

APS Festival of Psychology Gold Coast 2025

# Unpacking and Addressing Internalised Ableism towards Autistic Individuals: A Collaborative Self-Reflective Session

Liam Spicer & Monique Mitchelson



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# Acknowledgement of Country

We would acknowledge, with deep respect the traditional owners of this land on which we meet today.

We pay our respects to elder's past, present and emerging. I recognise and acknowledge the impacts of invasion and colonisation upon Aboriginal people and the fact that sovereignty is yet to be ceded.



LIAM SPICER

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Liam Spicer

- Senior Lecturer in Psychology
- Psychologist in Private Practice
- EMDR Consultant and Training Facilitator
- ND Affirming Therapist & Autistic and ADHD myself
- Academic and Researcher
- Accredited Schema Therapist
- PhD Candidate investigating the use of Schema Therapy for Prolonged Grief



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### Monique Mitchelson

- Clinical Psychologist
- Board Approved Supervisor
- Autistic ADHD'er
- Co-Director of Divergent Futures Training
- Co-Host of The Neurodivergent Woman Podcast with Clinical Neuropsychologist Dr Michelle Livock (top 1% most followed podcast on Spotify over 2 million downloads)
- Co-Author of The Neurodivergence Skills Workbook for Autism & ADHD (2024)
- Works with Autism, ADHD, Chronic Pain and Illness, and Trauma
- Consultant on National Autism Strategy, and APS & APA Neuroinclusive Event Guidelines



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### Taking Care

We recognize that everyone has a different way of learning. During this session we encourage you to use any strategies or supports to feel comfortable and assist your learning.

- This may include: Taking movement breaks
- Eating and Hydrating
- Taking attention and emotional regulation breaks
- Using sensory/fidget toys or other external regulation items
- Wearing headphones
- Drawing while learning
- Group activities NOT compulsory

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### What is Autism?

- Autism is a neurodevelopmental difference, defined by variations in behaviour and functioning across various domains, including social communication, repetitive behaviours and interests, and both cognitive and sensory processing (Masl et al., 2017, Spicer et al., 2024).
- Prevalence: 4% (Between 1 in 30-36 people)
- Better at detecting Autism and accounting for bias in criteria

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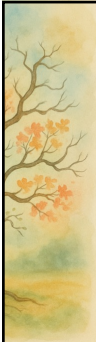
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## National Autism Strategy

Based on:

- Bio-Psycho-Social Model of Disability moving away from the medical model
- Strengths based and Neurodiversity Affirming approach
- The Australian Government uses identity-first language (Autistic person) in the National Autism Strategy. This approach is supported by current research.

4 key outcome areas over the next 10 year period:

- Social Inclusion
- Economic Inclusion
- Diagnosis, Services and Support
- Health and Mental Health (the National Roadmap to Improve the Health and Mental Health of Autistic People)

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## History of Autism



1908	1940s	1944	1950s
Psychiatrist Eugen Bleuler used the word Autism to describe infantile traits amongst severe cases of schizophrenia.	Psychiatrist Leo Kanner observed small groups of children and noted similarities for 'insistence' on routines, repetitive speech, social withdrawal	Hans Asperger studied behaviour of 200 children who displayed similar patterns to children observed by Bleuler and Kanner, but who 'talked like little professors'.	Psychologist Bruno Bettelheim claimed that Autism is 'caused' by cold and callous mothers who could not effectively nurture their children. Autistic children were removed from families and placed in institutions including adult psychosis wards. They experienced inhumane treatment including physical abuse, electroshock therapies, and other atrocities (Evans, 2013; Harman et al., 2023)

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## History of Autism



1960s	1970s	1980s
Researchers identify that Autism has genetic and biological underpinnings. This refutes the 'refrigerator' mother theory. Distinct diagnostic criteria began to be formed. Inhumane treatments continued to be formally recommended (Evans, 2013; Harman et al., 2023)	Psychiatrist Lorna Wing coined the word 'Spectrum' to emphasise the vast array of differences between Autistic people across ages, gender, and intellectual abilities (Silberman, 2015)	Recommended 'treatment' for Autistic people is based on behaviourism frameworks first developed by B. F Skinner in 1920s. Ivar Lovaas (also behind Gay Conversion therapies) began intensive programs for Autistic people focused solely on 'achieving' behaviour change. Programs were delivered to children under 5 for 40 hours a week with the intention of stopping or changing behaviour, regardless of any emotion or need underlying the behaviour. These 'therapies' were considered 'gold standard' and spawned a multi million dollar industry for parents desperately seeking support for their child (Harman et al., 2023)

