

Hobbies, interests, TV programs, etc. must be age appropriate and acceptable to others.

AUTISTIC (& SUBCULTURES WITHIN)

Eye contact may be uncomfortable, distressing, and even painful. Demanding eye contact is controlling and oppressive. I don't need my eyes to be on yours in order to listen.

Echolalia is a useful way to communicate and socialize, even when language abilities are advanced.

Hobbies, interests, TV programs, etc. are interesting, comforting, meaningful to the autistic individual. Social "appropriateness" is not a consideration (unless illegal).

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Non-Autistic vs Autistic Social Communication Norms

NEUROMAJORITY (WHITE/WESTERN)

White lies are the norm, especially lies of omission. (But lying is bad.)

Monopolizing is rude. Small talk is polite and expected. Turn-taking is the norm.

Always look for hidden motives, message, sarcasm, irony.

Interaction = socialization

It's weird to be deeply immersed in a subject or hobby, (unless you are gifted or an expert.)

AUTISTIC (& SUBCULTURES WITHIN)

The truth is the truth. Honesty is a priority. If you don't want to know, don't ask me.

Info-dumping about interests is the norm. I am deeply informed on the topic. Sharing it with you is my way of connecting and building a relationship. Conversation flows over each other.

Accept people at face value. Literal.

Interaction = purposeful (generally, with exceptions for close relationships)

Monotropic interest system. Deep dives. Passionate about interest, topic, activity, hobby. May be for a while or a lifetime.

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Non-Autistic vs Autistic Social Communication Norms

NEUROMAJORITY (WHITE/WESTERN)

Interactive play. Functional play.
Pretend play. Interlocution.

Activism and generosity to charity increase
when social reputation is enhanced.

Unspoken social rules, varies by group,
context, and whimsy.

Topics are appropriate to setting.
Superficial topics are socially appropriate.

AUTISTIC (& SUBCULTURES WITHIN)

Solo play. Parallel play. Autistic play is authentic
play because real play is intrinsically motivating,
and freely chosen and directed by the player.
Silence is okay.

Justice, fairness, equality are priorities, take
precedence over social reputation, and
activism against injustice or inequity is the
norm. Generosity to charity is not impacted
by social recognition for giving.

Don't make me guess – it's rude, elitist, and
confusing.

Deep subjects as well as divisive subjects are
appropriate, and interesting. Superficial topics
are boring and losing interest is easy.

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Non-Autistic vs Autistic Social Communication Norms

NEUROMAJORITY (WHITE/WESTERN)

Work emails and business meetings
always start with social pleasantries. It's
rude to skip this step.

Verbal communication increases
understanding in social situations, problem
solving, etc.

Non-verbal communication is interpreted
constantly, but not necessarily correctly.

Asking a lot of questions to someone in
authority undermines their authority and
can be adversarial.

AUTISTIC (& SUBCULTURES WITHIN)

Work and business is the subject. It's
acceptable to indicate why you are
communicating (provide or get information).

Text increases understanding, gives time for
processing and responding. Can re-read
as needed. More comfortable for many.

Verbal communication is the focus in a verbal
exchange. Autistic body language and facial
gestures are frequently misinterpreted.

Asking questions increases and enhances
clarification, understanding and learning.

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Non-Autistic vs Autistic Social Communication Norms

NEUROMAJORITY (WHITE/WESTERN)

Tone policing. Formality is interpreted as
condescending.

Fidgeting is disrespectful and rude.

Nuanced, indirect is the norm. Direct,
literal communication is offensive.

Facial gestures, body language, tone,
language are presupposed to have the
same shared relevancy.

AUTISTIC (& SUBCULTURES WITHIN)

Tone is often unintentional (formal) and not
easily modulated or even perceived. Tone may
indicate passion, high emotions, importance.
Tone is frequently and unfairly misinterpreted
negatively

Fidgeting may be stimming, anxiety
related, a way to self-regulate and
improve processing.

Communicates exactly what I think. Honest.
Direct.

Facial gestures, body language, tone, language
are different. (Research backs this up.) Relevancy
is not shared.

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But what about friendship?

- Autistic and non-autistic people tend to have stronger
peer relationships with their same neurotype peers.
- Autistic social communication is different than non-autistic
social communication. The mutual misunderstandings
lead to difficulties with social interactions cross-
neurotypes.
- Communication difficulties between neurotypes are due to
bi-directional differences in social communication style
and a reciprocal lack of understanding, which leads to
autistic social exclusion.
- In trying to appear less autistic when with non-autistic
friends and peers, autistic people can experience anxiety,
exhaustion, distress and other poor mental health
outcomes.



The psychological wellbeing of the autistic person should be at the center of any support targeting friendship
development. Clinicians and Educators must not assume that the problem lies solely within the autistic person. Consider
that the non-autistic environment may need to adapt and be more focused on inclusiveness and accepting of
diversity, to prevent unnecessary adverse mental health outcomes in autistic people.

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Autistic Victimization & Autistic Friendship Building

Statistics

Seventy percent of autistic students are chronically bullied in schools.

Autistic adults are **more likely to end their lives by suicide** compared with the general population (Hirvikoski et
al., 2016; Kirby et al., 2019; Richards et al., 2019)

In a cohort of 1456 **autistic adolescents ages 13-18** – if they reported being bullied in the first month after they
were first seen by mental health services, they were nearly **twice as likely to go on to develop suicidal thoughts
or behaviors**.

Young autistic people have a **28 times higher risk of reporting suicidality** compared with typically developing
peers (Mayes, Gorman, Hillwig-Garcia, & Syed, 2013)

46 to 94% incidence of victimization in autistic students. (Fink et al. 2018; Humphrey & Hebron, 2015; Sterzing et
al. 2012)

80% of Autistic adults have been victims of **mate crime** (acts of cruelty, humiliation, servitude, exploitation or
theft perpetrated by **friends, family members, and carers** (Papadopoulos 2016, Forster & Pearson, 2020)).

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What about Peer Support?

Neurotypical to Autistic Peer Support

"Positive outcomes" center on neurotypical
comfort.

- Underpins power inequities (non-autistic peer
social skills and behaviors are superior and the
autistic student is expected to emulate them)
- Creates expectation of inauthenticity through
minimizing natural autistic behaviors Reinforces
ableist values
- Perpetuates internalized and societal stigma
- Hinders bias and discrimination deconstruction
- Emphasizes social barriers and perpetuates
marginalization, oppression, and exclusion

Autistic to Autistic Peer Support

"Positive outcomes" center on autistic
mental health, well-being and sense of
belonging

- Builds community by providing a space students
in a minority to develop their own identities and
explore autistic culture
- Enhances feelings of belonging and improves self-
confidence
- multiple intersecting minority identities

Embraces neurodiversity and authenticity

Crompton, C. J., Halliell, S., Ansbey, H., McAuliffe, C., & Cebulak, K. (2023). "Someone like
me in a big place": Autistic young adults' attitudes towards autistic peer support in
mainstream education. *Autism*, 27(1), 76-91. <https://doi.org/10.1177/13623181221081189>

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What about Peer Support?

Neurotypical to Autistic Peer Support

- "Peer" consistently refers to a non-autistic student, contrasting with other models of bio-directional peer support
- Non-autistic classmates are recruited to improve the social integration of their autistic peers, by **modeling neurotypical social skills norms**
- Creates social opportunities and engagement for autistic students through non-autistic students' **mentoring or "befriending" autistic students (assigned friends)**
- Provides peer support in relation to other aspects of identity (e.g. race, gender and sexual orientation)

Autistic to Autistic Peer Support

- Autistic people prefer autism-specific peer support over other types of social support
- Provides space for autistic students to interact with each other **without having to mask**
- Autistic people often prefer to socialize in different ways to non-autistic people
- Autistic people report increased feelings of comfort and ease around other autistic people
- Relationships formed around preferred activities and interests
- Autistic peers may have mutually shared embodied experiences and expectations of relevancy

Chapman, C. J., Halliwell, S., Aubrey, H., McAuliffe, C., & Ceballos, E. (2022). "Someone like-minded in a big place": Autistic young adults' attitudes towards autistic peer support in mainstream education. *Autism*, 27(1), 76-91. <https://doi.org/10.1177/13626343221081189>

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The theoretical and research literature for the **Neurodiversity-Affirming Conceptual Practice Framework for Social Communication** (NCPFSC)

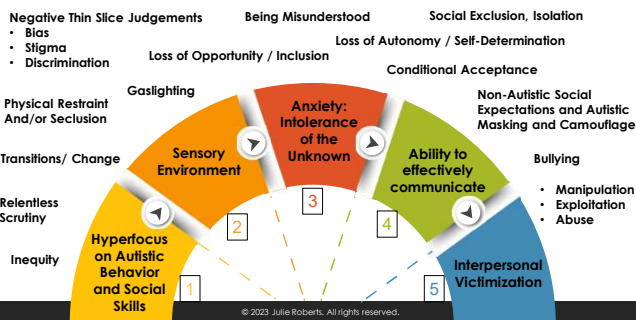
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A quick review...

