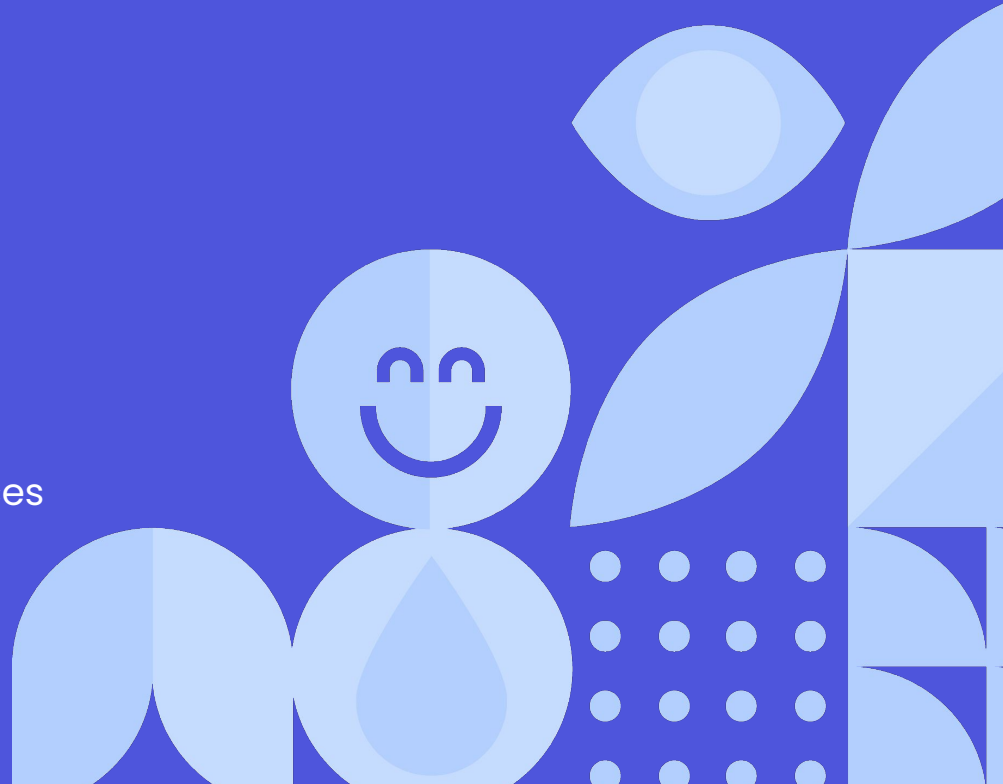
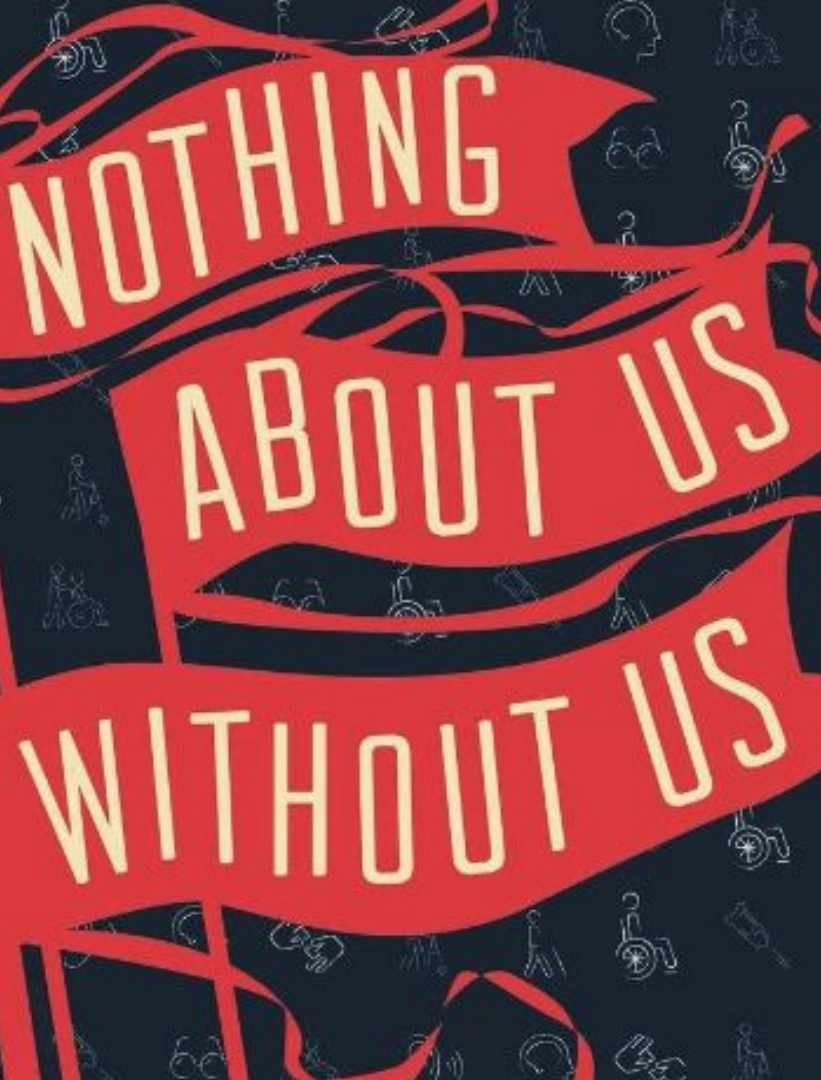


# When Autism & OCD Intersect

Presented By Neurodivergent Brains & Voices  
6.2023





# Agenda

**Autism 101**

**Autism + OCD: What It Looks Like**

**Autism + OCD: How Treatment Differs**

**Autistic Communication**

**Appendix: Compulsions, Tics & Stims**

*“The general public doesn’t understand enough about autism.”*

Autistics: 98.13% Agree/Strongly Agree

-AutisticNotWeird 2018 Survey

# AUTISM 101

*“Autism awareness rarely goes beyond just basic education & is often steeped in stereotypes & misinformation about autistics.”*

-Therapist Neurodiversity Collective

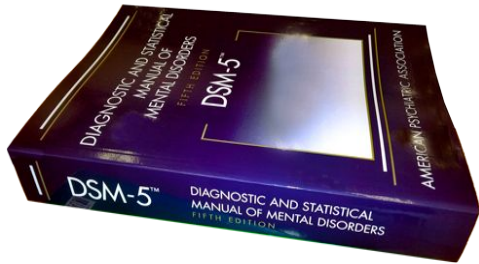
*“I’m a normal autistic person, not an abnormal neurotypical.”*

-Catherine Tan, researcher



# Autism Basics

- DSM
- Professional Diagnosis v. Self-Diagnosis
- Neurodiversity: A Neurological Fact, Not A Diagnosis
- Neurodiversity Model v. Pathology Model
- The Spectrum (And Functioning Labels)
- Misperception v. Reality
- Masking
- Jumping To The Wrong Conclusions
- Life x10



## Table 1: DSM-5 Diagnostic Criteria for Autism Spectrum Disorder (ASD)<sup>1</sup>

### Diagnostic Criteria of Autism Spectrum Disorder (ASD)

**Severity** is based on social communication impairments and restricted, repetitive patterns of behavior

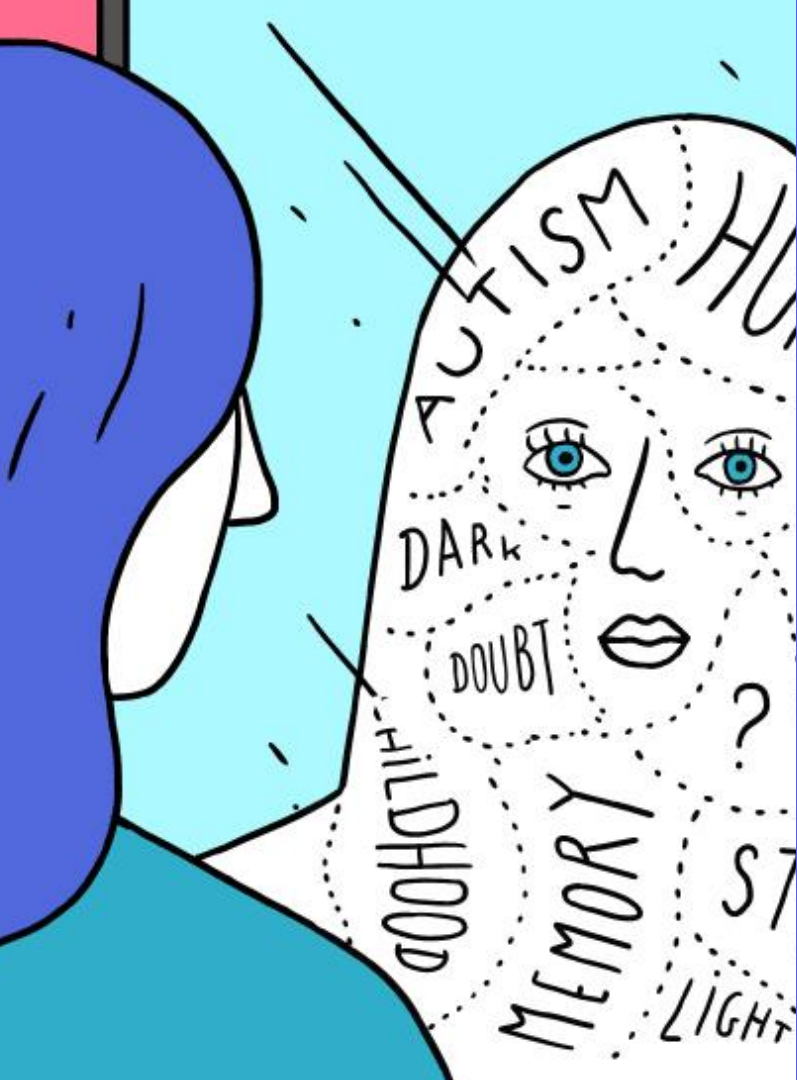
- A. Persistent deficits in Social Communication and Social Interaction across multiple contexts
- B. Restrictive, repetitive pattern of behavior, interests or activities
- C. Symptoms must be present in the early developmental period (may be masked by learned strategies in later life)
- D. Symptoms cause clinically significant impairment in social, occupational or other important areas of current functioning
- E. These disturbances are not explained by intellectual disability (intellectual developmental disorder) or global developmental delay

