NOTHING ABOUT US

A NEURODIVERSITY-AFFIRMING TOOLKIT FOR OTPS SUPPORTING NEURODIVERGENT CHILDREN AND YOUTH

—— AN INTRODUCTION TO *EMBRACING NEURODIVERGENT OCCUPATIONS* —

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WITHOUT US

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Bryden Carlson-Giving is a neurodivergent and disabled doctoral student at Boston University and a pediatric occupational therapy practitioner with experience in pediatric outpatient and inpatient rehabilitation settings. He is passionate about community-defined evidence practice, mental health promotion, trauma-informed care, and incorporating strengths-based approaches to promote a positive self-identity for his pediatric patients. Bryden's work includes encouraging a shift away from an impairment-based perspective and returning to strengths-based, occupation-centered practices, with his doctoral work including partnering with neurodivergent practitioners around the globe to create the first neurodiversity-affirming occupational therapy model. He seeks to promote neurodiversity-affirming practices, amplify the voices of the Disability community, and challenge ableism within healthcare and research. From helping individuals discover and embrace their sensory processing differences to collaborating with their family and education team to improve their ability to be neurodiversity-affirming, Bryden aims to maximize his client's quality of life and well-being to support authentic neurodivergent development.

DEDICATION

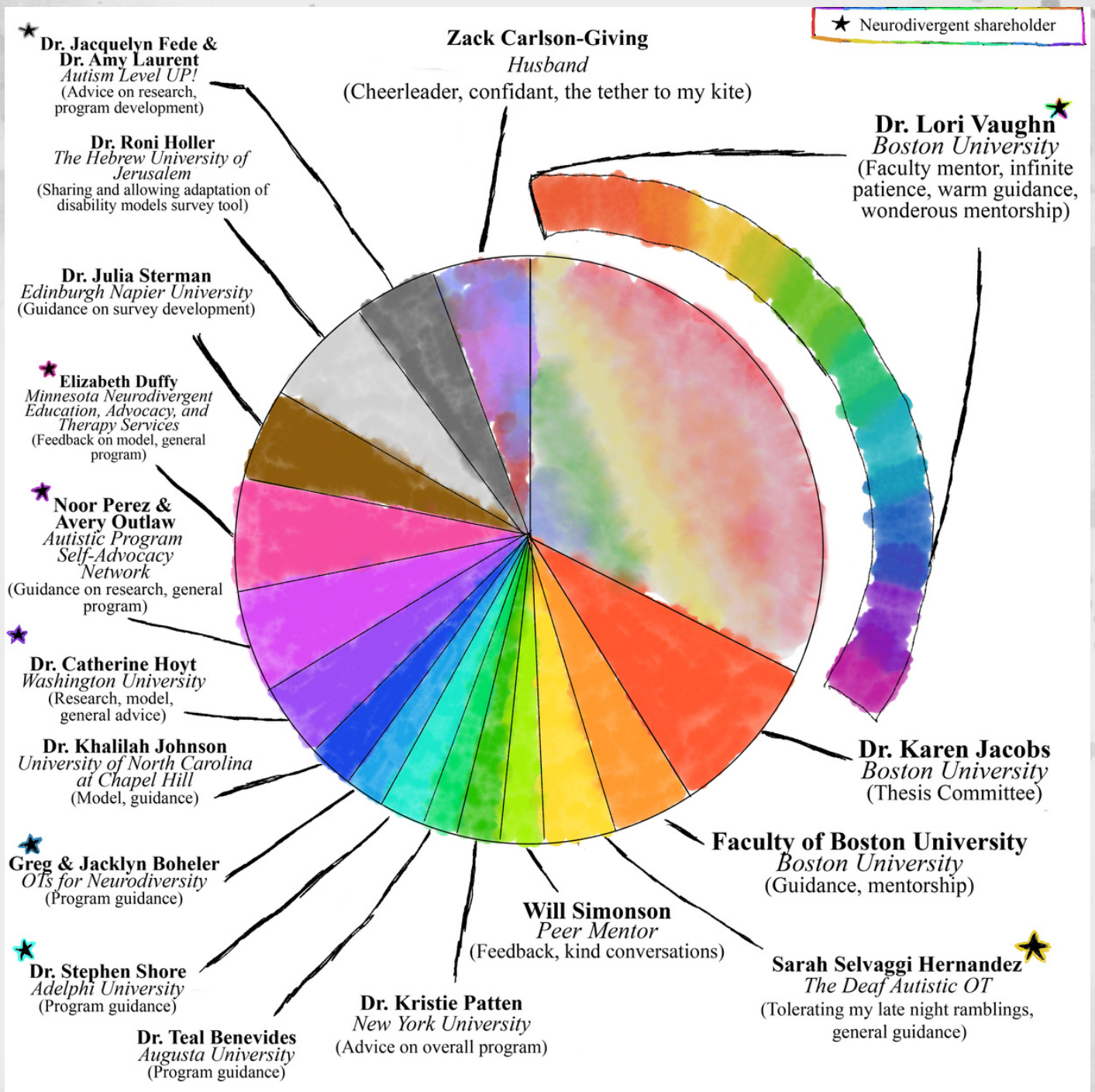
To the brave disabled advocates who fought and created a platform for disability studies and disability justice to infiltrate occupational therapy and occupational science — this work is for you.

Within an endless spring of gratitude, thank you. The future is disabled, and my goodness, it is beautiful.

Let us take this home.

ACKNOWLEDGEMENTS

I would like to extend my sincere gratitude to the following individuals that have supported this project's creation in both small and grand ways:



PREFACE

Excerpts from *The Axioms of Inequality* by Bryden Carlson-Giving

I

I'm on the edge of a precipice,

looking down into the abyss of myself.

It is breathtaking, because

it belongs to no one else.

II

I see tree roots turn into

kingdoms. Vibrant strings gift

a technicolor uproar, and I am

a mobile orchestra.

III

One day, we are going to look back and wonder

how did we survive that, survive ~~you.~~

IV

Somewhere, there is a place where the viperous shadows

cannot touch. Paper airplanes morph into stars,

where Crip[2] worlds are not just dreams. Can it be here?

Will you be there?

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[2] *Crip* is a reclaimed slur by disabled individuals. Crip has been transformed in a way that resembles disability pride unapologetically, and by taking back the word, disabled individuals can empower future generations of disabled individuals with the word (another example is how queer individuals reclaimed the word "Queer") (Kafai, 2023; Kuppers, 2014; Lew, 2021).

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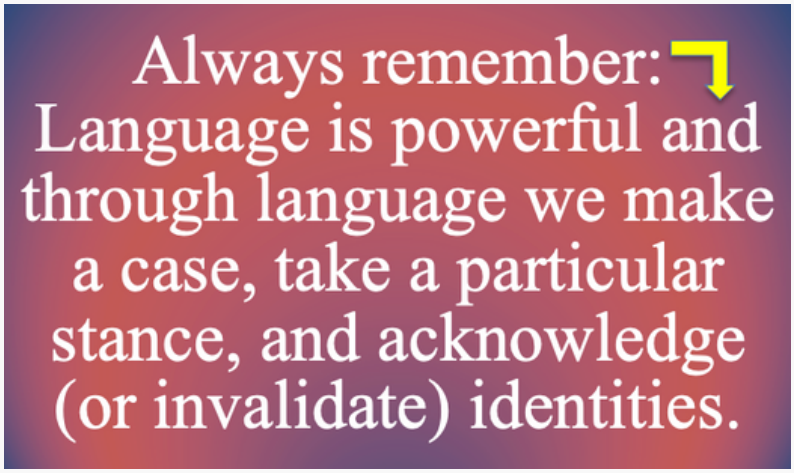
A NOTE ON LANGUAGE & PRIVILEGE

Throughout this work, identify-first language will be utilized when describing autistic individuals to validate and honor the wishes of the autistic community (Brown, 2020; Bottema-Beutel et al., 2021; Kenny et al., 2016; Taboas et al., 2022). This shift in language honors autism as a culture and recognizes autism a vital part of an autistic individual's identity. Additionally, this extends to utilizing identity-first language when describing disabled people instead of person-first language in support with the disability studies (DS) approach to viewing ableism and disability (Harrison et al., 2021). When in doubt, please ask the communities the language they prefer.

Sterman et al.'s study (2022) illustrates the importance of illuminating the identities of authors in relation to neurodivergence and recognizing privilege. This author is a white, cis-gender, queer, disabled, neurodivergent, and allistic occupational therapy practitioner (OTP). This author acknowledges that they have utilized strategies that are not recognized as autistic-affirming in the past, and will not recommend or utilize these services as they continue to learn and listen to autistic voices concerning healthcare services. This author recognizes they have been wrong in the past, especially concerning language and promoting ableist therapeutic approaches (Giving, 2018). This author also acknowledges intricate intersectionality exists regarding neurodivergence with other identities, such as BIPOC, sexual orientation, and Blind and Deaf communities, recognizing our privilege within this complex and oppressing system.



Introduction & Purpose

The neurodiversity movement is a social justice initiative led by neurodivergent individuals embracing differences in executive, mental, or neurologic function as valid forms of human diversity (ASAN, n.d.; Dallman et al., 2022). Neurodivergent occupations are ways of living and embodying life that speaks true for their neurotype. Examples include autistic play, ADHDer concepts of attention, and sensory processing differences. Though the neurodiversity movement is beginning to infiltrate health care services, neurodiversity-affirming practices within occupational therapy remains to be lacking. Neurodivergent occupations continue to be pathologized within occupational therapy, evident within the profession's education, and all aspects of the occupational therapy process, including assessment, treatment, and targeted outcomes. Neurotypicality remains to be the benchmark for functioning within occupational therapy, much of which is secondary to the dominating medical model of disability and ableism proliferating the profession. These factors lead to OTPs creating occupational marginalization when attempting to support neurodivergent individuals, with neurodivergent OTPs pleading for the profession to reflect and modify current conceptualizations of occupational therapy.