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*Chance & Løvaas (1974) noted "You pretty much start from scratch when you work with an Autistic child... they are not people in the psychological sense... you have the raw materials, but you have to construct the person".  
"Let me tell you, it is a pleasure to work with a child who is on mild food deprivation... that is a child who is truly motivated to learn"*

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## History of Autism

1990s

With the emergence of the internet, Autistic people develop online communities where they could share their experiences (Silberman, 2015)

1990s

Autistic support networks and advocates joined forces with the Disability Rights Movement.

Multiple advocacy networks are formed, sparking a call to action for humane treatment of Autistic people (Silberman, 2015)

Neurodiversity Movement begins

1994

Hans Asperger's publications were introduced to the English speaking world in 1981. The DSM-IV introduced Asperger's Syndrome as a distinct diagnostic category, specifying above average skills in fields of particular interest, socially inappropriate behaviour, along with general Autistic traits.

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## History of Autism

2000s

False research is published alleging Autism is 'caused' by vaccinations.  
significant harm is caused both to the Autistic community and more broadly with lowered child vaccination rates.

Advertising campaigns depict Autism as a fate worse than death. Autistic people are seen as a burden on their families and society.  
Behaviourism continues as recommended treatment, despite limited empirical evidence to support this.

2013

Hans Asperger's experimentation on children is exposed and leads to the removal of Asperger's Syndrome in DSM-V.

Autism is a single diagnostic category, but a 'levelling' system is introduced to differentiate 'severity'. Limited acknowledgement made that support needs can fluctuate, which challenges the validity of the Levelling system

2020s

Prevalence rates rise with increased recognition of Autistic women, previously misdiagnosed due to bias in Autism diagnostic criteria (Loames et al., 2017).

Research challenges deficit-based views of Autism, noting that Autistic people do well when the environment is changed.

Autistic advocates share stories of trauma and abuse experienced when put through behavioural therapies as children (McGill & Robinson, 2021)

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The Ripple effects from this history are still permeating today and impacting the lives of Autistic People

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**Reflect and Connect**

We would like you to reflect and discuss with the person next to you:

1. What brought you to this session today?
2. Where has your knowledge of Autism been formed from?
3. Has your understanding of Autism changed?
4. Are there still questions you have about Autism?
5. Do you feel confident working with Autistic people?

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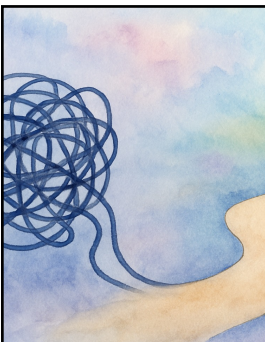
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Understanding and Unpacking Internalised Ableism

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### What is Ableism?

- Ableism is "stereotyping, prejudice, discrimination, and social oppression toward" disabled people (Bogart & Dunn, 2019, p. 652).
- Ableism refers to a system of discrimination against people perceived to be disabled, based on socially constructed views of "normalcy, productivity, desirability, intelligence, excellence, and fitness".
- A feature of this system of discrimination for autistic people is stigmatization, which can mean that autistic characteristics such as developing passionate interests on topics that others consider unusual or otherwise not adhering to social norms, are devalued in both interpersonal interactions and broader social contexts.

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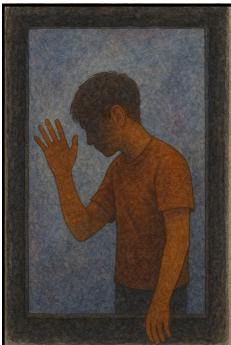
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### What is Ableism?

- Viewing autism solely as a disease or disorder to be "cured" rather than recognising it as a natural part of neurodiversity.
- Prioritising research on preventing autism rather than supporting autistic people in living fulfilling lives.
- Framing autistic traits as inherently negative rather than neutral or even beneficial in certain contexts.
- Using dehumanising language, such as calling autistic people "burdens" or saying they "suffer from" autism.
- Assuming autistic people lack emotions, empathy, or the ability to form meaningful relationships.
- Infantilising autistic adults by treating them as if they cannot make their own decisions or live independently.