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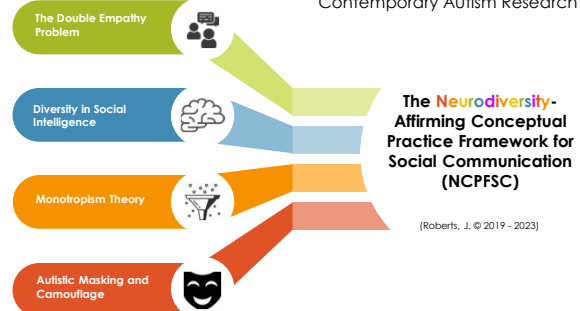
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Autistic Sources of Trauma



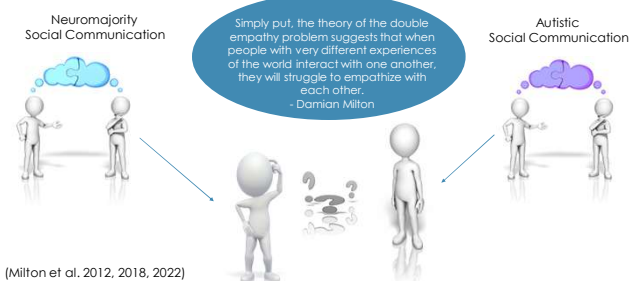
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Contemporary Autism Research



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The Double Empathy Problem



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(Roberts, J. © 2019 - 2023)

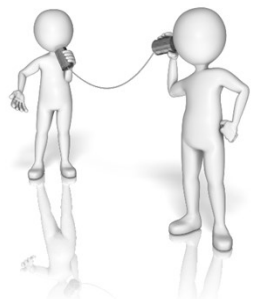
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The Double Empathy Problem

- Successful **communication** is contingent on **mutually recognized "relevance."**
- **Autistic and non-autistic people** have **different embodied experiences** of the world which may result in **mismatched relevancy expectations** (mutual misunderstanding).
- Rapport, flow, and synchrony - more effective between autistic to autistic, even between strangers. **This evidence counters the ToM-deficit theory of autism.**
- Anecdotal evidence from autistic people that barriers to social communication may be minimized when engaging with other autistic people, and **the double empathy research supports this.**

Mutual (Mis)understanding: Reframing Autistic Pragmatic "Impairments" Using Relevance Theory

(Williams et al, 2021)



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Monotropism

Single-attention-focused
Processing resources and attention
are on current interest and little or
nothing toward extraneous stimuli.

- Enormous pull - interests,
passions, deep-dives
- Difficulties with shifting attention,
transitions, focusing on the
uninteresting.



(Murray, 1992; Murray et al., 2005; Lawson, 2010)

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Autistic Masking & Camouflage

- Why?
- Mental health outcomes



People pleasing. One's own
happiness is dependent on
others being happy or
comfortable.

Adopts the personality, interests,
likes & dislikes of the other person
or group, & abandon's one's
own.

Constant worry about what
others think. Chronic anxiety, loss
of identity, depression, suicidal
ideation, & even suicide.

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The relationship between Autistic Stigma and Victimization and Masking

What?

Autistic interpersonal victimization: 50-89% (Papadopoulos, 2016; Griffiths et al. 2019),
including polyvictimization (repeat instances of IPV) (Fardella and Weiss, 2018)

Stigmatized at both the group level, due to negative perceptions of autism, and
at the individual level for failing to meet normative expectations (Botha, Dibb and
Frost, 2020; Perry, Mandy, Hull and Cage, 2021)

Violence and Abuse
emotional harm
physical harm
sexual violence
financial exploitation

By whom? (Fardella, Burnham-Riosa, and Weiss, 2018)

Friends
Intimate partnerships
Family members

Pearson, A., Rose, K., & Rees, J. (2023). "I felt like I deserved it because I was autistic": Understanding the impact of interpersonal victimization in the lives of autistic people. *Autism*, 27(2), 500-511. <https://doi.org/10.1177/13626343221104546>

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The relationship between Autistic Stigma and Victimization and Masking

Why?

Response to Stigmatization and Normative Expectations

Social marginalization

Masking: First-hand accounts of IPV in autistic adults have highlighted a
relationship with masking and concealment of autistic identity (Forster and
Pearson, 2019)

Heightened compliance (Pearson, Rees and Forster, 2022) – both of which are a
response to stigmatization and normative expectations (Milton, 2016; Han, Scior, Avramides and
Crane, 2021).

Outcomes?

Minority Stress [minority stress] (Meyer, 2003; Botha and Frost, 2020)

Post-Traumatic Stress Disorder (PTSD) (Reuben, Stanzone and Singleton, 2021)

Poor mental health outcomes (Botha and Frost, 2020; Reuben et al. 2021).

Psychological distress

Mental well-being (loss of identity, chronic heightened anxiety,
depression, suicidal ideation, suicide)

Pearson, A., Rose, K., & Rees, J. (2023). "I felt like I deserved it because I was autistic": Understanding the impact of interpersonal victimization in the lives of autistic people. *Autism*, 27(2), 500-511. <https://doi.org/10.1177/13626343221104546>

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The relationship between Autistic Stigma and Victimization and Masking

Exploring IPV through the lens of minority stress and social stigma

1) contextualizes the experiences of those victimized as it places the
increased risk of negative events outside of the individual (into the
situation)

2) **instead of emphasizing personal vulnerability** (Mathews, 2018;
Shakespeare, 2012).

Previous research suggests that **trying to understand IPV through the lens of
autistic social difficulty** is both **limiting**, and **ableist** as it **blames the victim for
failing to 'spot' manipulation** while **ignoring contextual factors** (Fardella et al.
2018; Pearson et al. 2022).

Pearson, A., Rose, K., & Rees, J. (2023). "I felt like I deserved it because I was autistic": Understanding the impact of interpersonal victimization in the lives of autistic people. *Autism*, 27(2), 500-511. <https://doi.org/10.1177/13626343221104546>

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Autistic Victimization & Autistic Friendship Building

Rationale behind Social Skills Training to decrease bullying and
develop friendships

Autistic Students are provocative victims of bullying (Autistic stigma)

Proposed Solution: "Target the core deficits of ASD" Hughes,
2014; Winner and Crooke, 2009, and republished on website)

Proposed Solution: Neurotypical peers should serve as social skills
mentors and appropriate role models for Autistic students. (Locke,
Rotheram-Fuller, Kasari, 2012)

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Autistic Victimization & Autistic Friendship Building

Problems with proposed solutions

Social skills training: "If the autistic person had better social skills, then they wouldn't be bullied."

Not evidence based – If an autistic student's disability is less visible, and their social skills better, they are MORE LIKELY to be bullied. (Libster, Knox, and Engin, et al 2022; Humphrey & Hebron, 2015; Sterzing et al, 2012)

Peer mentoring for modeling

Non-autistic peers and autistic peers have different embodied lived experiences and different shared relevance expectations (Williams, Wharton, and Jagoe, 2021). Sets up an **inequitable, elitist and ableist power structure**.

The Bullies are the ones who are **lacking in empathy** and "appropriate social skills."

