

# PSYCHOTHERAPY and the AUTISTIC CLIENT



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# Disclaimers

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There is no one voice for autism

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Extremely heterogeneous group

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Based on my 30+ years of clinical experience

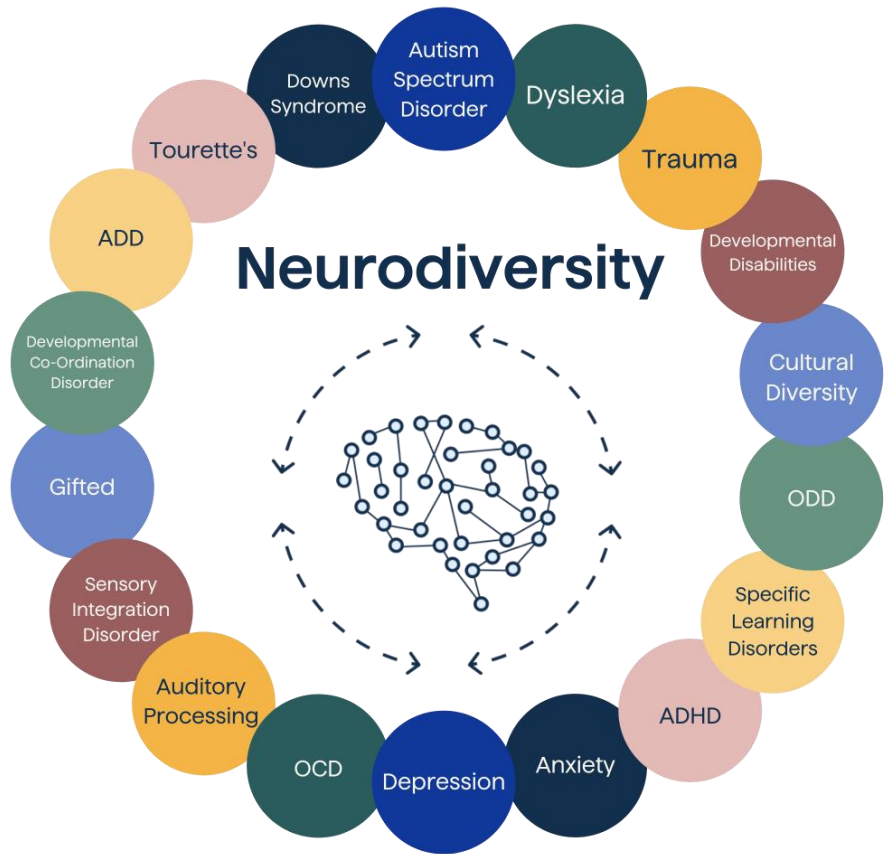
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Nothing presented will apply to all autistic people

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Identity-first language rather than person-first language