This manual is for OTPs (and really any healthcare service provider) and introduces the initiative, **Embracing Neurodivergent Occupations**, a knowledge translation tool. The mission of the toolkit is to support the utilization of best practices by occupational therapy practitioners supporting neurodivergent children and youth. Best practices for supporting the neurodiversity community can be defined as supports and services strategies that incorporate the following characteristics: a) trauma-informed, b) strengths-based, c) anti-racist, d) principles of disability justice, and e) tenets of justice, equity, diversity, and inclusion (JEDI). Autistic and neurodivergent individuals have been incorporated throughout the creation of this program to maximize the empowerment of autistic and neurodivergent lived experiences.

The proposed program, **Embracing Neurodivergent Occupations**, aims to answer this call. **Embracing Neurodivergent Occupations** is a knowledge translation tool with foundations resting in tenets of disability justice, community-defined evidence practice, and lived-experience informed practice. The program intends to be an example of community-based participatory research (CBPR), with the program's creation incorporating neurodivergent OTPs, scholars, and advocates from around the world for a holistic view on neurodivergent ways of living. Components of **Embracing Neurodivergent Occupations** will include: (a) the first neurodiversity-affirming occupational therapy model (EMPOWER Model), (b) conversations on models of disablement and rehabilitation, (c) health and well-being priorities designated by autistic individuals, (d) steps for completing neurodiversity-affirming evaluations, (e) neurodiversity-affirming service and practitioner characteristics, and (f) a grading of commonly utilized occupational therapy programs and resources and their level of being neurodiversity-affirming. Feel free to peruse the manual, and begin to apply concepts that resonate with you!

Autistic and neurodivergent ways of participation are valid occupations!

EPIDEMIOLOGICAL IMPACT LEADING TO OCCUPATIONAL INJUSTICE

- Research has shown that treatment strategies created without autistic input can lead to increased masking, a phenomenon where autistic individuals hide autistic traits and mirror social styles they observe in neurotypical individuals, which decreases their quality of life (Hull et al., 2017).
- About 70% of autistic adults have reported they consistently mask their autistic traits to avoid being bullied (Cage et a., 2019).
- The medical model of disability is the dominant model of viewing and supporting autistic individuals within healthcare (Bottema-Beutel et al., 2020; Cramm et al., 2012; Holler et al., 2021), including occupational therapy (Shore et al., 2020).
- Given autistic individuals are rarely incorporated into occupational therapy treatment and assessment creation, OTPs may be targeting health and wellness outcomes not meaningful to autistic individuals but potentially outcomes decreasing quality of life (Taylor, 2022).
- OTPs supporting autistic and neurodivergent individuals often target goals or incorporating practices dissented by neurodivergent individuals, such as attempting to remediate sensory processing function, attempting to expand play and interests, and targeting neurotypical social skills (Shore et al., 2020).
- It should be noted OTPs are at risk for validity with the autistic community for the continuation of utilizing services not meaningful or potentially harmful to the autistic community.

OCCUPATIONAL MARGINALIZATION

Taylor (2022), an autistic OTP, eloquently describes how much of the occupational science literature historically defined occupations emphasizing social and cultural norms which suppress minority perspectives, including the autistic community. The dominance of aiming for neurotypicality within healthcare has limited the occupational therapy profession's ability to reflect on how ableism has morphed into what constitutes a healthy occupation, often leading to OTPs inadvertently creating occupational marginalization. Occupational Marginalization, a form of occupational injustice, is the inability of an individual to participate in occupations due to being viewed as different from a larger or dominant population (Durocher et al., 2013). Autistic characteristics (e.g., self-stimulatory behaviors) have been frequently conceptualized by non-autistic individuals, often as pathological deficiencies (Grinker et al., 2020; Taylor, 2022). Within occupational therapy, autistic behaviors are often not considered occupations (Kiepek et al., 2014; Taylor, 2022). In alignment with disability scholars and activities, this author advocates autistic ways of being are occupations, such as autistic stims, and normalizing differences in social participation and occupational engagement (Taylor, 2022). By incorporating autistic behaviors into occupational frameworks and occupational science, occupational therapy can better honor and affirm autistic identity and diminish ableist assumptions prioritization of neurotypicality (Taylor, 2022).

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Occupational Marginalization	**Occupational Marginalization**, a form of occupational injustice, is the inability of an individual to participate in occupations due to being viewed as different from a larger or dominant population (Durocher et al., 2013).

Individual Factors Impacting OTPs to Implement NA Practice

- Prioritization of NA practice within clinical decision-making
- Level of reflection and adaptability (Krueger et al., 2020)
- Knowledge of autistic health and well-being priorities and acceptable/unacceptable components of intervention as deemed by neurodivergent individuals
- Increased access to assessment and evaluation tools that maximize autistic identity and reduce potential for harm can support OTPs' ability to be NA. Acceptance and empowerment of autistic ways of being as valid occupations within the profession (Taylor, 2022)
- Level of importance designated by OTP for equity, inclusivity, and cultural competence Mallidou et al., 2018)
- Incorporation of the reformed social model of disability in place of the medical model of disability into assessment and treatment. Autistic advocates and scholars extremely prefer the social model of disability into healthcare decision-making, and the medical model is the predominant model embedded within occupational therapy (Heffron et al., 2019; Holler et al., 2021; Sheth et al., 2021; Shore et al., 2020)

Organizational Factors Impacting OTPs Implement NA Practice

- American Occupational Therapy Association's (AOTA) role in supporting neurodiversity both explicitly and implicitly. Currently, AOTA has not yet published a statement supporting neurodiversity, and the medical model of disability is prevalent within AOTA's research agenda for autism (Shore et al., 2020).
- Advocating for AOTA and AJOT to ensure autism research includes the autistic individual's experience of the intervention, and prioritizing research outcomes that matter to autistic people (ASAN, n.d.)
- Billing and reimbursement of assessment and treatment utilizing strengths-based language or treatments emphasizing the reformed social model of disability
- Workplace supports and barriers for NA practice and knowledge translation (Pellerin et al., 2019)
- Occupational therapy education incorporating disability studies and discussions on models of disablement (Bogart et al., 2022)

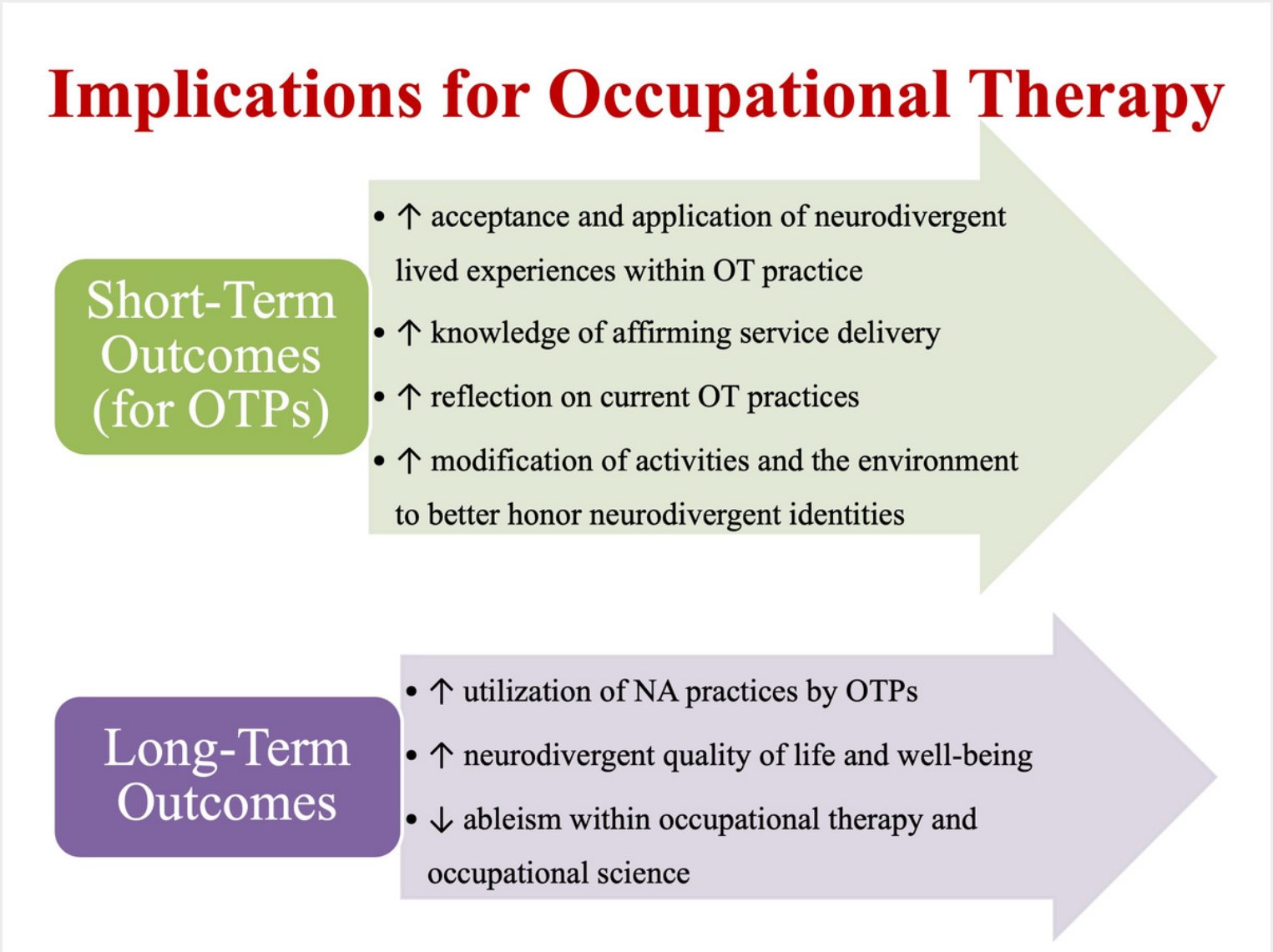
Example of Occupational Therapy Research Emphasizing the Medical Model of Disability

- Recent literature reviews published within the American Journal of Occupational Therapy regarding neurodivergent occupations emphasize strategies advocated against by the neurodiversity community, including social skills training or neurotypical social skills (Bernier et al., 2022; Le, Rodrigues, & Hess, 2021), reduction of autistic characteristics (Altoff et al., 2019), and parent coaching to improve sensory processing tolerance (Porter et al., 2023).
    - It should be noted that no inclusion of neurodivergent shareholders is mentioned in any of these literature reviews.