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### What is Ableism?

- Creating policies, therapies and research about autism without consulting autistic people.
- Treating autistic people as if they must "prove" their autism to be taken seriously, particularly if they don't fit common stereotypes.
- Speaking over autistic people by prioritising non-autistic perspectives in conversations about autism.
- Ignoring self-advocates with lived experience in favour of parents, professionals, or charities
- Infantilising autistic adults by treating them as if they cannot make their own decisions or live independently.

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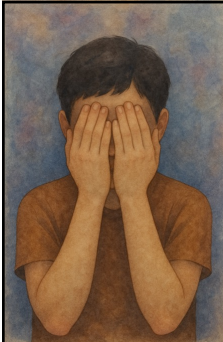
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### Privilege and Power

**Privilege** is the special rights, benefits and advantages that are enjoyed by a person or a group of people, over and above other people. (Usually the dominant social groups)

**Power** is having the ability or authority to make decisions and/or exercise control over other individuals or groups.

People with privilege are often in a position to use power over others who are less privileged.

Ableism within our profession:

- Not having to think about or plan for all the barriers facing you
- More energy to do/get things
- Access to supports, advantages and opportunities over your lifetime so you can advance/leverage your talents even if you didn't ask for it.

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### Internalised Ableism

- Internalised ableism, particularly in relation to autistic individuals, refers to the process by which autistic people unconsciously adopt negative beliefs, attitudes, or prejudices about autism—often stemming from societal ableism which is formed from norms, media, societal representations of autistic people etc —that lead them to view themselves and their autistic traits negatively.

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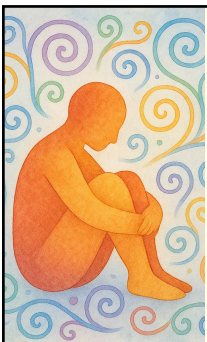
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### Key Aspects of Internalised Ableism

- Self-stigma: Believing you are "less than" or "broken" because of your disability.
- Masking or camouflaging: Suppressing traits (e.g., stimming, sensory needs, communication style) to appear more "normal" or neurotypical.
- Distancing from identity: Avoiding association with the disability or neurodivergent community due to shame.
- Enforcing ableism on oneself or others: Judging other disabled people for not "overcoming" or "trying hard enough."

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### Key Aspects of Internalised Ableism

- **Overcompensation:** Attempting to "prove" worthiness by achieving unrealistic neurotypical standards, which can lead to burnout and poor mental health outcomes. Pushing oneself beyond capacity to prove worth or avoid being a "burden."
- **Avoidance of Support:** Internalising the belief that accepting accommodations or support equates to weakness or dependency, leading to rejection of help that could significantly improve quality of life.
- **Reduced Self-Advocacy:** Difficulty advocating for one's needs or rights due to internalised perceptions of being burdensome or undeserving.

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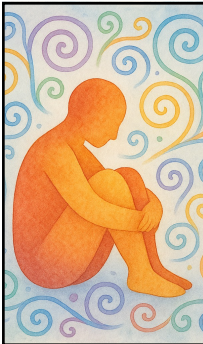
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### Key Aspects of Internalised Ableism

**Examples:**

- An autistic person feeling guilty for needing accommodations.
- A disabled person believing they must "inspire" others to be accepted.
- Feeling that asking for support is weak or selfish.

**Causes:**

- Cultural messaging that equates worth with independence, productivity, or conformity.
- Lack of positive representation of disabled lives.
- Repeated invalidation, exclusion, or infantilization.
- Bullying, victimisation, gaslighting, and discrimination due to being different.

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Aspect	Internalised Ableism (Disabled People)	Socialised Ableist Beliefs (Non-Disabled People)
Who experiences it?	Disabled or neurodivergent individuals	Non-disabled individuals
Source of beliefs	Internalisation of stigma, discrimination, and ableist messaging	Socialisation through media, education, institutions, and cultural norms
Directed at	Oneself – applying ableist views to one's own body, mind, or needs	Others – applying ableist views to disabled people
Manifestation	Masking, shame, self-silencing, rejection of identity, burnout, overcompensation	Infantilising, pitying, avoiding, stereotyping, denying accommodations

