



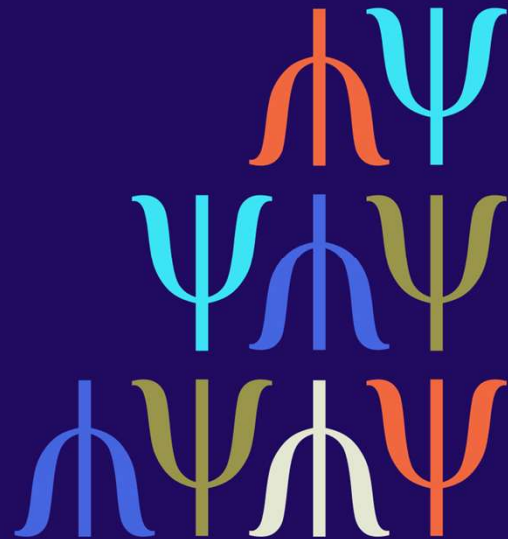
AN APS MEMBER SYMPOSIUM

2025 Festival of Psychology

16–18 May 2025

Understanding the Autistic 'Spiky Profile'
as a Foundation for Effective and
Affirming Therapy

Jennifer Kemp MAPS, FCCLP



1

A decorative slide with a white background. It features a yellow circle in the top left, a cluster of orange dots, green leaves, a blue wavy shape at the bottom left, and a blue leaf with red dots at the bottom right. The text is centered in the middle.

Jennifer Kemp.

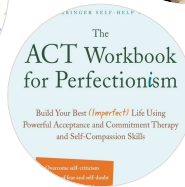
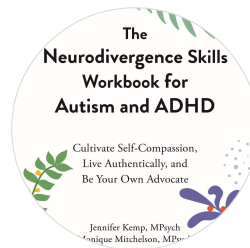
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as a Foundation for Effective and
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2

About me

- Clinical psychologist in private practice
- Co-author of 'The Neurodivergence Skills Workbook for Autism and ADHD'
- Author of 'The ACT Workbook for Perfectionism'
- Multiply neurodivergent



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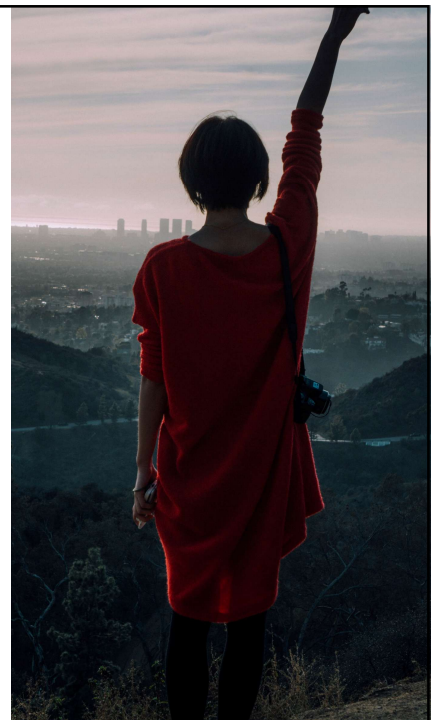
Our agenda

- Understanding Autistic differences in information processing – beyond the DSM
- Autism, mental health & misdiagnosis
- Adapting your approach to meet the needs of Autistic people & foster self-compassion, self-acceptance & pride in identity



Workshop
handouts

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Neurodivergence is not only Autism and ADHD

- Acquired brain injury
- Anorexia nervosa
- Aphantasia/hyperphantasia
- Attention deficit hyperactivity disorder (ADHD)
- Auditory processing disorder
- Autism
- Bipolar
- Dementia, Alzheimer's
- Down syndrome
- Dyslexia, dyspraxia, dyscalculia
- Epilepsy
- Giftedness
- Intellectual disability
- Major depression
- Narcolepsy
- Obsessive-compulsive disorder (OCD)
- Perfect pitch (absolute pitch)
- Post-traumatic stress disorder (PTSD), Complex-PTSD
- Prosopagnosia/'super-recognisers'
- Schizophrenia
- Sensory processing disorder
- Synaesthesia
- Tics
- Tourette syndrome

*We are limited by symptom-based DSM diagnoses.