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Autistic Victimization & Autistic Friendship Building

Meaningful Solutions

Autism Acceptance Training:

Non-autistic students who increased the time they spent with autistic students over the course of a school year showed a greater rise in positive attitudes towards autistic people. This highlights the need for both personal contact and an inclusive school environment, to improve attitudes towards autism and reduce tolerance for bullying. (Cook, Ogden, & Winstone, 2020).

Opportunities for Autistic people to interact with other Autistic students

other people in high interest hobbies and activities on own terms

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Autistic Victimization & Autistic Friendship Building

Interest-based sociality should here be seen as **intrinsic group sociality**, as a **motivator and a driving force for social interaction within a group and a sense of belonging within a community**. It includes the importance of having interest-based exchanges with one another, and having common interests and communication **based on genuine interest in the topic being discussed**.

Autistic to autistic engagement - "**interest-based sociality**" that occurs in autistic-only environments. [Rosqvist \(2019\)](#)

Social Motivators ([Rosqvist, 2019](#), p. 176):

- interest-based exchanges with one another
- **shared common interests**
- communication based on **genuine interest** in the topic being discussed

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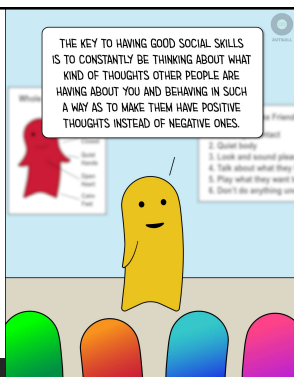
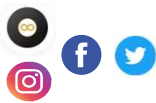
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Autball. (2022, Sept. 14). Autball Facebook Page. [Link to FB Post](#)

[Autball.com](#)



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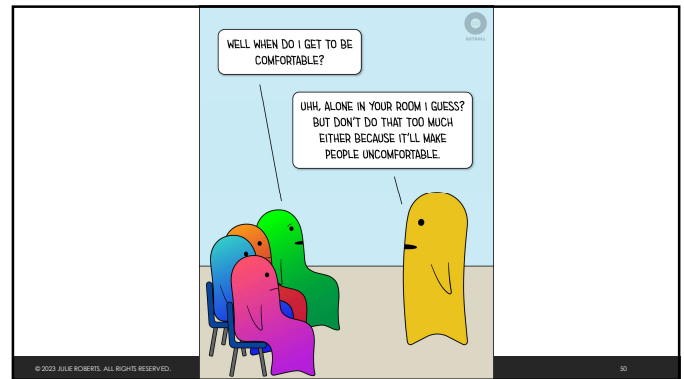
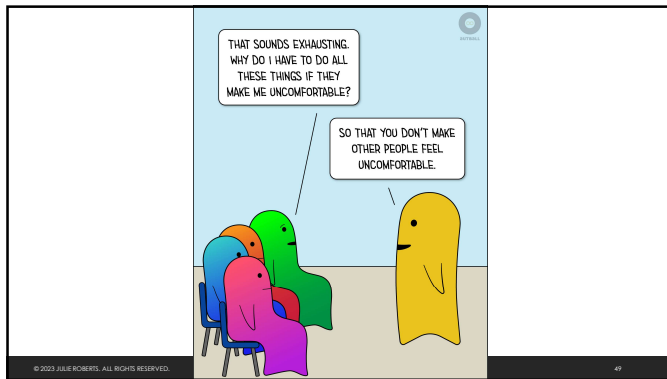
HERE ARE SOME WAYS TO MAKE PEOPLE FEEL GOOD ABOUT YOU.

How to Make Friends

1. Make eye contact
2. Quiet body
3. Look and sound pleasant
4. Talk about what they like
5. Play what they want to play
6. Don't do anything unexpected

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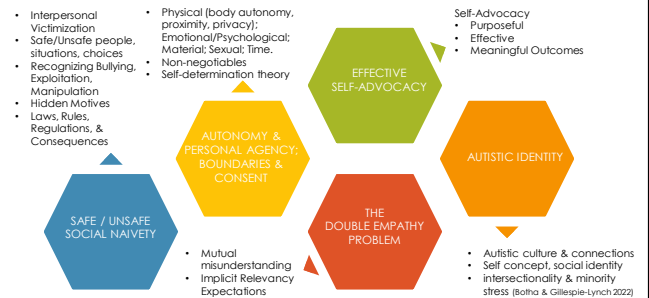
The Neurodiversity-Affirming Theoretical Framework of Social Communication

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51

The Neurodiversity-Affirming Conceptual Practice Framework for Social Communication (NCPFSC)



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A therapist's definition of "independence" and "good outcome" may not match the Autistic person's definition of good quality of life outcomes.

(Milton, 2014)

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The Neurodiversity-Affirming Theoretical Framework of Social Communication

Autistic Social Communication Assessment

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Aggressive, **Attention Seeking**, **Avoidant Behavior**, Bully, Behavior Problem, Brain not in the group, Body not in the group, Cheater, Confrontational, Defensive, Defiant, **Deficient Social Skills**, Doesn't want to Participate, Disorganized, Disrespectful, Disruptive, Doesn't try Emotionally Disturbed, **Escapism Behavior**, Refuses to Work, Lazy, Impulsive, Inappropriate, **In their own world**, **Lacks Empathy**, Lack of Responsibility, Lack of Social Skills, **Lacking Theory of Mind**, Poor Social Skills, Lack of Social Awareness, Liar, **Manipulative**, Negative Attitude, Not Able to Express Love, Not Able to Express Empathy, Oppositional, Out of Control, Socially Inattentive, Stealing, Unfocused, Unmotivated, **Not able to form relationships**, Rude, Tantrum.
(Donaldson et al., 2017)



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Evaluations: social deficit models & autistic dehumanization

(Kapp, 2019)

"Deficit-based, primarily social theories of autism amplify the medical model's dehumanisation, pathologisation, reductionism and essentialism, ironically demonstrating a lack of empathy by contributing to unnecessary marginalisation. ."

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Flip the narrative from the start... with your evaluation

Autism as a tragedy narratives

- Lacking in humanness (empathy, TOM, perspective-taking)
- Inappropriate play skills.
- Persistent deficits in social cognition, social skill, and social motivation
- Can't make friends.
- Rigid.
- Never-ending list of maladaptive behavior

Neurodiversity is Valuable

- Strengths?
- Supports?
- Describe and cite research.
- How will the parents view their autistic child after reading the report?
- How will educators view this autistic student?
- Promote good mental health and well-being outcomes with recommendations for support.
- Behavior plan is for the adults.

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Report Language

MEDICAL / DEFICIT BASED

Disorder
Autism spectrum disorder (ASD)
Deficit
Autism symptoms
Autism Red Flags
Problem behavior or challenging behavior

STRENGTH BASED / DESCRIBE

Disability
Autism, Autistic
Challenges, difficulties
Autistic traits, characteristics
Autism Indicators
Distressed behavior, meltdown, specifically describe the behavior (e.g., self-injury, destruction of property)

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Report Language

MEDICAL / DEFICIT BASED

Restricted interests
Comorbid
Risk (Autism)
Normal, healthy

High-functioning or low-functioning autism, severe

Rigid, inflexible

STRENGTH BASED / DESCRIBE

Focused interests, hobbies, passions
Co-occurring condition
Likelihood, probability
General population, non-autistic (if it can be specified), neurotypical (ruling out ADHD, dyslexia, etc.)
Describe relevant individual characteristics (autistic person with or without intellectual disability or language impairment)
What's actually inflexible? Is it the Autistic person, the environment, or those around the Autistic person?

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Report Language

MEDICAL / DEFICIT BASED

Autism intervention, autism treatment, reduce autism symptoms/behaviors, "normal," "optimal outcome"

STRENGTH BASED / DESCRIBE

Avoid.
Autism is not curable. Reducing traits = masking/camouflage. Interventions and supports for co-occurring conditions (not autism itself), such as receptive, expressive language, functional communication, making environments accessible, improve quality of life or well-being.

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The Language used at Staffings

DOES ANY OF THIS SOUND FAMILIAR?