Specified further:

- With or without accompanying language impairment
- With or without accompanying intellectual impairment associated with a known medical or genetic condition or environmental factor
- With catatonia

## We'll Start With The Dsm5, Right? (Mmm, Not So Much.)

“Persistent deficits in social communication” & “restrictive, repetitive patterns of behavior, interests or activities” barely scratches the surface of what autism can be. (Especially since little boys were only studied & only recently have autistic voices had a chance to share their lived experiences, rather than having neurotypical researchers make assumptions.



## Self-Diagnosis Is Legit

- Professionals have old, incorrect information
- Most research has been done by NTs WITHOUT input from actual autistics
- Autistics are much more versed in the nuances of autism & can explain what is happening with them rather than have an NT guess
- Autistic people, with no clinical training, are often **better** at recognizing fellow autistics than the professionals!

*“I’m a normal autistic person, not an abnormal neurotypical.”*

–Catherine Tan, researcher

# NEURO DI ERSITY

*“Neurodiversity refers specifically to the limitless variability of human cognition & the uniqueness of each human mind. Just as conserving biodiversity is necessary for a sustainable, flourishing planet, so respecting neurodiversity is necessary for a sustainable, flourishing human society.”*

–Judy Singer, autistic blogger & coined term “neurodiversity”

## **Neurodivergence Isn't A Diagnosis, It's A Fact.**

Per Judy Singer, we are ALL neurodiverse because no 2 humans on earth are exactly alike. This is not about creating an us v. them mentality, it's about realizing there are many legit ways to be human.

*“Allistic”- non-autistic person • “Neurotypical”- opposite of Neurodivergent*

# Neurodiversity Model:

Social Model Of Disability

Neurological Difference

“Condition”

Different

Variation

Inclusive

Acceptance

Advocating

Care

# Pathology Model:

Biomedical Model Of Disability

Neurological Disease/Disorder

“Diagnosis”

Defective/Deficient

Broken

Exclusive

Awareness

Assuming

Cure



# Most People Hear “Spectrum” & Think This...

Levels are DSM5 specific; labels are not. Speaking about autism in terms of “supports,” rather than “functioning” is more accurate & autism-positive language.

## AUTISM SPECTRUM DISORDER



### HIGH-FUNCTIONING AUTISM

#### LEVEL 1

Needs support  
Patient’s social and communication skills and repetitive behaviors are only noticeable without support.

### AUTISM

#### LEVEL 2

Needs substantial support  
Patient’s social and communication skills and repetitive behaviors are still obvious to the casual observer, even with support in place.

### SEVERE AUTISM

#### LEVEL 3

Needs very substantial support  
Patient’s social and communication skills and repetitive behaviors severely impair daily life.

# In Their Own Words...

*“So annoying - people only talk about high functioning & low functioning. They never say anything about the middle! But most people I know with autism are in the middle. There’s all this awareness about other sides. Come on! There’s more to autism than just those!”*

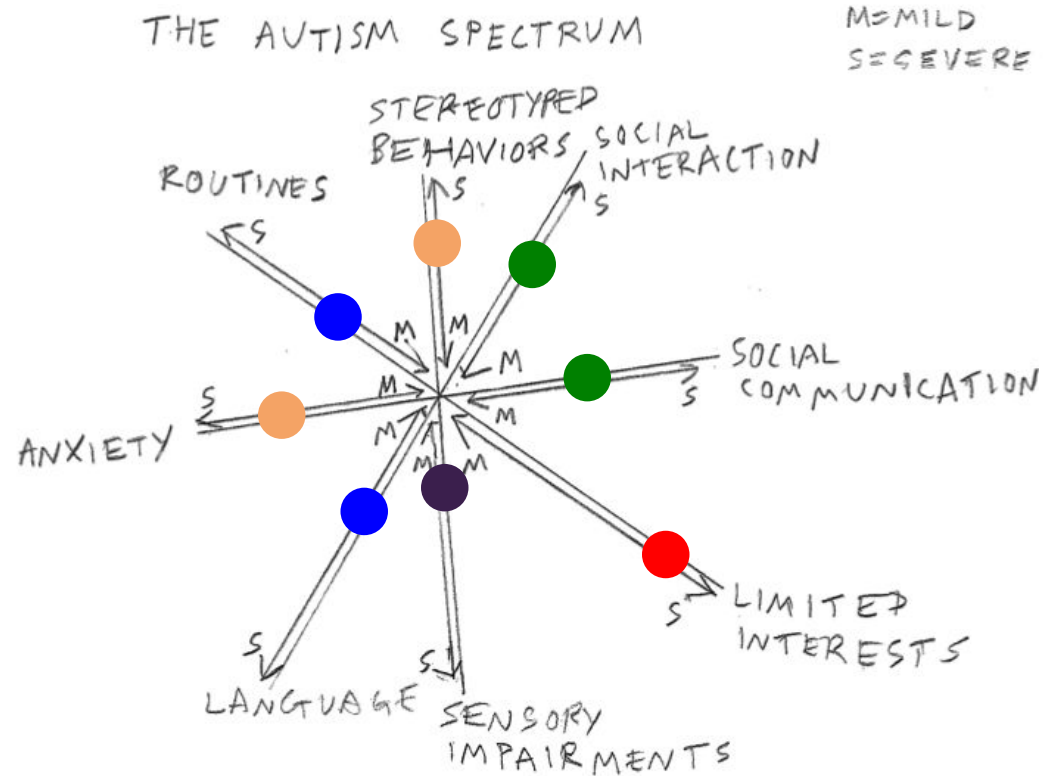
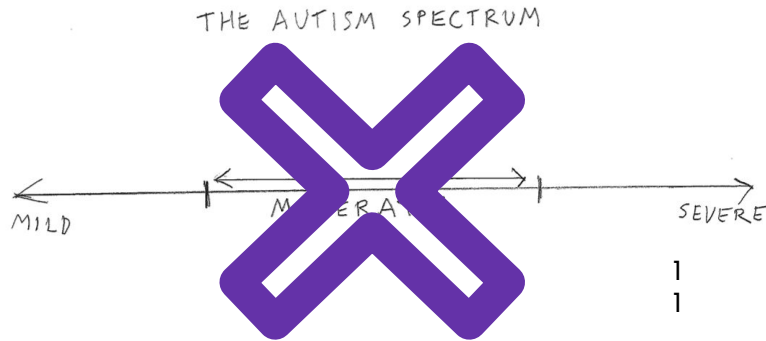
-Autistic adult

*“A whole set of problems comes with being ‘high-functioning.’ People expect you to be ‘normal’ or at least to act it. So you expend a lot of mental energy pretending to be ‘normal,’ which leaves you wide open to stress-related problems like depression, OCD & social anxiety.”*

-Mike Stanton, Thinking Person’s Guide To Autism

# ...But The Spectrum Isn't Linear Or Static

It's a multi-faceted, multi-dimensional, dynamic concept – illustrated here by an autistic adult in an OCD IOP/PHP.



# MISPERCEPTION

All autistics are alike.

Boys are more likely to be autistic than girls.

Autistics have no sense of humor.

Autistics are geniuses or have a “special ability.”

Autistics don't want (or need) friends.

Autistics aren't interested in sex.

Autistics avoid novelty b/c they like things the same.

Autistics don't have feelings.

Autistics are dangerous.

Autistics lack empathy.

# REALITY

*“If you've met 1 autistic person, you've met 1 autistic person.”*

Autism in girls can present differently & often misdiagnosed.

Autistics can be freakin' hilarious with own style of humor.

