

[The shifting landscape of autism services](#): Therapist Neurodiversity Collective's
Julie Roberts

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Transcript by Julie-Ann Lee

[Intro music: Jazzy synth pop music]

Anne: Welcome to [Noncompliant: A Neurodiversity Podcast](#). I'm your host, Anne Borden King. Today we're talking with Julie Roberts of the [Therapist Neurodiversity Collective](#).

Julie is a formally late-identified autistic woman and a Speech Language Pathologist, a neurodiversity educator and activist who founded the Therapist Neurodiversity Collective on January 11, 2018. Her professional experiences include private practice ownership for seven years, and being a multi-state Clinical Director and National Field Director of Corporate Compliance for one of the largest post-acute rehab companies in the U.S. She currently works in her favorite setting, the U.S. Public School system.

Julie's articles and educational resources have reached over three-quarters of a million people, and as mentioned she's the founder of the Therapist Neurodiversity Collective. In 2018, the Therapist Neurodiversity collective was established to support Julie's vision to serve autistic and other neurodivergent people and their families by advocating for an industry-wide sea change in provider services, centering on neurodiversity affirming practices and neurodivergent and autistic social justice and human rights.

The Public School Neurodiversity Collective, a subsidiary, was added in 2022 and serves to provide neurodiversity-aligned public school educators, related service providers, and parents with free and inexpensive evidence-based and seminars, courses and resources that do not use ABAⁱ or PBISⁱⁱ.

I'm so excited to welcome Julie to the show.

Welcome Julie!

Julie: Thank you! Thank you so much for inviting me.

Anne: Tell us a little bit about the history of the Therapist Neurodiversity Collective. How did the idea come about?

Julie: Okay, so in the early summer of 2017, I started an SLP ethics group on Facebook, just to have a private forum to allow us to candidly discuss ethical issues in our field. So, we were talking things like billing fraud, unrealistic productivity expectations, patient right violations, school case load caps... things like that.

And then, we were also beginning to talk about scope of practice encroachment by ABA providers. At the beginning of this group, there were SLPs who were also ABA providers. So sometimes these debates about encroachment would get hot-and-heavy.

Two or three weeks into these dumpster-fire threads, somebody post a video by **Amythest Schaber**, from their [@Neurowonderful](#) YouTube channel, titled "[What is ABA?](#)" I had already had serious ethical objections to the use of ABA because of my personal experiences and observations in private practice. But, I'd never viewed an educational presentation completely by the perspective of an autistic person. so, (laughs), I became quite aware that I was unaware of the neurodiversity movement. This was a client perspective that I'd never heard of, and by the threads in the ethics group, it was pretty clear that the majority of the other SLPs hadn't heard it either.

So, as I do with every new interest, I started to deep-dive into the Neurodiversity Movement, and autistic culture and as I began to learn more and more, I started holding up my normal and our normal standard therapy practices against the goals of this human rights movement and I began to realize that instead of helping autistic children that some of our profession's therapy practices are in actuality impacting emotional and psychological damage.

As I'm doing this, the ABA providers threatened to report me to ASHA for violation of our ethics code because I won't take down this video.

Anne: Wow.

Julie: So I personally report *myself* to ASHA... send them an e-mail, say 'this is what I'm doing, you know, am I in violation of the ethics code?' I get an email back saying, 'no, you're not.'

I leave the video up, kick the ABA-ers out and shift the entire focus of the group to ethics discussions about autistic perspectives of ABA and therapy practices. Because there [were] only about 2,000 members in this group, I wanted other SLPs to know what autistic people really think of ABA and our therapy practices at large, too. So, I started joining every single Facebook group I could find and started, you know, spouting education about the autistic perspectives and I got mocked, ridiculed, admonished for promoting pseudo-science and then usually kicked out.

I did this also in ASHA's own SLP forums, specifically got in trouble with the published SLP researchers especially in the ABA and Social Skills industries and I just kept getting shut down.

So, I decided to put up my own Facebook page. I thought 'nobody can censor me if it's my page.' I put it up and for about a year and we slowly grew in numbers.

Then in early 2017, I used my own money to build a website, poured more money into it on a regular basis to keep it going, and then I decided to make the collective something more than just a Facebook page. I knew I needed to have a mission, a vision, core values that were shaped by autistic and wider neurodivergent people. I am still incredibly honored and really, really thankful because I had **Julia Bascom** of the [Autistic Self Advocacy Network](#), and **Kieran Rose**, [The Autistic Advocate](#), volunteer their time and energy to lend advice during the formation of the collective's practices.

