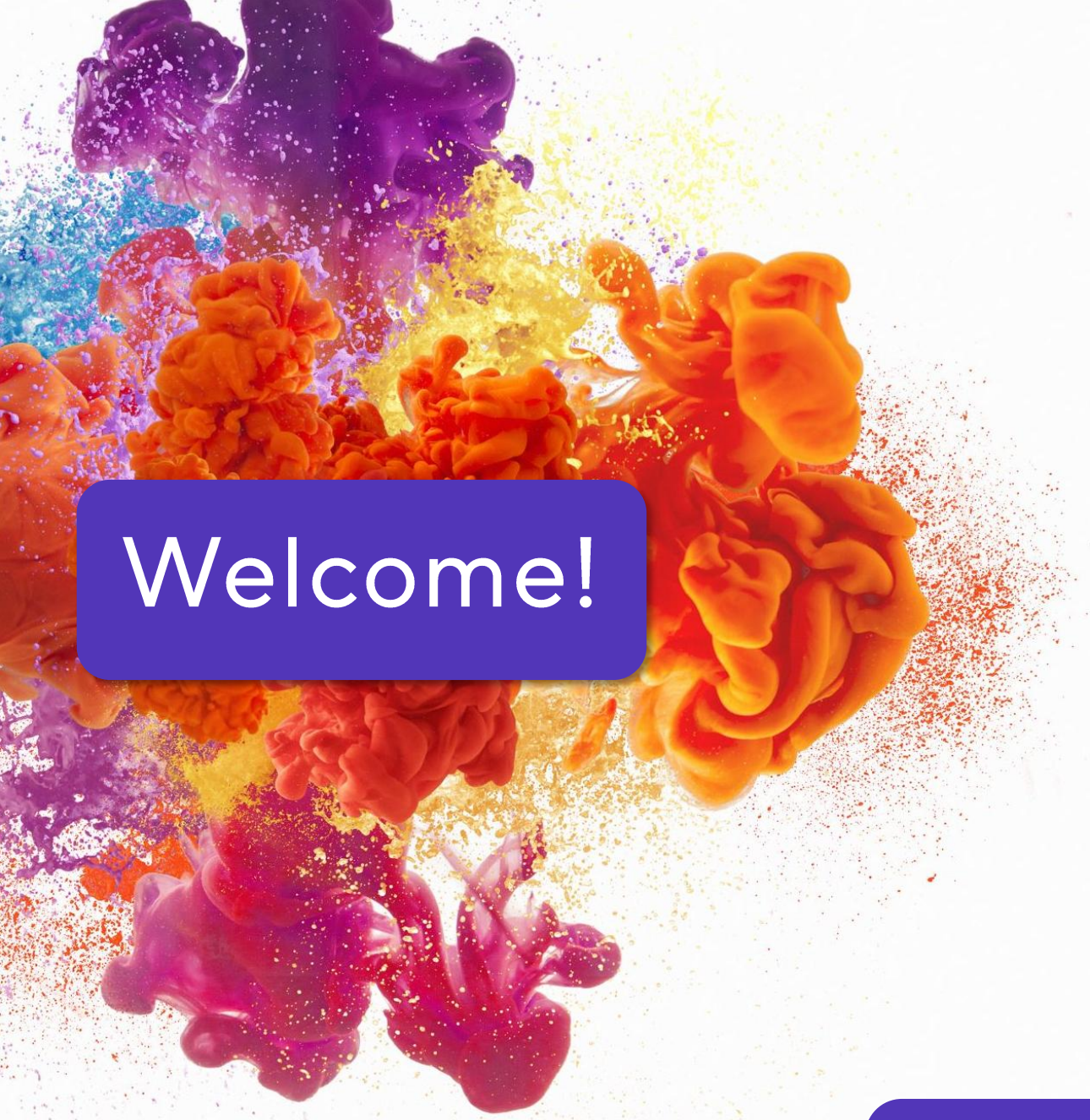


Discovering Your Autistic Identity

A self-directed course for late-diagnosed autistic adults

aidecanada.ca



Welcome!

You may have been interested in this course because you have recently received an autism diagnosis, identify with autistic traits and have self-diagnosed, or maybe you know someone who has shared with you their newfound identity as an autistic adult.

Whatever led you here, I hope you find the information I have collected and shared to be useful.