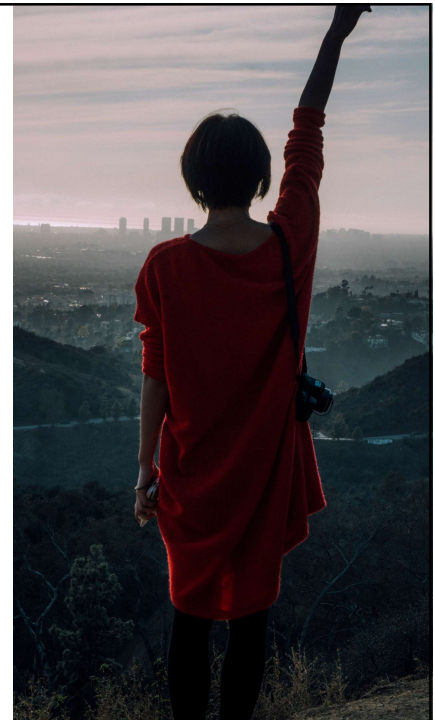
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Neurodiversity-affirming principles will be applied in this workshop

- Autism as a valid social identity
- Use identity-first language
- Avoid pathologising, medicalised, and ableist language, including functioning labels
- Disorder talk and "ASD" are *not* affirming
- Recognise Autistic people as the experts on their lives and support needs

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In general, aim to use the least potentially offensive terms

ASD →	Autism
Disorder →	Neurotype, neurodivergence
Deficits →	Differences
Dysfunctions, impairments →	Challenges, difficulties
Co-morbid →	Co-occurring
Symptoms →	Features/strengths
Treatment OF →	Support FOR
“Normal” or “healthy” participants →	Non-Autistic participants
“Suffering from”/ tragedy narrative →	Experiences barriers, difficulties, disadvantages
Cure/prevention →	Improved quality of life
Diagnosed →	Identified / self-identifies

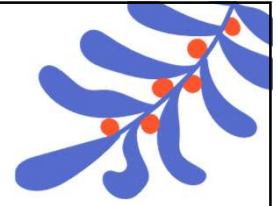
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Understanding Autistic differences in information processing

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Autism can be understood as genetic,
neurobiological differences in
information processing.



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Autism is genetic

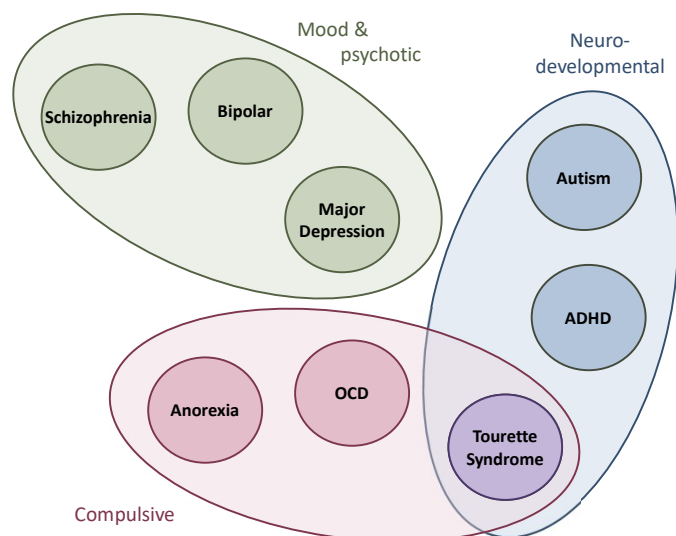
The genetic markers for Autism transcend diagnostic categories.

This large cross-diagnosis genome-wide study found three clusters of highly genetically related diagnoses.