And then in 2021, I opened up the collective membership to SLPs and OTs and used their dues for the website and also so I could start paying fairly the presenters that we ask to educate us about authentic lived experiences, contemporary research findings and evidence-based alternatives to current behavior-based therapy practices.

Anne: That's amazing! I didn't know about the ASAN and Julia Bascom connection either in the history. That's really interesting.

I want to define for our listeners what [ASHA](#) is. Could you quickly say what that is- a professional association- is that right?

Julie: It's our credentialing organization in the United States and I think a lot of Canadians as well for Speech Language Pathology. It essentially is a credential that ASHA has made necessary in order to work in our industry. Even if we're licensed, a lot of practices and businesses and rehab companies require that you have your *ASHA Cs*, is what they call them and maintain that. So, pretty much if you want to practice as a Speech Language Pathologist in the United States, you must have ASHA – American Speech and Hearing Association credentials.

Anne: Interesting. And we're going to talk more about ASHA in a few minutes, as well as what you mentioned which was the scope of practice encroachment of the ABA industry into speech language therapy, or their attempts to do that into Speech Language Pathology.

But first I thought we should talk a little bit more about some of the things that Therapist Neurodiversity Collective has been doing in the community and for the community since its founding.

Julie: So, my primary mission with this collective is public education ...about neurodiversity--and when I'm talking about neurodiversity, I mean neurodiversity-affirming practices based on the Neurodiversity Movement.

The [TNDC] website for instance has a wealth of [educational resources](#), including entire [pages](#) on Augmentative and Alternative Communication, evidence-based practices that aren't based on ABA, Feeding Therapy, Pragmatic Language Therapy, Social Skills Training, Behavior and Self-Harm and recommendations for that, defining ABA, PBSⁱⁱⁱ, and PBIS and discussing how this industry essentially preys on the bodies and minds of autistic people in order to, you know, make money. And, I also have another page on [restraint and seclusion](#). The website also has links to other neurodiversity-affirming resources. Most of them are pages, articles, blogs that are produced by autistic and other neurodivergent people.

There's over 40 completely free, printable downloads available, including an educational booklet about autism, and I don't ever require that people put in an email and be put on a marketing list before they can download them. They're totally free to be used and given to other people.

[10:00]

Julie: There's numerous educational blogs that have real, rather than performative neurodiversity-affirming best practice recommendations. Many of these have examples of evidence-based IEP goals, there are educational articles about behavior approaches that can cause harm to autistic and neurodivergent children, and what therapists and parents can do instead.

All of this content that's created on behalf of the collective to date has been provided pro-bono. I work full time in the public school sector to pay my bills and then everything that I do related to the collective is done after-hours and on the weekends as my personal form of activism in what I consider to be a human rights campaign.

The collective has been instrumental with protesting and lobbying in regards to especially ASHA-related issues. One of the things I'm most proud about is our campaign to block a proposal by SLPs in the ABA industry from forming an ASHA-sanctioned ABA special interest group. We got hundreds and hundreds of signatures. We had SLPs who were aware of this campaign email directly to ASHA in protest of this.

The [proposal] was voted down 15-0, and I received a personal email from the President of ASHA telling me that she was open to learning more about neurodivergent-affirming practices and the philosophies and human rights issues incorporated within that. So, well...

Anne: Wow. That's an incredible accomplishment. I mean, and this was all happening with what you describe as the scope of practice encroachment. That was sort of happening in the 2020 and 2021, is that right?

Julie: Oh, it's still happening. All of it's still happening.

Anne: Right, right. I want to go back for a moment to say how did the ABA industry approach ASHA and how did they persuade ASHA to even be considering something like that?

Julie: As you know, the ABA industry has limitless funds at their disposal. They have the best lobbyists that they can pay for, and those funds and lobbyists are also SLPs, right? They own ABA practices, they publish ABA books, they sell ABA trainings to therapists so that they can learn ABA. It's...it's just an industry within the Speech Language Pathology world, and so it's quite easy for them. A lot of them are well-known published authors; they're well-known published researchers; some of them have families going back in the history of ABA, you know. So, they have this power that is so they're able to do these things and it's financially incentivized, right?