Only 10% are savants. Can set up unrealistic expectations

Autistics don't have a lesser need for human companionship.

Sex is a HUMAN need. Poor sex ed is a problem. Porn instead.

Autistics seek out novelty in their own way.

Different displays of emotion DON'T indicate lack of emotion.

More likely to be targeted. More altruistic than allistics.

Likely MORE empathic than allistics.

# We Don't Lack Empathy, We Might Have MORE

**Cognitive Empathy:** Being able to visually & intuitively read subtle nonverbal signals in order to understand what's going on in the mind of another.

- Facial Expressions, Body Language, Eye Contact
- **Difficult for autistic individuals.**

**Emotional Empathy:** The emotional response triggered by the experience of another person.

- What most people consider “true” empathy.
- **Extremely HIGH levels among autistic individuals.**

**Expressed Empathy:** Responding overtly to the thoughts/feelings of another person.

- Almost entirely a cultural construct.
- **Autistics may have more “pragmatic” expressions.**





*“Here’s the big ugly secret: neurotypical behavior isn’t empathic – in fact, it’s often counter-empathic & filled with noise, static, emotional absurdity & confusion.”*

- McLaren, neurotypical



# Masking: Trying To Pass For Neurotypical

Masking is a complex & costly survival strategy for Autistic folx. Mimicking NT's is cognitive work & costs a lot of spoons!

## Masking Is Fear-Driven:

- Fear of being misunderstood, unwelcomed, isolated or outed as autistic.

## Masking Is Learned:

- Learn social cues from media
- Observe social interactions around them
- Research social rules/norms

## Masking's Costly Consequences:

- Can interrupt ERP in process if masking at the same time.
- Meltdowns &/or shutdowns
- Autistic Burnout
- After enough time masking, it can become hard to tell the difference between your actual self v. your mask.



- Less obvious/strange “restricted interests” – Disney, horses, cats, books, etc.
- Less repetitive behavior.
- Engage in pretend play & fantasy making, though may be staging scenes v. stories they’ve seen v. original
- Greater desire to connect socially.
- Greater focus on finding rules/regularities in socializing.
- More likely to “mask,” as in studying socializing in order to successfully mimic it (an exhausting effort that often hits a wall with the teen triple-threat of mean girls, dating & puberty).

## Female Differences Can Camouflage Autism Via “Masking.”

On the outside they may look the opposite of autistic, but inside is very different. **We need to hear their experiences v. seeing *how* they present.** What may stand out: sensory differences & social awkwardness. Autistic people are often called “*too much, too intense, too sensitive, too this, too that.*”



**x10**

# Autism Is Life x 10

“Times 10” is one of the simplest ways to conceptualize what it’s like to live as an Autistic person.

*“I use the phrase ‘times 10’ to remind others that autistics face the same problems as everyone else, but their autism magnifies their issues by a factor of 10.*

*In many cases, autistic behavior begins to manifest as a way to cope with uncomfortable over-stimulation.*

*In spite of this, autistics have the ability to grow & learn & develop like everyone else.”*

Remember this formula:

Autism is \_\_\_\_\_ x10.

# In Their Own Words...

*“I didn’t want to hurt anything, ever.  
My ‘theory’ of mind ran out of control. Everything had an independent existence.”*

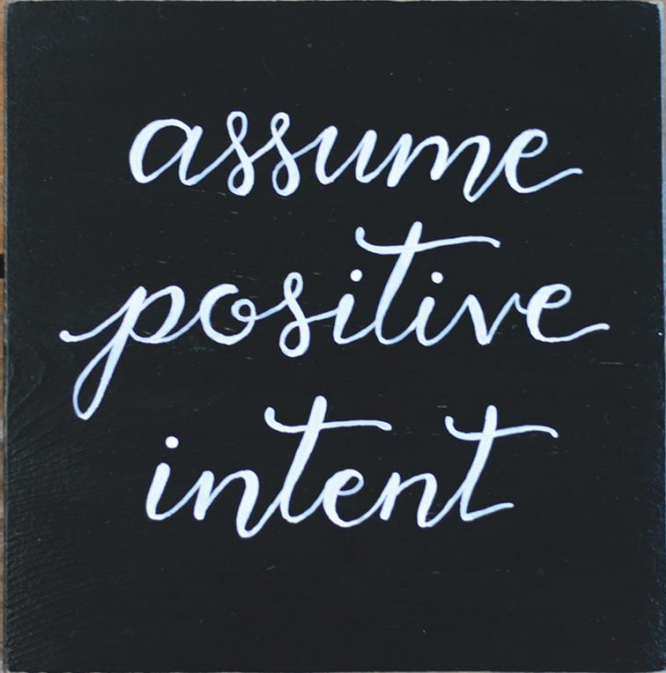
-Autistic adult

*“A picture of a cat could feel pain when torn just as a real cat felt pain.  
The knives & forks in the drawer got upset & hurt if they were put in the wrong places.  
Books felt abandoned if I forgot them.”*

-Autistic adult

*Every object in my world had feelings & it was overwhelming.  
But no one else seemed to feel like this & I quickly learnt  
that to mention it was childish & inappropriate.”*

-Wallace, Autistic writer/artist



*assume  
positive  
intent*

## Pause Before Jumping To Conclusions

Just because a behavior or reaction looks like one thing, for the autistic mind, the reality might be quite different.

**Assume POSITIVE, not negative, intent.**



# Autism Sensory Basics

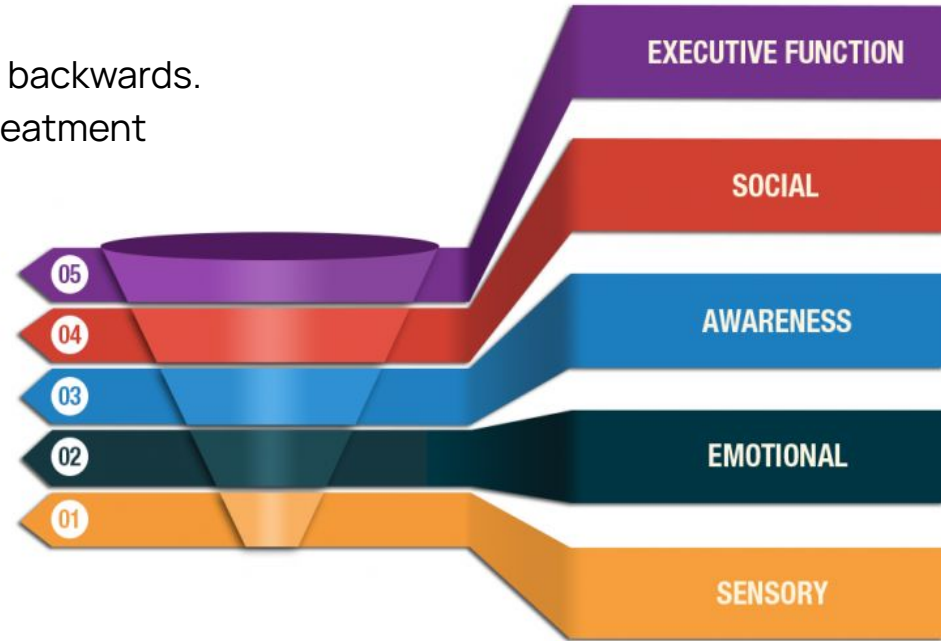
- **Sensory Funnel: Sensory Is Always First**
- **Sensory Sensitivities Aren't Static**
- **Stimming (Often Mistaken For Compulsing)**
- **15 Sensory Systems, Not 5**
- **Habituation Doesn't Work With Sensory Stuff**