Example of Occupational Therapy Research Emphasizing the Medical Model of Disability (Cont.)

- Most notably, the American Occupational Therapy Association (AOTA) published a position statement defining the role of occupational therapy supporting autistic individuals across the life span (AOTA, 2022). Given this article is an official document of AOTA and has strong potential to influence OTPs, it is necessary to review the article for potential ableist messages. There are a plethora of problematic features of the article (AOTA, 2022) including targeting ableist goals, emphasizing treatment techniques that have been advocated by the autistic community, inclusion of ableist outcomes, and there is no mention of autistic shareholders being a part of the article.
- These examples of peer-reviewed published research about neurodivergent individuals without neurodivergent shareholders clearly emphasize the problems of EBP secondary to incorporating lived experiences not being a requirement for EBP, which promotes occupational marginalization created by OTPs and occupational therapy researchers.

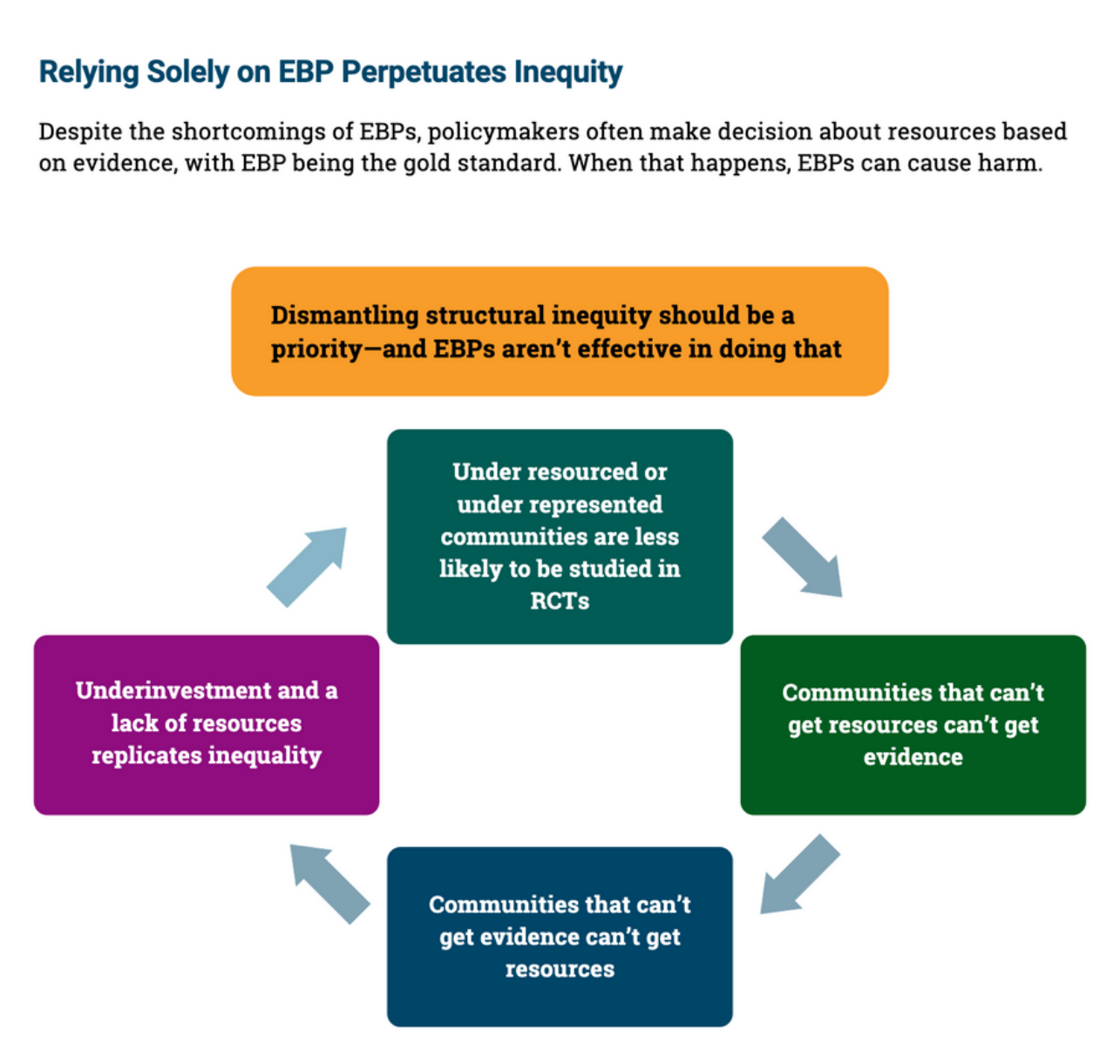
Desired Outcomes of *Embracing Neurodivergent Occupations*



Relying Solely on Evidence-Based Practice Can Lead to Health Inequities

The issue with evidence-based practice (EBP)...

Given the current evidence-based practice process often highlights research evidence as the foundation of practice and much of healthcare research has ableist tendencies or does not include neurodivergent individuals in their creation, this calls to question the meaningfulness of published research (ASAN, n.d.; Taylor et al., 2022). Removing societal inequities should be a priority of healthcare researchers, and EBP is significantly limited in its ability to do so.



Note. From Tawa (2020, p.3)

Community-Defined Evidence Practice (CDEP) Merged with the Lived Experience Informed Practice (LEIP) Model as an Alternative to Evidence-Based Practice

CDEP is defined as a set of practices that have yielded a positive consensus within a community over time and/or successful application of practices developed with significant community input (CDEP Integration Advisory Group, 2021; Martinez et al., 2010; National Latino Behavioral Health Association & National Network to Eliminate Disparities, 2009). Due to EBP often procuring research with racist and ableist tendencies, CDEP was designed to support and highlight the voices of marginalized communities (CDEP Integration Advisory Group, 2021). LEIP emphasizes lived experience as the foundation for practice, with clinical decisions prioritizing individuals and the impacted communities over research evidence and clinical experience (Wise, 2023a)

Note. Adapted from CDEP Integration Advisory Group, 2021; Martinez et al., 2010; National Latino Behavioral Health Association & National Network to Eliminate Disparities, 2009; Wise, 2023.

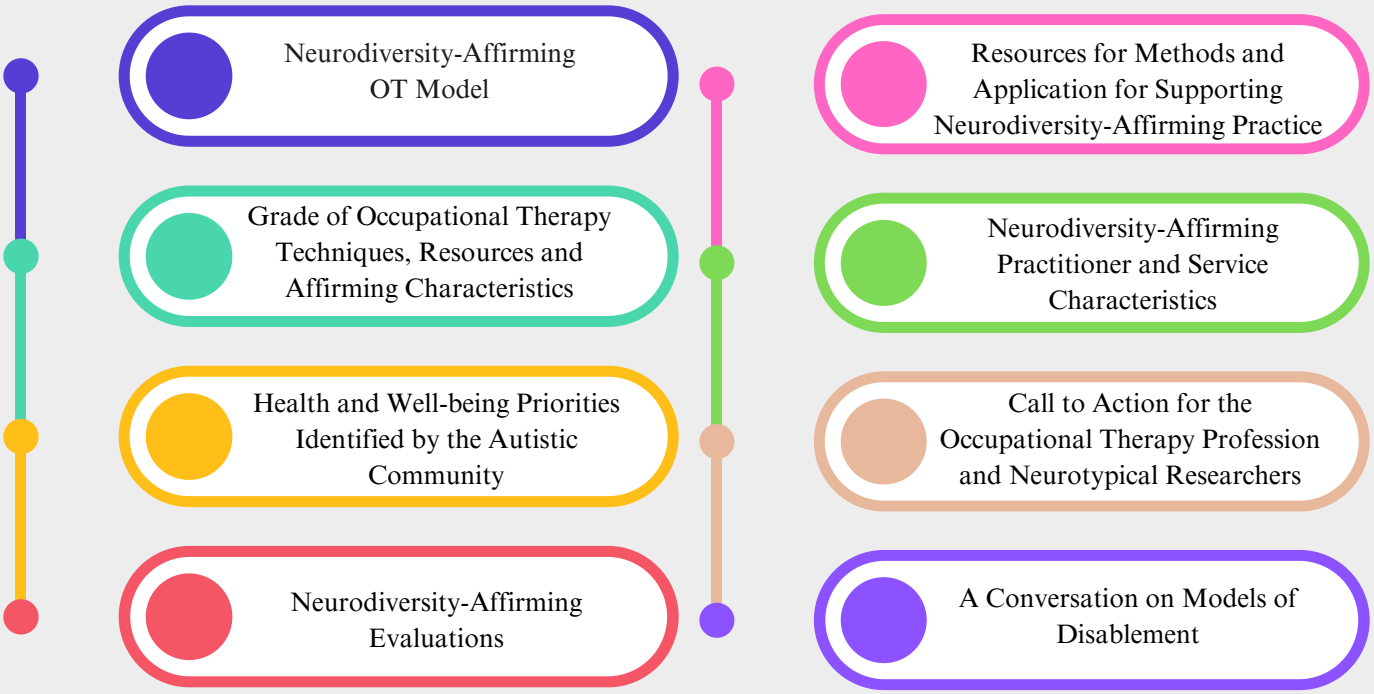
Disability Justice

- Disability justice is a term coined by Sins Invalid, a collective started by disabled queer women of color, aims to secure the rights of disabled individuals by authenticating the complex intersectionality experienced by disabled individuals who identify to additional marginalized communities (Sins Invalid, 2019).
- Sins Invalid mention how the US Disability Rights Movement recognized basic civil rights for many disabled individuals, however the movement has left many significant challenges (Sins Invalid, 2019). Some of these challenges illustrated by Sins Invalid about the US Disability Rights Movement includes:
  - Disability rights is based in a single-issue identity, focusing exclusively on disability at the expense of other intersections of race, gender, sexuality, age, immigration statues, religion, etc.
  - Its *(the US Disability Rights Movement)* leadership has historically centered white experiences and doesn't address the ways white disabled people can still wield privilege.
  - It centers people with mobility impairments, marginalizing other types of disability and/or impairment. (Sins Invalid, 2019, p. 13)
- To challenge ableism and empower disabled individuals through the disability justice movement, Sins Invalid (2019) has created the following 10 principles of disability justice:

Intersectionality	**Leadership of those most impacted**	**Anti-capitalist politics**
Cross-movement solidarity	**Recognizing wholeness**	**Sustainability**
Commitment to cross-disability solidarity	**Interdependence**	**Collective access**
Collective liberation		

- Given that ableism proliferates within the occupational therapy profession (Yao et al., 2022), it is essential that the principles of disability justice inform the program and to reduce occupational marginalization. Inclusive and justice-focused practices will be emphasized throughout the project to illustrate how occupational therapy can ally with and amplify the disability justice movement.