Creepy, weird, stalker, condescending, "know it all," oblivious.

It's their fault they are being bullied because of social skills.

Needs to change and fit in.

Parents are the problem. Too _____.
Not _____ enough.

IT'S YOUR JOB TO ADVOCATE & EDUCATE

What is the student's real intent? ASK THEM.

What kind of social skills training will the bullies be getting?

Are the other students being asked to change their lack of acceptance and inclusion?

With curiosity, ask why parents do _____ or allow _____.

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Sources:

Dwyer P, Ryan JG, Williams ZJ, Gassner DL. First Do No Harm: Suggestions Regarding Respectful Autism Language. *Pediatrics*. 2022 Apr 1;149(Suppl 4):e2020049437N. doi: 10.1542/peds.2020-049437N. PMID: 35363298; PMCID: PMC9066426.

Botha M, Hanlon J, Williams GL. Does Language Matter? Identity-First Versus Person-First Language Use in Autism Research: A Response to Vivanti. *J Autism Dev Disord*. 2021 Jan 20;1-9. doi: 10.1007/s10803-020-04858-w. Epub ahead of print. PMID: 33474662; PMCID: PMC7817071.

Kristen Bottema-Beutel, Steven K. Kapp, Jessica Nina Lester, Noah J. Sasson, and Brittany N. Hand. Avoiding Ableist Language: Suggestions for Autism Researchers. *Autism in Adulthood*. Mar 2021.18-29.<http://doi.org/10.1089/aut.2020.0014>

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Hi Julie,
I have recently taken your courses on speechpathology.com. Boy how mind opening! I realize so much I have learned is not appropriate, but I am trying to educate myself and be a better clinician. Thank you for sharing your story with educators and clinicians, and how to become mindful of the neurodivergent movement.

I have done my best to research appropriate goals when it comes to Autism, but I struggle with appropriate assessments... The few I have on hand at my school, when I read through them, it is tough for me to judge whether they are appropriate or not. Do you have any recommendations on ones you believe do a good job of this?

I would appreciate any guidance on this. I serve many autistic students, and I want to do my best.



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The Pragmatic Language Assessment – A true story about autistic culture.

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Report Blurbs – newly identified Kindergartner

Deficit focused.

Could not attend to task
Ignored evaluator
Echolalia
Perseveration on his own topic
Did not respond appropriately or on topic

Describe abilities using respectful language:

XYZ presents as a high-energy, happy and playful 6 year old male. He interjects delayed echolalic phrases throughout his connected speech production, scripting on the topic of "carnival" which appears to be a meaningful and fulfilling interest. He interjected references to "carnival" throughout the assessment time in the evaluation room, which was approximately 65 minutes.

Sample verbal expressions included "carousel, it go horses and (unintelligible)..."; "circle - round like the carousel and the Ferris wheel too".

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Report Blurbs – newly identified Kindergartner

Deficit focused.

Did not respond with meaningful response

Describe abilities using respectful language:

Example of XYZ's responses to language prompts paired with illustrations:

SLP: The boy is asking the girl for her ball. To be polite, what important word should he use?

Response: "A ball to splash on the water". (Described the illustration of two children on a beach)

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Report Blurbs – newly identified Kindergartner

Deficit focused.

"persistent deficits in social communication and social interaction"

Did not follow directions

Inappropriate play

Describe abilities using respectful language:

XYZ was permitted to stand while he was participating in the standardized assessments. He enjoys pretend play and several times during the evaluation he went unexpectedly went down to the floor on all fours, using onomatopoeia ("naay") intermittently as he bucked like a horse.

XYZ is easily redirected with a verbal prompt to come back to the evaluation table. XYZ demonstrated difficulty with understanding other's physical boundaries but responds well to gentle verbal prompts.

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Report Blurbs – High School Re-eval

Listening skills for the purpose of curriculum access: XYZ demonstrates differences in active listening skills that are atypical from "whole body listening." However, **he fully demonstrates the ability to focus and answer comprehension questions all while avoiding eye contact, moving his body in his seat, holding things in his hands and moving objects on his desk.**

XYZ is INTRINSICALLY MOTIVATED and works without positive reinforcement. He demonstrates joy in learning. XYZ demonstrates diversity in listening skills as compared with neurotypical pragmatic skills of peers of the same age, sex and grade.

During the assessment, XYZ was observed appropriately using the following neurotypical listening skills:

- Complied and attempted to follow all directions during the 120 minute evaluation.
- Attempted to answer all questions when asked.
- Followed all prompts and attended to tasks.
- Is polite, respectful and kind.
- Worked diligently to finish the evaluation without complaint.

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Report Blurbs – High School Re-eval, Continued

He demonstrates the **following effective, but different listening skills**, which are characteristics of Autistic listening skills: XYZ **periodically shut off the camera sound** without explaining why during the examination. When the evaluator asked why he was turning off and on the sound, he said that construction was happening and he didn't want it to be too loud on the evaluator's end. The student demonstrates common courtesy. If a communication partner just assumed that by turning off the sound, XYZ was demonstrating non-compliance, they would be missing a great deal of context.

- XYZ demonstrates **longer than average processing time** to answer questions. If evaluators or instructors rush him they may miss receiving information that he knows.
- He fidgeted with earphones and had his face off of the camera several times, but attempted to answer all prompts and participated the full 120 minutes with one 5 minute break to use the rest room and get a drink.
- At times he typed his answer. **XYZ said he sometimes likes to type rather than speak.**
- He demonstrates **harmless stimming that does not interfere with his participation** - stims with pencil to lips, rolling it up and down and sliding back and forth as he thinks. It is likely for sensory feedback as he works.
- He stims with his left hand, in the air and touching his ear. When asked if he noticed he was doing it, he said that **"It helps me think."**
- He rocks in his chair while working. Again, this is a harmless stim that helps him to process.

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Cite the Research in the Report: Example – Eye Contact

The student demonstrates differences in eye contact during social exchanges. He verbally indicated that making eye contact is uncomfortable for him, stating, "It's infinitely uncomfortable." "Physically hurts." The student's lived experiences correlate with contemporary research findings.

Eye Contact References:

['Demanding eye-contact from Autistic people puts them into a fight or flight response (activation of the amygdala').]

[Hadjikhani, N., Åsberg Johnels, J., Zürcher, N.R. et al. Look me in the eyes: constraining gaze in the eye-region provokes abnormally high subcortical activation in autism. Sci Rep 7, 3163 (2017).]

['Many (autistic people) say that looking others in the eye is uncomfortable or stressful for them -- some will even say that "it burns" -- all of which points to a neurological cause.' Massachusetts General Hospital. "Why do those with autism avoid eye contact? Imaging studies reveal overactivation of subcortical brain structures in response to direct gaze." ScienceDaily. ScienceDaily, 15 June 2017.]

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Cite the Research in the Report: Example - Monotropism

The student demonstrates monotropism, an attention allocation tendency for one's interests to engage them more strongly than most people. Monotropism is an inherent part of autism and not something to be "cured." Students with a monotropic interest system often have a preference for autodidactic, interest led learning and do well when provided with these learning opportunities.

Teachers report that (student) has difficulty with asking social questions with a communication partner. Upon observation, the student demonstrates the ability to ask questions about subjects or topics of interest and is engaged and social. Additionally, he was observed to ask questions for clarification in the classroom, when he needs more information. Therefore, there is not a demonstrated academic need for him to practice asking random social questions on someone else's terms.

If the student is info-dumping excessively, communication partners should, with respect, be clear and direct that there is a limited amount of discussion time. Teachers need to accept that his communication style (monotropism) is an inherent and natural way for this student to communicate.

References:

- Murray D, Lesser M, Lawson W. Attention, monotropism and the diagnostic criteria for autism. Autism. 2005;9(2):139-156. doi:10.1177/1362361305051398
- Murray D. (2018) Monotropism – An Interest Based Account of Autism. In: Volkmar F. (eds) Encyclopedia of Autism Spectrum Disorders. Springer, New York, NY. https://doi.org/10.1007/978-1-4614-6453-8_302369
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Cite the Research in the Report: Example – AAC for speaking students

Pragmatic Language Academic Needs which may impact the student's ability to access curriculum:

Student's increased levels of anxiety in certain situations appear to have a negative impact on his ability to interact and/or complete tasks unless he clearly understands the rationale for the task. He was never able to complete the Sentence Expression sub-test of the CASL 2 for example, because he thought the "directions did not make sense." He became anxious and frustrated to the point of shutting down and losing the ability to use spoken language for a few minutes.