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Aspect	Internalised Ableism (Disabled People)	Socialised Ableist Beliefs (Non-Disabled People)
Core Beliefs	"I'm broken," "I need to be more 'normal'," "I'm a burden"	"They're not trying hard enough," "They need to overcome,"
Emotional Impact	Guilt, low self-worth, confusion, isolation, internal conflict	Discomfort, fear of offending, unconscious superiority or fragility
Impact on Disabled People	Undermines autonomy, reduces help seeking, reinforces social isolation	Enforces barriers, justifies exclusion, creates unsafe spaces
Role in Ableism	Sustains internal oppression and can limit empowerment or advocacy	Reinforces systemic oppression and sustains discriminatory norms
Path to Change	Unlearning stigma, affirming identity, connecting with community	Learning from lived experience, challenging biases, anti-ableist practices

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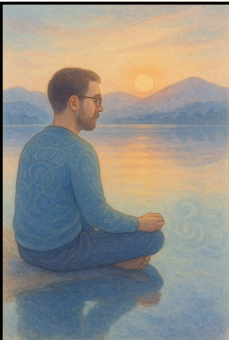
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### Reflect

How can we assist the clients we work with in their own internalised ableism if we do not unpack our own biases and beliefs

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### Why is all of this important?

- Discrimination against autistic individuals is a pervasive and urgent concern that significantly impacts various aspects of their lives. Despite increased awareness, societal understanding, and greater acceptance of neurodiversity in more recent years, autistic individuals continue to face systemic challenges that affect their mental and physical well-being.
- Self-stigma that leads to masking autistic traits may further heighten the risk of social isolation as masking is often unsustainable long term. For example, research on autistic burnout showed masking or "camouflaging" to pass as non-autistic was the most common reason participants gave for autistic burnout (Mantzalas et al. 2022).
- Masking may help autistic individuals navigate neurotypical social situations but comes at a significant psychological and physical cost such as physical and mental exhaustion (Hull et al. 2017) mental health challenges, including anxiety, depression and high rates of suicidal thoughts and behaviors (Cage et al. 2019; Cassidy et al., 2018; Cassidy et al, 2019), identity struggles and a lack of self-acceptance (García-Villamisar et al., 2018).

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### Why is all of this important?

- Recent research demonstrates a lack of understanding of ableism, even with individuals working directly with individuals with a disability. Friedman et al., (2024) in a sample of 347 disability professionals demonstrated that when asked to define ableism, participants often expressed ableist views and misconceptions including framing disability as inability, centering people without disabilities, ignoring invisible disabilities, believing only people without disabilities have bias, and believing ableism does not exist.
- In the context of individuals who are autistic, ableist views may include viewing autistic individuals as vulnerable, of low competence, of needing a cure for their disability, not needing support and accommodations if their disability is "invisible" and treating them differently from other members of society. As a consequence, Autistic individuals may experience social devaluation, dehumanization, experiences of invisibility, and ongoing adverse experiences (Galli et al. 2015).
- Not understanding ableism, our own biases, and beliefs is going to directly impact on the attunement we have with Autistic clients, and subsequently effective outcomes.

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### Implicit Bias in Healthcare

- Evidence indicates that **healthcare professionals exhibit the same levels of implicit bias as the wider population** (Fitzgerald et al., 2017).
- Interactions between multiple patient and healthcare professional characteristics reveal the complexity of implicit bias and its influence on clinician-patient interaction.
- All the studies that investigated correlations found a significant positive relationship between level of implicit bias and lower quality of care.
- Accepting that everyone has unconscious biases and recognizing how they may affect decisions can help clinicians treat others in a more equitable way.

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### Implicit Bias in Healthcare

**Clinical Relevance:** Implicit biases in healthcare settings can affect therapeutic relationships and the effectiveness of interventions.

**Therapeutic Connection & Attunement:** A clinician's biases (whether conscious or unconscious) can impact their ability to genuinely connect with autistic clients.

Implicit Biases in Researchers and Grants/Funding

Implicit Bias in what Universities and Institutions Teach New Clinicians

Bias in Clinical Care – biases in screeners, diagnostic criteria, decision making, treatment modalities and systems, language, environment

Whose 'gold standard' is it?

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### Reflect and Connect

1. In what ways could your biases be coming out in the work that you do?
2. In what ways do you aim to challenge or become aware of your biases?
3. In your professional life, but also personal life, what do you think helps challenges biases about autistic people and what reinforces stereotypes or negative views?