If you make your entire living on a certain kind of treatment you want everyone to do that, and if they have SLPs providing this treatment, then that is also another way to make everyone think that ABA is the only way that autistic children can be helped and that all of it needs to be under the umbrella of a Behavioral Model.

Anne: Wow, so I didn't really realize that this was coming from SLPs themselves, not just BCBA's or Behavior Technicians--ABA technicians coming in from the outside--but rather actual members of ASHA who are profiting from ABA. Is that right?

Julie: Oh, absolutely. And they're not just profiting, they're making millions. So, yeah.

Anne: And, so for you, I mean as an SLP and all the SLPs that voted down this initiative from ASHA, all of you are making a sacrifice – an economic sacrifice, a status sacrifice. You may even be sacrificing some of your professional relationships, or even your relationships with schools or even your funding because you're rejecting a relationship with the ABA industry.

What's that like for an SLP in America to not engage with the ABA industry?

Julie: So, I can give you my personal experience. You know, being ridiculed in an industry...at that point I had been a Speech Language Pathologist for 25 years, you know, and I was pretty well respected especially in my little world in the state I live in, and all of a sudden I was on very public forums accused of being a practitioner of pseudoscience and perpetuating non-traditional therapy methods that were widely ridiculed. I have friends... by that time I was out of private practice but I do have friends that are essentially leaving the private practice industry because they just cannot compete with the ABA clinics in their towns because the ABA clinics are saying 'well, we can do speech therapy, we can do occupational therapy, we do the same

things they do, we're just doing it through ABA.'

We know it's not true, we know that they don't have near the training that say a Speech Pathologist would in child development and communication, and feeding and all of these things, but they have the money.

So, in my field at large it's been pretty demoralizing for the people that are not going to practice ABA. I think a lot of people have left the industry, I think people are discouraged from going into the industry. I will tell you that I have two assistants and they both asked me my opinion about going to graduate school and becoming Speech Pathologists, and I said, 'I don't think you're going to make a lot more money, you're going to have student loan debt, and on top of it, we're being replaced left and right by behaviorists'...

Anne: Mmm.

Julie: ... 'So, I don't see that that would be the best move for you.'

Anne: And how many years has this been going on, like do you think...is it sort of accelerating?

Julie: I think it's accelerating. I think that they're getting more strategic about it. I can pinpoint the exact time – I think you and I have had this conversation, Anne, at least on paper, with the 2006 publication of the Koenig, Gerenser's 2006 "[SLP-ABA: Collaborating to Support Individuals with Communication Impairments](#)". That paper kind of jettisoned this movement to unite, essentially, the ABA industry with SLPs and they really have pushed collaboration and the messaging that we've received is if you're not collaborating with the ABA industry then you are in ethical violation.

I can share with you that just last month I was reported to my own state licensure board for being in violation of ASHA's ethical guidelines and my state completed a *real* investigation. And, at one point I thought I was going to have to get an attorney to fight this.

And, you know this was not just my licensure and my way to make a living. My insurance – you know I'm a breast cancer patient, my insurance is tied to my job, right? So, if I lost my license and ability to make a living, I would lose that as well.

So, what I did, and it was like an eight-week investigation, and what I ended up doing was just sending the investigative lawyer nine pages of research about ABA, exposing essentially that there are serious ethical concerns both with conflicts of interest, financial incentives, and mostly the perspectives of the recipients of ABA. And, at the end of the day, right before the Christmas holiday, I was notified that the investigation had been closed and I wasn't in violation. But this is happening on a routine basis to outspoken Speech Therapists in my state.

[20:03]

Anne: Wow, and who's reporting you?

Julie: I would assume that in my particular case it was an SLP who was also an ABA provider because they knew enough about ASHA ethics standards to, you know, try to insinuate that I was in violation of those. But one of my friends who owns a private practice in Austin... I think she's now been reported – I think she's going on her fourth investigation and I would assume that in her case it's the ABA clinics that are in her town, because in her reports, just as I do, we specifically write that **we do not recommend ABA therapy** for the child that we are writing the report for, and we cite all of the reasons why in there.

And, it, you know, to them it's affecting their bottom line, so they're going to continue doing this.

Anne: That's right. It's threatening their bottom line and like you mentioned earlier, they're very organized, right?

Julie: Oh, completely organized.