What are the components of the toolkit?



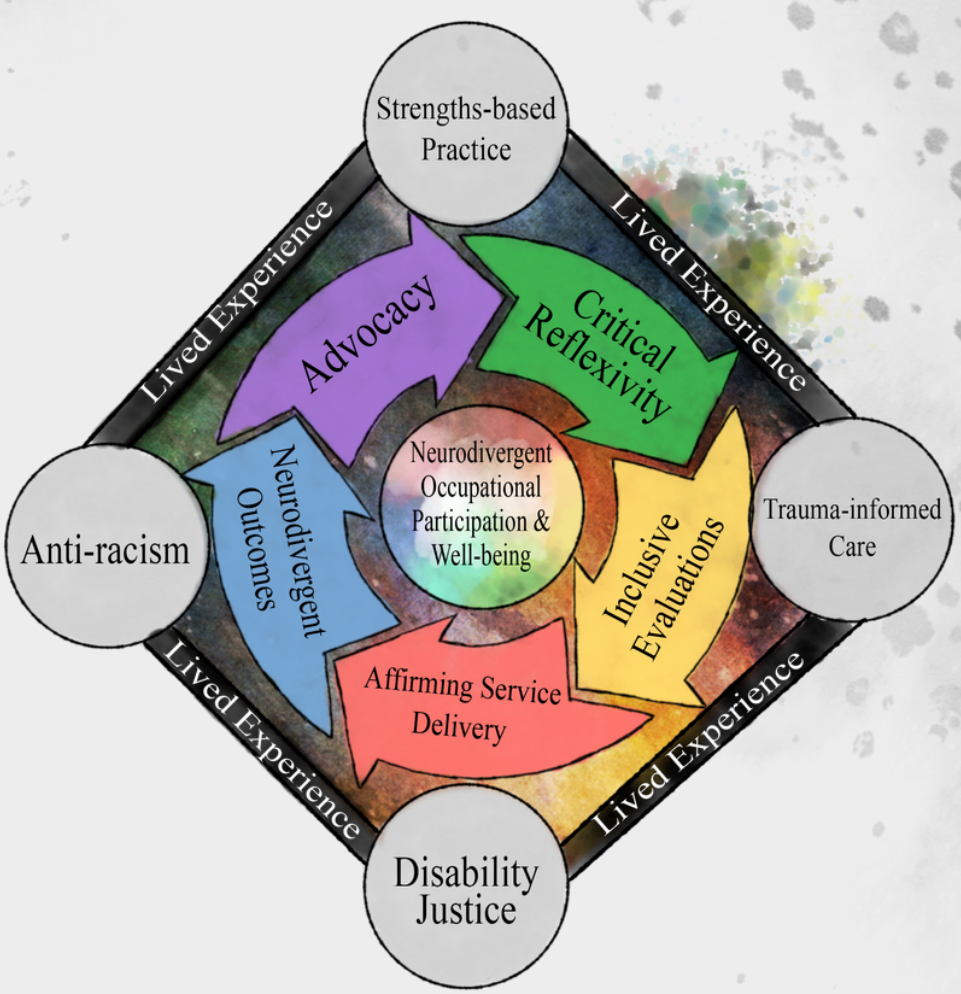
Initiative Component	Theoretical Grounding & Evidence Base
Neurodiversity-Affirming Occupational Therapy Process (EMPOWER Model)	• Strengths-based approaches (de Schipper et al., 2016; Dunn, 2017; Huntley et al., 2019; Marnell, 2023; Murthi et al., 2023; Patten, 2022) • Trauma-informed care (Rumball, 2022; TNC, 2022b) • Anti-racism (Aylward et al., 2021; Doyle, 2020; Johnson et al., 2020; Lavalley et al., 2020; Pooley, 2020; Sterman et al., 2021) • Justice, equity, diversity, and inclusion (JEDI) principles (Gibson, 2020; Khan, 2021; Ryan et al., 2020; Sterman et al., 2021; Taff et al., 2017; UNC School of Medicine, 2023; Zafran et al., 2022) • Disability justice (Sins Invalid, 2019; Waldschmidt, 2018; Twardowski, 2022; Yao et al., 2022)
Grade of Occupational Therapy Services and Resources and Affirming Characteristics	• Occupational therapy interventions and resources regarding the level of "always acceptable" and "never acceptable" treatment characteristics as described neurodivergent individuals (ASAN, 2022; TNC, 2022) • Grading of how the intervention and its creators not only honor neurodivergent identity but empower neurodivergent occupations (ASAN, 2022; TNC, 2022) • How ableist are the targeted outcomes by the intervention's research? • International Classification of Functioning and Disability - Children and Youth Version (ICF-CY) (WHO, 2007)

Initiative Component	Theoretical Grounding & Evidence Base
Health and Well-being Priorities Identified by the Autistic Community	• Autistic health and well-being priorities identified within the literature (AARC, 2019; Benevides et al., 2020; Coussens et al., 2020; Dewinter et al., 2020; Pfeiffer et al., 2017; Roche et al., 2020; Warner et al., 2019)
Neurodiversity-Affirming Evaluations	• Literature and resources centering neurodivergent voices on how to complete meaningful evaluations (Dorsey et al., 2022; Harvey, n.d.; Marnell, 2023; Proctor et al., 2020; Roberts, 2023) • Strengths-based goals and evaluation report writing
Resources for Methods and Application for Supporting Neurodiversity-Affirming Practice	• Provision of affirming methods and resources with examples, such as Autism Level Up! (Fede & Laurent, 2023), OTs for Neurodiversity (Boheler et al., 2023), Kelly Mahler's Interoception Curriculum (Mahler, 2023), and Learn Play Thrive (Proctor, 2023).
Neurodiversity-Affirming Practitioner and Service Characteristics	• Compiled list of affirming treatment characteristics as identified by neurodivergent individuals (ASAN, 2022; Dallman et al., 2022; Harvey, n.d.; Marnell, 2023; TNC, 2022b; Wise, 2023b)
Call to Action for the Occupational Therapy Profession and Neurotypical Researchers	• Highlighting occupational therapy and occupational science's history and continued proliferation of ableist research concerning neurodivergent individuals and recommendations (AOTA, 2017; AOTA, 2022; Dallman et al., 2022; Shore et al., 2020; Taylor, 2022)
A Conversation on Models of Disablement	• Support reflection on models of disablement and how to incorporate disability studies into practice (Gebhardt et al., 2022; Harrison et al., 2021; Lawson & Beckett, 2021; Patten, 2022; Siebers, 2008; Shakespeare et al., 2018; Watson & Vehmas, 2020)

Introduction to Selected Components

For the next few pages, you will be introduced to a few components of *Embracing Neurodivergent Occupations*. Please note that the information you see within this introductory manual is only a blueprint, and the information you see within the complete website may change from what is within the manual.

Empowering Neurodivergent Occupational Participation and Well-being (EMPOWER) Model



The EMPOWER model was initially conceptualized by this author with feedback from international disabled OTPs and academics. The model was inspired by common themes found within disability advocate and neurodiversity-affirming literature (which are detailed in Appendix I). The cycle incorporates the following steps:

1. Reflection on ableism (Bottema-Beutel et al., 2021; Mahipaul, 2022; Marnell, 2023; Patten, 2023; Pellicano & den Houting, 2022)
2. Inclusive evaluations (Dorsey et al., 2022; Harvey, n.d.; Law et al., 2017; Marnell, 2023; Proctor et al., 2020; Roberts, 2023)
3. Affirming service delivery (ASAN, 2022; Harvey, n.d; Holler et al., 2021; Marnell, 2023; Shore et al., 2020; TNC, 2022b)
4. Neurodivergent outcomes (AARC, 2019; ASAN, 2022; Benevides et al., 2020; Coussens et al., 2020; Dewinter et al., 2020 Marnell, 2023; Patten, 2022; Pfeiffer et al., 2017; Roche et al., 2020; TNC, 2022b; Warner et al., 2019)
5. Advocacy (Le et al., 2021; Murthi et al., 2023; Patten, 2022)