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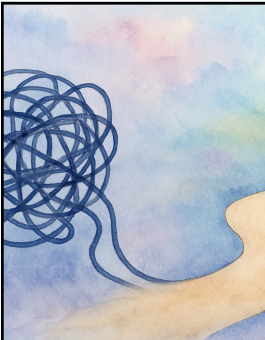
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### Creating Change

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### Internalised Ableism in Autistic Doctors

Shaw, S., Fossi, A., Carravallah, L., Rabenstein, K., Ross, W., Doherty M. (2023). The experiences of autistic doctors: a cross-sectional study. *Front Psychiatry*. 18;14:1160994. doi: 10.3389/fpsy.2023.1160994.

**Trigger Warning**

N= 225 64% had a formal diagnosis of autism.

Mean age of receiving a formal diagnosis was 36 (range 3–61). Most were currently working as doctors (82%).

29% had not disclosed being autistic to anyone at work.

46% had requested adjustments in the workplace but of these, only half had them implemented.

80% reported having worked with another doctor they suspected was autistic, but only 22% reported having worked with another doctor they knew was autistic.

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## Internalised Ableism in Autistic Doctors

Participants had considered suicide (77%), one quarter had attempted suicide (24%) and half had engaged in self-harm (49%).

Having never worked with a potentially autistic colleague was associated with having considered suicide.

Most preferred to be called "autistic doctors" (64%). Most considered autism to be a difference (83%).

Considering autism to be a disorder was associated with preference for the term "doctors with autism," and with having attempted suicide.

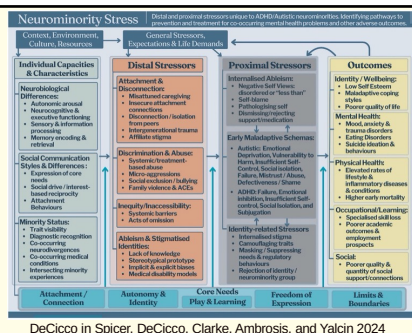
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## Creating Systemic Change

- Systemic change requires a deep understanding of the drivers of distal stressors, a process crucial for developing effective strategies that address harmful cultural norms, legislative gaps, institutional practices, economic barriers, and misinformation (Botha and Ernst, 2020; Pearson et al., 2023).

- Furthermore, understanding neuro minority social-communication and behavioural differences aids the attunement, support and caregiving processes implicit in interactions with both formal (e.g., psychologist) and informal (e.g., parent) care providers, ultimately improving the quality of connections and support (Harker et al., 2016; Teague et al., 2017).

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## Creating Systemic Change

- Employing accurate representations of the heterogeneity of neurominority features in entertainment media serves to increase awareness of diversity and reduce reliance on outdated stereotypical prototypes (Turnock et al., 2022). Such initiatives promote awareness of nuanced neuro minority differences, which may improve early detection, diagnosis and vital access to support, factors associated with improved outcomes (Harmens et al., 2022; Oreding et al., 2023).
- Transforming stereotypes and discrimination involves shifting cultural narratives, including the information people are actively taught (e.g., education programmes, conferences) and passively exposed to (e.g., media portrayals; Jones et al., 2021; Turnock et al., 2022; Spicer et al., 2024).

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## Representation Matters

- Stereotypes confirm and maintain negative attitudes towards Autistic people
- Can reinforce misinformation and hinder Autism Acceptance
- Negatively impacts the Mental Health of Autistic people and their families

Autistic people are often stereotypically represented as:

- laughable
- awkward or weird
- unlovable
- unpredictable or dangerous and aggressive
- unable to control themselves and their emotions
- emotionless
- lacking empathy
- possessing savant-like traits,
- infantilized, or patronized as intellectually impaired.

Such stereotypes either glamorize/sensationalise or minimize the challenges encountered by autistic people.

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## Representation Matters

- Girls and Women
- Intellectually Gifted (2e)
- High masking/Internalising
- AuDHD (both Autism + ADHD)
- First Nations people
- Immigrant
- LGBTQIA+
- Rural
- Low SES
- Lost generation of older adults

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### Representation Matters!