Anne: And they have a lot of money behind them and it's interesting to try to figure out where that money's coming from and of course now with the investments of private equity in ABA, it seems like it's just kind of gone on steroids in terms of the aggressiveness towards [providers] that are using approaches that are not ABA.

I'm looking at the Therapists Neurodiversity Collective's list which is "[8 Signs of a Respectful Therapist](#)," and I'm going to read them out here and we can talk a little bit about how that is in contrast to the ABA model.

The first one is "presuming competence."

The second is "providing barrier-free access to AAC."

The third is “advocating for self-determination.”

The fourth is “advocating for inclusion.”

Five, “teaching self-advocacy skills.”

Six, “zero use of ABA-derived therapy practices.”

Seven, “strength-based approaches.”

And eight, “respect of bodily autonomy.”

Why don't we start with “presuming competence,” – this idea of presuming competence. I think to someone *outside* of autism services, they might be surprised that you need to state this. That, in fact, it is important to presume competence in the client. And that when you presume competence you're kind of breaking the mold of the ABA model. Could you talk a little bit about that?

Julie: Yes, so when we discuss **presuming competence**, it means that you assume personal agency within that student, or client, or child. It means that you don't disregard any other forms of self-advocacy or communicative attempt. You assume that they are understanding what they say and you treat them as you would any other person even if they don't have the ability to produce spoken language.

I want to share with you that there's a specific reason that that sentence is in there. This sentence was written by me in direct response to a scholarly article written by two BCBA PhDs who actively collaborate on an ongoing basis with ASHA SLPs in the industry- in our industry, the ABA industry too, to basically align and incorporate SLPs into the ABA industry. Both of these BCBA's were crafters of the ASHA positions on FC and RPM^{iv}, even though neither one of them are Speech Language Pathologists.

So, that kind of tells you how infiltrated the ABA industry is in my profession. This 2015 paper is titled “A Critique of Presuming Competence of Learners with Autism or Other Developmental Disabilities.” And the paper essentially lambasts the concept of presuming competence, and I'm going to read you just a little portion of what they have to say.

“The premise of presumed competence has evolved from earlier concepts like the criterion of the least dangerous assumption and serves to support such therapeutic quackery as facilitated communication. This paper provides a critique of arguments surrounding presumed competence and suggests an alternative position free of presumption along with a model built on empiricism to pursue the best possible educational outcomes for individuals with autism and other developmental disabilities.”

[Exasperatedly] So, I put that in there because essentially their paper is saying that the people that we are working with...we should never presume their competence. How dehumanizing is

that?

Anne: Right.

Julie: It's just astounding to me that you would work with the public and present yourself as serving them and you dehumanize them in that manner.

Anne: That is incredible. I mean it kind of points to this other problem within ABA which is that denial of access to AAC, to communication methods.

Why don't we quickly define for people what AAC is? AAC is very commonly needed by autistic people and you might have a better sense of the numbers than I do, but there's a significant portion of autistic people who are non-speaking. What is AAC and how does your group approach AAC in contrast to the ABA model?

Julie: Augmentative and Alternative Communication, AAC, incorporates all of the ways that someone communicates besides talking or speaking. So, AAC can be low-tech, it can be things like picture symbols with words, it can be high-tech such as software on an iPad or even a dedicated device. AAC can be typed communication which is how some autistic people, including those who do have the ability to speak, prefer to communicate in some or all settings. And, in a lot of settings, I prefer actually to type rather than to speak.

Approximately 30 percent of autistic people do not have the ability to produce spoken language for various reasons – some Apraxia, others are different reasons. But, there is also a large percentage, as I said, of speaking autistic people that also *prefer* to communicate with AAC.

One of the biggest barriers in the schools that I find are that parents and teachers are worried that AAC will interfere with spoken language development--even though there's been study after study showing that it's quite the opposite. Another barrier is therapists will have prerequisites such as [the client has] to be able to use low-tech first, before they are allowed to have a device or software that has a core common language. You know, they start out with requesting things and prove that they can do that. Some kids that have intellectual disabilities aren't allowed to have AAC because the [providers] don't presume competence and they don't presume that these kids can learn.

There are financial barriers. Some schools just don't have the money to provide it, or families don't have the money to get it, or insurance won't pay for it.