(N=232,964, with 494,162 controls)

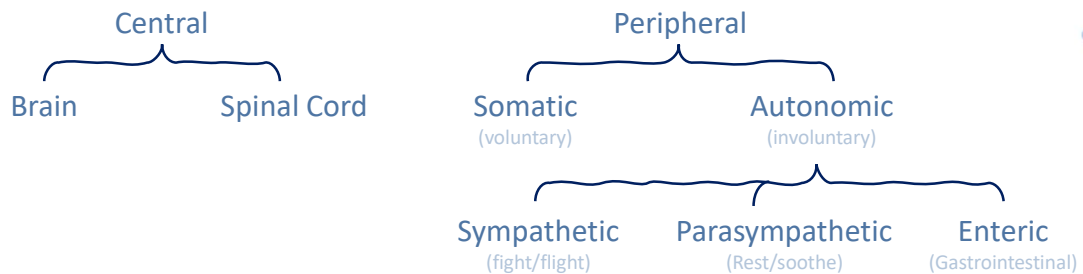
<https://doi.org/10.1016/j.cell.2019.11.020>

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Autism is not just a “brain thing”



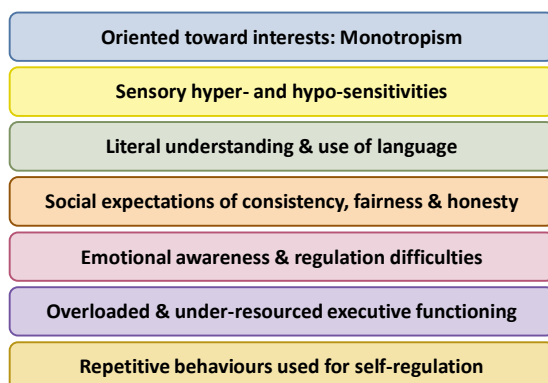
Genetic neurobiological differences occur across all nervous systems and define how Autistic people perceive and respond to their external and internal worlds.

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Autistic differences in information processing

Autistic “Spiky Profile”



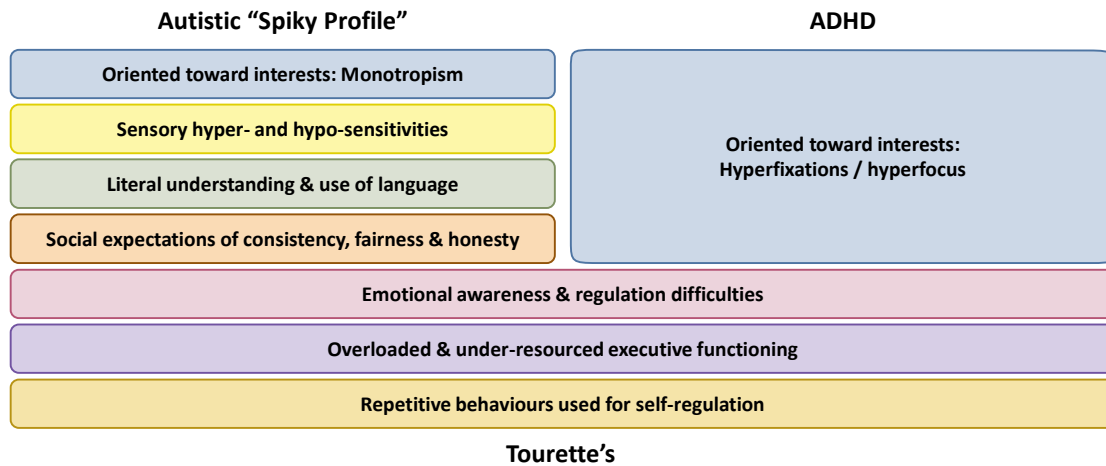
The distinction between Autism and ADHD is topographical & arbitrary:

- Approx. 86% of Autistic people would meet the criteria for ADHD
- Approx. 50% of ADHDers would meet the criteria for Autism
- So, “AuDHD” is more common than Autism or ADHD alone
- Prevalence of Tourette’s may be underestimated

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12

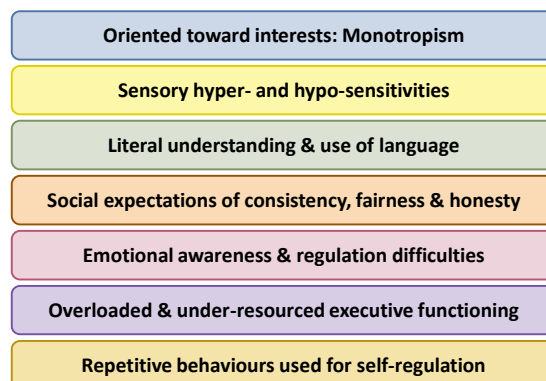
These differences are shared as part of a spectrum of differences



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The Autistic "Spiky Profile"



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Oriented toward interests: Monotropism

- Smaller number of deeper interests
- May leave fewer resources for other information
- Possible unifying theory of Autism
- Long-term 'special interests' ("spins") are:
 - Endless source of curiosity & motivation
 - Focus on a deep, detailed, or systemic understanding
 - Enjoyable, energising, & regulating

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Discussion

In what ways could monotropism be helpful for Autistic people?

