DOCUMENT SUMMARY This paper critically evaluates standard psychological interventions for autism, like ABA and SST, arguing they are ethically flawed because they focus on suppressing core traits to enforce neurotypical norms. The authors demonstrate that this approach leads to harmful outcomes like social camouflaging and increased mental health comorbidities. They advocate for a neurodiversity-affirming "dual approach" that rejects modifying core traits and instead focuses on treating comorbidities (e.g., anxiety, depression) while actively fostering a coherent and positive autistic identity.

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FORMATTED CONTENT

Rethinking psychological interventions in autism: Toward a neurodiversity-affirming approach

Why This Matters to Enlitens

This paper provides a comprehensive, evidence-based blueprint for the Enlitens clinical model. It articulates precisely *why* we reject compliance-based therapies like ABA and *how* we should structure our alternative. The authors systematically dismantle the logic of interventions that target core autistic traits, linking them directly to harms like masking, burnout, and trauma.

Crucially, the paper offers a clear path forward: a "dual approach" that focuses on treating the genuine distress caused by comorbidities (anxiety, depression) while simultaneously helping clients build a strong, positive autistic identity. This research is not just supporting material; it is a foundational text for our practice. Every argument, from "epistemic injustice" to "social validity," can be used to train our clinicians, educate our clients, and build the intellectual framework for our revolutionary approach to psychological assessment and care.

Critical Statistics and Findings for Our Work

- **ABA and PTSD**: A study by Kupferstein (2018) reported that autistic individuals exposed to ABA were 86% more likely to meet the criteria for PTSD.

- **Harm of Suppressing Traits**: A qualitative study by McCormack et al. cite_start showed that reducing core autistic traits, such as restricted and repetitive behaviors, can lead to worse mental health outcomes, including increased depression, anxiety, and stress levels. These behaviors often serve a necessary regulatory function.
- **Camouflaging and Mental Health**: Social camouflaging is strongly linked to negative mental health outcomes, including higher rates of depression and anxiety. It is a known risk factor for autistic burnout, PTSD, low self-esteem, and diminished authenticity.
- **ABA and Quality of Life**: Despite being labeled an evidence-based intervention, no studies have measured the effect of ABA on an autistic person's *subjective quality of life*.
- **Discrepancy in Outcomes**: Studies on interventions like CBT often report higher effect sizes based on clinician evaluations, while autistic individuals' self-reports indicate only mild or moderate effects, highlighting a disconnect between observed behavior and internal experience.

Methodology We Can Learn From

This paper utilizes a **critical analysis of clinical and empirical literature**. This method involves synthesizing existing research to evaluate the efficacy, ethical issues, and broader implications of established practices. It demonstrates how to build a powerful argument by contrasting mainstream approaches (like ABA) with emerging, neurodiversity-affirming strategies.

Furthermore, the paper champions the use of

phenomenological and qualitative methods to validate and center the lived experiences of autistic individuals. This validates the Enlitens approach of prioritizing the clinical interview and self-report over standardized, quantitative measures. The call for research to include

social validity measures—confirming that intervention goals align with the values of autistic individuals themselves—is a core principle Enlitens can adopt and promote.

Findings That Challenge the System

The Failure of Standard Interventions (ABA & SST)

Standard interventions are fundamentally flawed because they are built on a non-autistic perspective that pathologizes difference and enforces conformity.

- **Epistemic Injustice**: A significant portion of autism research has been conducted without adequately incorporating autistic perspectives, leading to a distorted understanding and harmful practices.
- **Goal of Normalization**: Standard approaches like ABA and SST are "focused on pushing autistic people into a neurotypical mould". Their goal is often the reduction of core autistic traits and adaptation to societal norms, rather than the well-being of the individual.
- **Forcing Camouflaging**: These interventions encourage social camouflaging, where autistic individuals suppress their natural behaviors (like stimming) to meet societal expectations. This is not a genuine reduction of traits, but a harmful masking that leads to exhaustion, feelings of inauthenticity, social isolation, and poor mental health.

- **Ignoring Social Validity**: Many intervention studies adopt goals based on neurotypical standards without considering if these outcomes align with the values and desires of autistic individuals, thereby imposing normative standards.
- **Overlooking Harm**: The potential adverse effects of standard interventions have been rarely investigated, which is highly problematic.