# The Sensory Funnel

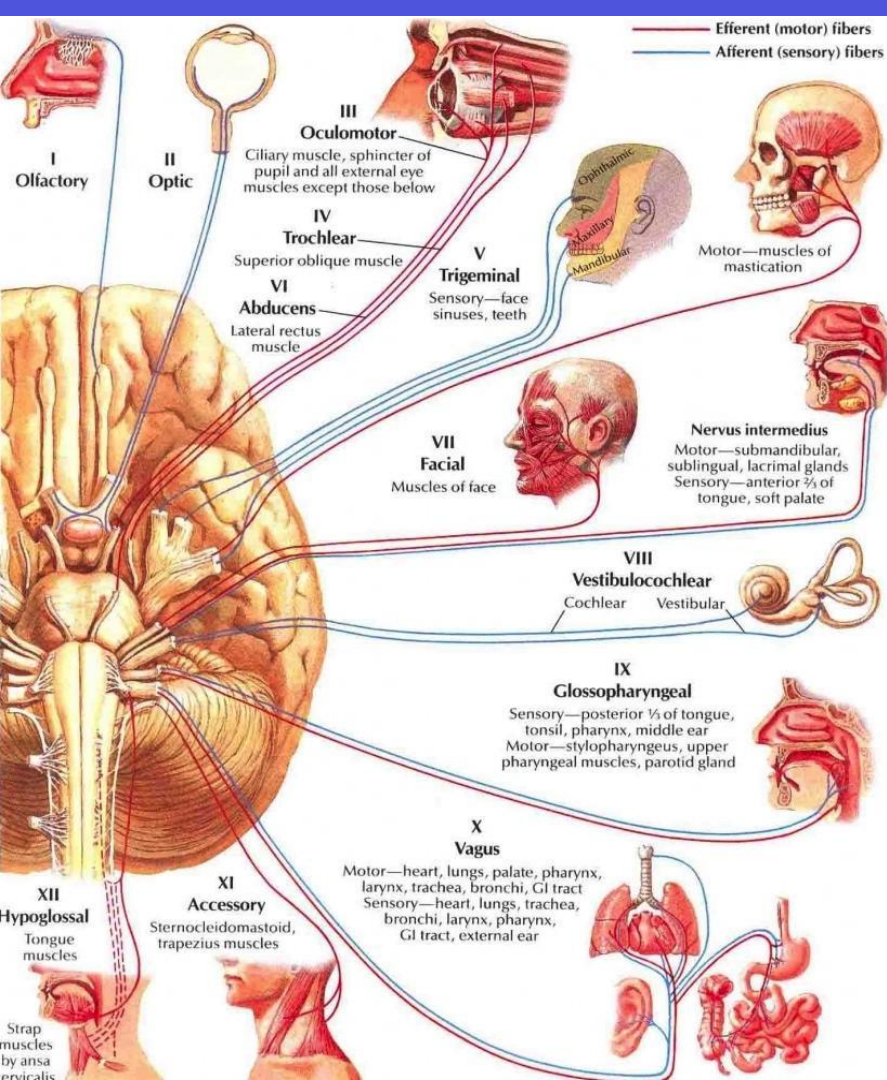
The problem with most approaches is they're literally backwards. Here's the norm: get diagnosed, then get intensive treatment on social skills & executive functioning.

Top-down approaches don't work because they ignore root issues - sensory - and focus only on surface symptoms.

If you don't resolve current sensory issues, all that social skills training is basically a waste.



**No one can learn at a level 10.**



# 5 Senses? Try 15!

1. **Visual** (sight; perception of light)
2. **Tactile** (touch)
3. **Auditory** (sound)
4. **Olfactory** (smell)
5. **Gustatory** (taste)
6. **Gastrointestinal** (food ingestion)
7. **Sensory Motor System** (movement of limbs)
8. **Vestibular** (sense of balance; inner ear-based)
9. **Kinesthetic** (sensation/perception of movement of muscles, tendons & joints)
10. **Proprioceptive** (body's awareness of limbs in space & effort of strength in movement; joints-based)
11. **Interoceptive** (sense of body's internal state)
12. **Nocioception** (ability to feel pain)
13. **Thermoception** (perception of temperature)
14. **Mechanoreception** (motor response capability)
15. **Sense of Time** (perception of passage of time)

**Social Field** We process info through another channel – social engagement – a combo of the perceptive fields.

# Sensory Habituation Isn't Really A Thing

NT brains can habituate to new & unusual sounds or textures. Their brains learn to tune out unimportant sensations so they can pay attention to new ones.

Multiple studies show Autistic kids do not experience sensory habituation, which is often why they show unusual responses to sensations.

*“A new study found that Autistic brains don't habituate to sensory input like [NT] brains & that ERP therapy is therefore ineffective for autistic sensory issues.”*

-Shulamite Green, Lead Investigator,  
Professor of Psychiatry & Biobehavioral Sciences, UCLA



*“ERP can create emotional dysregulation, leading to sensory issues or overload that disrupts the exposure & need to be managed separately.”*

-Johnna Swartz, Univ. of CA professor 23

# Hot Buttons

- People, Not Puzzles
- Person v. Identity First Language
- Functioning Labels
- Non-Verbal v. Non-Speaking
- ABA Controversy





# In Their Own Words...

*“I’m a piece of something instead of a whole.”*

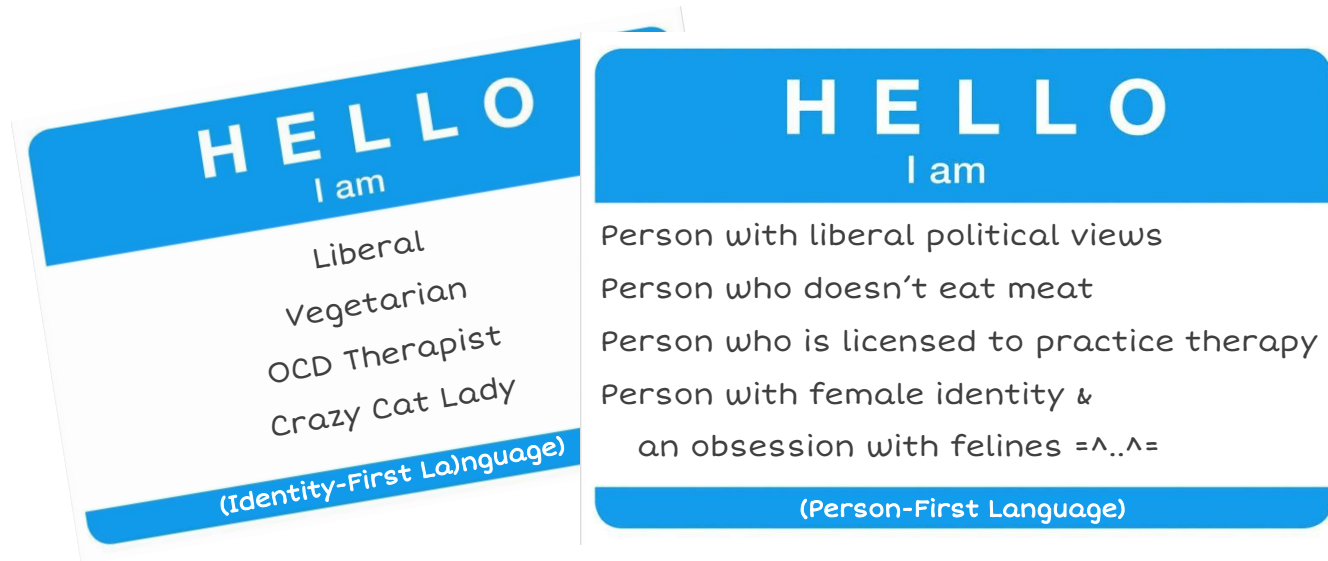
*“I’m a piece of something big you can’t, or won’t, understand.”*

*“I’m a mystery to your world & therefore not a part of it.”*

*“It makes me feel lesser & excluded.”*



# Identity-First v. Person-First Language



- Person-First Language can be highly offensive and, ironically, dehumanizing. Know the difference.
- **Ask & respect** individual preferences.
- A 2015 study showed **only 18%** of autistic people preferred “person with autism.” **Autism is INBORN.**

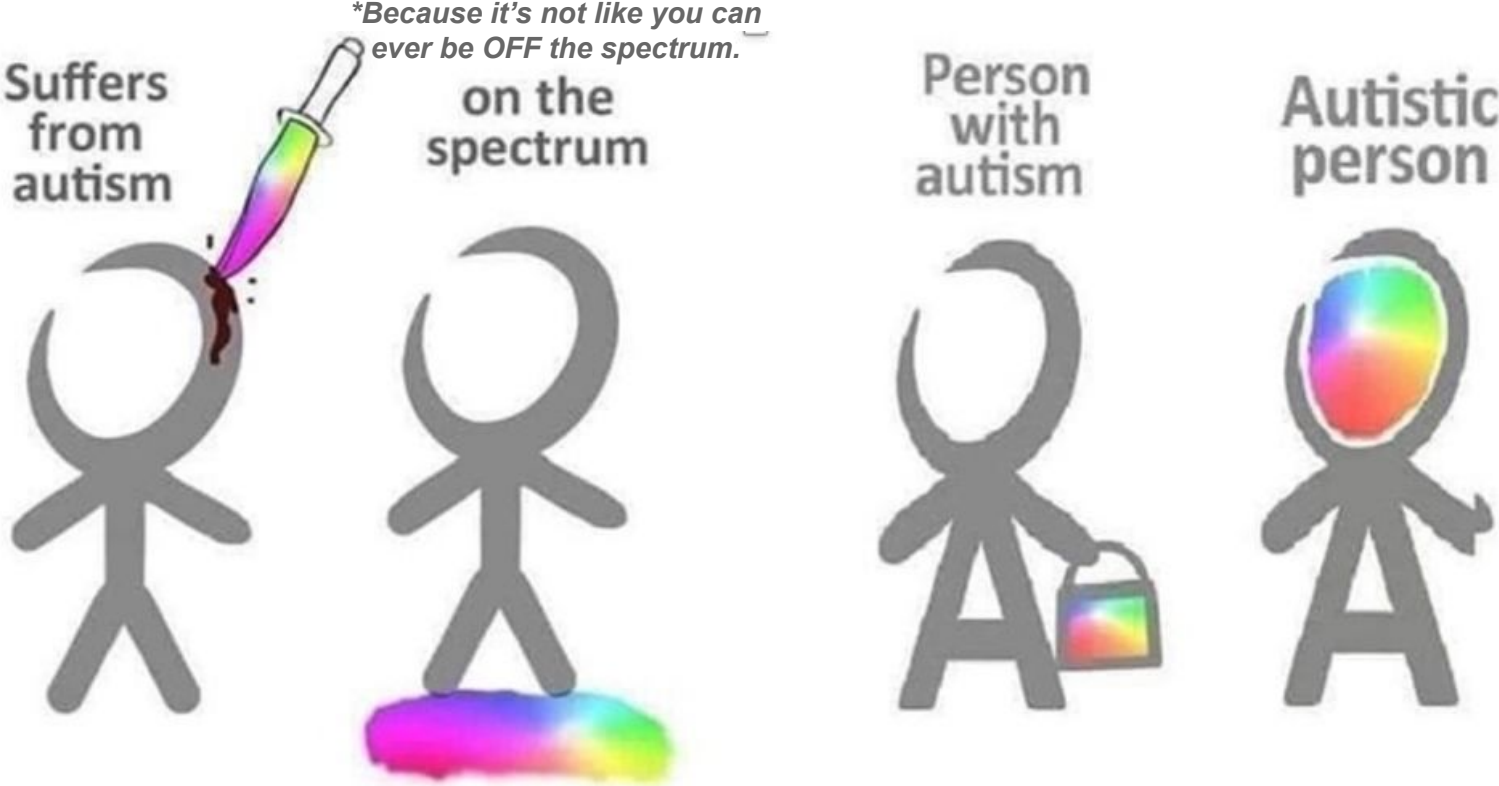
# In Their Own Words...