How could monotropism contribute to mental health problems?

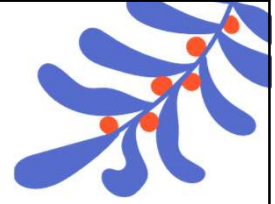
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The Autistic “Spiky Profile”

Oriented toward interests: Monotropism

Sensory hyper- and hypo-sensitivities



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We experience the
world *and ourselves*
through our senses



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Sensory hyper- and hypo-sensitivities

- Hypersensitivities:
 - Sensory experiences are more intense
 - Sensitivity may vary between the senses
 - Sensitivities do not lessen in intensity with repeated exposure (do not habituate)
 - Sensory avoidance is often adaptive
- Hyposensitivities:
 - Sensory experiences are quiet, muted
 - Food tastes bland, don't notice smells, noises, clutter, may bump into things
 - May experience less pleasure, discomfort, and motivation
 - Sensory seeking is regulating

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19

Discussion

- How could sensory processing differences contribute to mental health problems in Autistic people?
- How might patterns of sensory avoidance and sensory seeking be misunderstood or misdiagnosed by psychologists?
- How could you accommodate sensory processing differences in your practice?
 - What could you add?
 - What could you remove?

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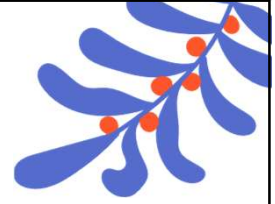
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The Autistic “Spiky Profile”

Oriented toward interests: Monotropism

Sensory hyper- and hypo-sensitivities

Literal understanding & use of language

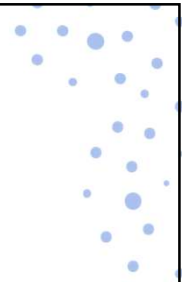


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Literal understanding & use of language

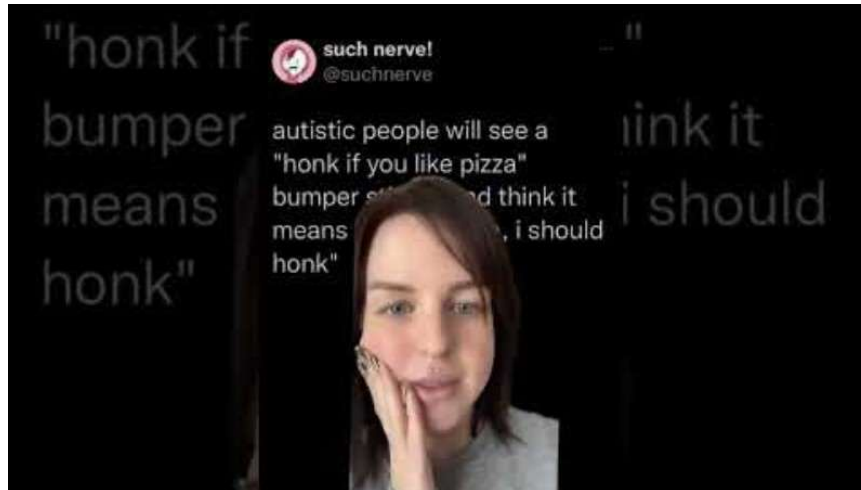
- Autistic people tend to prioritise language semantics
 - Preference for straight-talking, dislike small talk
 - Can miss pragmatics such as hints, inferences, sarcasm, and other non-verbal cues
- Language use is hugely variable:
 - Some Autistic people enjoy using a wide vocabulary, unusual words, metaphors
 - Others use a more direct and concrete communication style



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Taking things literally



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<https://www.youtube.com/watch?v=InnglYLV0xc>