Once a kid gets AAC there's a problem with it being left on the shelf, so to speak, in a classroom. You know, they're only allowed to use it in certain situations, and if someone thinks that they're just 'playing' with it, you know like pressing one of the buttons over and over which we call babbling, but they would say they are stimming...they take it away.

For my students, I write accommodations of AAC, especially typed communication, for my autistic kids that also have the ability to speak because sometimes it's easier for them to type something, or for the little ones I will use low-tech AAC, so if they are trying to self-advocate and they don't have the words right...

Anne: Right.

Julie: ... or they don't have the ability to produce those words, they can point to something and get needs met that way. But if someone's talking, a lot of schools will deny those accommodations because they say that it's not an educational need.

[30:08]

Anne: I mean, it's so common-sense and it's really even in the popular culture...Stephen Hawking, you know, used AAC and we know even in our daily life we use it when we say, 'oh, just text me, I don't want to talk on the phone. Just send me a text,' right? And sometimes speech is unreliable, like you mentioned for a lot of autistic people and then some people are completely non-speaking and it seems so common-sense that you wouldn't do any of these things that you are describing... that you would make sure that they would always have access to it because if a person can't communicate, that would be really the ultimate frustration.

But in terms of funding and supporting AAC, I was very surprised in 2018....I of course co-founded the organization [Autistics for Autistics](#), which is an autistic-led advocacy group in Canada... And we met with the provincial government here in Ontario... they wanted to hear from us what is it that autistic people need. Things weren't going right in Ontario. The ABA industry was dominating everything, and nothing else was being funded through our Social Insurance, so if any parent wanted Speech Language Pathology, they had to pay out of pocket for it. If they wanted Occupational Therapy, they had to pay out of pocket. If they wanted an AAC, like an iPad to do AAC, text-to-speech or whatever you say, they have to pay for it out of pocket.

The only thing that was covered [by Ontario's social insurance] was ABA. And that's because the ABA industry had lobbied to cut out every other service from insurance. There's no co-operative sense in that industry at all. It's just 'cut them out, marginalize them, co-opt other practices and make them go away, and have ABA be like the completely dominant kind of searchlight of autism services'.

But we were able to, you know, I wouldn't say we *persuaded* the government, I would say that within the conversations with the government there were already people within the government who were saying 'why isn't AAC funded, should we not at least be able to fund an AAC iPad, especially if you want to income test it for people who are of lower income? They need that access to the communication.'

People we spoke to in the [Conservative] government really understood implicitly why that was important because it's just common sense, right? But what was interesting was when they were deciding that they would give families a \$2,000 stipend or one iPad or something like that, under the Social Insurance in our province, there was resistance to it from the ONTABA, which is the Ontario Association of Behaviour Analysts. ONTABA specifically did not want the province to fund AAC.

I thought it was like just truly incredible that they would go that far in terms of their competitive attitude to actually want to be *taking these [AAC] devices away* from low-income kids, and joking about it, saying 'well, you're just giving kids iPads' and not taking it seriously and trying to make it seem silly that people would need this really basic communication technology. And I wonder what your thoughts are on that. Why is it threatening to the ABA industry that there might be funding for something like AAC?

Julie: I think because the premise is that it takes money directly out of the AAC industry's pockets if you are paying a Speech Pathologist who's, you know, a trained communication expert and we are. We are required to know about AAC and there are certifications you can get on top of your Speech Pathology degree, in AAC. We're doing that work, or if an OT is doing that work, or even parents – there are parents that are great with AAC. That's taking money directly out of the pockets of the ABA industry.

And the second thing, and we really haven't touched on this, I find the people that are associated with ABA--I'm talking about you know practitioners, but also researchers--it tends to almost be a cult-like mentality. I feel like they truly believe that this is the way that society needs to operate for the good of society. ...If you go back to say the Eden Project, you know in the history of ABA, that nuance is in there, that what they are doing is benefitting *all of society*. It's almost like an altruistic viewpoint. Do you follow me?

Anne: Definitely. it's a very convenient viewpoint for them to have because it puts more money into their coffers, as you mention...

Julie: Absolutely.

Anne: ...They need that belief system. I mean that's what I always wrestle with as I'm writing this book about fake autism cures, is: do the people really believe it or not? I mean, I don't think there's many cases where it's just some evil genius in a basement rubbing their hands together going, 'ha ha ha, I'm tricking everyone.' I think they trick themselves into believing this and there is a religiosity about it, and *cult* is an appropriate term because [B.F.] Skinner and Lovaas are both seen as these luminaries that people just want to live their whole lives by, and they can't really wrap their head around why everybody doesn't want to live like this.