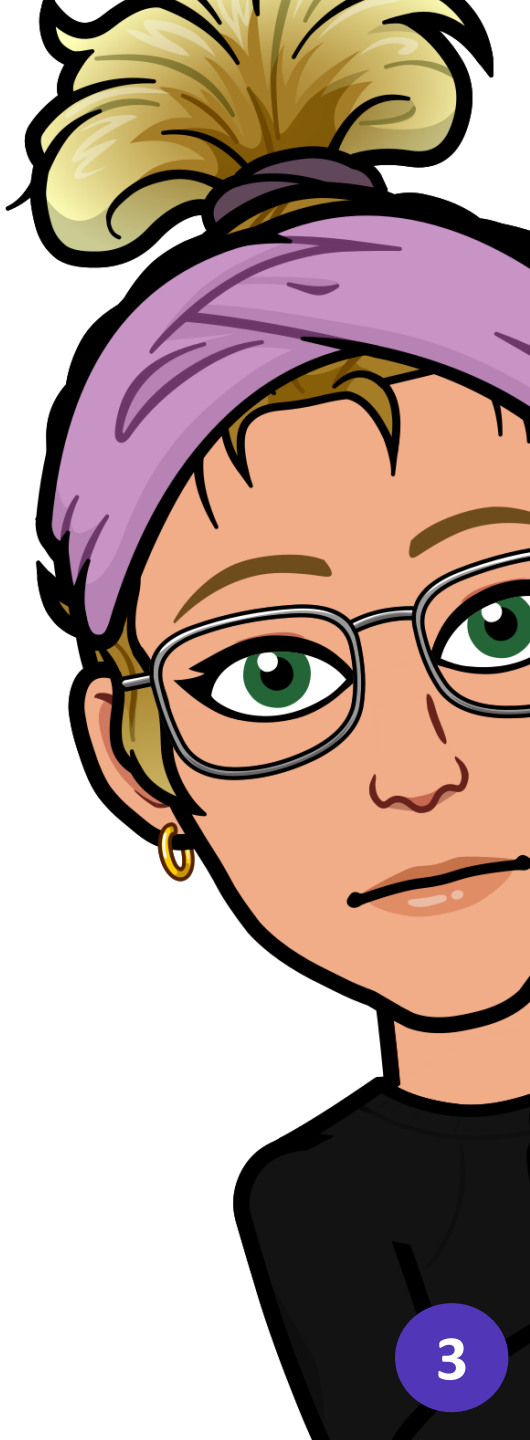
About the author

I'm Vanessa, your socially awkward author for this course. Like you, I was diagnosed as autistic in adulthood. My story is similar to a lot of parents I've spoken with: my child was diagnosed, and through that process, my understanding of autism broadened. I'm a researcher by nature, and dove deep into all the information I could get my hands on to best support my child. I started to learn about the neurodiversity paradigm and sought out autistic voices to learn from.

I am quick to declare myself an expert in my experience only, and recognize that the more I learn, the more I see how much learning I have ahead of me. I created this course as a white cisgender woman, and recognize the privilege I hold. While I am committed to recognizing my unconscious biases, the material I have shared will be missing important voices. During my research for this project, finding resources from the autistic BIPOC community was difficult. The reasons for this could fill its own separate course, and I hope this representation becomes more available.

Wherever possible, I prioritized using reference sources from autistic individuals.

My hope for you, dear reader, is that you are able to feel a bit less alone and maybe feel a bit excited about learning more about yourself. Pardon my triteness, but I wish you the best on your journey of self-discovery.

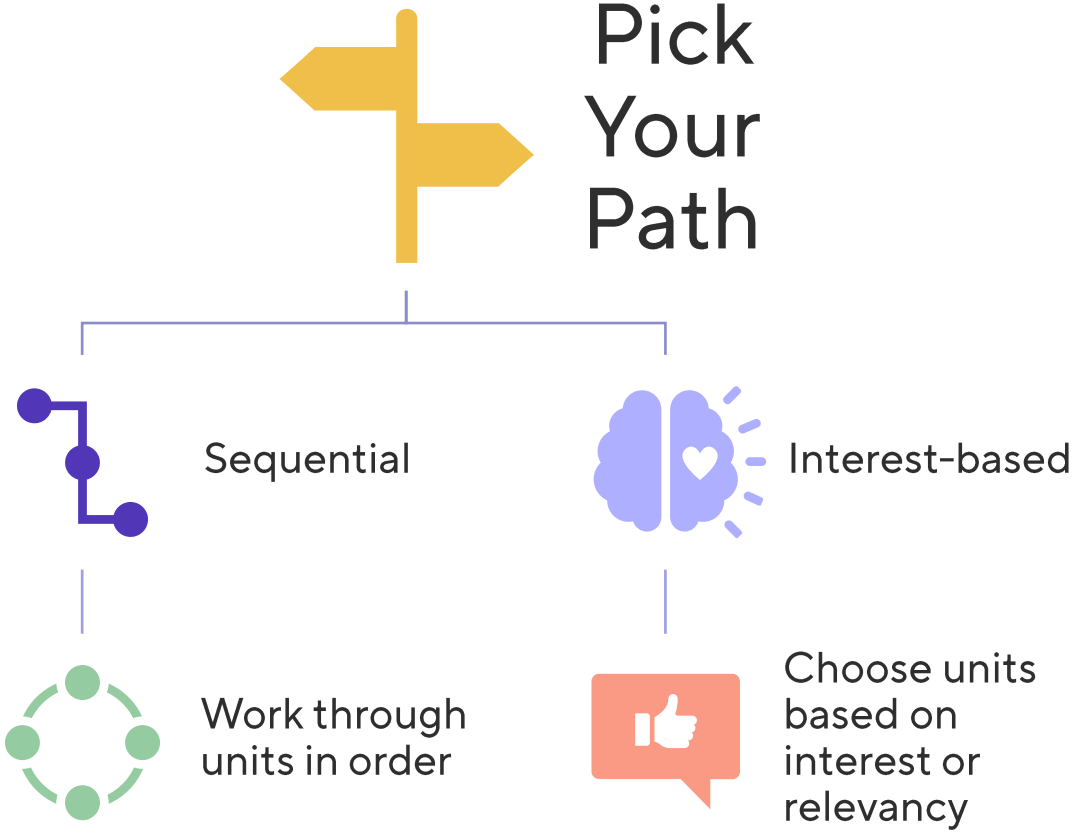


How to use this course

This course was created to support newly diagnosed and self-identifying autistic adults. Its design allows you to choose how you interact with the content.

Course features:

- Hyperlinked **reference materials** within the text are listed on each page. These also consolidated in the Course References list
- Underlined words in blue are defined at the bottom of each page. These are also consolidated in the Course Glossary.



How to use this course

Each unit follows the same format:



Title & Introduction

The number and name of the unit, and an overview to what will be covered.



Quotation

This references the topic of the unit.



Informative Content

Contains text, video and/or audio content.