23

Effective communication with Autistic clients

- 'Double empathy problem' (Milton, 2012): Autistic-to-Autistic communication is as effective as non-Autistic to non-Autistic
- Communication breakdowns tend to happen between neurotypes
- To communicate effectively:
 - Be clear and explicit in what you are asking
 - Clarify the scope of the expected answer
 - Reduce complexity and decision-making load

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The Autistic “Spiky Profile”

Oriented toward interests: Monotropism

Sensory hyper- and hypo-sensitivities

Literal understanding & use of language

Social expectations of consistency, fairness & honesty

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Social expectations of consistency, fairness & honesty

- Autistic social preferences include:
 - Focus on fairness, equity, justice
 - Consistency: *“Why don’t people just do what they say they’ll do?”*
 - Honesty is more important than fitting in
 - Following the rules, as long as they are fair
 - Enjoying sharing spins & info-dumping, disliking small-talk
- A mismatch in social expectations can contribute to relationship difficulties, conflict and unemployment

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Time for a game!

- Do you follow normative social rules?
- For each social rule listed, consider:
 - Does this rule make sense?
 - Do you follow this rule?

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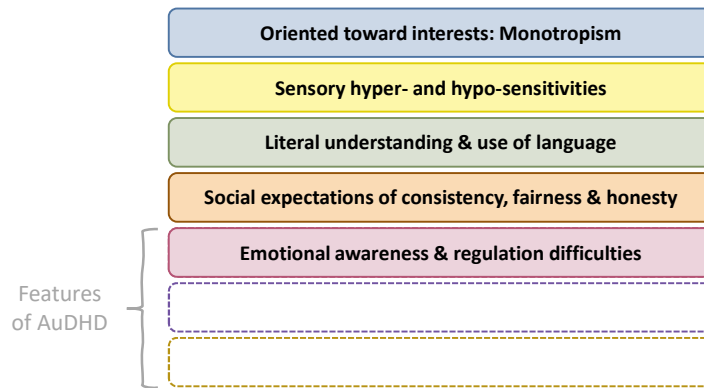
- A) Does this rule make sense?
- B) Do you follow this rule?

1. If someone asks, "How are you?" answer, "Fine, thanks," no matter how you feel
2. If someone has a problem with their appearance (such as food stuck between their teeth), you don't tell them, just ignore it
3. Don't tell people when they've made a mistake, even if it would help them
4. Don't ask someone why they are doing something – this is rude and aggressive
5. You do not have to do something you've committed to doing if it is no longer convenient for you

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Emotional awareness & regulation difficulties

- Hyposensitivity to emotional cues can lead to:
 - Difficulty understanding emotions
 - Other people may not understand why the person isn't upset
 - Low motivation
- Hypersensitivity to emotional cues can lead to:
 - Big emotional reactions, meltdowns & shutdowns, difficulty calming down
 - Fear of emotions, avoidance
 - May still have difficulty understanding emotions
- Emotion regulation difficulties may be misdiagnosed as a personality disorder

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Emotional awareness

- Alexithymia is defined as difficulty with:
 - Noticing emotions (interoceptive awareness) and/or
 - Labelling emotions (interoceptive accuracy)
- About 75% of Autistic people are alexithymic



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Image: <https://chelseyflood.substack.com/p/how-a-feelings-wheel-helps-me-overcome>

31

Alexithymia amplifies & perpetuates distress

- Reliance on logic & reasoning leads to:
 - Delayed emotional processing
 - Confusion, “social autopsies” & rumination
 - Shame, self-criticism & self-blame
- Greater risk of depression, suicidal thinking & self-harm
- Lower motivation, joy & life satisfaction



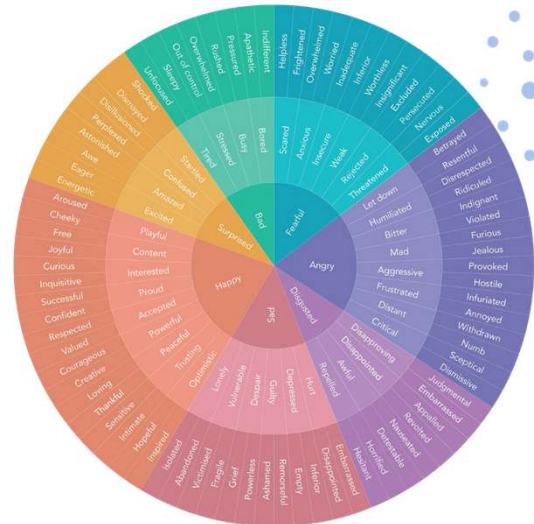
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Image: <https://chelseyflood.substack.com/p/how-a-feelings-wheel-helps-me-overcome>