*“Autistic is NOT a dirty word. When you act like it is, you aren’t helping. You’re contributing to the very stigma you pretend to abhor.”*

*“Referring to me as a ‘person with autism’ demeans who I am because it DENIES who I am.”*

*“I HAVE an autism diagnosis, but I AM autistic. True, I am not my diagnosis, but don’t tell me I am not my mind.”*

# The "Spectrum" Is Also A Language Watch-Out



*Neurology is not an accessory*

# Non-Speaking, Not Non-Verbal

Please stop with automatic “verbal” & “non-verbal” labels.

Verbal means “relating to words.”

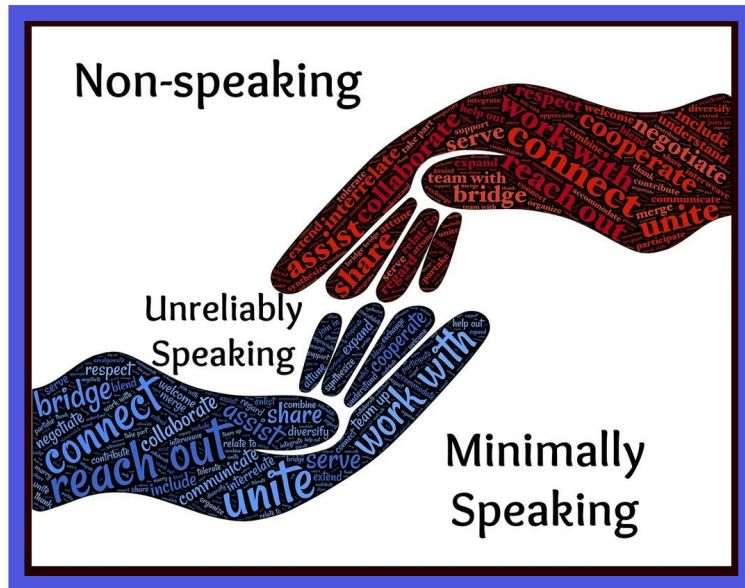
Autistic people who cannot speak still use words.

What’s truly accurate & favored by the autistic community is **“speaking”** & **“non-speaking.”**

Talking isn’t the only form of communication, just the mainstream form. A great deal of communication can happen via *Augmentative & Alternative Communication* (AAC) methods & technology.

*PS...*

- *Watch out for the trap of presuming ignorance for non-speaking autistic individuals.*
- *Again, always defer to an autistic’s preference*



# Applied Behavioral Analysis (ABA)

A VERY VERY **VERY** divisive issue in the autistic community.

*“Generally speaking, I support ABA for autistic children.”*

Autistics: **53%** disagree/strongly disagree

Non-Autistics: **16%** disagree/strongly disagree

-AutisticNotWeird 2018 Survey

While ABA remains the “gold standard” (according to NTs), many autistics who were put through it found it maddening, training to mask & some have PTSD from the experience.

While the industry says ABA today is a more flexible, less a punishing-approach based on breaking down a skill & reinforcing via reward, the controversy remains.

Some clients may be wary of CBT & ERP because of the focus on behaviorism. Others may have therapy themes directly stemming from ABA experiences.



# **AUTISM + OCD: WHAT IT LOOKS LIKE**



# Intersection Of OCD & Autism

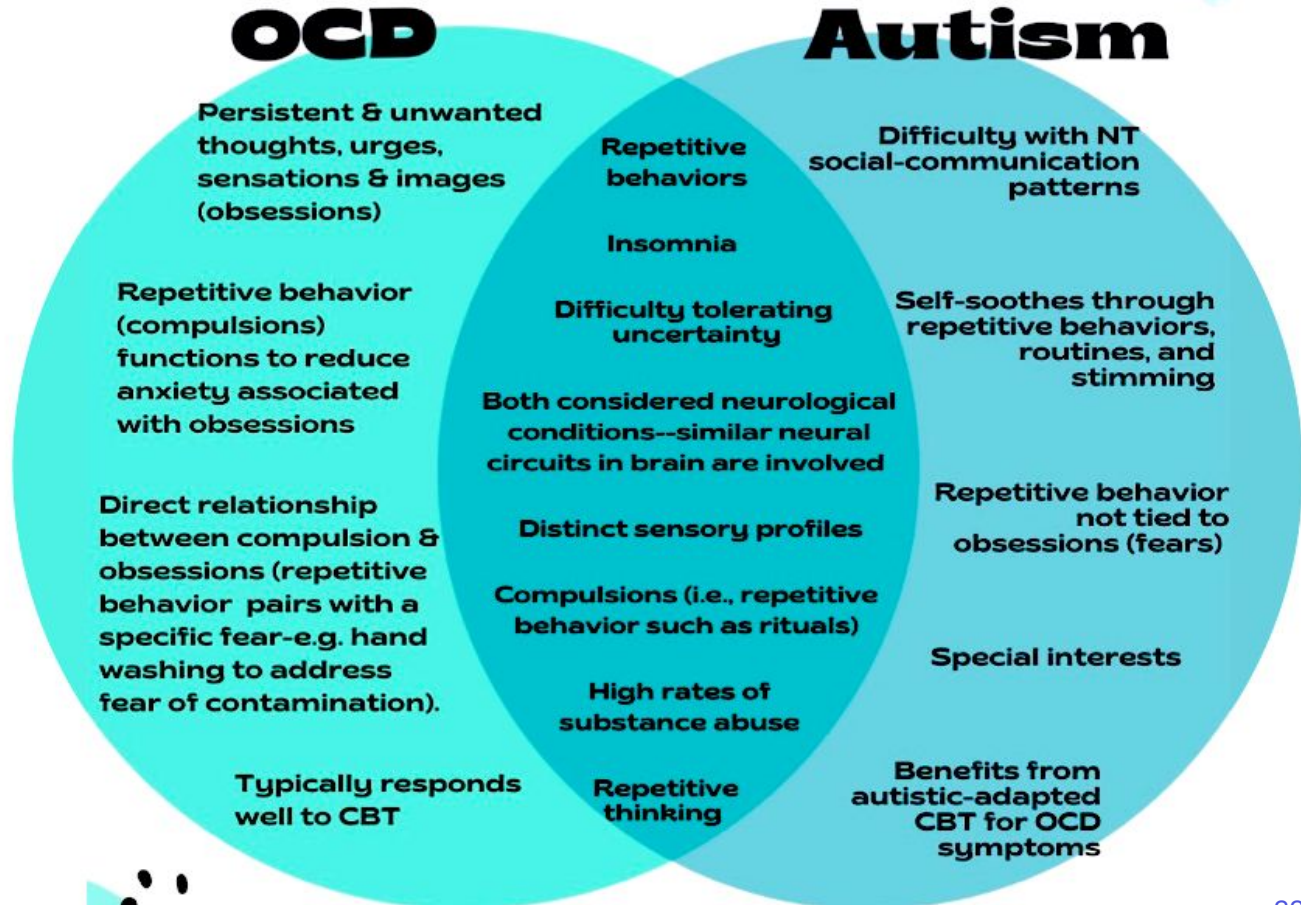
- The Overlap
- Uncertainty On Top Of Uncertainty!
- Key Differences





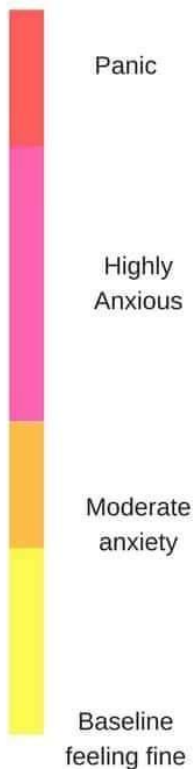
# Identifying The Overlap

Important to know the traits of both so that we can better identify what's what & aid in differential diagnosis.