- Chloé Hayden - Australian actress, author, and disability rights advocate
- Em Rusciano - Comedian, Singer, SongWriter, Podcaster
- Temple Grandin - Renowned Animal Scientist and Autism Advocate
- Hannah Gadsby - Comedian and Writer
- Susan Boyle - Singer
- Naoki Higashida - Japanese author
- Anthony Lanni - Basketball Player
- Clay Marzo - Professional Surfer
- Matt Savage - Jazz Musician
- Wentworth Miller - Actor



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### Representation Matters!

- Max an Autistic Boy from Daniel Tigers Neighbourhood
- Pablo - Autistic Boy voiced by Autistic Actor
- Julia from Sesame Street - An Autistic Muppet
- Carl from Arthur an Autistic Boy



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### Professional Representation



Neurodiversity Affirming Psychologists Australia  
Facebook Group by Yael Clarke



A group representing like-minded autistic medicals who want to destigmatise autism and provide a source of support  
[www.autisticdoctorsinternational.org](http://www.autisticdoctorsinternational.org)

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## The Antidote to Internalised Ableism

If the people we support have internalised ableism, what is the antidote to this?

**1. Community Connection**

- Spending time with other disabled or neurodivergent people can be incredibly validating.
- Peer support, group spaces, or online communities (e.g., #ActuallyAutistic, #DisabilityTwitter) can offer shared language and solidarity.
- Witnessing diverse ways of being fosters acceptance of your own needs and traits.

**2. Identity-Affirming Education**

- Learning about neurodiversity, disability justice, and the social model of disability helps reframe your understanding of yourself.
- Exposure to disabled voices, especially from multiply marginalised perspectives, helps disrupt internalised narratives of deficiency.
- Books, podcasts, and content by disabled creators (e.g., Leah Lakshmi Piepzna-Samarasinha, Lydia X.Z. Brown, Reframing Autism) can be transformative.

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## The Antidote to Internalised Ableism

If the people we support have internalised ableism, what is the antidote to this?

**3. Affirming Therapy**

- Working with a disability-informed, neurodiversity-affirming therapist can help dismantle shame and unlearn harmful beliefs.
- Therapy can support you to process trauma, set boundaries, explore identity, and build self-compassion.

**4. Self-Accommodation and Permission**

- Allowing yourself to honour your access needs (rest, stimming, sensory regulation, communication preferences) is a radical act of self-acceptance.
- Moving from "I should" to "What do I need?" changes the internal narrative.

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## The Antidote to Internalised Ableism

If the people we support have internalised ableism, what is the antidote to this?

### 5. Reclaiming Language and Narrative

- Using identity-first language ("I'm Autistic") or proudly identifying as disabled can be empowering.
- Telling your story on your own terms — even just journaling — helps rewrite the script you've internalised.

### 6. Challenging Norms

- Actively questioning norms of productivity, independence, and normalcy allows you to stop measuring yourself by ableist standards.
- Learning about crip time, spoon theory, or masking and burnout helps reframe what's "reasonable" or "expected."

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## Antidote in Action

### New Research:

**"I'm not feeling alone in my experiences": How newly diagnosed autistic adults engage with a neurodiversity-affirming "Welcome Pack"**

Edwards, C., Love, A. M., Cai, R. Y., Heyworth, M., Johnston, A., Aldridge, F., & Gibbs, V. (2025).

Research conducted using Reframing Autism's Welcome Pack for Newly Diagnosed Autistic Adults



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## Antidote in Action

Using a qualitative approach, they recruited 11 autistic adults without intellectual disability in Australia who had received a diagnosis within the past 6 months.

Participants engaged with the "Welcome Pack" over a 2-month period before taking part in semi-structured interviews.

Reflexive thematic analysis generated four key themes: (1) a sense of belonging through community and representation, as participants found validation in shared narratives; (2) the "Welcome Pack" as one of many tools supporting their self-understanding; (3) emotional reflections, including both relief and grief over years of masking; and (4) challenges in self-advocacy and educating others.

While participants described the "Welcome Pack" as an important and validating resource, they also highlighted the need for additional structured peer support and practical guidance.

These findings underscore the value of integrating self-guided resources within broader post-diagnostic ecosystems, ensuring that newly diagnosed autistic adults receive timely, accessible, and neurodiversity-affirming support as they navigate their identity.



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### Antidote in Action - The Role of Self Compassion

**Aspect Self-compassion Program for Autistic Adults**

A self-guided online training program designed by Autistic and non-Autistic researchers from the Aspect Research Centre for Autism Practice.