Sometimes, when autistic people are under stress, communication difficulties arise due to internal and external factors, and the ability to access spoken language significantly decreases. In Student's case, this may result in losing his ability to communicate verbally. He was able to successfully reengage as he began to shut down, only when the clinician stopped verbal demand output and shifted to typed communication. After he self-regulated, Student was then able to resume communication in spoken language.

References:

[Cummins, C., Pellicano, E. and Crane, L. (2020). Autistic adults' views of their communication skills and needs. International Journal of Language & Communication Disorders, 55: 678-689. doi:10.1111/1460-6984.12552]

Recommendations during communication breakdowns, and for when Student begins to shut down and cannot access spoken language:

ACCESS TO TYPED COMMUNICATION (AAC).

Reference: [Alyssa Hillary Zisk and Elizabeth Dalton. Autism in Adulthood. Jun 2019.93-

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AAC Accommodations for Autistic Children & Adolescents

Communication, not oral speech, should be the priority. No AAC Gatekeeping for non-speakers, minimally speaking or speaking.

No Pre-requisites. While AAC use does not impede speech, overall communication should be prioritized regardless of personal decisions made about the use of speech.

Alyssa Hillary Zisk and Elizabeth Dalton. Autism in Adulthood. Jun 2019.93-100.<http://doi.org/10.1089/aut.2018.0007>

"Access" means having the freedom or ability to have unrestricted use of something. For someone who is dependent on AAC for communication, having continuous AAC access is a human right.

AAC may be essential during a crisis (Meltdown, trauma, unexpected event or transition) for both non-speaking and speaking Autistic people. When the brain is in fight, flight or freeze, ability to access language diminishes.

National Joint Committee for the Communication Needs of Persons With Severe Disabilities (NJC) position on Access to Communication Services and Supports: Concerns Regarding the Application of Restrictive "Eligibility" Policies.

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Cite the Research in the Report: More Examples...

Regarding social interaction: "I only like a few people around me."

Cite autistic social communication preferences, and indicate that student's desire to socialize with a few or no people during recess and free time should be respected.

Regarding Sensory Difficulties: "If it's too loud or too noisy I like to use my headphones."

"I don't like a lot of people talking." "Music is distracting. Any type of music."

– **Cite research** for sensory processing and lack of evidence for toleration goals. **Write accommodations** for ear defenders or other support.

Regarding written expression: "I can only write a few sentences." "Writing hurts my hand." "Tying shoes also hurts my hands."

Accommodations. OT referral.

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In the Evaluation Report: Classroom Recommendations & Accommodations

- Student demonstrates **monotropism**, i.e. being absorbed in one or few interests at any one time: It is best to work with autistic processing and social cognition, shifting from a topic of interest to something else, can be effortful or difficult to get back on track within a set time frame. If teachers make the therapy session or the classwork about the interests, then this naturally promotes better spontaneous communication, engagement and attention control.
- Where possible, make student's interests the way teachers and therapists achieve therapy or educational goals. Where this is not possible, get student, at the start, to set a visual schedule and list the tasks they have to do.
- Student demonstrates echolalia, especially when they are frustrated, overwhelmed or anxious. Staff need to help them expand their echolalia by providing them with picture symbols of emotion words, and choices they can point to when their spoken language skills do not adequately serve their needs in the moment.
- Provide ability to point to responses as a communication alternative when spoken communication shutdown occurs.
- Do not demand eye-contact. Student is capable of listening without making eye contact.
- Provide space for movements or breaks (Do not demand "whole body listening"). Let student stand to work.
- Use AAC as a back-up for oral directions (If having a meltdown or communication shut down, instructors use AAC and/or written words with picture symbols communicate directions)
- Help student to recognize when they are being overwhelmed, cueing them into their body sensations and their body language (self-protective stances, and curling up into a ball, seeking to elope)
- Allow student to spend down time (breaks, free time, optional activities) how they choose instead of forcing compliance. This provides them with much needed time alone, self autonomy and self-determination.

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In the Evaluation Report: Classroom Recommendations & Accommodations

XYZ may have difficulty understanding **indirect requests, or messages which must be implied** in his educational setting. He may demonstrate difficulty with reading teacher and peer body language, and moods. **It will be difficult for XYZ to deconstruct unspoken social rules in the educational setting and he will need empathetic support with this in the form of clear, concise language paired with visuals, along with gentle reminders.**

XYZ will need support with **effectively self-advocacy** in his educational setting, as standardized assessment as well as teacher and parent report demonstrate that self-advocacy is challenging for this student. It will be important for instructors to **acknowledge and respond** to self-advocacy attempts.

XYZ may not understand the **unspoken social dynamics and expectations** of having to remain seated without first asking to get up, get a drink, go to the rest room, or get something from another part of the classroom.

XYZ may become easily distracted by noises and movement that other students would typically ignore, and will need accommodations for this.

XYZ will need **accommodations** for his movement needs in the classroom.

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FBA Questions to Consider:

- Are the student's **sensory needs** being acknowledged and supported (anticipating triggers and unexpected transitions, and avoiding them if possible, providing accessories such as noise canceling ear phones, glasses etc., providing low or high-tech AAC to support or replace language)?
- Are the staff providing supports for **monotropic learners**? (Accurate daily schedule, countdown for transitions, interest led learning if possible)
- Has the school collected data to demonstrate whether or not these implemented accommodations, modifications and supports are effective at reducing the behavior? (Probably NOT.)
- Does the student possess the self-regulation abilities to be able to ignore or tolerate the sensory input; and if not, have all possible supports, modifications and accommodations been exhausted?

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FBA Questions to Consider:

- Will staff/therapist impact trauma upon this student if they ignore the student's physical and/or emotional discomfort or pain, or fail to comfort them?
- Is this behavior goal for the benefit of the parent, the therapist, or the teacher to support classroom management, at the expense of the emotional well-being of the student? (Research on previous slide shows that autistic children do not benefit from 'exposure therapy, as even some autistic adults cannot learn to self-regulate in some sensory situations.) How can we better support the autistic child instead, with accommodations, modifications or supports?
- Is the goal written specifically for compliance at the expense of the autistic child's physical, psychological or emotional well-being?

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The IEP Committee wants to implement Social Skills Training Goals

How to advocate for your student:

Provide the SST lack of evidence research and Masking & Camouflage research. Consider, does the student have the oral language ability to participate in SST?

Questions to Ask Regarding SST Behavioral Goals such as "Stop Meltdown" or Increase Tolerance:

Is it Disobedience or Disability?

- If it's disability, to what is it related? (Communication, Sensory, Processing)
- Is the goal for the benefit of the staff? (Is it about compliance or student benefit?)
- What supports or accommodations has the school offered? (Is there any data to show that the consistent support has not worked?)
- ALWAYS CONSIDER AAC, EVEN IF STUDENT USES SPOKEN COMMUNICATION.

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NCPFSC: Strength Based Assessment - Summary

Identify First Language

Respectful Framing: Describe what the individual **can do well**, **can do with support**, and **finds challenging**.

Inventory of Strengths, Sensory, Client/Student, Parents, Educators, etc.

Note the **Autistic Social Communication Differences** (from Pragmatic Language Test), Cite Supporting Research
Eye Contact
The Double Empathy Problem
Monotropism
Preferences for communication (Spoken, non-spoken - typed, AAC, echolalic)
Sensory Reactivity

Address **Barriers to Inclusion**

Determine and recommend accommodations, modifications and supports
Educator / Family / Caregiver / Peer **Education**

Opportunities - **interest/activity based**, **bio-directional** **peer support with no masking training or other SST agenda**.

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I've written the report. Now what?