# Uncertainty On Top Of Uncertainty!

## Non-Autistic Anxiety Scale



## Autistic Anxiety Scale



Autistic clients already have a baseline of high uncertainty – adding ERP uncertainty on top of that means **they’re going into ERP with their “stress cup” more full than** a NT might & might take longer to lower.

Be thoughtful - don’t give too many anxiety triggers at once or assuming their stress cup matches yours.

Giving lead time to process upcoming changes is also very important to success.

# OCD

## CLINICAL OBSESSIONS

- Repetitive, Intrusive, Repulsive
- Anxiety-Inducing, Stressful
- Ultimately Destructive

## RIGID RITUALS

- Compulsive response
- Only 1 way to do it - must be “right”
- Shameful
- Unpleasant
- Fear if stopped something bad will happen.

## TRIGGER LANGUAGE: GENERAL

- *“Taboo sexual thoughts”*
- *“Hitting someone with my car”*
- *“Outside germs”*

# AUTISM

## OBSESSIVE INTERESTS/ACTIONS

- Repetitive, Invited, Attractive
- Anxiety-Reducing, Soothing, Self-Regulating
- Potentially Productive!

## RIGID ROUTINES

- Independent activity, not driven by obsessions
- Can be more than 1 way to do it
- Suitable
- Pleasurable
- Frustrated if stopped due to loss of fun or stress from sudden, unexpected change

## TRIGGER LANGUAGE: SPECIFIC

- *“Fictional underage porn”*
- *“Entire states of the Union”*
- *“While enjoying action/horror films & hard music under Best Buy’s ‘Rock & R&B’ section, sometimes unpleasant & multiple thoughts come to mind, which I try to undo/reversify.”*

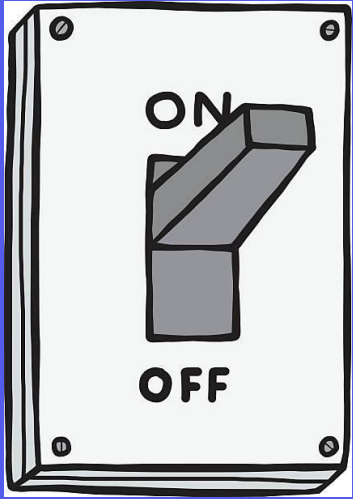


# **AUTISM + OCD: HOW TREATMENT DIFFERS**



# General Treatment Differences

- Higher Baselines
- Manage Your Expectations: Longer Habituation & Generalization
- More Likely To Just Tolerate, But Can Habituate, Too.
- ERP Autistic Adaptations
- Sensory Overload Stops ERP
- “Flexibility Training” When Not Sure If It’s OCD or ASD

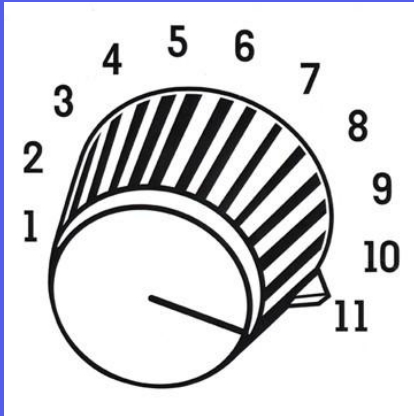


# Higher Baselines

With Autistic individuals, behavioral changes may appear to others like an on/off switch.

But in a world unfriendly to the sensory, emotional, social & cognitive needs of Autistic folk, an Autistic's BASELINE might be an 8, resulting in what feels like a sudden & abrupt change in emotional state & behavior.

Small, subtle changes in their surroundings can make a big difference to someone on the spectrum. If there's been a sudden behavior change, see if the environment changed.





# Manage Your Expectations

**Chill out. ERP change can take longer.**

Change in our beliefs is difficult under the best neurological conditions; change is difficult x10 for Autistic Members & may result in habituation, *toleration* &/or generalization taking longer than what you might see in a non-autistic Member (*though some of them can take awhile too!*).

Meeting rigidity with more rigidity isn't a successful strategy for anyone. Meet Autistic Members where they're at & go from there.

*\*This also means autistic Members will likely not fit the traditional NOCD protocol in terms of timelines.*



## Pick Your (ERP) Battles

You could easily spend all day pointing out things an Autistic person w/OCD could challenge. This likely leads to overload. Pay attention to what's OCD v. ASD as **we aren't "treating" autism**. Don't assume that because it looks like a compulsion that it is. Ask intent behind action & how makes them feel to do &/or refrain from it. See if they could walk away from it for 5 mins – if not, probably OCD. And if it gives real pleasure to do it, probably ASD. Say focused on what's OCD & let the rest go.

Target what's most impairing & what they're willing to work on now.





### Creative Exposure: Design Your Own OCD Videogame

*Instructions: Think about how OCD challenges you/your daily routines to come up with a videogame. The game's story is based on your OCD experience & the 'weapons' & winning strategies are based on what you've learned in treatment.*

#### Obsessive Wars

I pwned U!, a teen from the suburbs, will take on the Obsessive Compulsive Demon (OCD), an evil creature/force that enters peoples' brains & interferes with their thoughts and daily routines & gradually makes them do more & more than what is necessary & feel more & more anxious so they cannot function properly in life & eventually die, allowing the OCD to take over the world.

The S.A.N.I.T. Eyes (Sterile Aggressively Notorious Interlocking Treacherous), evil eyes that stare at other peoples' eyes & hypnotize them into obsessive cleaning routines. The Evenizer, a guy who goes around putting things way out of alignment to make people want to fix them, causing them to start obsessive organizational habits.

To fight the OCD & its sidekicks, I pwned U! will use Thought Reframers & Rationalizers, which restore your rationality...

### Discharge Readiness Rating Scale

Rating	Description
5	Completely ready
4	Almost ready
3	Decently ready
2	Somewhat ready
1	A little bit ready
0	Not ready at all

## Be Flexible With Your Tools

The same worksheets & resources may or may not work with someone on the spectrum. You may need to get creative to both share psychoeducation as well as help facilitate ERP & habituation &/or toleration.

*HOT TIP!: Link to an autistic's hyper-fixations (aka "special interests").*



*"I had A LOT more attachment to & felt I better understood the therapy concepts once I put my own spin on language/metaphors/conception wise. It really benefited me when my therapist used that language going forward instead of the original language. It felt like they were showing respect by adapting to my therapeutic language. And I was more motivated to use those tools/skills because now they were MINE."*

-Sarah Stanton, Autistic/ADHD/OCD Advocate

## Truly Subjective SUDS Scales

Point scales quantify distress/anxiety. But a list of numbers also might not mean much to an autistic. Explore customizing SUDS scales - have the describe specific times they felt each SUDS level to make it meaningful to them. Or give SUDS descriptions with parameters to give the numbers meaning. Other tweaks: use a visual system instead of numbers; use words instead of numbers (low/med/high), create a color scale. Let them build their own SUDS system. Have it done before you go to create ERPs & their hierarchy.

# Ok To Step Back From ERP ONLY When...

## **SENSORY OVERLOAD HITS!**

1. You're doing an ERP. SUDS are medium.
2. You're doing the ERP & sensory/somatic/communication issues spike.
3. Your Autistic Member's body is going crazy.
4. You take a BREAK for your Member to breathe, stim, settle.
5. You do this because if go too far into sensory overload then it RUINS the ERP session.
6. Meltdown is NOT solely triggered by SUDS, but more by sensory/somatic issues.
7. Break takes however long it takes.
8. Once managed, then STEP BACK into ERP.
9. If there's an autistic trait gets in the way of an ERP session, that's when you stop.
10. That means BOTH the therapist & Member have to know what that looks like!

# In Their Own Words...

*“When the stimuli coming from the environment exceeds the capacity of our brain to process it, or if our brain is already working at the limit of its capability, we need to close the doors of our mind to avoid overload & we do not open them until we have processed & dispatched the stimuli that was overloading us.*

*Over time, we develop the ability to delay & schedule closings, but if you aren't careful & delay too long: autistic burnout.*

*You (NTs) do it too, only you need a lot more stimuli than us to get there.”*

-Neuroclastic, Understanding the Autistic Mind

# Sensory Scheduling

Autistic people may take longer to return to baseline after an ERP exercise.

They may also need longer to process both information & emotions.

This could translate to more downtime between ERPs &/or sessions.