# Neurodivergent/neurodiversity

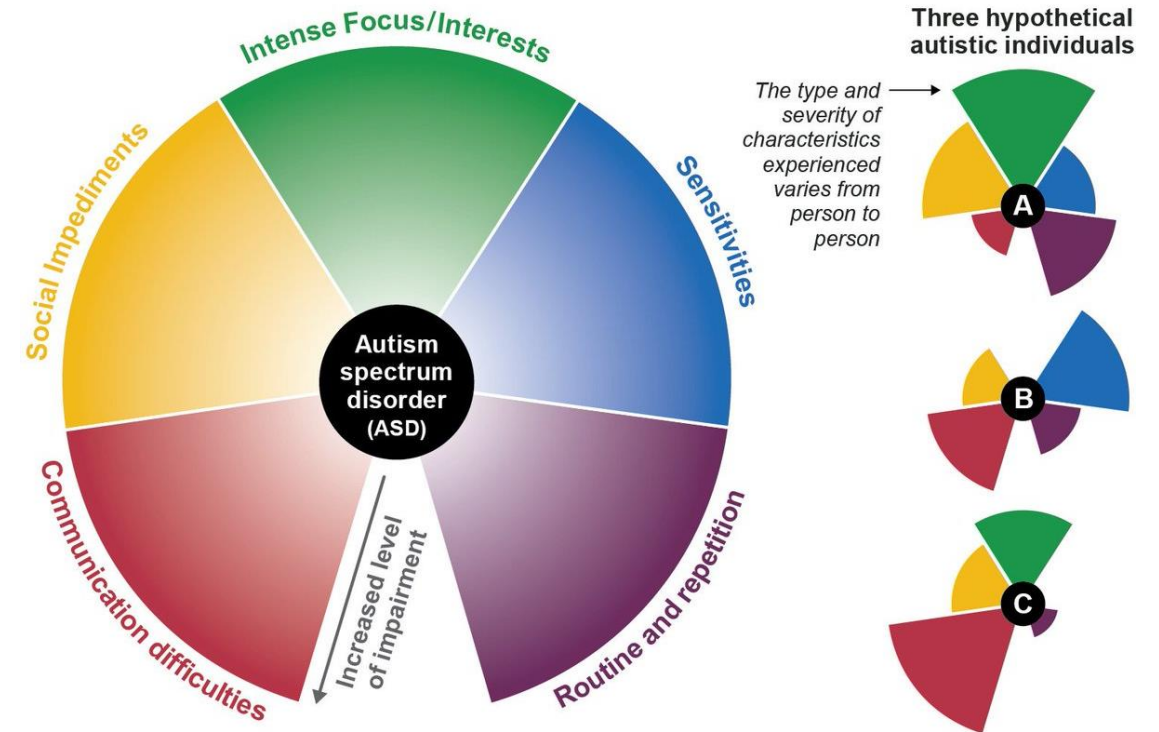


- Range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population (used especially in the context of autistic spectrum disorders)
- Concept that brain differences are normal, rather than deficits
- Used as synonymous with autism, but has a much broader meaning

# What people think autism looks like



# What autism really Looks like



Source: GAO analysis of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). | GAO-17-109

# Comorbid mental health challenges

- Recent statistics show about 75% of autistic youth have a comorbid mental health challenge
- Nearly 50% have two or more comorbid mental health challenges

## **Most Common:**

- Anxiety
- ADHD
- Depression
- Suicidal Thoughts/Behaviors
- Eating Disorders (ARFID)
- Trauma
- Gender Dysphoria/Diversity

# What does it mean to be “neurodivergent affirming”?

- Follows the Social Model of Disability
- The “goal” is never to make someone “neurotypical”
- Doesn’t mean change cannot happen or autistic people don’t have to “conform” to some social rules!!
- Accept, understand, validate
- Embrace the unique talents and skills found in autism



# Autistic burnout/masking

- Many autistic folks have limited capacity for engaging in multiple tasks per day
- Masking
- Think of being at a rave all day
- We must allow the downtime needed to refuel/decompress!



**SPACE** Steps  
to being  
autism  
affirming

**Sensory Needs**

**Predictability**

**Acceptance**

**Communication**

**Empathy**



# Autism and psychotherapy

- Historically an autism dx prevented psychotherapy from being considered viable
  - Behavioral/ABA only treatment funded
  - Treating DX could not be “autism”
- Are you “treating” autism or the co-occurring issues?
  - Inflexible/“black & white”/logical thinking
  - Theory of mind/mentalizing
- NOT about “curing” autism
- Help client achieve goals THEY want; make changes THEY want. Motivation is KEY



# **Beneficial modalities**

Cognitive Behavior Therapy

Dialectical Behavior Therapy

Affirming Therapy

Narrative Therapy (trauma)

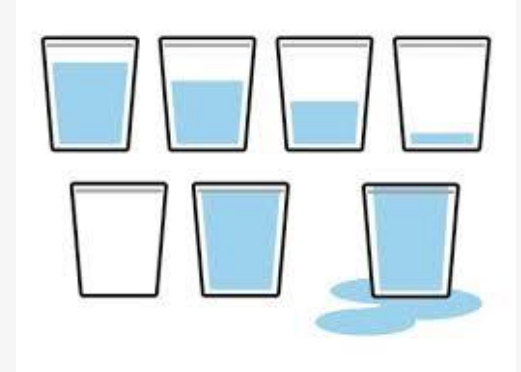
Play Therapy

Systematic Desensitization

# Beneficial strategies

- Think SENSORY needs first!
- Visual Aides- make the abstract concrete
- Step away from manualized protocols/instruction
  - Pacing is off
  - Report feeling less rapport/in control of sessions
- Non-judgmental stance. No gatekeeping
- Brush up on their interests. Use interests to build social connections

EFFICIENCY	LEAST			MOST
BULB TYPE	STANDARD	HALOGEN	CFL	LED
450 LUMENS	40W	29W	9W	6W
800 LUMENS	60W	42W	14W	9W
1100 LUMENS	75W	53W	18W	11W
1600 LUMENS	100W	72W	23W	14W
RATED LIFE	1 YEAR	1-3 YEARS	6-10 YEARS	12-25 YEARS
SAVINGS	X	UP TO 50%	UP TO 75%	UP TO 90%



“With close attention to the needs, preferences and priorities of autistic people, we can move beyond historical divides, misunderstandings and wrongdoings to a place where we value the expertise of autistic people, embrace practices that respect and accept individual neurotypes, and ensure our interventions address the things that matter most to the recipients.”

K. Leadbitter et. al, 2021

## TAKEAWAY

- You are treating the traits your client wants to change
- Can just be an affirmative ear- “Why do I need goals?”
- We don’t make a client non-autistic; we make our clients feel/function better

## TAKEAWAY (cont)

- Move at the client's pace
- Not “everyone” has friends nor needs them
- Is it fair to tell autistic people they need to change so that other people are more comfortable?