32

Building emotional awareness

- One situation at a time:
 - Notice the physical sensations associated with a situation (interoceptive awareness)
 - Link these to specific emotions (interoceptive accuracy)
 - Make sense of the emotions in context



...and repeat, building emotional awareness gradually over time.

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Phrasing your questions in helpful ways

- Open: "How do you feel about that?"
- Closed: "Do you feel sad?"
- Forced choice: "Do you feel sad or scared?"
- Comparative: "What about this upsets you the most?"
- Open + one reference point: "That sounds very sad. How do you feel about it?"
- Open + multiple reference points: "If that happened to me, I would probably feel really sad, hurt...and maybe also betrayed... How do you feel about it?"

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Activity: Building interoceptive awareness of emotions

Objective: Noticing the physical sensations associated with emotions

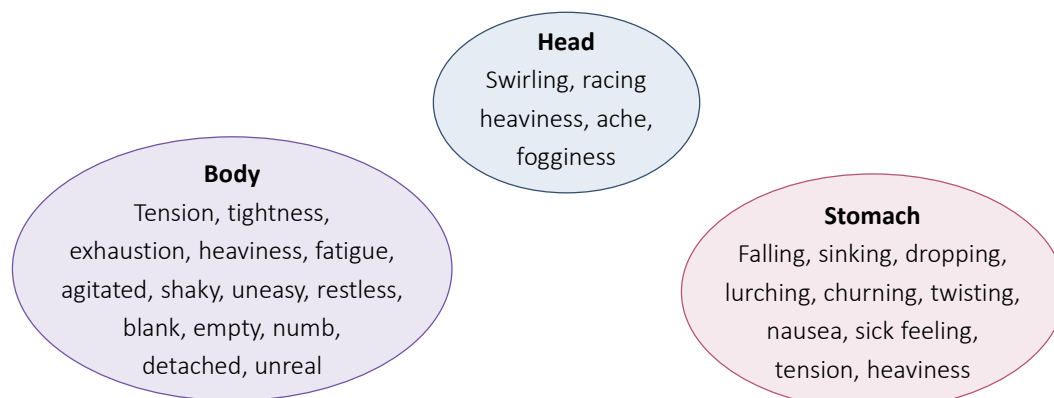
- Working in pairs, you will take turns to describe either:
 - A problem you are experiencing in your work
 - One of your most challenging clients
- You will each have 3 minutes to discuss using the prompts provided
- We will debrief as a group at the end

Decide who will be person A & B.

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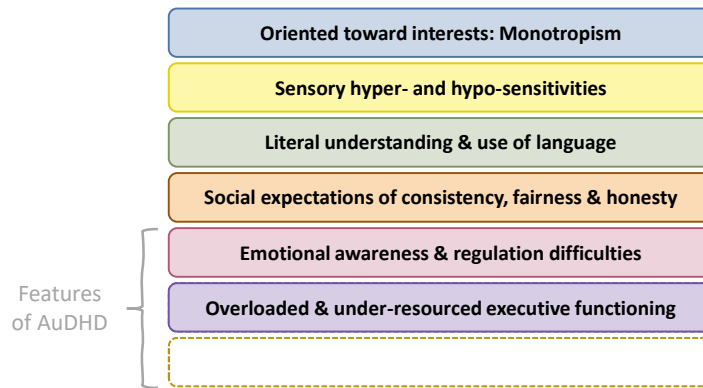
Noticing physical sensations



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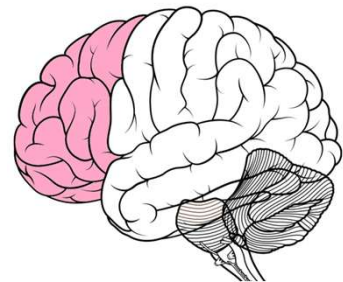
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Overloaded & under-resourced executive functioning