Check in with your Autistic clients to see how pace is working for them. Some might do better with more frequent, shorter sessions!

*“My Autistic client told me it takes days for them to really come down from an ERP & then we turn right around & do the next one. We decided biweekly was best instead of weekly.”*



*They said it's a really good thing as they now feel better balanced & it gave them space in their brain cells to make phone calls!”*

-April Kilduff, OCD/ASD Therapist

# Is It OCD? Is It ASD? What Am I Treating?

Sometimes it is just going to be difficult to parse out what behavior (mental or physical) or obsessions are OCD & which are Autism.

Best advice I got was to be uncertain (ha!) & just **call it “Flexibility Training,”** which is a great life skill either way!



A decorative vertical bar on the left side of the slide, consisting of a series of overlapping light blue circles of varying sizes, creating a scalloped or wavy effect.

# **AUTISTIC COMMUNICATION & HOW YOU COMMUNICATE BETTER AS A THERAPIST**



# **Autistic-Friendly Communication**

*(can also be better for non-autistic Members too!)*

- **Allow Reasonable Accommodations**
- **Practice Conscious Communication**



# Reasonable Accommodations? Yes!

We do NOT accommodate OCD. That's true.  
But it's 100% fair to accommodate Autism.

## REASONABLE ACCOMODATIONS:

The ADA states that all disabled people have a right to reasonable accomodations at work.  
Examples of supports that may be helpful for autistic people include:

- reduced background noise for all or part of the workday
- use of headphones, ear plugs, or other noise dampening devices
- reduced or discontinued use of fluorescent lighting
- discontinued use of scented air fresheners, and/or a no-fragrance policy in office environments
- access to a sensory break room with soft lighting and reduced noise
- permission to sit out non-essential meetings, and/or attend some meetings by phone or text chat
- access to written transcripts of important verbal instructions
- designated 'busy' times to minimize social distractions

# Practice Conscious Communication

- Lean into objective info - the more concrete & factual, the better.
- Be patient! Autistic clients may be showing up with social anxiety, treatment trauma, fear of the unknown.
- Slow down & say less.
- Present information in a simple, chained fashion.
  - Breakdown the steps to get from A to Z; autistics may not be able to piece it together unless shown the logical steps in progression. Might need series of small steps.

# Practice Conscious Communication

- Ask 1 question at the same time; don't make multiple requests in the same breath.
- Ask closed-ended questions rather than open-ended ones when possible.
- Let them set the pace; respect their processing needs.
- Give time & space to process.
- Give multiple ways to communicate.
- Do NOT force eye contact.
- If upset, speak softly & encourage them that they are doing well.
- Consistency is Key! Especially across different teams & experiences.
- Watch out for jumping to the wrong conclusions.

# Conscious Communication Implications

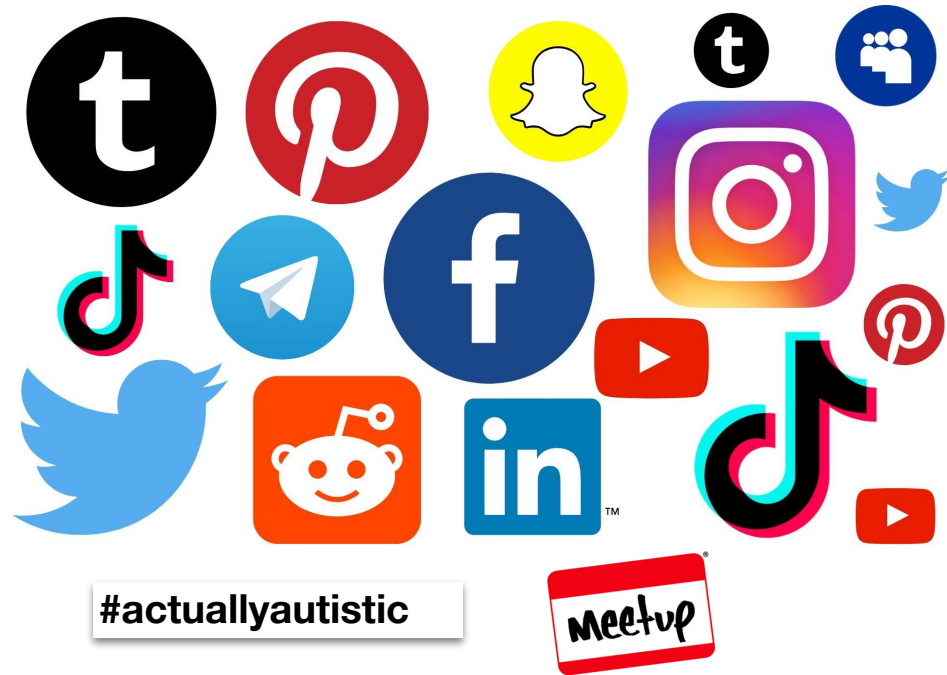
- Be Flexible With Your Tools!
- Offer Communication Options: call, video, chat (often easier for autistics to write v. speak).
- Offer Asynchronous Communication to provide better processing time & thus responses.
- Provide questions that will be asked AHEAD of time so they can process & find answers easier than if they are asked to do it on the spot. Can also help with sticking to call time limits.
- If on a Zoom, be aware of how distracting your background might be; can blur/green-screen.
- Presume Competence But Don't Assume Knowledge: Build Up From Basics.

*“Competence means I can learn, I just don't have the knowledge yet.”*



# Useful Resources

# One Of The Best Places To Learn Is From Autistic Spaces On Social Media Populated By Autistics Themselves



- My Autistic Soul
- AutisticNotWeird
- Autisicality
- Neuroclastic
- Neurowild
- Autistic Women + Living Authentically
- The Activistic Autistic
- Adulting\_With\_Autism
- Life In An Autism World
- Autism Sketches
- Autisticompulsive
- #actuallyautistic

# More Autism & Autistic Resources



- Autistic Self Advocacy Network (ASAN)
- Therapist Neurodiversity Collective
- Neuroclastic
- Global & Regional Asperger Syndrome Partnership (GRASP)
- Autism Women & Nonbinary Network
- Asperger Experts
- Thinking Person's Guide To Autism



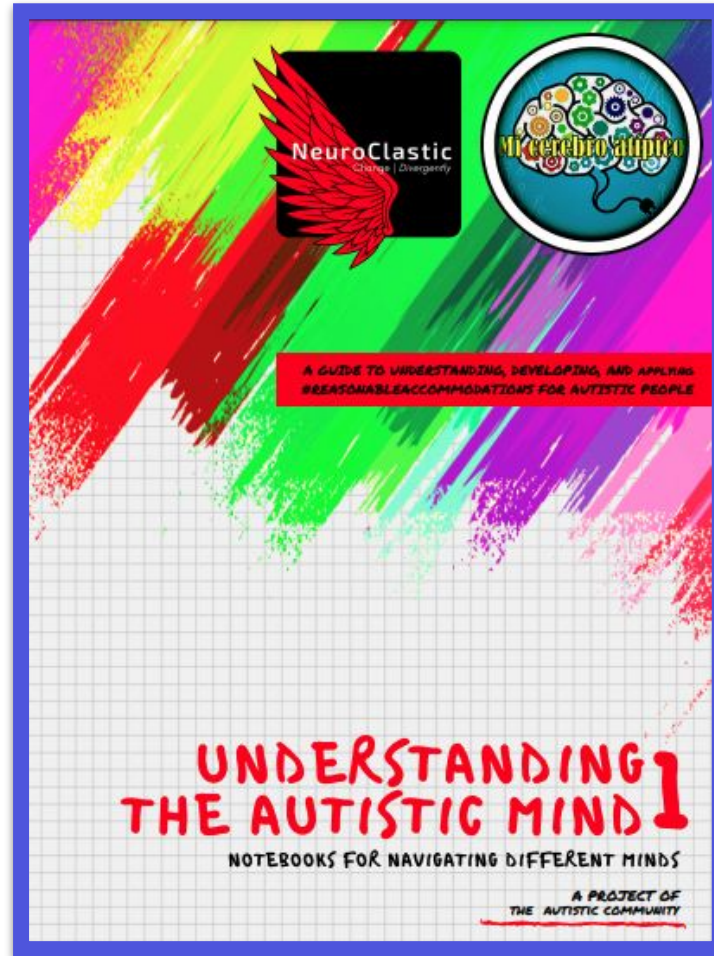
- John Elder Robison
- Rudy Simone
- Temple Grandin
- Michael John Carly
- Ido Kedar
- Naoki Higashida
- Neurotribes
- Unmasking Autism
- The Thinking Person's Guide To Autism
- How To Talk To An Autistic Kid
- Underdogs by Chris Bonello (AutisticNotWeird)



- Musings Of An Aspie
- The Anmish
- Autistic Genius
- Kirsten Lindsmith
- Rachel Cohen-Rottenburg
- Paula C. Durbin-Westy
- Alex Plank / Wrong Planet
- Elliot Rorschach
- Dude, I'm An Aspie
- Suburb Autism Comix
- "Nanette" & "Douglas" from autistic comedian Hannah Gadsby & her memoir "Ten Steps To Nanette"