Reflection

An exercise connecting the unit's topic to your life.



Further Reading

Links to additional information on topics covered in the unit.

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1

So I'm Autistic... Now What?

Autism and identity in adulthood



So I'm autistic... now what?

Hello, my fellow autistic being. Welcome to Unit 1. Consider it a crash course in issues that can contribute to your identity as an autistic person.

The neurodiversity and disability movements, including autistic self-advocacy, are starting to shift how we approach cognitive variation (how our brains are different).

The phrase, "different, not less" is one that has been used to describe the autistic experience. The neurodiversity paradigm is a perspective that holds the principle that neurodiversity is "...a natural and valuable form of human diversity". Recognizing medical diagnoses of neurodivergence are made through a deficit-based lens, we may be critical of standard approaches to autistic identification. We'll talk about different ways people can come to identify as autistic in the first section of this unit.

The motto of the disability movement, "Nothing about us without us", sums up the necessity to include perspectives from disability communities when developing policies that will affect us. In the second part of this unit, we'll discuss how the social model of disability is changing society's understanding of what it means to be disabled.

We'll take a look at identity- and person-first language, and how the way we describe ourselves can reflect our experience as autistic. We will end the unit with an example of how neurodiversity research impacted the symbols being used for an autistic academic journal.

Let's get started!

"Nothing has changed, yet at the same time everything feels different. My brain is stuck in an unending, frenetic rewind of my life, searching for the proof that I didn't make all of this up."
- Vanessa L

Adult diagnosis

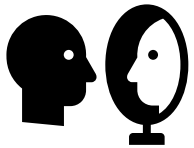
Adults seeking an autism diagnosis are increasing. Some of us have been diagnosed with other conditions earlier in our lives, such as Attention Deficit Hyperactive Disorder (ADHD), mental illnesses (e.g., depression, anxiety, Obsessive Compulsive Disorder, Borderline Personality Disorder, etc.), but we feel that there may be something else that explains our experience in the world.

Formal Diagnosis



Some of us choose and can seek a formal diagnosis from a psychologist or psychiatrist. These diagnoses are often made using criteria from the latest Diagnostic and Statistical Manual (DSM-5), using a series of assessments and observations.

Self-Diagnosis



Others will self-diagnose after recognizing elements of ourselves in autistic content. Self-diagnostic tools are available online.

Formal Diagnosis

- Delivered by a psychologist or psychiatrist
- Usually involves out-of-pocket costs
- Based on DSM-5 criteria

Self-Diagnosis

- Based on self-reflection
- Free
- Can be based on DSM-5 criteria
- Can be based on connection with first-person accounts of autistic experiences

A note regarding online assessment tools:

While online assessment tools can be a helpful starting point for adults questioning whether they might be autistic, caution should be taken regarding their validity. For a clear research-based analysis of three popular online assessment tools, visit AIDE Canada.

Decoding the DSM-5

You may have been told by a medical practitioner that you meet the DSM-5 criteria for an autism diagnosis. While these descriptions are easy enough to find, they can be really confusing. You may have read the criteria and felt so disconnected from it that you question whether the diagnosis is correct.

It can be helpful to see a "decoded" version of the DSM-5 criteria. Reading actual lived experiences of what all those categories mean in an adult's day-to-day life could help you understand your unique autistic brain a bit better.

This chart gives a few examples of what the specific DSM-5 criteria for autism look like in "real life".

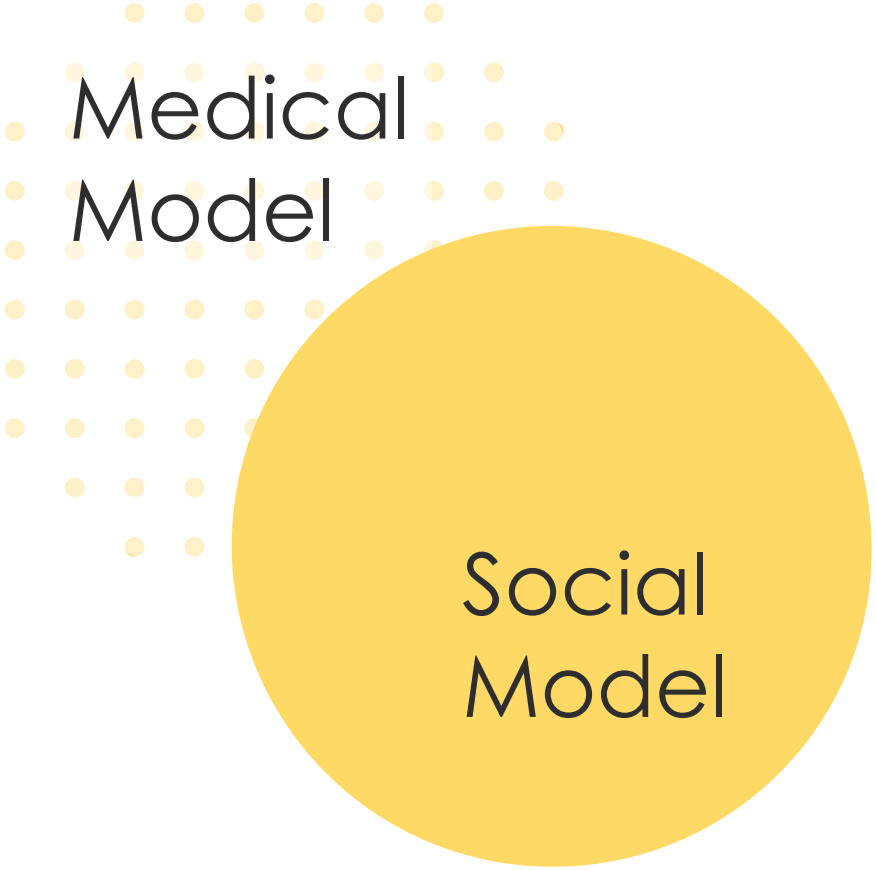
DSM-5 Criteria of Autism	In "Real Life"
A: *Persistent deficits in social communication and social interaction across multiple contexts.*	• While you may be able to do "small talk", it can feel painful and difficult to maintain. In-depth discussions, on the other hand, are much more comfortable for you. • You've developed tricks to make it seem like you're looking people in the eyes during conversations, like focusing on their nose.
B: *Restricted, repetitive patterns of behavior, interests, or activities.*	• You always wear the same necklace that you tend to run your finger along when you're watching TV • You go through food phases, where you only want to eat a particular food for days on end until you can't stand the sight of it anymore. • As soon as you take off your outdoor shoes, you put your indoor shoes on right away so your feet don't touch the ground.
C: *Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).*	
D: *Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.*	
E: *These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.*	