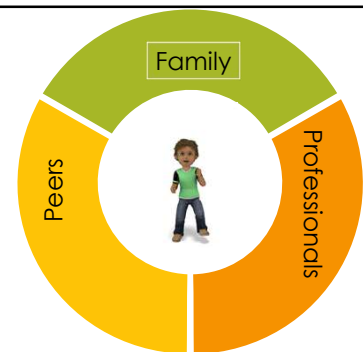


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Start with Education

- May make an immediate impact on mental health and well-being of the autistic person.
- This is new information to most people.
- Understanding equals empathy.
- Accommodations, modifications, and support head off meltdowns.



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Education: For autistic students and clients, and the non-autistic people around them (family members, educators, peers, employers):

- Neurodiversity and Autism Acceptance
- Autistic Sensory Systems (individualized) - Environments
- The Double Empathy Problem
- Poor mental health outcomes of autistic camouflaging
- Risks of victimization
- The need to acknowledge and react to self-advocacy attempts, honor all forms of communication
- Differences in autistic and non-autistic friendship making and maintenance

Seek out Opportunities:

Authentic autistic social interaction without a therapy agenda.
Autistic peer mentoring.
Passions and interests - gather with like minded people.

Citation: Roberts, J. (© 2019 - 2023). The Neurodiversity-Affirming Conceptual Practice Framework of Social Communication: An evidence-based alternative model to social skills training for autistic populations. Therapist Neurodiversity Collective, Inc.
<https://therapistndc.org/neurodiversity-affirming-therapy/>.

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A Letter from an SLP to a Parent, Immediately After an Autism Diagnosis for a 5-Year-Old

<https://therapistndc.org/a-letter-from-an-slp-to-a-parent-immediately-after-an-autism-diagnosis-for-a-5-year-old/>



"Please remember what we talked about regarding eye contact, echolalia, sensory needs, picky eating and especially how to choose therapies that will respect his dignity and autonomy, and that won't crush the joyous and precious little person that he is. I will advocate for him; but because you will need to learn how to become be his biggest champion, I have sent you links to resources for you to begin to educate yourself about Autism. I understand that you were very upset yesterday when they told you the diagnosis. My hope is that you begin to view this diagnosis differently."

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The Neurodiversity-Affirming Theoretical Framework of Social Communication

Autistic Social Communication Goal Writing

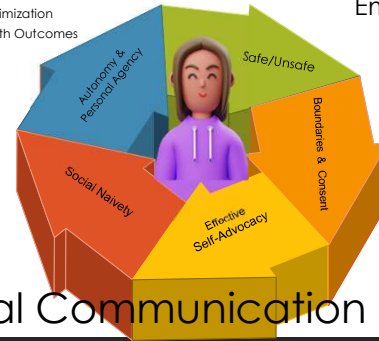
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Interpersonal Victimization
Poor Mental Health Outcomes

Empowerment



Social Communication GOALS

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Planning

Self **Boundaries & Empowerment**

Sensory **CONSENT – I have the right to change my mind.**

Physical 1. What is a boundary?

Emotional 2. What does a boundary look like, feel like?

Material 3. What are my boundaries?

Misc. 4. I can change my boundaries based on the relationship and my comfort level.

Others 5. Which ones are the most important to me? (Non-negotiables)

Define abstract concept of "Boundaries"

- Determine own boundaries. (What are things that other people do that make me feel big feelings?)
- Determine what boundary violation means.
- How can I stop others from ignoring my boundaries? (Effective Self-Advocacy)

I am a human. I have a right to set boundaries.

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Planning

Self **Sensory Boundaries & Empowerment**

Sensory What? Loud, bright, weird noise, textures, spaces, foods, drinks, activities

Physical **CONSENT – I have the right to change my mind.**

Emotional **GASLIGHTING – "It's not that bad!"**

Material This is bad, scary, uncomfortable, too cold, hot, etc.

Misc. I feel good

Others I feel okay

What do I need?

I don't have to tolerate trauma. – how to advocate? Do I know how?

What are my sensory challenges? (Family and teacher input.)

- Determine own boundaries. (What are things that other people do that make me feel big feelings?)
- Determine what boundary violation means.
- How can I stop others from ignoring my boundaries? (Effective Self-Advocacy)

Accommodations Modifications Supports

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Planning

Self **Physical Boundaries & Empowerment**

Sensory Body outline project!

Physical **CONSENT – I have the right to change my mind.**

Emotional Body – Eyes! Hands! Stims! My movement, body manipulation! (Body outline activity)

Material Proximity

Misc. Privacy

Others Touches? What kinds? By whom? How close do I want people? (Depends!) What are my private spaces? (Bathroom? Bedroom? Etc.)

What are my physical boundaries? (Family and teacher input.)

- Determine own boundaries. (What are things that other people do that make me feel big feelings?)
- Determine what boundary violation means.
- How can I stop others from ignoring my boundaries? (Effective Self-Advocacy)

My eyes belong to me. I have the right to body autonomy. I don't have to hug or kiss on demand.

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Planning

Self **Emotional Boundaries & Empowerment**

Sensory **CONSENT – I have the right to change my mind.**

Physical What I share? Who I share it with? The right to privacy.

Emotional Masking & Camouflage & Fawning (people pleasing). Burn out.

Material Authenticity – preferences, dislikes

Misc. Bullying or Manipulation – what is it and what does it look like?

Others Authentic friends vs fake friends

My passions, hobbies

Identity, self preservation

I have the right to feel my feelings. If I can't talk, I should have the right to communicate in another way, or be given time to get in a state where I can communicate.

Define abstract concept "Emotional Boundaries"

- Determine own boundaries. (What are things that other people do that make me feel big feelings?)
- Determine what boundary violation means.
- How can I stop others from ignoring my boundaries? (Effective Self-Advocacy)

I can say no & not feel anxious or guilty.

I don't have to earn the right to set a boundary.

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Planning

Material Boundaries & Empowerment

Self

Sensory

Physical

Emotional

Material

Misc.

Others

CONSENT:
My stuff – toys, games
My money
Food, treats,

Let's talk about sharing?
Let's talk about being pressured to give my stuff to someone else.
Let's talk about rewards and punishments and having to earn access to things I need like food and drink.
Let's talk about withholding my absolute favorites so they can be used to "motivate" me.

Define material "Boundaries"

- Determine own boundaries. (What are things that other people do that make me feel big feelings?)
- Determine what boundary violation means.
 - How can I stop others from ignoring my boundaries? (Effective Self-Advocacy)

I get to choose who I lend my things to, and who I give my things to.

Lack of boundaries invites lack of respect

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Planning

Miscellaneous Boundaries & Empowerment

Self

Sensory

Physical

Emotional

Material

Misc.

Others

Time / Social
I have the right to a break, to rest, to stop when fatigued.

- Playtime / free time – I may choose to spend time by myself, or with the people I choose.
- Unless my hobbies and passions are harmful, I am entitled to love doing them, talking about them, and deep-diving into them. They don't have to be "age appropriate," "gender appropriate," or trendy.

Intellectual boundaries
I am entitled to my own opinion and my own perspectives and should be respectful of others'.

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Planning

Others' Boundaries

Self

Sensory

Physical

Emotions

Material

Misc.

Others

People have the right to set and maintain their own boundaries.

I need to respect and maintain their boundaries.

Laws, rules & regulations – & the consequences.

- Other's boundaries may not look like mine, and that's okay.
- People's boundaries may change. I always need to gain consent, even if I had their consent before.
- Other people have the right to provide and withdraw their consent.