Executive functioning is an integrated set of skills responsible for self-regulation:

- Task initiation & task shifting
- Planning, organising, prioritising & decision-making
- Attention
- Working memory
- Tracking and managing time
- Self-monitoring
- Inhibition (impulse control)
- Emotional regulation



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Difficulties with executive functioning can lead to specific problems for AuDHDers

- Emotion regulation → sensitivity to rejection, mental health problems, meltdowns, shutdowns, self-harm, suicidal ideation
- Attention, planning, organising, prioritising & decision-making → difficulties achieving goals, hoarding
- Task initiation & switching sets → procrastination & study/work difficulties
- Self-monitoring & impulse control → addictions, unhealthy habits, binge eating

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Scaffolding executive functioning in therapy

- Help the client remember the content of sessions and homework activities:
 - Make tasks simple and clear
 - Provide a written summary
 - Use reminders
- Support information processing:
 - Avoid long explanations
 - Provide simple, structured information with visual cues

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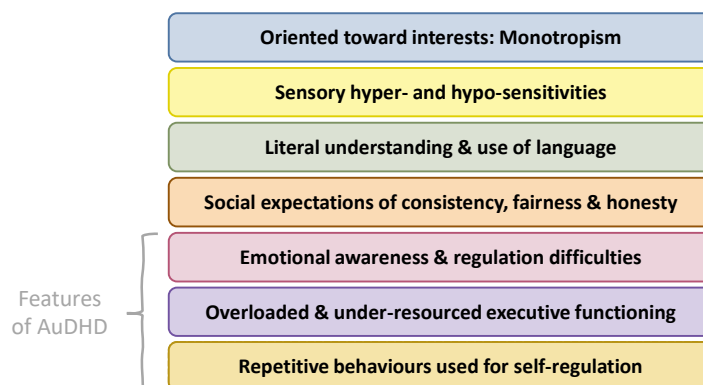
Scaffolding executive functioning in therapy

- Manage verbal hyperactivity:
 - Encourage clients to pre-prepare talking points
 - Create an agenda
 - Ask permission to interrupt—*and do it*

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Repetitive behaviours used for self-regulation: Stimming

- Stimming is a collection of behaviours defined by their function
- A behaviour may be considered stimming if it helps to:
 - Soothe emotions
 - Maintain attention
 - Control urges and impulses
- Targeting a reduction in stimming can have long-term negative effects on mental health, learning & wellbeing (e.g. Waizbard-Bartov et al. 2023)

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Examples of intentional stimming

Sight	Watching your favourite TV show on repeat, YouTube, TikTok, lights, fans...
Sound	Listening to your favourite song on repeat, white/brown noise, tapping fingers, sound of fan/motor, popping bubble-wrap, clicking a pen, humming, whistling, singing...
Smell	Favourite scents, coffee, perfumes, candles...
Taste	Favourite foods, "same foods", spicy foods, strong flavours...
Touch	Stroking soft fabrics or smooth stones, being in water, under the shower, patting the dog or cat...
Proprioception	Bouncing your legs, tensing/relaxing muscles, twirling your hair, tapping your fingers...
Vestibular	Spinning around, dancing, swinging your legs, knitting, crochet...
Interoception	Giving/receiving a firm hug, wearing tight clothes, eating crunchy foods...

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Harnessing strengths

- ❑ Commitment to social justice, fairness, and equity
- ❑ Loyalty, honesty & forthrightness
- ❑ Challenging conventions, creativity, orthogonal thinking
- ❑ Preference for following fair, logical rules (and refusal to follow unfair, illogical rules)
- ❑ Pattern recognition
- ❑ Organising, structuring, categorising and classifying information
- ❑ Sensitivity through the senses
- ❑ Notice small details and flaws, precision, focus on perfection
- ❑ Self-directed, active learning
- ❑ Thoroughness, detail focus and context

See: Survey of Autistic Strengths, Skills, and Interests (SASSI) Woods & Estes (2023) <https://doi.org/10.3389/fpsy.2023.1264516>