Understanding disability

Autism is a recognized disability.

Upon receiving or identifying with a diagnosis of autism, you may have questions about what being disabled means for you.

There are two primary models of disability: the social model and the medical model. Let's take a look at the definitions of both, and how they impact a disabled person's experience in the world.



Medical model



Image source: Microsoft Stock Images

- Definition: *A person's disability stems from their physical or mental limitation. Disability is a defect or sickness that should be treated.*

- Example: An autistic person experiencing sensory overload at this busy train station requires them to wear noise-cancelling earphones. Their overload is caused by their disability.

Social model



Image source: Microsoft Stock Images

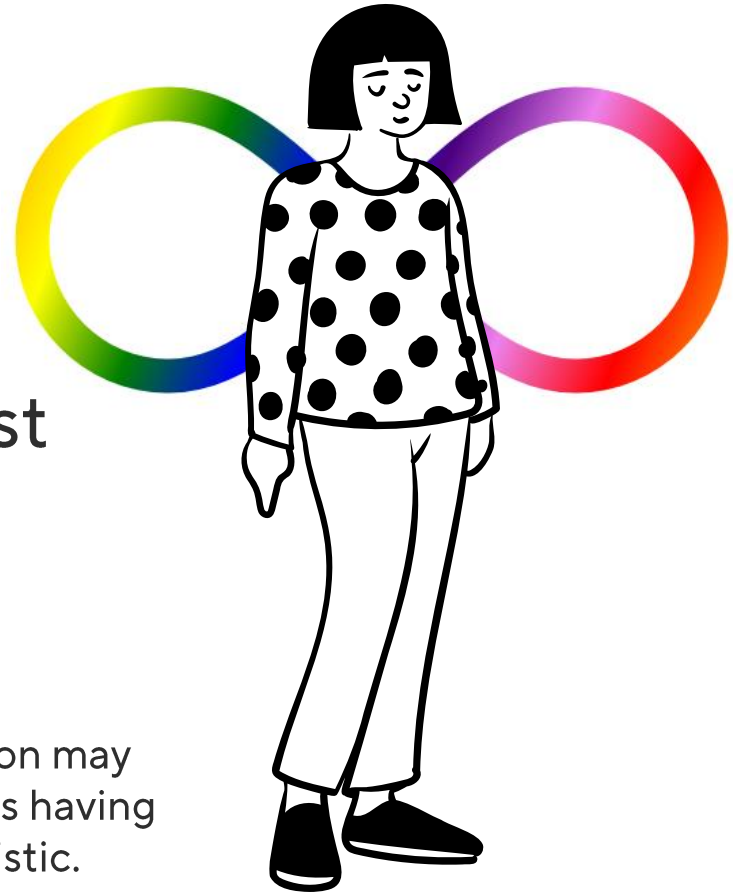
- Definition: *A person's disability stems from their environment. Though their disability always exists, their level of functioning is situational and dependent on existing supports.*

- Example: An autistic person experiencing sensory overload at this busy train station requires them to wear noise-cancelling earphones. Their overload is caused by the intense visual and auditory input of the station.

The Language Debate



Which language model do you use?



Person-first language

"I am a person with autism."

For example, I refer to myself as AuDHD: I am autistic and ADHD.

Identity-first language

"I am autistic."

For example, a person may describe themself as having autism or being autistic.

Iconography

The puzzle piece has been criticized by some self-advocates as representing something missing from autistic individuals (namely, a cure to become neurotypical) and perpetuating the belief that autism is a condition experienced only by children.

