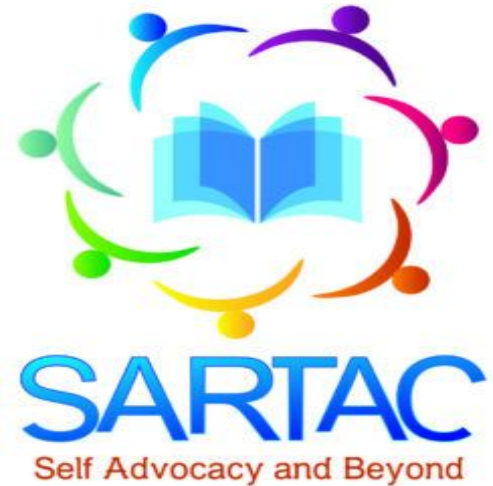


# Autism

## Debunking the Stigma

Presented by: Michelle Middlemiss



**What is Autism? What is the Autism Spectrum?**

???

# Autism - Reality or Myth?

**Autism is only diagnosed in childhood.**

**Autism has a relationship to intelligence/ cognition.**

**All people with autism do not desire social relationships or are incapable of forming social relationships.**

**All people with autism do not have strong feelings of empathy for others.**

**All people with autism do not have a sense of humor.**

**All people with autism possess special, savant skills.**

**All people with autism do not like to be touched.**

**All people with autism are violent.**

# How does a myth get started?

It begins with our human tendency to “label,” to *generalize* same-things together.

Labels often fulfill our desire to *define* the world we live in.



# Can we label human beings?

**If I said I have:**

**Autism**

**ADHD**



**Dyslexia**

**Disability...**

# What are the benefits of having a “label?”

## PROS

- 1- **Viewed as definitive (“I have ...”)** -- reducing anxiety of wonder
- 2- **Explanatory (validates behavior)** -- relief - “I am not going crazy”)
- 3- **Eligible for support (meet criteria for services)** -- therapy; need for glasses; etc.

# What are the drawbacks to having a “label?”

## CONS

- 1- **Complacency** - Excuse for behaviors/ enables behaviors
- 2- **Stigma** (creates generalized assumption) - what happens when I say the word “disability” - people stop checking knowledge and just accept what they see/hear
- 3- **Can create avoidance on both sides** (what is strange is uncomfortable to be around)

# Who has a problem being defined solely by a label?

Human beings

You ***can solely define*** identical tables by label  
....you can say “all tables are excellent for putting things on.”



You ***cannot solely define*** identical twins by labeling...  
...some individual characteristics are unique  
**(personality/ life experiences)...you can't say “all  
Identical twins have the same mood patterns.”**





# If you **DO** choose to define someone solely by a label...

## **WHEN YOU DEFINE SOMEONE SOLELY BY A LABEL**

(e.g. “She’s Autistic,” “He’s a Police Officer), you are creating an incomplete picture...

If you **DO NOT** choose to gain the full picture (e.g. individual knowledge) about the person, then you fill in the gaps with the label generalities that are accepted by the masses.

This is very dangerous if the label generalities are not factual (e.g. myths).

# Defining someone solely by a label creates an “US/Them” mentality

The nature of a “label” is viewed as “finite.”

A cutoff point of difference - “I have it/I don’t have it.”

Can create a *false sense of unrelatability* within human beings.



**Defining someone solely by a label can  
naturally create generalizations**

**Assumption is a slippery slope.**

*“If you have seen one,  
you have seen them all.”*

*“Oh...I know ADHD people...  
THEY can't focus on anything”*



# Mass assumption of label generalities can create “Myth”

Like “rings” on a tree...

Accepted assumptions can  
“attach” and become adopted  
as “fact”

Individuality that also defines  
a person is ignored  
(e.g. specific intensity of autism,  
how many years as a police officer)



# Characteristics of autism with the “Myth” attached

- 1- Difficulty with direct communication
- 2- Difficulty socializing
- 3- Rigid behaviors or routine
- 4- Special, savant abilities
- 5- Violent - capable of mass shootings



# Autism - Reality or Myth?

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**Most popular  
MYTHS  
surrounding  
autism today**

# Do **NOT** define people solely by a **LABEL**.....but rather define them by a **SPECTRUM OF INDIVIDUALITY**

By defining a human being solely by a label, you create **limitation and inaccuracy**.