EMPOWER Model Cycle Phase and Underlying Framework Supporting Literature and Application (See Appendix I for More Thorough Report)	
Reflection on Ableism	• Understand that our healthcare system and education (including occupational therapy), is heavily dominated by the medical model of disability. You are likely to view differences in neurology and were likely taught to modify or change a neurodivergent individual to be more neurotypical, though this may not always be apparent. Recognize ableism has many forms including micro-aggressions, and ableism discriminates against disabled individuals (Bottema-Beutel et al., 2021; Marnell, 2023; Pellicano & den Houting, 2022). • A brief example is measuring the abilities of a disabled individual to a non-disabled individual as the standard for functioning, creating goals emphasizing age-appropriate expectations, and tolerating input; these are ableism goals, not exemplifying neurodiversity-affirming practice (Marnell, 2023). Understand ableism and intentionally avoid it. • Take a free assessment to assess how your ableism influences your worldview, such as Assessment of Individual Ableism - Created by Bridges Learning System or Neurodiversity Attitudes Scale - Created by Rachel VanDaalan • Recognize ableism is rooted within our occupational therapy scope of practice. For example, many of our assessments construe and prioritize non-disabled functionality, and place non-disabled ways of living as the goal for optimal health and well-being. Additionally, the profession heavily emphasizes function and independence over community living and interdependence, which conflicts with disabled perspectives (Mahipaul, 2022) • Occupational therapy must adopt an anti-ableism lens, and this includes all aspects of occupational therapy service delivery and addressing the profession's biased ableist language (Patten, 2023).
Inclusive Evaluations	• Most important -> center the neurodivergent child as the primary source of information • Consider assessment and screening tools maximizing lived experiences and well-being priorities, such as the Canadian Occupational Performance Measure (COPM), Young Child - Participation and Environment Measure (YC-PEM), Participation and Environment Measure - Children and Youth (PEM-CY), Perceived Efficacy of Goal-Setting System (PEGS), Pediatric Interest Profiles, Child Occupational Self-Assessment (COSA), Self-Perception Profile for Children and Adolescents, Heart Drawing Tool, Visual Activity Sort, and Pictured Child's Quality of Life Questionnaire (AUQUEI) • Currently in development -> TAP Into Strengths Questionnaire, a strengths-based questionnaire by an autistic OTP and academic (Marnell, 2023) • Consider completing a sensory assessment (observation and Sensory Profile-2) secondary to sensory processing differences existing for most neurodivergent individuals (Marnell, 2023) • Assess the individual's natural environments (home, school, communication partners) for supports and barriers • If standardized assessments are required for insurance reimbursement purposes, strongly consider top-down and occupation-based assessments to maximize meaningful data and minimizing harm

EMPOWER Model Cycle Phase and Underlying Framework Supporting Literature and Application (See Appendix I for More Thorough Report)	
Affirming Service Delivery	• No inclusion of behavioral feeding methods, Applied Behavioral Analysis (ABA), or traditional behavioral techniques (e.g., reinforcement, discrete trial training, pivotal response training) • The service targets improving the autistic individual's quality of life by increasing access and opportunities to self-determination, communication, self-advocacy or other goals identified as priorities by the neurodivergent individual (ASAN, n.d.) • As defined by the OTPF-4, prioritize approaches to intervention emphasizing maintain, modify (compensation and adaptation), create or promote (health promotion), and prevention (Shore et al., 2020) • Sensory processing differences are validated without expectations for tolerance, extinction, or expecting to modify how they process sensory information (TNC, 2022b). Environmental and task accommodations are provided in line with the individual's sensory processing differences (ASAN, n.d.; TNC, 2022b) • Create a maximally enabling environment for the individual's natural contexts • Reducing stigma by educating others about neurodiversity
Neurodivergent Outcomes	• Strengths-based goal writing and strengths-based evaluation reports (ASAN, n.d.; Marnell, 2023; TNC, 2022b). • Consider incorporating autistic health and well-being priorities, including perception and acceptance of self, positive mental health, self-esteem, academic well-being, social participation and relationships, meaningful everyday tasks instead of discrete skills, changes made to the natural environments, quality of life, self-advocacy skills, the individual's ability to utilize accommodations and adaptations, and reduction of societal barriers (AARC, 2019; Benevides et al., 2020; Coussens et al., 2020; Dewinter et al., 2020; Pfeiffer et al., 2017; Roche et al., 2020; Warner et al., 2019) • Outcomes are not measured by changes in standardized scores (much of which promote neurotypical skills) but the learner's satisfaction with their performance in skills identified as meaningful by them • Neurotypicality or achieving a norm-based skill are never targeted objectives (Marnell, 2023)
Advocacy	• Occupational therapy and occupational science need to embrace nontraditional research methodologies that center lived experiences and voices, collaborate and highlight marginalized populations within the profession, amplify disability studies as a critical aspect of education, and authentically partner with the disability community in research, practice, and education (Patten, 2022). • Self-advocates and shareholders need to be the designers of any research relating to their community, and we reframe our mindset within the profession when supporting clients of overcoming disability to overcoming ableism (Patten, 2022)

EMPOWER Model Cycle Phase and Underlying Framework Supporting Literature and Application (See Appendix I for More Thorough Report)	
Strengths-Based Approaches	Strengths-based practice has been defined by Murthi et al. (2023, p. 3) as: ◦ Presume the competence of autistic people by focusing on their strengths (including abilities, talents, and interests) rather than emphasizing their deficits, using autistic strengths constructively instead of coercively or as a reward to obtain preferred behaviors. We define constructive use of strengths as organically embedding strengths in the treatment goals and process rather than only as a reinforcement strategy. ◦ Include autistic people as collaborators in research and practice through participatory research methodologies or collaboration with clients in the therapeutic process. ◦ Create supportive environments that maximize the strengths and interests of autistic people. Supportive environments include but are not limited to sensory, social, attitudinal, and physical environments. • Honoring neurodivergencies as different neurotypes that don't need fixing; neurodivergence (e.g., autism, ADHD, depression, etc.) are a unique neurology the profession (and world) need to honor (Marnell, 2023). • Recognize autistic and neurodivergent individuals have interests, strengths, and abilities that often surpass their neurotypical peers (de Schipper et al., 2016; Huntley et al., 2019; Meilleur et al., 2015). • Consider and reflect all aspects of people within their authentic lives, such as viewing all characteristics and behaviors as neutral or positive; strengths-based approaches allow the opportunity to harness the beautiful complexity of human beings (Dunn, 2017).
Trauma - Informed	• Autistic and neurodivergent individuals are more likely to be exposed to traumatic events, much of which is due to experiencing ableism every day, bullying, interpersonal traumas, and abuse (Rumball, 2022) • Incorporate trauma-informed screeners into every evaluation with an autistic or neurodivergent individual, such as the Trauma Expression and Connection Assessment (TECA), the Child and Adolescent Needs and Strengths (CANS) - Trauma Comprehensive Version, the Child Self-Report Trauma Screener, the Interactive Trauma Scale • Make principles of trauma-informed care a required aspect of your practice
Anti-Racist	• Occupational science must recognize how occupations manifest racism, and occupations contribute to promoting and reproducing injustice. "...occupation can play a role in just or unjust formation of doing, being, becoming, and belonging among communities" (Lavelley et al., 2020. p. 496). • The Anti-Racism Starter Kit • Racial equity resources for healthcare, education, and communities • Teaching about race, racism, and police violence • List of resources to support combatting police brutality and systemic racism

EMPOWER Model Cycle Phase and Underlying Framework Supporting Literature and Application (See Appendix I for More Thorough Report)	
Anti-Racist (Cont.)	Recommendations for anti-racist actions for OTPs and the profession (Sterman & Njelesani, 2021): ◦ Engage in reflexivity on how the media portrays specific cultural groups and how the media shapes their perceptions (Gerlach, 2008) ◦ Reflect on how societal and professional norms perpetuate racism (Gibson, 2020; Mahoney & Kiraly-Alvarex, 2019) ◦ Be comfortable calling out racism with clients, your workplace, and the profession as a whole (Gibson, 2020) ◦ Learn how racism impacts clients' experiences of occupations, and listen and believe their experiences (Beagan & Etowa, 2009) ◦ Promote spirituality to support health, well-being, and counteract the daily experiences of racism (Beagan & Etowa, 2011) ◦ Promote occupational reconstructions such as protests to enact social change (Frank & Kigunda Muriithi, 2015; Pyatak & Muccitelli, 2011; Ryan et al., 2020) • Recognize everyday doing intersects with oppression, whether it be ableism, racism, colonialism, racism, sexism, classism, or intersectional experiences, occupations are altered by oppression (Pooley & Beagan, 2021; Ramugondo; 2015) • Consider sharing shared experiences of oppression to help develop trust with clients (Pooley, 2020) • Utilize Justice, Equity, Diversity, and Inclusion (JEDI) principles ◦ The JEDI principles were created to improve an individual or organizations ability to improve justice, equity, diversity and inclusion (UNC School of Medicine, 2023). The Health Sciences Department within the University of North Carolina at Chapel Hillhas created a free JEDI toolkit, which includes: ◦ Initial steps (this author's current stage in completing the toolkit) ▪ Self-reflection ▪ Next steps/suggestions for practice ▪ Microaggressions/microaffirmations ▪ Education ▪ Implicit bias and what to do about it • Use culturally relevant pictures, occupations, and assessments, and adjust as needed (Gordon-Burns & Paraneha Walker, 2015; Thorley & Lim, 2011) • Utilize the Kawa Model (Nelson, 2009) • It is recommended within educational settings that students participate in volunteer experiences as a method of disruptive their ideas of what is considered "normal", and so teaching includes attention to racism, justice, and human rights (Pooley, 2020) • Engage in critical self-appraisal; critique the profession, institutions, and society; implement learning climate surveys to collect evaluation data in respects to diversity; and become members in multicultural organizations and groups focused in diversity, equity, and inclusion, such as the Coalition of Occupational Therapy Advocates for Diversity (COTAD) (Taff et al., 2017) • We must rebuild occupational therapy with and for marginalized communities; occupational therapy has not yet confronted the effects of White supremacy and colonization that has influenced its frameworks. OTPs must hold occupational therapy and occupational science accountable (Zafran & Hazlett, 2022).