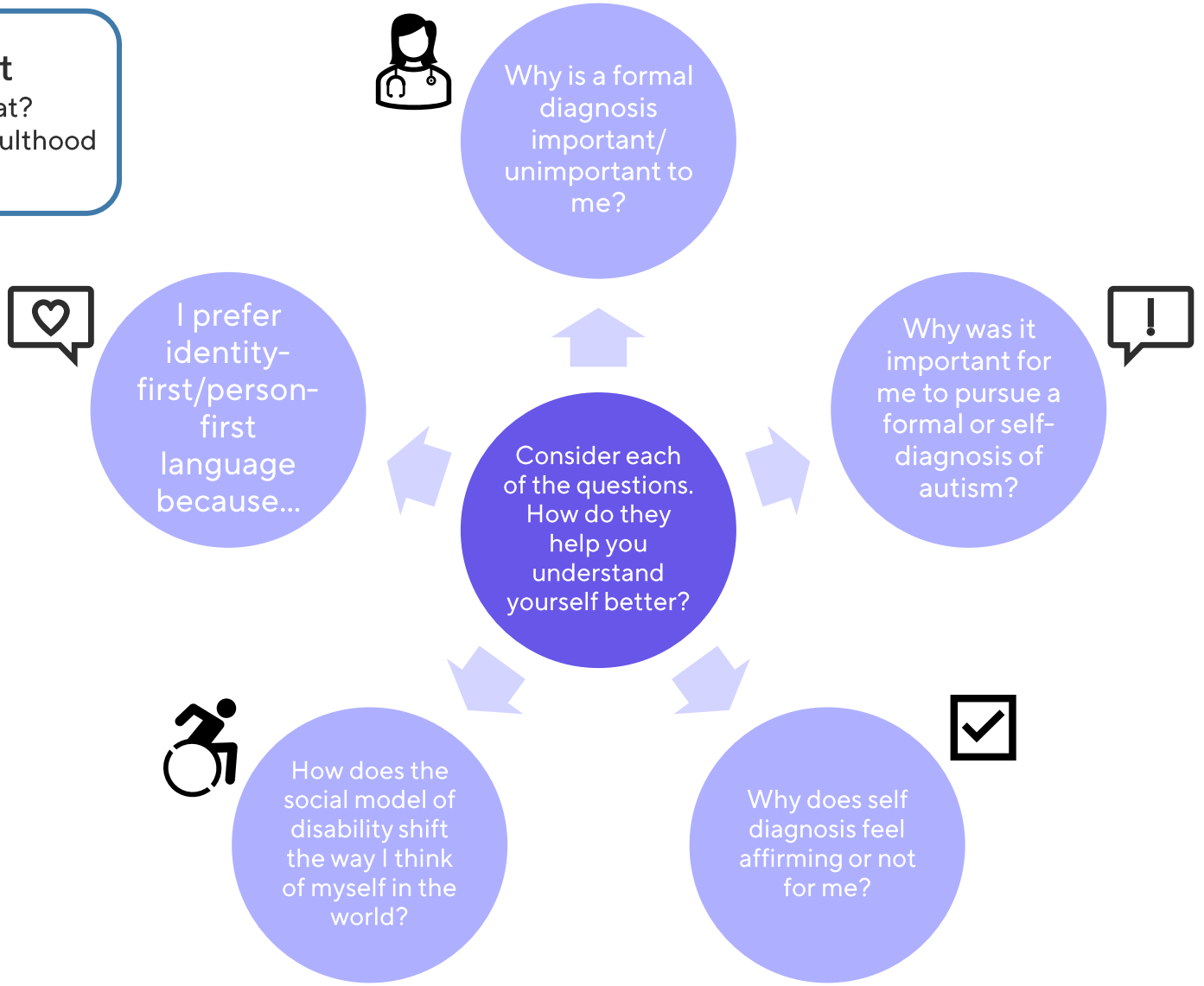


The infinity symbol (most often represented with the colours of the rainbow), was adopted by some self-advocates to inspire discussions of inclusivity. Because the infinity sign has no beginning or end, it is thought to symbolize a commitment to a society where everyone is valued and embraced.

It has been criticized by some self-advocates for the rainbow either being perceived as childish or implying that all autistic people are part of the LGBTQ+ community.

1 Reflection Prompt

So I'm Autistic...Now What?
Autism and identity in adulthood



Further reading

Self-Diagnosis

- Reasons Autism Self-Diagnosis Is Valid
- Autism Psychometric Tests
- Understanding the Self-Identification of Autism in Adults: a Scoping Review

DSM-5 Criteria

- Decoding Autism in the DSM-5

Identity-First Language

- Autism Ontario Language Statement

Understanding Disability

- What Is Disability?

Autistic Iconography

- Here's Why Most Autistic People Hate the Puzzle Piece Symbol
- Is It Time To Ditch The Autism Puzzle Piece?
- A new era for autism research, and for our journal

2

Thinking Back

Reflecting on childhood



Thinking back

Discovering you are autistic as an adult can feel disorienting, as if you've finally been given glasses to see things clearly.

With this new information about yourself, you may begin to think back to your child self and understand behaviors and reactions differently.

You may feel comforted now that you have a deeper understanding of yourself, but it can also be upsetting to remember feelings of being misunderstood, mislabeled, or criticized for behavior that was perceived as deliberate and bothersome.

This unit will help you make sense of your child self, and to better understand how your behavior was, and continues to be, communication about your unmet needs. We'll look at the role sensory processing plays in your emotional regulation, and the different types of stress responses you may have experienced or continue to experience. Finally, we'll end the unit by learning about different survival responses that could help you make sense of behaviour patterns, and help you recognize situations where you felt unsafe.

Thinking about your childhood could be difficult for you. Before starting the unit, check in on yourself to see how you're feeling. If identifying your feelings is hard for you, the arousal-valence model and feelings wheel from Neurodivergent Insights might help.

If your feelings of distress ever become too intense for you to manage alone, you can access support buy calling a mental health line.

Dear Child Self,

You have always been enough,
exactly as you are.

Love,
Your Adult Self

Sensory differences



The sensory differences we experience as autistic people can be misinterpreted as over reacting, misbehavior, and attention seeking. Especially as children, it is often difficult for us to explain what is causing our distress. We may have been called difficult, dramatic, or too sensitive. In response, we may have learned to mistrust physiological cues that our nervous system was overloaded.

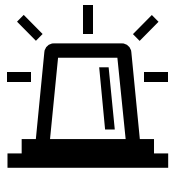
As autistic adults, it is crucial to have an understanding of your sensory preferences and sensory triggers. We can begin by listening and trusting our experiences and responses to our environments.