# A Great Autism Overview PDF – Start Here!





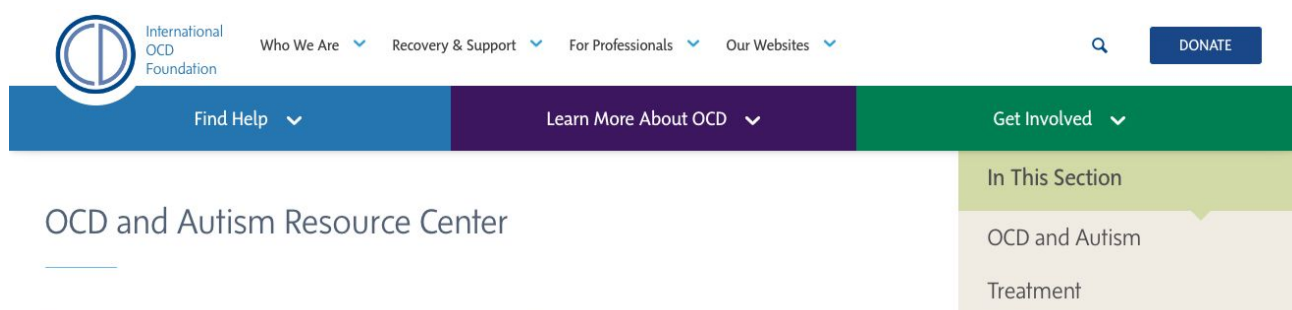
# NOCD & IOCDF Are Great Resources Too

## NOCD

- Our own blogs on public website
- Khub: What We Treat & How → Other Comorbidities → Autism
- Drop in on one of our OCD/ASD support groups - ask Tia Wilson to get set up
- Ask me for info about autistic adults & Sara Conley or Carly Samach about autistic kids

## IOCDF

- Just launched a whole OCD & Autism section on their website!
- [www.iocdf.org/autism/](http://www.iocdf.org/autism/)



The screenshot shows the top navigation bar of the International OCD Foundation (IOCDF) website. On the left is the IOCDF logo and name. To the right are several dropdown menus: 'Who We Are', 'Recovery & Support', 'For Professionals', and 'Our Websites'. Further right is a search icon and a 'DONATE' button. Below these is a main navigation bar with three sections: 'Find Help', 'Learn More About OCD', and 'Get Involved'. The 'Get Involved' dropdown is open, showing 'In This Section' with sub-items 'OCD and Autism' and 'Treatment'. Below the navigation bar, the text 'OCD and Autism Resource Center' is visible.

**Thank You!  
Questions?**





# **APPENDIX: BONUS INFO!**

**tics**

**compulsions**

**stims**

=

=

=

**neurologically-driven**

**anxiety-driven**

**neurologically-driven**

**often involuntary**

**voluntary**

**somewhat voluntary**

**vocal, motor, movement**

**don't want but feel driven to do**

**repetitive & often rhythmic**

**function: none apparent**

**function: get rid of distress;  
prevent something bad  
from happening; find certainty**

**function: self-soothing;  
emotional expression;  
stress release**

*\*Stimming is healthy & not to be extinguished, unless leading to self-injury*

## **Compulsion, Tic Or Stim? Depends On The Function.**

All 3 are repetitive behaviors that serve different functions. “Stim” is short for “self stimulation.” If another repetitive behavior can replace the current one, that’s likely a stim & not a compulsion.

# Stimming 101

**What Is Stimming?** Short for self-stimulation (aka “stereotypy”) refers to: “*a repetitive body movement that self-stimulates 1+ senses in a regulated manner.*”

While *everyone stims sometimes*, autistics do it far more often than NTs. Autistic folx often present uniquely specific types of stimming. Every autistic is as unique as their own personal stimming lexicon.

**How Do I Stop Stimming?** You don't. This is literally an impossible goal. More importantly, demonizing & attempting to stop it is cruel. To use a Whack-A-Mole analogy: if you keep someone from stimming, the stim will always come up in another (usually *worse*) way.

**How do I handle stimming in ERP sessions?** Discuss when & how to use stimming during ERP with the autistic person before starting ERP. In general, encourage it before & after ERPs as an aid to grounding & if SUDS gets undesirably high.

Know that the difference between stimming & distraction compulsions is in the intention.

Source: “Stimming 101,” [kirstenlindsmith.wordpress.com](https://www.facebook.com/myautisticsoul/photos/pcb.112003994555543/112003731222236) & [sensoryprocessing.yolasite.com/stimming.php](https://www.facebook.com/myautisticsoul/photos/pcb.112003994555543/112003731222236);  
<https://www.facebook.com/myautisticsoul/photos/pcb.112003994555543/112003731222236>

## Physical Stims

- hand or arm flapping/waving
- spinning
- wiggling
- dancing
- pacing
- clapping
- snapping
- rocking back & forth or side-to-side
- tapping a surface or yourself
- touching each finger to thumb
- running tongue over teeth
- shaking body from head-to-toe
- cracking knuckles or toes
- wiggling fingers or toes
- bouncing your legs
- clicking teeth together
- tapping your feet
- rapid or hard blinking
- bouncing while seated or standing
- hugging yourself
- rubbing your skin
- moving your ankles in a circle
- deep, meaningful breathing
- hair twirling
- gently pulling your hair
- running hand through/over your hair
- gently hitting yourself/applying pressure
- moving jaw side to side
- walking on tippy toes
- rubbing lips together
- spinning in a chair
- using fidgets/stim toys
- using “chewlry”
- petting an animal
- opening/closing things

## Visual Stims

- waving hand in front of face
- staring
- looking at calming/sensory jars
- watching rain fall
- watching kaleidoscopes
- watching a ceiling fan
- watching light dance on walls
- watching an hourglass
- watching soothing videos
- watching anything repetitive/pleasing

## Vocal Stims

- humming
- singing
- whistling
- repeating sounds/words/phrases
- counting out loud
- clicking tongue

## Auditory Stims

- listening to the same song over & over
- listening to a stip toy
- listening to any repetitive sounds

## Olfactory Stims

- lighting a candle or incense
- smelling food
- wearing perfume or lotions
- using bath bombs

## Gustatory Stims

- eating mindfully
- chewing gum
- sucking on a mint/hard candy/lollipop

## Visual Stims

- touching each finger to thumb
- running tongue over teeth
- shaking body from head-to-toe

# Self-Injury Behavior: The “Dark Side” Of Stims

*The stronger the overload, the stronger the stim has to be to provide needed relief. This is the source of unhealthy stimming.*

How does anyone respond to discomfort & fear? We grit our teeth & bear it. We ball our fists, dig our nails into our palms. The common factor? They involve the distraction of pain as coping mechanism.

There’s a reason pain is the universal distractor. Pain is the only form of stimulation our nervous systems won’t acclimate to. All other sensory receptors, when continuously stimulated, eventually stop firing. As long as pain is present, the nervous system will keep sending those signals & will prioritize that sensation above others.

Pain is our strongest sensation. It covers & blocks out all others. That’s why it’s so useful—it tells us when something’s wrong. It keeps us safe when we’re injured. But it’s also what makes it so dangerous for those prone to sensory overload.

Most people never feel sensory or emotional discomfort so strong they’d injure themselves to cover it. But to a person with a sensory or emotional processing difference that threshold can be much easier to reach.”



*“Stimming can provide safe haven from full overload & meltdown. Regular, strong stimulation provides a focus point for body & mind, helping shut out painful stimuli.”*

*-Kirsten Lindsmith, Autistic blogger*

# SIB Stims?

## Try Substitutions.

### 2 primary ways to interrupt dangerous stimming:

1. **Remove** the problem stimulus. Not helpful if problem is emotional.
2. **Redirect** the behavior while addressing the need for purposeful stimulation.

### A few examples of safe, intense stimulation to suggest:

#### ALWAYS ask for suggestions first & permission to try any.

- **Deep pressure** squeezing up & down arms, pinching finger tips, a strong bear hug, using a weighted blanket/pressure vest, pressing on head w/hands, or lying on top of the person
- **Vibration** in chest area or around mouth - a massager on chin & mouth area, or rhythmically pounding on their back with your hand
- **Music** playing a rhythmic, sensory-oriented song, or singing right in their ear; have a playlist ready to use
- **Strong vestibular input** spinning or pushing them in a swing, or, if size & strength allow, picking them up & spinning them around

If unsure what kind of stimulation someone likes best, notice what they're seeking through their behavior.

- **Hitting or biting?** They need deep pressure. Focus 1<sup>st</sup> on areas hitting.
- **Screaming?** They need auditory input.
- **Throwing objects, trashing the room, or throwing themselves on the floor?** They need vestibular input.

Develop a bank of sensory options. Ideally, you want different types of intense stimulation that can provide a sensory buffer or sensory reset.