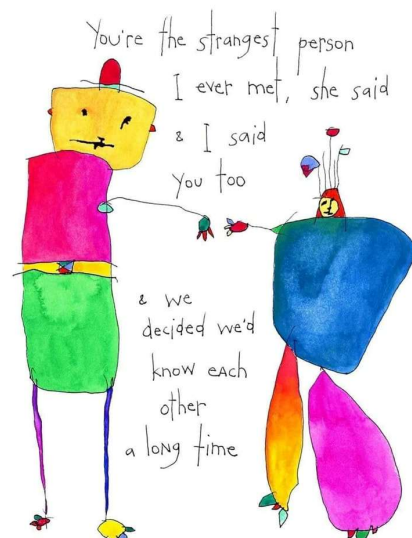
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46

Start where you are

- Understanding, respecting and appreciating neurodivergent differences will strengthen your therapeutic bond
- Celebrate what makes your client unique
- Harness strengths & validate difficulties
- Only when we know better can we do better
- There's always more to learn



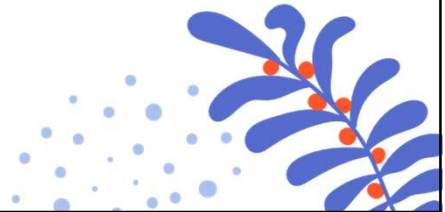
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To access additional
workshop handouts



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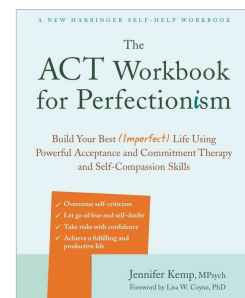
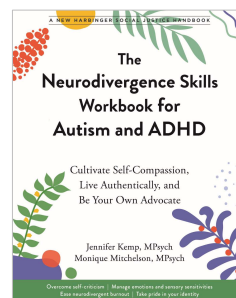
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new resources and trainings.
No spam, guaranteed :)

Please provide feedback
on today's workshop



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Autism screening tools

1. Ritvo Autism Asperger Diagnostic Scale–Revised (RAADS–R)
2. Camouflaging Autistic Traits Questionnaire (CAT-Q)
3. Comprehensive Autistic Trait Inventory (CATI)
4. Survey of Autistic Strengths, Skills, and Interests (SASSI)
5. Autism Spectrum Quotient (AQ)*

*1% false positive, 14% false negative rate

<https://embrace-autism.com/autism-tests/>



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Monotropism assessment

<https://monotropism.org/>

Free online assessment (pre-publication):

<https://dlcincluded.github.io/MQ/>



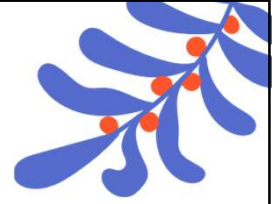
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Interoception assessment

Multidimensional Assessment of Interoceptive Awareness (MAIA)

<https://osher.ucsf.edu/research/maia>



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Alexithymia assessments

Toronto Alexithymia Scale (TAS)

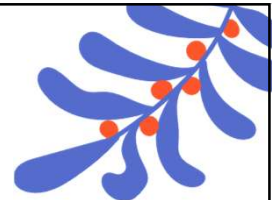
<https://embrace-autism.com/toronto-alexithymia-scale/>

Perth Alexithymia Questionnaire (PAQ)

<https://bit.ly/3t1lMuZ>

Helpful YouTube from HealthyGamerGC:

<https://www.youtube.com/watch?v=8pQBdZ3RdfA>



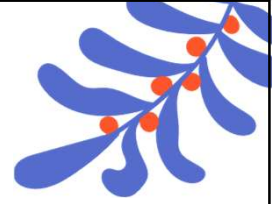
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Executive skills assessment

Executive Skills Questionnaire – Revised

<https://embrace-autism.com/executive-skills-questionnaire-revised/>



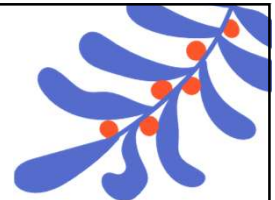
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Repetitive behaviours assessment

Repetitive Behaviour Questionnaire-2 (RBQ-2) - for adults

<https://embrace-autism.com/rbq-2a/>



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56