When we know what sensory information *soothes* our nervous system, we are healthier and more able to avoid burnout. When we know what sensory information *triggers* our nervous system, we are more able to advocate for ourselves by asking for what we need.

If you need support recognizing your sensory preferences and triggers, this sensory checklist could be a helpful starting point.

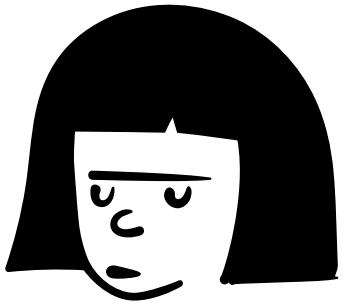
Finding an occupational therapist skilled in sensory integration and processing can help you better understand your individual needs and can work with you to develop strategies and tools to support self-regulation. The Canadian Association of Occupational Therapists has an online registry that can connect you with someone suitable based on your location and specific needs. The registry can be accessed at https://caot.ca/site/findot.

Sensory processing





Neurodivergent Ned



Neurotypical Nina

To better understand why we, as neurodivergent people, experience differences in sensory processing, here's the story of *One Alarm and Two Brains*:

Neurodivergent Ned and Neurotypical Nina are friends. One day while walking to their favourite restaurant, an ambulance drives by with its alarm blaring. While Nina finds the sound loud and annoying, her feelings of discomfort dissipate as soon as the ambulance drives away. Ned, on the other hand, covers his ears instantly. He struggles to focus on the conversation Nina is trying to have with him after the ambulance drives away.

Ned and Nina both heard the same alarm: both of their brains received the same sensory input. So why did they respond so differently?

Ned, like other neurodivergent people, isn't receiving more sensory input than a neurotypical person. The difference is how Ned's neurodivergent brain processes this input. Nina's neurotypical brain filters the sensory information it receives, deciding what is most important to focus on in the moment, and quiets the rest. Ned's neurodivergent brain takes a more egalitarian approach to sensory information and doesn't choose which sensory input should be quieter than others.

As a result of these differences, Ned experiences sensory overload that affects his nervous system, activating the fright, flight, or freeze response.

Recognizing your sensory triggers



Because we're receiving sensory input all the time, it can be hard to pinpoint our triggers. To prevent burnout, however, it's important that we try to become more aware of especially bothersome sensory experiences.

To get you started thinking about your own sensory triggers, think about tasks or experiences you tend to avoid.

Bathing or teeth brushing, for example, are necessary tasks that deliver a lot of sensory input. This can lead to avoidance, causing embarrassment or even medical problems. While it's not realistic (or healthy) to just never do these activities because they're unpleasant, we can be mindful about when they happen.

Experimenting with when we complete intense sensory tasks and reserving time afterwards for preferred, low-demand activities can help lessen the impact of sensory overload.

Recognizing sensory overload

Sensory overload causes stress. These signs of sensory overload are stress responses that send your body into fight/flight/freeze/fawn mode. Your brain believes it is in danger and clicks into survival mode.

These are not conscious choices. You are not choosing these responses. Especially as a child, these behaviors are protective and distressing. You likely didn't understand why you were acting the way you were, or how other people could believe you were acting deliberately.

Your responses to stress are valid. They are not dramatic, exaggerated, or attention-seeking. Your responses to stress as a child were valid, regardless of how they were interpreted by other people.

While reading the signs of sensory overload, ask yourself the following questions:

- *Can you recognize behavior that you exhibited as a child?*
- *How was this behavior understood by adults and other children?*
- *How was your behavior explained to you, if at all?*
- *Can you recognize behavior that you exhibit as an adult?*
- *How is this behavior understood by the people in your life?*
- *How do you explain your behavior to people, if at all?*

Signs of Sensory Overload

- Feeling a wave of fatigue come over you
- Feeling like your body is humming with energy
- A sense of panic or desire to escape
- Urge to block incoming sensory signals (cover eyes or ears)
- Extreme irritability
- Restlessness and discomfort

Recognizing stress responses

Because of our sensory differences, autistic people can feel disconnected from our bodies. Look at the descriptions in the image. Can you recognize any of these changes in your past experiences with stress?

Try to notice the physical cues your body sends your brain the next time you begin to feel overwhelmed. Connecting our physiological responses to stress to the situation or environment can help gain a clearer sense of how to support your needs.

Brain hijacked
Thoughts race which makes it hard to think clearly and rationally. Feelings of being "unreal" or detached

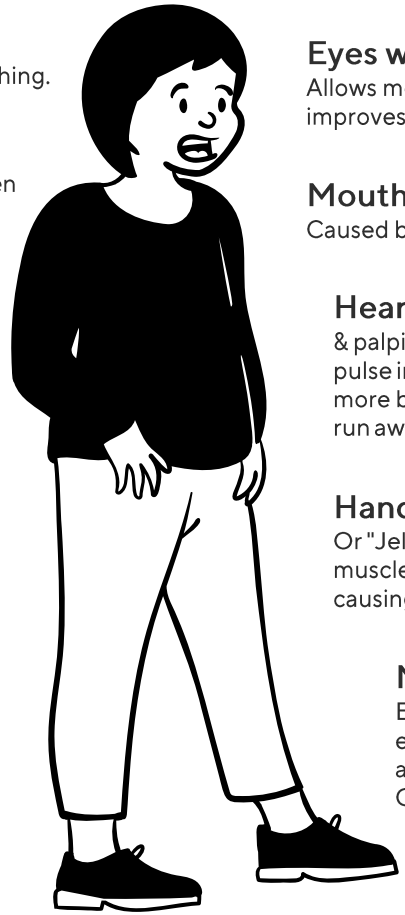
Head dizzy
Or light-headed. Result of our faster breathing.