39 Autistic adults trialled ASPAA over a five-week period. Self-Compassion levels went from low to moderate, decrease in anxiety and depression, increase in positive emotions, increase in emotional regulation (Cai, Edwards et al. 2024).

Free online program for Autistic adults  
Clinician version for \$49

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### Reflect and Connect

- 1.What have you taken away from today on how you can unpack and address your biases towards Autistic people?
- 2.What benefits do you think will come with your clinical work from doing so?
- 3.List 3 steps you can take as an action plan over the next month.

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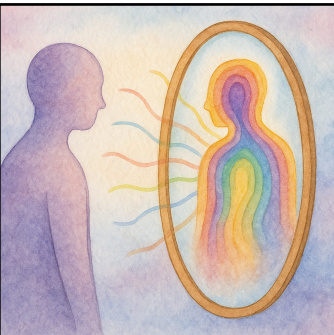
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### Thanks for Listening and Questions

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### Critical Consumption

Critically analyse what media you consume

Engage in Training & Continued Learning

Take Anti-Bias and Neurodiversity-Affirming Training: Look for workshops on implicit bias, anti-ableism, and intersectionality led and created by people representing those social groups

Seek Feedback: Ask for constructive criticism from colleagues or autistic individuals about how your language and actions impact them.

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### Books and Learning

Spectrum Women; Walking to the beat of Autism, edited by Barb Cook and Dr Michelle Garnett. A collection of chapters by Autistic women

Spectrum Women; Autism and Parenting by Renata Jurkevitythz, Maura Campbell, Lisa Morgan and Barb Cook ( Autistic Women)

Camouflage: The Hidden Lives of Autistic Women by Sarah Bargiela (graphic novel style)

We're All Neurodiverse by Sonny Jane Wise

Ten Steps to Nanette by Hannah Gadsby (Autistic Comedian)

Unmasking Autism by Dr Devon Price (Autistic Social Psychologist and Professor)

Neurotribes: The Legacy of Autism and the Future of Neurodiversity by Steve Silberman

I Am Autistic: A Workbook, Sensory Tools, Practical Advice, & Interactive Journaling for Understanding Life with Autism by Channele Moriah (Autistic Women from New Zealand)

Supporting Autistic Girls & Gender Diverse Youth by Yellow Ladybugs

Growing In to Autism by Professor Sandra Thom-Jones

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### Books and Learning

**Neurodiversity Affirming Children's Books**

- The Brain Forest and The Rainbow Brain by Sandhya Menon (Neurodivergent Ed & Dev Psychologist)
- Square Me Round World by Neurodivergent Psychologist Chelsea Wiley
- A Day With No Words by Tiffany Hammond - she is Autistic and has a masters in Ed and Dev Psychology
  - My Autistic Mama by Kati Hirschy

**Australian Organisations**

Yellow Ladybugs for Autistic Girls and Gender Diverse people

Spectrum Women Magazine

Autism Connect - National autism helpline - phone, email or live webchat (amaze.org.au)

Women With Disabilities Australia <https://wwda.org.au/>

Reframing Autism | Celebrating & nurturing Autistic identity

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### Advocates

Pete Wharmby  
Orion Kelly  
Lydia X. Z. Brown  
Dr. Devon Price  
NeuroClastic)  
Sonny Jane Wise  
Chloe Hayden  
Summer Farrelly  
Sandhya Menon  
Marie Camlin  
Amanda Moses  
Khadija Gbla  
Lumen Gorrie  
Dr Kristyn Sommer  
Annie Crowe  
Sienna Stims  
Dr Megan Neff  
Chenla Muposta  
Dr Carly Danesh-Jones  
Christine McGuiness

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### NEURODIVERSITY AFFIRMING PRACTICE

MEDICAL/DEFICIT PARADIGM	AFFIRMING PARADIGM
ONE RIGHT WAY TO FUNCTION	NEURODIVERSITY IS VALUABLE
HIGH/LOW FUNCTIONING	HIGH/LOW SUPPORT NEEDS
PERSON WITH AUTISM AND/OR ADHD	AUTISTIC PERSON OR ADHDer
AUTISM SPECTRUM DISORDER	AUTISTIC OR AUTISM
SYMPTOMS	TRAITS OR CHARACTERISTICS
CO-MORBIDITY	CO-OCCURRING
DEFICITS	DIFFERENCES

Adapted from S.J Wise

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