Julie: It's just astounding to me that they haven't really looked at especially Lovaas, what Lovaas did to children in the name of science. And not only autistic children but gay children as well, right? The things that happened in those lab experiences were horrific.... Horrific! Torture, basically, and to put that 'science', for lack of a better word, on a pedestal is... I just think surely they just may not know the history behind it.

Anne: I think it's *convenient* for them not to know it, and...I'm really talking about the leadership here. I'm talking about the leadership. Not the individual practitioners who might have gone to school and gotten a one-year degree, but the architects of the lobby that are- that are doing the kind of things that we talked about with ASHA.

One question I get a lot as an advocate, and it's not just from parents, but also from the policymakers is because ABA is so dominant, people tend to think it's the "only evidence-based" method, of course we know the evidence is just crap in my opinion and there's...

Julie: Oh, it is...

Anne: ... there's been a lot of documentation of the problems with their so-called evidence. But they've published so many, so many, so many papers in their own journals, and if you Google it, it comes up, and they have this science foundation that says 'this is the scientific way'. And so there's a lot of smoke and mirrors that they're the only scientific approach and that everything else is pseudoscience like you were saying. So, people often say well, if we have to use ABA because it's the only method that's really proven and what are we going to do if we don't use ABA?

So I want to shift the conversation to talk about that and ask you how do you answer that question for people, whether it's parents or policymakers or a school when they are open to the idea of doing something different but they can't quite imagine what to do besides ABA?

Julie: First of all, the concept behind ABA is to, you know make an autistic child look as non-autistic as possible, right? That- that is the ultimate goal, they are kind of trying to change that messaging a little bit and some of them are actually glomming onto the Neurodiversity

paradigm in order to market that way, and we can talk about that in a little bit.

I think the first thing that parents need to do is to decide what it is that they want for their child. Yes, they need practical skills, right? But the goals need to be meaningful to that child. So, I can give you an example: I inherited a caseload a couple years ago with a middle school girl who had four eye contact goals. Four. And this was a straight A student. Nothing else going on in her life, except for she didn't make eye contact and I immediately discontinued those in the IEP and what I did was actually cite research in there...I put the little girl's own words into the IEP, but the thing that was most important to this child was to learn how to establish and maintain her own personal boundaries and what that looked like. That's an empowering therapy goal, right?

[40:07]

Anne: Right.

Julie: To understand the abstract language involved in establishing your own boundaries, and then how to self-advocate to make sure that those boundaries are respected.

You know, a lot of my kids get in trouble--routinely in trouble--for, "not respecting other's boundaries," especially their peers. But, if you were to observe a day in that child's life, you would see that others violate that student's boundaries all the time, especially body autonomy, and especially acknowledging and respecting their self-advocacy attempts that don't look like spoken language, right?

Anne: Right.

Julie: So, I think parents need to start with what is it I really want for my child? Do I want them to be able to communicate authentically? Do I want them to feel empowered as an autistic person? And, be able to live a self-determined life? Do I want to pretend like they're not autistic and try to make them mask?

I think parents need to be educated on all the horrible poor mental health outcomes of autistic masking and camouflage. I don't think parents set out to put their kids in a therapy or a school or anything to harm them. They really truly feel like they're helping their kids and they don't know any different because ABA industries and Social Skills Training industries...have the money, the lobbyists, the marketing. They have the ability to change perceptions of parents by saying 'look, we've been doing this for so long, these are our outcomes, these are all our published papers', no matter that they're horrible single case studies that have very carefully

selected subjects.

Anne: Yeah.

Julie: Parents don't know, and so I think that our job as autistic advocates is to first of all welcome them with grace into learning about different ways of doing things and understand that what they're doing is coming from a place of love, and then just give them education.

Half of my job is when I get a newly-identified autistic student on my caseload, like right after I have been part of a multi-disciplinary team evaluation, I send the parents probably more information than they could read in an email and talk about 'these are resources for you. These are how to help your child have self-esteem,' and I give them the handouts that I make. I give them links to different organizations, links to books I recommend and Facebook groups to go and lurk in without talking and just learn and learn.

And, I can tell you that a lot of my parents are pretty upset if their child is finally identified as autistic. But, after they've looked into all this and done some research of their own they start to understand their child better, and a lot of times they start to understand themselves better as well.