Breathe fast & shallow
Helps us take in more oxygen, which is then transported around the blood system. Sometimes experience a choking feeling.

Stomach churns
Adrenaline reduces blood flow and relaxes muscles in stomach and intestines (blood diverted to limb muscles) causing nausea, butterflies, or churning.

Bladder relaxes
Inner sphincter muscle relaxes so we might feel urge to pass urine. Outer sphincter remains under conscious control (except in rare situations).

Body heats & sweats
A side effect of all the speeded-up systems is that the body rapidly heats. Sweating allows the body to cool again, and to become more slippery to allow escape.



Eyes widen
Allows more light in - improves (or blurs) vision.

Mouth dries
Caused by the narrowing of blood vessels.

Heart beats faster
& palpitations. Blood pressure and pulse increase and the heart pumps more blood to muscles, allowing us to run away or attack.

Hands tingle – legs tremble
Or "Jelly legs". Blood is diverted to large muscles, and small blood vessels constrict, causing tingling, trembling or numbness.

Muscles tense
Blood, containing vital oxygen and glucose energy, is sent to the big muscles of the arms and legs – ready for fight or escape. Can also cause aches & pains.

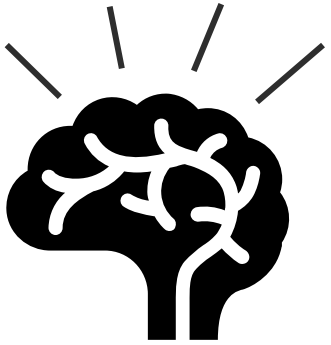
Text source: https://cavuhb.nhs.wales/files/resilience-project/rp-changes-18-8/anxiety-self-help-workbook

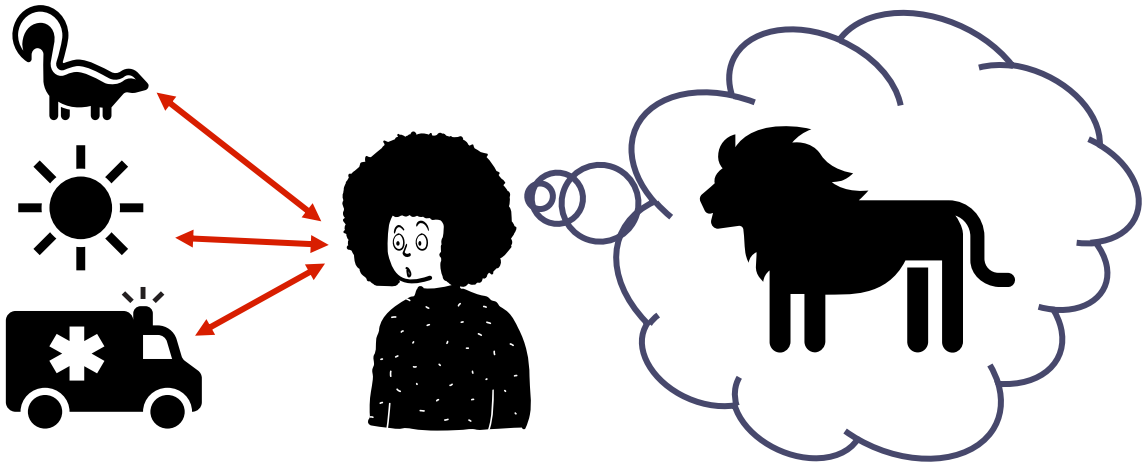
Survival responses

The body's "fight or flight" response is a natural physiological reaction to a perceived threat or stressor. This response is mediated by the autonomic nervous system and involves various changes in the body to prepare it for immediate action.



When a person perceives a threat, the brain's amygdala, which is responsible for processing emotions like fear and anger, becomes highly active. This heightened emotional state can influence decision-making and reasoning abilities. The prefrontal cortex, which is involved in complex thinking and decision-making, can become less active during this process.





The "fight or flight" response typically involves the release of stress hormones like adrenaline and cortisol, which prepare the body for action. It can manifest in different ways, including: fight, flight, freeze, and fawn.

These responses are adaptive mechanisms that have evolved to help humans respond to dangerous situations quickly. However, in modern life, the same responses can sometimes be triggered by non-life-threatening stressors, leading to anxiety, panic, and other stress-related issues. Learning to manage these responses and making conscious decisions during moments of stress is an essential part of emotional regulation and self-control.

Fight

You may:

- Clench your fists, punch, stamp your feet, kick
- Be argumentative, demanding or disrespectful
- Appear immature or unable to follow rules
- Have feelings of anger, a knotted stomach
- Be verbally or physically aggressive or violent.
- Lie or blame others
- Cry or shout

Flight

You may:

- Try to be first through the door or in the car
- Use silly voices, baby talk or be overly loud
- Be hyperactive or keep very busy
- Stiffen your body, clench fists
- Shake or tremble
- Run away or hide

Freeze

You may:

- Have wide eyes, dilated pupils
- Scan the room with your eyes
- Say 'I don't know' (and they don't know)
- Have difficulty thinking or speaking and not respond when asked to do something
- Appear 'spacey' or unable to pay attention
- Feel trapped in your body or unable to move
- Seem bored, distracted, confused or forgetful
- Feel disconnected from your body or surroundings

Fawn

You may:

- Not ask for help
- Struggle to say 'no'
- Be overly compliant
- Have poor boundaries
- Be easily peer-pressured
- Submit to what others want
- Put other people's needs before your own
- Tell people what you think they want to hear
- Try to please or satisfy others – people pleasing

Source: Government of Australia, Community Resources

2

Reflection Activities

Thinking Back:
Reflecting on childhood

Unit 2's reflection activities are a series of checklists and worksheets aimed at understanding your past behavior more clearly. We hope you can think kindly about your child self in response to this new understanding while you develop strategies to support your needs today.