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Goal Co-Production - Others

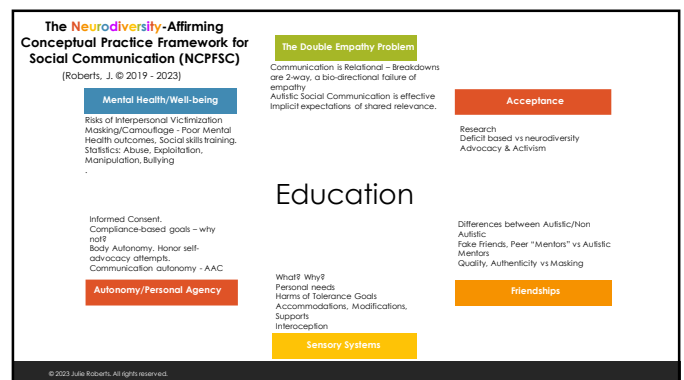
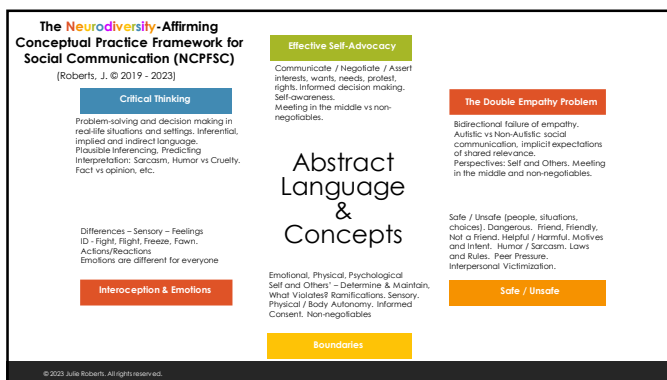
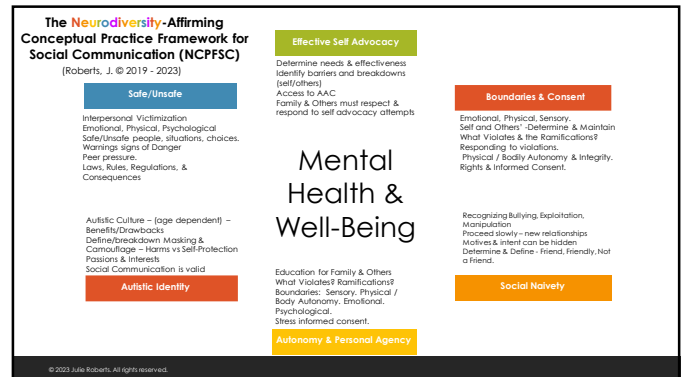
1. Education prior to any goal co-production with parents, caregivers, teachers, etc. (reframe goal of social communication therapy from normalization to empowerment and authenticity)
2. Education prior to any goal co-production with parents, caregivers, teachers, etc. (autistic masking mental health outcomes, risks for victimization, self-determination, self-advocacy, boundaries and consent, naivety, safety, autistic identity, lack of evidence for SST, etc.)
3. Discuss specific concerns (e.g. safety, etc.) and other important information
4. Buy-in is necessary, especially for self-determination and self-advocacy
5. Sensory profile inventory with family, educators, etc.

Goal Co-Production – Autistic Person

1. Autistic student led sensory and environment inventory and support considerations.
 - Visual (Sight)
 - Taste (Gustatory)
 - Touch (Tactile)
 - Sound (Auditory)
 - Smell (Olfactory)
 - Balance (Vestibular)
 - Internal sensations (Interoception) – hunger, thirst, tired, urinate
 - Body positional awareness in space and time (Proprioception)
2. Autistic student inventory of communication preferences and dislikes when speaking, texting, group vs 1:1, type of relationship/partner, etc.
3. Therapist is flexible in sessions, and advocates for student's communication preferences and recommends supports, modifications, accommodations for dislikes in other settings. (AAC is for speakers, too!)
4. Using literal, direct language, therapist explains the purpose of speech therapy and how it will work, invite questions and expression of concerns.

Goal Co-Production – Autistic Person

5. Autistic student-led co-production to set goal and outcome priorities within the social communication framework. (How will the goals and outcomes benefit them?)
5. EFFECTIVE SELF-ADVOCACY
6. AUTONOMY & PERSONAL AGENCY
7. BOUNDARIES & CONSENT
8. SAFE / UNSAFE
9. SOCIAL NAIVETY
10. THE DOUBLE EMPATHY PROBLEM
11. AUTISTIC IDENTITY
6. Validate their perspectives, lived experiences, feelings in a safe, non-judgmental manner.
7. Autistic camouflaging education – dependent on age/comprehension (immediate and ongoing).
8. Student self-determines levels of participation, which may vary each session.
9. Student has the right to withdraw consent and to refuse.
10. Compliance is never a goal.



NCPFSC: Key Concepts - Relevance Theory

- Implicit expectations of shared relevance
- Plausible that autistic people attribute relevance in significantly different ways to non-autistic people
- Difficulty with or inability to synchronize
- Breakdown of flow
- Missed mutual understanding



Williams GL, Wharton T, Jagoe C. Mutual (Mis)understanding: Reframing Autistic Pragmatic "Impairments" Using Relevance Theory. Front Psychol. 2021 Apr 29;12:616644. doi: 10.3389/fpsyg.2021.616644. PMID: 33993177; PMCID: PMC8117104.

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NCPFSC: Key Concepts - Social Naivety

- Personal Boundaries, Others' Boundaries. Informed Consent. Consent can be withdrawn.
- What does victimization look like? Feel like?
- Friend, Friendly, Not a Friend. Fake Friends.
- Red, yellow, green: relationship development. Proceed with caution.
- Motives and Intent. Proceed with caution.

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NCPFSC: Key Concepts – Positive Autistic Identity

Self-understanding protects against the development of internalized autism stigma. Diagnosticians and service providers play an important role in improving self-understanding and well-being in autistic adults.

Oredipe, T., Kohner, B., Riccio, A., Cage, E., Vincent, J., Kapp, S. K., Dwyer, P., & Gillespie-Lynch, K. (2023). Does learning you are autistic at a younger age lead to better adult outcomes? A participatory exploration of the perspectives of autistic university students. *Autism*, 27(1), 200-212. <https://doi.org/10.1177/13623633221086700>

Yunhe Huang, Julian N. Toller, Killy-Rose Foley, and Samuel R.C. Arnold. "I've Spent My Whole Life Striving to Be Normal": Internalized Stigma and Perceived Impact of Diagnosis in Autistic Adults. *Autism in Adulthood* ahead of print <https://doi.org/10.1089/aut.2022.0066>

Gillespie-Lynch, Kristen & Botha, Monique. (2021). Come As You Are: Examining Autistic Identity Development and the Neurodiversity Movement through an Intersectional Lens. 10.13140/RG.2.2.33966.02881.

Creswell L, Cage E. 'Who Am I?': An Exploratory Study of the Relationships Between Identity, Acculturation and Mental Health in Autistic Adolescents. *J Autism Dev Disord*. 2019 Jul;49(7):2901-2912. doi: 10.1007/s10803-019-0401-6. PMID: 31004247; PMCID: PMC6606664.

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NCPFSC: Key Concepts – Positive Autistic Identity

- **reconceptualization** of dysfunction as relational rather than individual
- **neurodivergence acceptance and pride**
disability community and culture to emancipate neurodivergent people from neuro-normativity
- **therapists to cultivate a relational epistemic humility** regarding different experiences of neurodivergence and disablement.

Chapman R, Botha M. Neurodivergence-informed therapy. *Dev Med Child Neurol*. 2022 Sep 9. doi: 10.1111/dmcn.15384. Epub ahead of print. PMID: 36082483.

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Autistic Identity & Quality of Life

Lichère, Jérôme & Lamare, Kristopher & Pedoux, Amandine & Downes, Noomi & Maffron-Laurent, & Cappe, Emilie. (2022). Searching for What Really Matters: A Thematic Analysis of Quality of Life among Preschool Children on the Autism Spectrum. *Journal of Autism and Developmental Disorders*. 52. 10.1007/s10803-021-02897-3.



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Make-overs - Social Skills Goals

Autistic masking compliance

XXX will tolerate choral reading without screaming by sitting quietly.

XXX will refrain from displaying tantrum behavior (screaming, yelling, falling to the floor) when a nonpreferred or unexpected event occurs.

Self-advocacy, academically related

No goal. Accommodations and Supports

No goal. Accommodations and supports.

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Make-overs - Social Skills Goals

Autistic masking compliance

Use appropriate eye contact 4 out of 5 trials. Or, and will practice increasing eye contact with peers, teachers and other adults

Use appropriate volume/intonation 3 out of 4 trials.