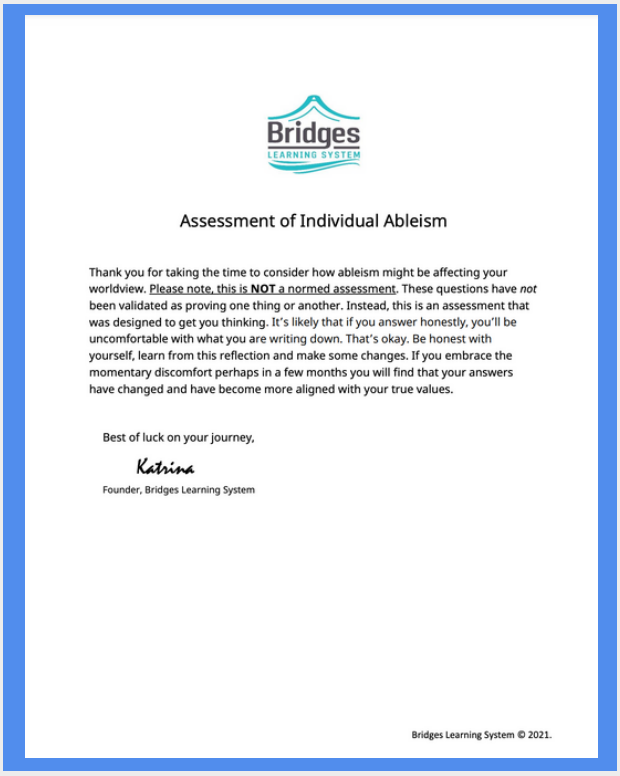
EMPOWER Model Cycle Phase and Underlying Framework Supporting Literature and Application (See Appendix I for More Thorough Report)	
Disability Justice	• Disability justice centers the voices of disabled individuals and emphasizes disability as its own culture (Hudson, 2023). • Consider having your workplace incorporate an occupational justice quality improvement program. Riegel & Eglseder (2009) outline how they created an occupational justice program (components included occupational justice, discussion of and creation of qualitative improvement measures for targeting societal and physical barriers). • Manifestations and categorizations of disability and impairments vary across cultures with disability and impairment not being easily separated categories (Snyder et al., 2006; Waldschmidt, 2018; Twardowski, 2022) • Disability is not a negative aspect of an individual but is a valid form of the human experience and is embodied differently, even by disabled individuals within the same culture (Snyder et al., 2006; Twardowski, 2022; Waldschmidt, 2018) Yao et al. (2022) highlights the following proposed practices for how OTPs can create a more inclusive occupational therapy practice and apply disability justice: • **Destigmatize dependency**: Dependency is an essential aspect of humanity, and it is valid and beautiful for an individual to not need learn how to be independent in activities and benefit from support from a caregiver. We must be okay and validate the inevitable dependency of being human and remagine what this this looks like from a disabled individuals experience. • **Acknowledging crip time:** Crip is a reclaimed slur by disabled individuals. Disabled individuals benefit from extra time and effort secondary to the plethora of barriers that exist within an ableist world. Crip time is a concept that recognizes and embraces that disabled individuals benefit from more flexibility, time, and accommodations. Crip time also signifies liberation, such that the disabled individual reclaims their time and experience and celebrates how time is experienced differently by disabled individuals compared to non-disabled individuals (and that is beautiful and okay) • **Co-creating inclusive curricula** • **Utilizing non-ableist narratives:** Allow and empower disabled individuals to tell their stories and include disabled individuals in all aspects of healthcare service creation, including creation of supports, services, and research to illustrate disability as an identity. • **Align with the disability justice movement** • **Promoting critical reflexivity**

Autistic Health and Well-being Priorities

Physical Health	Mental Health	Activities & Participation	Environmental & Contextual Factors
➔ Pain (including modifying how we currently measure pain to better serve autistic individuals)	➔ Anxiety and depression ➔ Perception and acceptance of self ➔ Positive mental health ➔ Stress reduction and management ➔ Self-esteem ➔ Trauma-informed care	➔ Academic well-being ➔ Autism-friendly healthcare and healthcare access ➔ Autistic inclusion in research and knowledge translation ➔ Connection and recognition ➔ Financial/vocational skills ➔ Focus on everyday/meaningful activities instead of discrete skills ➔ Honoring autistic occupations (e.g., autistic play, promoting engagement in special interests) ➔ Positive quality-of-life ➔ Relationships and social participation ➔ Self-advocacy skills ➔ Sexuality and sexual participation ➔ Sleep ➔ Spirituality ➔ Strengths-based assessments	➔ Accessibility to environmental supports in home, learning, and work environments ➔ Community acceptance and empowerment ➔ Reduction of societal barriers and discrimination ➔ Respect for sensory processing differences instead of sensory tolerance or attempting to change how the body processes stimuli

Note. Adapted from AARC, 2019; Benevides et al., 2020; Coussens et al., 2020; Dewinter et al., 2020; Pfeiffer et al., 2017; Roche et al., 2020; Warner et al., 2019

Assessment of Individual Ableism - Created by Bridges Learning System



Bridges
LEARNING SYSTEM

Assessment of Individual Ableism

Thank you for taking the time to consider how ableism might be affecting your worldview. Please note, this is **NOT** a normed assessment. These questions have *not* been validated as proving one thing or another. Instead, this is an assessment that was designed to get you thinking. It's likely that if you answer honestly, you'll be uncomfortable with what you are writing down. That's okay. Be honest with yourself, learn from this reflection and make some changes. If you embrace the momentary discomfort perhaps in a few months you will find that your answers have changed and have become more aligned with your true values.

Best of luck on your journey,

Katrina

Founder, Bridges Learning System

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Neurodiversity Attitudes Scale - Created by Rachel VanDaalan

Development and Validation of Neurodiversity Attitudes Scale

by

Rachel VanDaalen

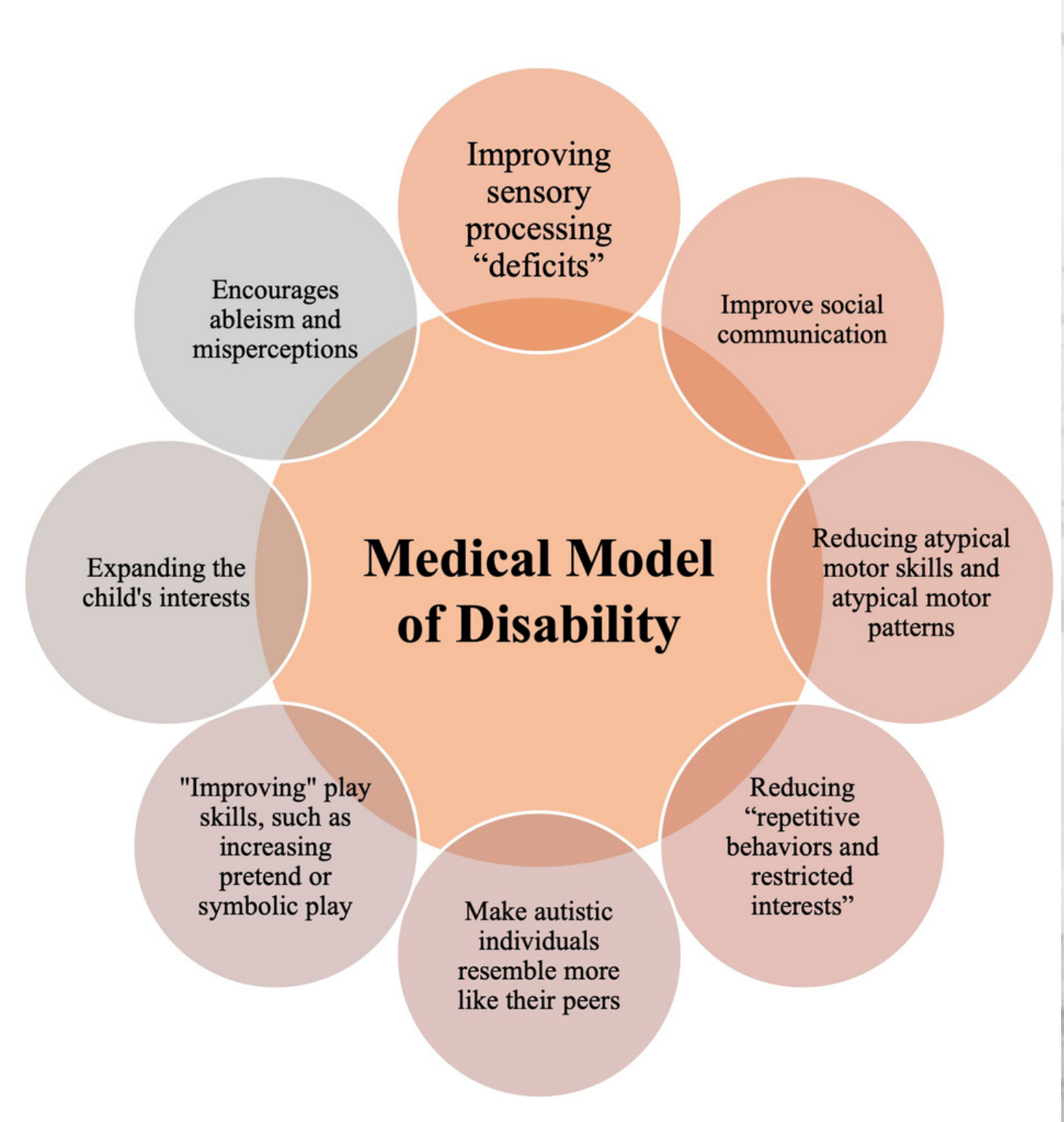
A Dissertation Presented in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

Approved April 2021 by the
Graduate Supervisory Committee:

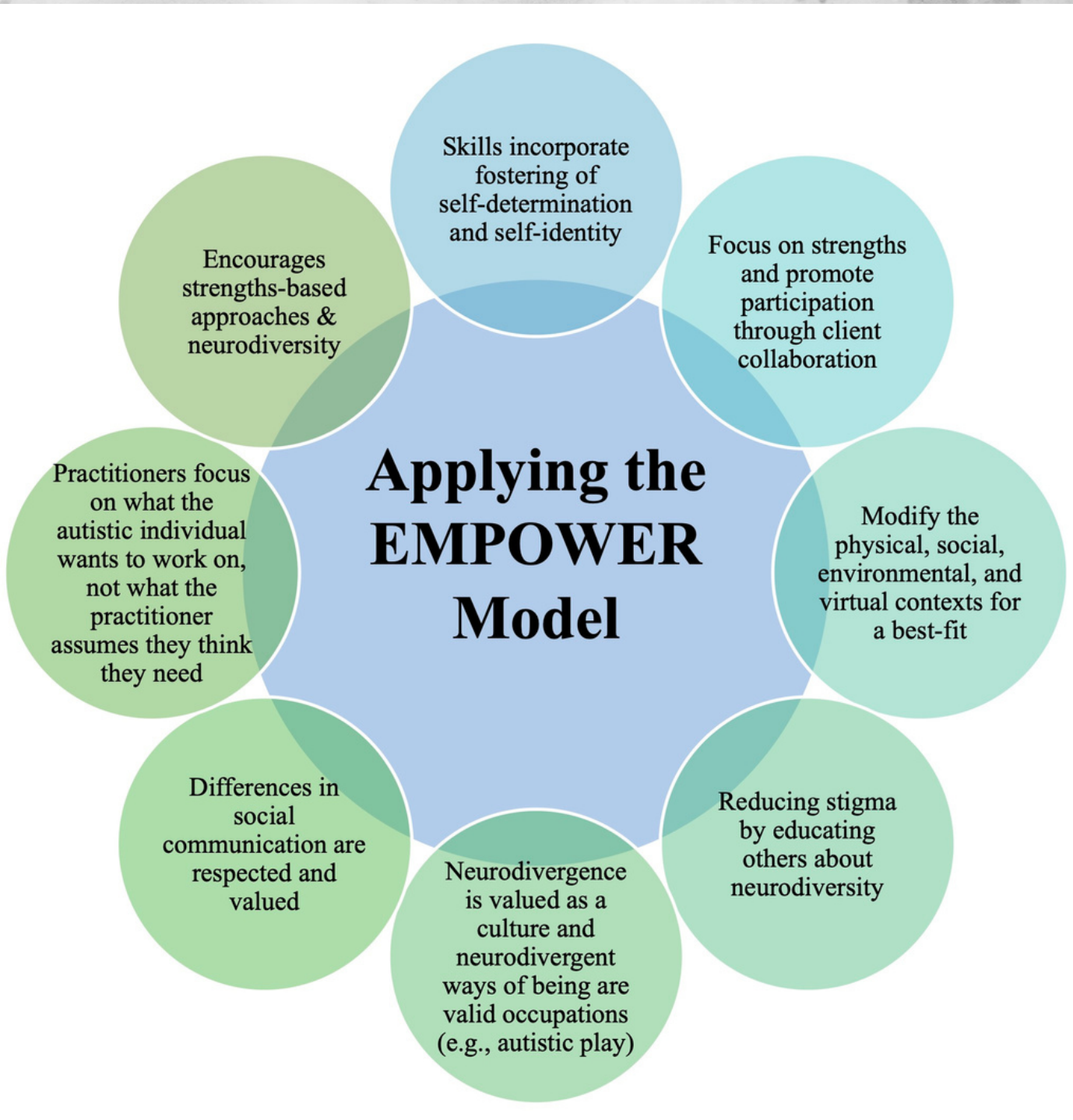
Frank Dillon, Chair
Cristalis Capielo
Carlos Santos

ARIZONA STATE UNIVERSITY

August 2021



Adapted from AARC; ASAN, n.d.; Shore et al., 2020; TNC, 2022


Applying the EMPOWER Model
Skills incorporate fostering of self-determination and self-identity
Focus on strengths and promote participation through client collaboration
Modify the physical, social, environmental, and virtual contexts for a best-fit
Reducing stigma by educating others about neurodiversity
Neurodivergence is valued as a culture and neurodivergent ways of being are valid occupations (e.g., autistic play)
Differences in social communication are respected and valued
Practitioners focus on what the autistic individual wants to work on, not what the practitioner assumes they think they need
Encourages strengths-based approaches & neurodiversity

Conversations on Models of Disablement - The Cultural Model of Disability

The originators of the cultural model of disability are David Mitchell and Sharon Snyder from the University of Chicago. Defining the reality for many disabled individuals through a dichotomous lens separating disability from impairment may not capture the complexity and richness of the disabled lived experience (Watson et al., 2020). Disability scholars and activists have suggested the cultural model of disability, a model of disability that would prioritize the lived experience of disabled individuals across contexts, an attempt to merge socio-cultural, physical, political, and psychological dimensions (Twardowski, 2022; Waldschmidt, 2018; Watson et al., 2020). Though there remains ongoing work to understand and emphasize cultural determinants in relation to disability, the cultural model offers many advantages compared to the social model of disability (Twardowski, 2022; Waldschmidt, 2018). The cultural model eliminates the disability and impairment division due to understanding "both biology and culture as factors remaining in mutual relations, but also in conflict" (Twardowski, 2022, p. 53). The cultural model highlights that disability must be considered in a given culture and ultimately how the disabled individual illustrates their lived experience and function within that culture (Twardowski, 2022). Watson et al. 2020 eloquently describe the inventiveness of the cultural model of disability:

"*Rather than thinking of disabled people as non-existent or at best suffering under the weight of ideology, I would like to propose that we instead think of disabled people…as agents in their own lives, as people capable of formulating their own ideas about the social, cultural and historical forces that both produce and contain their disability, and as people capable of shaping their own identities. None of us, disabled and non-disabled alike, can completely control how we are read and represented, and for those of us living at the edges of society it can be more challenging to craft our own narratives about who and what we are. Yet I would argue that it is more accurate and more powerful to think of impairment/disability and the formation of ideas about impairment/disability as a dynamic and situated process, rather than an imposition*" (p. 388)

When applying the cultural model of disability, this author postulates the following is necessary:

- The cultural model of disability is grounded in the disabled person's story, highlighting the lived experience as the focus of data gathering and disability is the outcome of the interactions between the disabled individual and their context (Patten, 2022; Shakespeare et al., 2013)
- The cultural model emphasizes intersectionality, such as understanding the impact of race, gender, sexuality, and other cultural determinants are essential to the individual's identity (Patten, 2022; Shakespeare et al., 2013)
- The cultural model is an attempt to stop the "normalcy" narrative, and is applying strengths-based approaches (Patten, 2022)
- Treatment strategies should emphasize reduction of societal barriers, but also attempt a wider goal of reducing stigma of disability and changing aspects of dominant culture to honor and validate disability (Gebhardt et al., 2022)
- Focus on disability-led publications to emphasize the lived experiences of disabled individuals, such as the research article highlighting an individual within the community of study was included throughout the process (Patten, 2022)

Though autistic and non-autistic individuals have communication differences, the reformed social model and cultural models of disability would emphasize understanding the autistic community as having its own culture, and how shared experiences can lead to a better mutual understanding between both communities (Bottema-Beutel et al., 2021).

A Visualization and Comparison of the Medical, Traditional Social, and Cultural Models of Disability		
Medical Model of Disability	**Traditional Social Model of Disability**	**Cultural Model of Disability**
• Disability is strictly the result of impairments and is an individual problem • Treatment is focused on changing the individual to be "less disabled" or more neurotypical • Impairments as defined by non-disabled individuals need to be remediated or "fixed" • No change required by the ableist society • Impairments of the body are "deficiencies" or "deficits", and being disabled is a deviation from the societal norm • Historically, the medical model contributed to the creation and proliferation of prejudices against disabled individuals • The medical model is the dominant model used to inform policy and healthcare within the United States and much of the world	• Disability is a social construction and is a result of societal barriers, such as the prejudices and attitudes of non-disabled individuals leading to social inequality • Focus on changing social policies • Impairment and disability are two separate categories, with impairment being natural and disability unnatural and there being no causal relation between the two • Treatment is focused on reducing environmental barriers and supporting accessibility • There is one universal definition and understanding of disability • Culture is not an essential component when examining and understanding disability	• Disability is a natural and valid form of human diversity • Disability comprises social, cultural, historical, psychological, and bodily dimensions • Disability is situated as a complex interaction between the individual and their wider context • Treatment is focused on empowerment of the disabled individual and highlighting their lived experience, which can include adaptations to their environment or remediation of their impairment as defined on their terms • Cultural model emphasizes challenging of cultural norms within society • Consideration of intersectionality (e.g., race, gender, class, sexuality) must occur to grasp an accurate picture of the disabled lived experience • Various cultural groups exist within the disabled universe, with their own interpretations of impairment and disability

Note. Adapted from Gerbhardt et al. (2022); Twardowski (2022); Waldschmidt et al. (2018); Watson et al. (2020)

It is important to note much of current healthcare research by neurodivergent and disabled researchers examining the reformed social model of disability into practice have expanded upon the original principles outlined by Oliver (traditional social model) (Shore et al., 2020), much of which resemble tenets of the cultural model of disability (what advocates have been designating as the reformed social model) (Woods, 2017)

Intersection of Models of Disablement, the International Classification of Functioning, Disability, and Health (ICF), and the Occupational Therapy Practice Framework - 4th Edition

Models of Disablement	*Medical Model of Disability*	*Reformed Social Model of Disability*		
	Cultural Model of Disability *Utilizing approaches shared with the reformed social model and cultural models of disability should be prioritized, approaches resting within the medical model are only considered if advocated by the disabled individual			
ICF Dimension	Body function and body structure	Activities	Participation	Environmental factors
Occupational Therapy Classification	Performance components	Occupational performance	Occupational performance Role competence	Environmental factors
OTPF-4 Approaches to Intervention	Establish, restore (remediation, restoration)	Maintain Modify (compensation, adaptation)	Create, promote (health promotion) Maintain Modify (compensation, adaptation)	Create, promote (health promotion Modify (compensation, adaptation) Prevent (disability prevention)
Examples of Attributes	Attention Cognition Endurance Memory Movement patterns Mood Pain Range of motion Reflexes Strengths Tone	Dressing Eating Learning Making meals Manipulation tasks Money management Socialization Shopping Walking Washing	Community mobility Education Housing Personal Care Play Recreation Social relationships Volunteer work	Architecture Attitudes Cultural norms Economic Geography Health services Institutions Light Resources Social rules