For human beings, labels do not work because we are all **unique** individuals with our own set of characteristic frequencies (personality, desire, ability, resilience, physical look, etc.).

People contain all characteristics of **labels** (e.g. vision impairment; autism spectrum disorder; health issue; etc.)...

...but those characteristics exist on a **spectrum of individuality** - how that individual is impacted by their characteristics depends on the point to which those characteristics affect their everyday life along with the way the person engages their environment, which is different for absolutely everyone.



# SPECTRUM OF INDIVIDUALITY

Wearing glasses is a part of somebody...nothing more, nothing less.

**Once you understand their individuality of characteristics of vision for that person , you will know how to engage the person, it fades away...**

Autism is a part of somebody...nothing more, nothing less. Once you know how to engage the person, it fades away...

To understand ANY individual, you must learn how to uniquely engage them (without assumption) to **UNDERSTAND** who they are, while keeping their opportunity to pursue happiness as equal as anyone else.

# So...how does this look practically?

1- Someone who may require a different method (other than direct verbal) to communicate his/her thoughts and feelings, **BUT otherwise is completely capable of generating a response to a comment and/or proactively providing a comment.**

2- Someone who may require a different method for engaging with individuals (other than picking up on social cues in casual conversation), **BUT otherwise is completely capable of participating in a conversation.**

3- **Someone who may have individual sensitivities (e.g. lights, sounds), strict routines, and in-depth interests.** Someone with extreme knowledge of classic movies. Someone who may become noticeably anxious if his/her routine is disrupted. Someone who may visibly use physical motion as a means of calm.

# Isn't this something we all do on some level?

## ASK YOURSELF THE FOLLOWING:

- 1- Do you ever struggle to get a point across to someone?
- 2- Do you ever feel that you are being described inaccurately by somebody?
- 3- Do you ever feel anxious in a crowd of 2 or more people?
- 4- Do you ever misread someone's social cues (e.g. interrupt, laugh at an unfunny story; not get the joke that was told)?
- 5- Do you have any sensitivities (e.g. cannot sleep with covers on your feet)?
- 6- Do you ever use a physical motion when anxious OR excited (e.g. bounce your knee)?
- 7- Do you have an interest that you might say is obsessive (e.g. collecting movies; following a sports team; following a musical artist)?
- 8- Do you ever feel anxious when your daily routine is suddenly messed up?

**Imagine that amplified ...**



**...to the point of  
being debilitating to  
everyday functioning.**

# Welcome to the Autism Spectrum - Your OWN Individual Frequency

Autism as a standalone “you have it OR you don’t” is the final, and largest myth!

“Whenever you choose to define a person by a label, you lose *valuable* information.”

“The truth is, every single person on this planet has their own unique combination of traits and life experiences.....labels are for cans, not people.”

We all contain the traits that define autism. The individual intensity of those traits are unique and individual...and will determine where we fall on the spectrum.

So, just because you have never been officially diagnosed with autism spectrum disorder does not mean you are not on the autism spectrum...rather just the opposite!

With understanding people as a **SPECTRUM**,  
you must engage the **INDIVIDUAL**, not the  
label/myth.



# **A different method for processing**

With autism, it is not a “processing error,”  
but rather a different “processing system.”

# Difficulties with the Processing System of an Individual on the Autism Spectrum

Difficulty understanding and responding to the perspective of others.

**EXAMPLE:** no noticeable response to a family member/ friend/ teacher telling a story about getting injured over the weekend.

**ASSUMPTION:** not empathetic; not interested in wanting to have social relationships with others.

**REALITY:** the individual is not picking up on the social cue that family member/ friend/ teacher was impacted by the event.

**SOLUTION:** awareness that the individual did process the matter and does care.



# Difficulties with the Processing System of an Individual on the Autism Spectrum

Difficulty anticipating the social expectations across different environments (understanding social nuances that are expected in certain places OR in general conversation with others).

**EXAMPLE:** answering an open-ended question with a yes/no answer.

**ASSUMPTION:** the individual is not interested in the question or the topic.

**REALITY:** the individual did not pick up on the social nuance that the question was open-ended.

**SOLUTION:** re-ask the question and let the individual know that you are looking for an expanded answer.

# Difficulties with the Processing System of an Individual on the Autism Spectrum

Difficulty in predictive thinking (anticipating how someone or something is going to react). This can also impact struggles coping with change.