Anne: Right?

Julie: Right.

Anne: Can you say more about what you've seen with that?

Julie: Well, okay, so as we know a lot of autistic children have autistic parents and the parents may not know that they're autistic because they are not presenting in the same way. But, they will have the same social communication styles, or they will work really, really hard at masking things because they were taught to do that. For instance, as a child my mom really, really pushed eye contact, right? And if you look at photos of me when I'm a little girl – three, four years old, you can see that my eyes are never on the camera or on the person. They're always kind of shifted sideways. But by the time I got out of elementary school that was an ingrained trait in me and I think that it was ingrained in my mom when she was a young person. I can tell you, I think my mom is autistic. I know that I am because I pursued a formal diagnosis for personal reasons, and I'm 99 percent sure my son is. Autism tends to run in families. If you have

a family that's like I would say for my family, right, the way we communicate socially is we, monologue back and forth. We might flow over each other...

Anne: Uh-huh.

Julie: I didn't even know that that was rude or considered a poor social skill behavior until I went to grad school as a speech pathologist... I had no idea! And, I would be willing to bet that a lot of these families don't really have any idea what autism is other than you know that kid sitting in a corner, flapping, not making eye contact, can't talk and having melt-downs. That is the only view of autism they have because for one, the ABA industry pushes that autism is a tragedy narrative, so that they continue to get all of these kids in their therapies.

Anne: Yeah, it's- but, weirdly, it's not a very compelling narrative that they are putting forth if you look at the heart and the love that parents have for their kids.

Most parents want to be on the sides of their kids, and that is the stone in the slingshot of the David – which is the Neurodiversity movement going up to bean the Goliath (which is the ABA industry) because it is *just compelling*. Our argument in the neurodiversity movement just makes common sense, and once you can reach parents--and it's incredible how through social media, social media groups, and groups like your own, people are reaching parents who are confused and who have been given the selling points of ABA.

Once they kind of get this permission that it's okay to do something different from ABA, I don't see parents having regrets after taking that leap. Parents are glad to take that leap. Now, it can make life more difficult in terms of dealing with ABA-dominated institutions such as schools and things like that when having to go and advocate for one's child. But people want to be on the side of their kids and they want to have a connection with their kids.

And the very structure of ABA really consistently breaks those connections between the parent and the child, and that's why I think ABA is going to falter and fall--because people want those connections and the Neurodiversity movement is coming forward and saying 'there is a way to stay connected to your child, and to improve your child's quality of life.'

So we have a sort of [divide] between, do we care about the quality of life of the autistic person, or do we care only about curing or treating the autism? And I think most parents, in the end, they really want the quality of life for their child more than anything else.

Julie: I would completely agree with that...touching on that, one of the things that is muddying the waters with this is the ABA industry as well as the Social Skills training industry are now proudly claiming that they are on board with Neurodiversity. They're heavily advertising that these are 'Neurodiversity-affirming' treatments. Leaders within these two industries are publishing articles on their websites, scholarly papers in autism journals, they are interviewed on neurodiversity-related podcasts. They are providing neurodiversity-affirming CEU trainings to therapists and they are marketing their products as neurodiversity-affirming.

And so, the parents that are seeking out affirming therapies, they're being deceived with this marketing. And to give you an example, last year and the year before there were two published papers that actively rebrand Naturalistic Developmental Behavioural Interventions [NDBIs] as 'neurodiversity affirming'. What NDBIs are is ABA treatment. This is often called Play-based ABA, or ABA light. The first one that was published in 2021 is titled "Neurodiversity and Autism Intervention: Reconciling Perspectives through a Naturalistic Developmental Behavioral Framework." I wrote a [rebuttal](#) to that argument, it's on the [TNDC] website.

[49:52]

Julie: The second one- and this is the more concerning one was published just last year, and the title is "Reconsidering the Goals of Autism: Early Behavior Intervention from a Neurodiversity Perspective." This paper was widely posted on social media platforms by the most prominent therapist social media influencers along with the highest accolades. These posts generated hundreds of likes and positive comments. However, the paper is nothing but a rebranding of ABA by the authors, linking NDBI and Neurodiversity together in the minds of the readers. The authors, Dawson, is the co-creator of the Early Start Denver Model, right?

Anne: Right.