Note. Adapted from AOTA, 2020; Gebhardt et al., 2022; Law et al., 2017; Shore et al., 2020; WHO, 2007

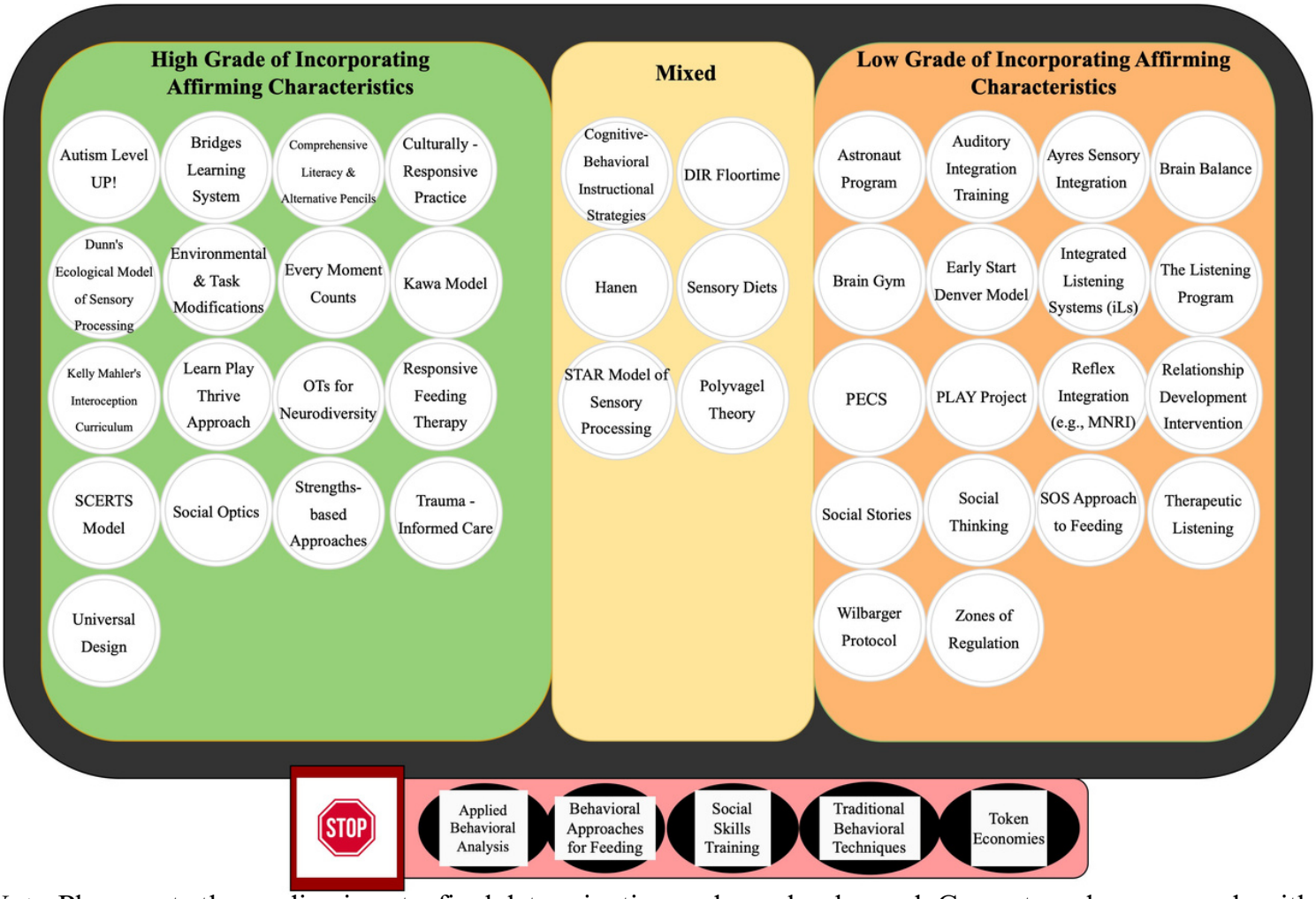
Affirming Assessment Tools

Canadian Occupational Performance Measure (COPM)	**Pediatric Interest Profiles (PIP)**
Sensory Profile-2 (SP-2)	**Child Occupational Self-Assessment (COSA)**
Young Child's Participation and Environment Measure (YC-PEM) & Participation and Environment Measure - Children and Youth (PEM-CY)	**Self-Perception Profile for Children and Adolescents**
Visual Activity Sort	**Heart Drawing Tool**
Perceived Efficacy of Goal Setting System (PEGS)	**Pictured Child's Quality of Life Self-Questionnaire (AUQUEI)**
Dynamic Assessment of Social Emotional Learning (DASEL)	

Grading of Occupational Therapy Treatment Interventions

- The next component of **Embracing Neurodivergent Occupations** will be illustrating occupational therapy techniques and resources regarding the level of “always acceptable” and “never acceptable” treatment characteristics as described by neurodivergent individuals (see Appendix G).
- Additional considerations for grade designation include how the creators of the program defined the technique, which outcomes the authors/creators are targeting within their research (e.g., autistic characteristics, neurotypical joint attention), emphasizing the targeting of neurotypical norms as outcomes, how the program incorporates neurodiversity-affirming treatment characteristics autistic/neurodivergent shareholder involvement, addressing the need to target environmental barriers, emphasizing self-determination and skill building on the client’s terms, and frequency of ableist language within their promoted research and website.
- In the completed **Embracing Neurodivergent Occupations**' website, explanations for grades for all techniques will be provided. See the discussion below for the grade given to Ayers’ Sensory Integration (ASI) following the visualization of graded techniques

Visualization of Graded OT Techniques



Note. Please note the grading is not a final determination and may be changed. Current grades were made with available resources (literature, creator's websites, how neurodivergent individuals discussed their trainings).

Reasoning for Ayres Sensory Integration (ASI) Grade	ASI targets an individual's ability to process and internally integrate sensory information, often aiming to "remediate" sensory "dysfunction. Autistic and neurodivergent individuals frequently advocate sensory processing differences are not a flaw of our central nervous system that needs to be "normalized." Sensory processing differences are not a pathology that needs fixing, and are a valid form of human diversity. Recent published articles of ASI with problematic methodologies: • Kuhaneck et al.'s (2023) article elaborates how autistic children have "difficulties" in play (neurotypical) and measures the impact of ASI in promoting neurotypical play skills of autistic participants • Omairi et al.'s (2022) article aimed to measure decreased sensory sensitivity and increased neurotypical social participation • An outcome of Schaaf et al.'s (2018) article included "improving" autistic behaviors • Kashefimehr et al.'s (2018) article included the Sensory Profile as a pre and post-measure for changes in sensory processing and decreasing sensory sensitivity, which the author of the tool, Dr. Winnie Dunn, has advocated to *not* be used as an outcome measure (Dunn, 2014). It is important to note most articles published on ASI do not include autistic individuals within the articles' methodology or creation.

Neurodiversity-Affirming Treatment Characteristics

- No inclusion of ABA or traditional behavioral techniques, such as token economies, reinforcement (positive and negative), and pivotal response training (ASAN, 2022; TNC, 2022b)
- Lived experience is prioritized (Wise, 2023b)
- Autistic traits themselves are not targets for intervention (ASAN, 2022; TNC, 2022b)
- The service targets improving the autistic individual's quality of life by increasing access and opportunities to self-determination, communication, self-advocacy or other goals identified as priorities by the autistic individual (ASAN, 2022; Wise, 2023b)
    - If the autistic individual cannot make their goals clear, goals should be created based on the team's best clinical judgment of what will best allow the individual to lead a self-determined life (ASAN, 2022)
- Trauma-informed approaches (ASAN, 2022; TNC, 2022b)
- Appreciating and empowering neurodivergent differences (Harvey, n.d.; TNC, 2022b; Wise, 2023b)
- Strengths-based approaches, such as incorporating or aligning activities with the learner's interests and encouraging personal autonomy (Harvey, n.d.; Huntley et al., 2019)
- Respecting autonomy; no hand-over-hand or touching the individual's body without consent and the individual has the right to say no (Wise, 2023b)
- Cultural competency, cultural humility, and intersectionality (ASAN, 2022; Wise, 2023b)
- Provision/inclusion of robust method of communication and unrestricted access AAC; all forms of communication are honored (ASAN, 2022; TNC, 2022b; Wise, 2023b)
    - Robust method of communication entails allowing the individual to communicate anything they need in the most effective way possible (e.g., if speech is not an effective method, augmentative and alternative communication [AAC] should be provided) (ASAN, 2022)
- Strength-based assessment and reporting (e.g., respect for social communication differences, validates autistic play) (ASAN, 2022; TNC, 2022b)
    - Acknowledge, celebrate, and encourage what an individual can do and what they excel at, such as integrating their interests into intervention to support the meaningfulness of the intervention (ASAN, 2022)
- Rejecting neuronormativity as the threshold or goal for functioning (Wise, 2023b)
- Sensory processing differences are validated without expectations for tolerance, extinction, or expecting to modify how they process sensory information (TNC, 2022b)
    - Environmental and task accommodations are provided in line with the individual's sensory processing differences (ASAN, 2022; TNC, 2022b)
- Presuming competence (a disabled individual has the capacity to understand and learn) and respecting bodily autonomy (refraining from hand-over-hand prompting, asking permission first prior to touching their body) (ASAN, 2022; Harvey, n.d; TNC, 2022b; Wise, 2023b)
- If social participation is targeted, emphasis is placed on recognizing diversity in social intelligence, such as the double empathy problem for all (ASAN, 2022; Harvey, n.d; TNC, 2022b)
    - Everyone learns different styles of social communication by neurotype (ASAN, 2022; TNC, 2022b)
    - No promotion of masking or camouflaging autistic traits in any way (ASAN, 2022; TNC, 2022b)

"Our practices are often grounded in a deficit approach, where we are the experts who provide services to remediate weaknesses. No one builds their lives on remediated weaknesses. No one. Who does a deficit-based approach benefit?" - Kristie Patten (2022)

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