**EXAMPLE:** the individual makes a comment that is inappropriate or off-putting to the person in conversation.

**ASSUMPTION:** the Individual is being rude and insensitive.

**REALITY:** the individual was being very “to-the-point” and did not process how the comment might impact the person in the conversation.

**SOLUTION:** acceptance that the individual does not mean any ill-will by the remark, and was doing the best to be helpful to the person’s situation, and then bring about understanding for why the remark might not be appropriate.

# Difficulties with the Processing System of an Individual on the Autism Spectrum

Difficulty in predictive thinking (anticipating how someone or something is going to react). This can also impact struggles coping with change.

**EXAMPLE:** the individual becomes upset when a new protocol or system is implemented.

**ASSUMPTION:** the individual is being difficult and resistant to change.

**REALITY:** the individual is not able to process how the new protocol will look like and is therefore nervous/ anxious.

**SOLUTION:** visually walking the individual through the new process first and then informing him/her that this will be the standard protocol going forward.

# Difficulties with the Processing System of an Individual on the Autism Spectrum

Certain sounds, lights, flashes can be difficult for an adult on the autism spectrum.

**EXAMPLE:** the individual has trouble focusing on the task at hand.

**ASSUMPTION:** the individual is not motivated to do the assigned task.

**REALITY:** the individual is unable to focus due to the light in the room.

**SOLUTION:** ask the individual if anything in the room is distracting from being able to complete the task.\*

# How does one typically engage someone?

- 1- **Assume nothing** - regardless of appearance, tone of voice (or lack thereof)
- 2- **Introduce/ Ask questions** - what is my interest in engaging this person?
- 3- **Read social cues** - ebb and flow of a conversation.
- 4- **Be an active listener** - what specifics am I picking up?
- 5- **Apply knowledge** - what do I know based on the information I am picking up?
- 6- **Assess/ Reassess** - Tailor my communication with the individual based on all the above so I can develop a communication pathway that will be the most accurate, comfortable, and consistent.
- 7- **Repeat steps 1-6** until the communication pathway is established.

# Where is this difficult for individuals on the autism spectrum?

- 1- **Assume nothing** - many assumptions (myths) exist (e.g. violent, lack emotion, etc.)
- 2- **Ask questions** - the individual may be non-verbal OR simply respond with one word answers
- 3- **Read social cues** - the individual may seem disinterested, not respond to jokes, take sarcasm literally
- 4- **Be an active listener** - if you do not know the way the individual with autism likes to engage/ prefers to be engaged, then conversation will not get far.
- 5- **Apply knowledge** - many individuals not fully understanding of autism might misread their intentions.
- 6- **Assess/ Reassess** - If I cannot pick up on much from steps 2-4, then I am at a standstill for accurate, comfortable, and consistent communication.
- 7- **Repeat steps 1-6 as needed** until the communication pathway is established.

# Tips for engaging someone who we know is diagnosed with autism spectrum disorder?

1- **Assume nothing** - regardless of appearance, tone of voice (or lack thereof) - don't give up - EVERYONE has a unique pathway for engagement.

2- **Ask questions** - use their name and make sure that your questions are with as much clarity as possible (to limit any misinterpretation). Be mindful of rapid-fire questions.

3- **Read social cues** - Do not assume a non-response is someone who cannot comprehend. If unable to engage, seek out the individual's preferred method of engagement. This will help determine if the individual is over-anxious or overwhelmed.

4- **Be an active listener** - what can we pick up from the individual's responses? Is direct communication difficult, and if so, what alternative ways might be suggested?

# Tips for engaging someone who we know is diagnosed with autism spectrum disorder

5- **Apply Knowledge** - What information am I picking up about this specific individual and how he/she prefers to engage in communication? Remember that autism that it is individualized and different for everyone.

6- **Assess/ Reassess** - Do I have any prior information on how this particular individual likes to engage (blueprint for communication, friend, family member, co-worker)? How can I adjust my communication to meet the individual's preferred style?

7- **Repeat steps 1-6 until the communication pathway is established.**



# Additional keys when encountering an individual on the autism spectrum

- 1- Do not force communication
- 2- Respect the adult's want for personal space
- 3- Stay calm
- 4- Anticipate and apply knowledge
- 5- Keep things consistent



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