The True Source of Distress

The paper argues that distress and poor well-being are not caused by core autistic traits themselves, but by other factors.

- **Comorbidities**: Conditions like depression and anxiety are the primary drivers that undermine well-being and reduce quality of life for autistic people.
- **Societal Factors**: Stigmatization, lack of acceptance, bullying, social trauma, and unemployment are significant contributors to the development of comorbidities.
- **Lack of Support**: An individual's well-being depends more on feeling understood, accepted, and supported in an inclusive environment than on the severity of their core traits.

Alternative Approaches Mentioned

The paper outlines a comprehensive neurodiversity-affirming approach to therapy that is ethical, respectful, and effective.

- **Shift the Therapeutic Focus**: The primary goal should shift from reducing core traits to a **dual approach**:
  - **Treating Comorbidities**: Directly address associated mental health conditions like depression, anxiety, and trauma, as these are the primary sources of distress.
  - **Fostering Autistic Identity**: Help the individual develop a coherent, positive autistic identity and self-acceptance.
- **Adapt the Environment, Not the Person**: Place greater emphasis on modifying the surrounding environment and developing better interaction strategies, rather than trying to change the autistic individual.
- **Use Adapted Interventions**: Utilize therapeutic modalities that have been adapted for autistic needs, such as:
  - Cognitive Behavioural Therapy (CBT)
  - Mindfulness-Based Interventions (MBIs)
  - Eye Movement Desensitization and Reprocessing (EMDR) for trauma
- **Embrace Humility and Collaboration**:
  - **Epistemic Humility**: Clinicians must move beyond traditional paradigms and adopt a stance of ongoing self-reflection and learning directly from autistic individuals.
  - **Collaboration**: A pluralistic framework that emphasizes collaboration between clinicians and clients is key to enhancing autonomy and respecting lived experience.
- **Prioritize Autistic Perspectives**: Autistic individuals should be central in defining what constitutes a "good outcome" and in shaping research goals.

Quotes We Might Use

- **On the flawed goal of standard therapy**: These interventions are "focused on pushing autistic people into a neurotypical mould".
- **On the danger of suppressing traits**: The reduction of core autistic traits, such as restricted and repetitive behaviours, can lead to "worse mental health outcomes, including increased depression, anxiety, and stress levels".
- **On camouflaging**: Social camouflaging is "the use of strategies by autistic people to minimize the visibility of their autism in social situations" and is linked with "exhaustion, feelings of inauthenticity, and social isolation".
- **On the need for a new focus**: "Psychological interventions should focus on treating comorbid symptoms and fostering a coherent autistic identity, rather than reducing core symptoms or enforcing societal norms".
- **On authentic practice**: Effective psychologists "adopted a flexible and strengths-based approach and facilitated self-acceptance by helping clients feel heard and validated".
- **On the clinician's role**: "Clinicians should be responsible for adopting a neurodiversity-affirming approach to enhance the well-being of autistic individuals".
- **On the dual approach**: "Our dual approach—targeting comorbidities while fostering a coherent autistic identity—aims to enhance both mental health and self-acceptance".

Clinical Implications

This article provides direct, actionable implications for clinical practice and policy.

- **Prioritize Comorbidities**: Focus therapeutic efforts on treating comorbid conditions like anxiety and depression, not on changing or reducing core autistic traits. This is more ethical and effective.
- **Reject Trait Reduction**: Actively reassess and challenge the goal of core symptom reduction, as evidence suggests it negatively impacts mental health and is ethically problematic.
- **Center the Client**: Autistic individuals must be central in defining their own therapeutic goals and what constitutes a good outcome. Interventions must be respectful, beneficial, and aligned with their values.
- **Practice with Humility**: Clinicians must adopt cultural and epistemic humility, committing to ongoing learning from autistic individuals themselves and reconceptualizing dysfunctions relationally.
- **Make Practical Adaptations**: Adapt the therapeutic environment to meet autistic needs, such as by reducing sensory demands, clarifying expectations, and fostering collaboration with families and care services.
- **Critically Evaluate Research**: Clinicians and researchers must critically review past efficacy reports, many of which focus on trait reduction while neglecting social validity and subjective well-being.