Julie: That's straight up ABA. The other author, Franz, received an Early Career Development Award from the National Institute of Mental Health specifically to adapt and implement the Parent Early Start Denver Model Intervention in South Africa.

So, these social media accounts that posted and praised this paper, all of these people have businesses- business models advertising as strictly neurodiversity affirming, right? They are trusted therapists, so because they posted the paper and praised it, their followers now naturally assume that NDBI treatments are neurodiversity-affirming even though it's the complete opposite of neurodiversity affirming. So, that advertising is even muddying the waters more and it's harder for parents--and therapists as well--to differentiate what is truly affirming,

versus who's just advertising that way?

Anne: That is incredibly confusing for not just only for families, but for schools, and for anyone who's choosing what to invest in. If it gets so muddy that you can't even tell what is what, this is a really big challenge for groups like yours to communicate about. How do you take that on?

Julie: Well, so in contrast to this ABA or this neurodiversity-lite therapy, the TNDC^{vi} model appears really- it's revolutionary, which sadly is offensive to a lot of my therapist peers, especially the ones who practice and advertise neurodiversity-lite. So, when we are putting out education, we make it clear that our model **would never have a curative goal**. And when we're talking about cure, we're saying that a 'good' outcome in ABA or social skills training is that the autistic person looks less autistic. A 'fantastic' outcome is that the autistic person is indistinguishable from a non-autistic person.

I do a lot of trainings. I'm actually doing three this Spring which is exciting because three years ago I wouldn't have thought this... I'm doing the state conferences for Michigan, Arizona and Indiana – the State Speech Language Pathology Association- their annual conferences...

Anne: Wow. That's great.

Julie: ... So, it's a big deal to be invited over there. And, I will teach these therapists exactly why a goal would be neurodiversity-affirming versus not, and do a side-by-side comparison, distinguishing between the two. And I plan to do this training with parents, too. I've already been doing this kind of training in the school district where I work for the last three years, and I now work with two special education coordinators who refuse to put social skills training goals in the IEP and in the--I don't know what you call them in Canada, but we call them the Behavior Intervention Plans.

Anne: Right, same.

Julie: Okay. Anyway, they will not write a goal that reinforces for instance a kid that's having sensory meltdowns and so the LSSP^{vii} wants to write a goal that will tolerate whatever that situation is. Now, the goals that are being written in these Functional Behavioral Intervention plans are that the kid will have access, all the time, to ear defenders or this modification or that. These are very small baby steps that are impacting just a small amount of children at a time, but if everyone starts doing this, little by little, it will become the norm.

And looking back on goals where we would have a five-year-old tolerate a choral reading – this is one of my kids – a choral reading activity in the kindergarten class and sit there and scream and they’re in agony, but they have to stay and tolerate it, rather than just put in some ear defenders on the kid. That will be looked back on as barbaric, kind of like I hope most people look back at Conversion Therapy for LGBTQ people, right? I’m hoping that that is the future.

Anne: I am hoping too, and I really believe it is because what you’re doing, and what your group is doing, what the entire movement is doing is really forcing a paradigm shift. And the advantage is that that’s based in compassion, inclusion, rights and values that we value in our society. So, I’m very, very, very hopeful.

I think your group is doing really brave work and I hope to have you back on the show again to talk more about what you’re up to, but I just want to say that I’m really, really thankful for everything you’re doing. It’s totally amazing, and thank you so much for taking the time to talk about it today.

Julie: Oh, it’s my pleasure. Thank you for inviting me.

Anne: We were speaking with Julie Roberts of the Therapist Neurodiversity Collective.

[Outro music: Jazzy synth pop music]

Anne: You’re listening to [Noncompliant: A Neurodiversity Podcast](#). I’m your host Anne Borden King. *Noncompliant* is recorded at MCS Studios and transcribed by Julie-Ann Lee. This episode was edited by Lucien Lozon. Thanks to our team and thanks for listening.

ⁱ ABA – Applied Behavior Analysis

ⁱⁱ PBIS – Positive Behavioral Interventions and Supports

ⁱⁱⁱ PBS – Positive Behavior Support

^{iv} FC and RPM – Facilitated Communication and the Rapid Prompting Method

^v CEU – Continuing Education Unit

^{vi} TNDC – Therapist Neurodiversity Collective

^{vii} LSSP – Licensed Specialist in School Psychology