Self-advocacy, academically related

No goal. Accommodation for no force of eye contact, and cite research and cultural facts.

Tone and volume are addressed in the SLP evaluation – no medical issues. This student presents with adequate tone and volume and will adjust if requested.)

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Make-overs - Social Skills Goals

Autistic masking compliance

Initiate conversation 3 out of 4 trials of the peer's choosing for at least 5 conversational turns 80% of the time.

Self-advocacy, academically related

- **Document** demonstrated initiations of conversation when student is focused on their interests/passions/hobbies. Cite monotropic research.
- **No goal.** (Unless the neurotypical peer will maintain the autistic peer's topic of conversation for at least 5 conversational turns 80% of the time).

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Make-overs - Social Skills Goals

Autistic masking compliance

Under the following conditions: when given scenarios of social conflicts, the student will independently demonstrate problem-solving skills by

- identifying the problem and then
- generating at least one socially appropriate solution/response.

Self-advocacy, academically related

When provided with hypothetical difficult social situations as encountered in role-playing with speech services, in videos, movies, short stories, and literature sources, student will:

- Identify the social problem (breakdown in communication, mutual misunderstanding, disagreement, etc.)
- Generate an effective communication response to solve the problem **without sacrificing self-determination and self-advocacy**. (A socially acceptable solution could include not engaging at all until the student is in a self-regulated state.)

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Make-overs - Social Skills Goals

Autistic masking compliance

XXX will learn to engage in conversational **turn-taking** with others across setting regarding **topics initiated by others** to sustain conversation.

XXX will demonstrate appropriate peer social interaction/conversational skills.

Self-advocacy, academically related

With accommodations in place, XXX will respond to academically related questions using preferred method of communication (spoken, typed, AAC).

To develop perspective-taking, XXX will learn about neurotypical social communication styles **without the expectation for compliance/masking**. (Peers, staff and family will be educated about autistic social styles of communication and acceptance.)

Cite: The Double Empathy Problem research.

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Make-overs - Social Skills Goals

Autistic masking compliance

XXX will increase their comfort level in working with groups in class to complete group assignments.

Self-advocacy, academically related

No goal. This is a compliance goal that trains masking.

(Accommodations set for teacher/student chosen groups, and assigned roles in the groups to help with dynamics.)

Note: SLP completely shut this down in the IEP meeting. Advocated that forcing the student to pretend they are comfortable in a group is making them mask their autism and their anxiety. Cited masking research and harmful outcomes.

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Make-overs - Social Skills Goals

Autistic masking compliance

Under the following conditions: when given scenarios of social conflicts, the student will independently demonstrate problem-solving skills by

identifying the problem and then generating at least one "socially appropriate" solution/response.

Self-advocacy, academically related

The student will generate possible outcomes to a social situation or problem and consider:

- which outcome may be most positively received for the situation (from both perspectives), and state why or why not it may be the best choice for her.
- which outcome may be most negatively received for the situation (from both perspective), and state why or why not it may be the best choice for her.
- certain situations when generating a negatively received outcome might consistently be appropriate** (turning down a dance, a date, compliance with something that makes her feel uncomfortable or unsafe).

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Make-overs - Social Skills Goals

Autistic masking compliance

With modeling, practice, and using all accommodations, XYZ will increase social interactions and build relationships with peers by initiating play, giving compliments, and adopting a problem-solving attitude during lunchtime and in their general education inclusion classes."

Self-advocacy, academically related

(Friend, Friendly, Not a Friend)

With fading adult support and vocabulary definition assistance, XYZ will self-determine what specific qualities

- they want in a friend (e.g. trustworthy, inclusive, supportive, respects her boundaries, shares similar interests and spends time with them, loyal, empathetic, funny, respectful, etc.).
- a friendly person might have, even though they might not be a real friend. (e.g. approachable, polite, smiles, engages in small talk.)
- a person who is not a friend, or is a fake friend may demonstrate (e.g. belittles, manipulates, engages in peer pressure, bullying, violates physical body autonomy, and emotional or verbal abuse).

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Make-overs - Social Skills Goals

Autistic masking compliance

With modeling, practice, and using all accommodations, XYZ will increase social interactions and build relationships with peers by initiating play, giving compliments, and adopting a problem-solving attitude during lunchtime and in their general education inclusion classes."

Self-advocacy, academically related

When given various social examples from short stories, hypothetical social scenarios, movie and tv video clips, passages from age-appropriate young adult literature, etc. XYZ will determine if a specific character is someone who demonstrates the quality of friend, friendly, or not a friend to another character.

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Make-overs - Social Skills Goals

Autistic masking compliance

With modeling, practice, and using all accommodations, XYZ will increase social interactions and build relationships with peers by initiating play, giving compliments, and adopting a problem-solving attitude during lunchtime and in their general education inclusion classes."

Self-advocacy, academically related

In order to identify safe, neutral, and unsafe social situations, when provided with various social scenarios, with fading adult support, XYZ will identify unsafe social conditions (e.g. subtle bullying, peer pressure, manipulation, exploitation, unknown people on the internet, etc.) by

- evaluating the context, to determine whether the social setting is safe (known people who are trustworthy) neutral (proceed with caution, go slow with forming relationship), or unsafe (risky, vulnerable, or dangerous).
- citing evidence to support the conclusion by answering why and how questions.
- (with a fading adult model) demonstrate effective self-advocacy skills by determining their specific boundaries for various safe, neutral, and unsafe social conditions.

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The Neurodiversity Movement is Human Rights Movement even in your therapy room...

Autistic people are people too. Autistic people don't need to look "less autistic." Autistic traits are things that are part of being autistic. Services should focus on making autistic people's lives better. "Treating autism" dehumanizes autistic people. Focus on teaching specific skills instead of hiding the autism.

All autistic and neurodivergent people, including non-speaking people, have the right to body autonomy, informed consent, self-determination. At all times. Self-advocacy attempts should be respected and honored.

Therapy outcomes should be **autistic/neurodivergent prioritized outcomes** instead of clinical neuronormative outcomes. Services should focus on making autistic people's lives better, not less autistic.

Mouth speech is not the only form of communication. Gate-keeping AAC is a violation of human rights. Assistive technology solves a lot of problems. Presume competence.

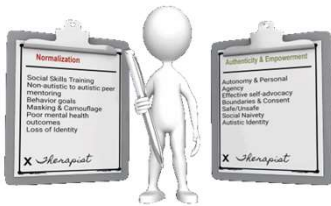
Autistic and other neurodivergent people need social networks, events, and organizations that allow them to collaborate and socialize **on their own terms**. (i.e. *****not***** with social skills agendas, play skills agendas, etc. **There is no "right way" to socialize or to play.**

Figure out when something around the autistic person needs to change. Address the environment. Accommodations, supports, modifications.

For Whose Benefit? Evidence, Ethics, and Effectiveness of Autism Interventions, Autistic Self Advocacy Network. (2021, December). Retrieved January 2022, from <https://autisticadvocacy.org/policy/briefs/intervention-ethics/>
<https://autisticadvocacy.org/wp-content/uploads/2021/12/PL-Ethics-of-Intervention.pdf>

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"...all autism intervention stakeholders need to understand and actively engage with the views of autistic people and with neurodiversity as a concept and movement. In so doing, **intervention researchers and practitioners are required to move away from a normative agenda** and pay diligence to environmental goodness-of-fit, autistic developmental trajectories, internal drivers and experiences, and autistic prioritized intervention targets." Leadbitter et al (2021)

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References: Neurodiversity-Affirming Practices

Citation: For Whose Benefit? Evidence, Ethics, and Effectiveness of Autism Interventions, Autistic Self Advocacy Network. (2021, December). Retrieved January 2022, from <https://autisticadvocacy.org/policy/briefs/intervention-ethics/>

Roberts, J. (© 2019 – 2023) The Neurodiversity-Affirming Conceptual Practice Framework of Social Communication: An evidence-based alternative model to social skills training for autistic populations. Therapist Neurodiversity Collective, Inc.™

References: Roberts, J. (2019 – 2023)



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