Your Sensory Plan

- Sensory Preferences
- Sensory Triggers

Your Sensory Plan

- ✓ Sensory Preferences
- Sensory Triggers

To access Dr. Neff's complete "Discover Your Sensory Preferences" checklist, click here.

What sensory experiences bring you joy or calm? It's as helpful to identify our sensory preferences as it is our sensory triggers. We can seek out these stimuli when we want to regulate or just experience a lovely moment.

Dr. Megan Neff of the website Neurodivergent Insights has created a sensory preference checklist that invites you to explore your sensory likes. Think about your preferences for the options below:

- Lighting
  - Natural lighting/outdoors
  - Dim lights
  - Colourful lights (LED)
- Visual
  - Visually sparse and organized
  - Neutral colours
  - Patterns
  - Bright décor/colours
- Temperature
  - Cool or warm
  - Breezy, flowing air (fan)
  - Heated blankets
  - Cooling blankets or mats
- Tactile
  - Deep pressure touch
  - No touch
  - Fidet toy
  - Petting a dog or cat
- Gustatory (Oral)
  - Chewing gum
  - Chewing/sucking on ice cubes
  - Eating a crunchy snack
- Sound
  - Quiet
  - Background noise
  - Stimming music (song on repeat
  - White/brown noise

Your Sensory Plan

- Sensory Preferences
- ✓ Sensory Triggers

Source: Neff, M.

To read Dr. Neff's sensory triggers blog post, including the complete checklist, click here.

Your Sensory Triggers

Now that you have a better sense of what sensory experiences are enjoyable, let's think about your sensory triggers, or stimuli that causes discomfort and sensory overload.

Think about the options below and pay attention to your reactions at the thought of each one. If you experience a strong negative reaction, you have likely found a sensory trigger.

- Lighting
  - Flickering or flashing lights
  - Intense or direct sunlight
  - Glare or reflections
  - Strobe lights
- Visual
  - Clutter
  - Strained or intense eye contact
  - Specific colours or contrasts
  - Overwhelming patterns
- Temperature
  - Extreme temperatures, hot or cold
  - Humidity or dryness
  - Sudden temperature shifts
- Movement
  - Fast or erratic movements
  - Intense or excessive physical activity
  - Certain types of transport (elevators, escalators, etc.)
- Tactile
  - Rough or abrasive textures
  - Itchy or scratchy materials
  - Sticky surfaces or substances
- Gustatory (Oral)
  - Strong flavours
  - Spicy flavours
  - Sweet/sour/bitter
  - Unfamiliar foods
  - Certain textures
- Sound
  - Loud noises
  - Sudden bursts of sound
  - Background noise
  - High-pitched or piercing sounds
- People
  - Loud, intrusive voices
  - Prolonged eye contact
  - Personal space invasion
  - Small talk
- Smell
  - Strong scents
  - Chemical, cleaning product smells
  - Perfume/cologne
  - Certain foods or cooking smells
- Environment
  - Crowded, busy spaces
  - Confined spaces
  - Cluttered areas
  - Uncomfortable seating
- Clothing
  - Rough or scratchy fabrics
  - Tags or labels
  - Tight or constricting clothing
  - Certain fabrics

Further reading

Sensory Processing

- Adult Sensory Toolkit
- Sensory Differences: A guide for all audiences
- Managing Sensory Overload
- The Regulator tool
- Sensory Processing Differences Toolkit

Responding to Stress

- Fostering Autistic Well-Being Through Self-Care and Self-Advocacy

Recognizing and Understanding Behavior Responses

- How Keeping A Journal About Your Autism Journey Can Change Your Life

Reflection After Diagnosis

- Reframing Life After Adult Autism Diagnosis
- Hannah Gadsby on her autism diagnosis

Mental health lines

Alberta
Mental Health Help Line
1-877-303-2642

British Columbia
Crisis Line Association
310 Mental Health
(310-6789 – no area code needed)

Nova Scotia
Mental Health Crisis Line
1-888-429-8167

Ontario
Telehealth
1-866-797-0000

Québec
Mental Health Help
Info-Social 811

Yukon
Reach Out Support Line
1-844-533-3030

Nationwide
9-1-1
Suicide Crisis Helpline: 9-8-8

3

Unmasking

Rediscovering and embracing your true self



Unmasking

While it's obviously not an exclusively autistic experience to question who you truly are, finding an answer can often be a lot more involved for us than for neurotypical folks.

Masking is when we try to present a more neurotypical version of ourselves. We may hide our stims or keep our sensory discomfort to ourselves when we're around people we are hoping to impress or befriend. Maybe we've experienced trauma from bullying or mistreatment, so we hide those "especially autistic" qualities of ourselves to keep safe. Whatever the reason, the more often we mask, the more we lose our core self.

When we become so used to reflecting back what we think someone wants to see, we can start to become codependent in relationships. We neglect our own needs and wants to ensure approval from our partner. We may tolerate the same kind of mistreatment that caused us to mask in the first place, in fear of causing conflict and being rejected.

In this unit, we'll look at what masking is and how to start unmasking, how to recognize codependent traits, and how to find a therapist and therapy modality to support us towards a healthier sense of self.

It's hard to believe there was a time where I just *was*, without a constant narrative of *shoulds* and *don'ts*.

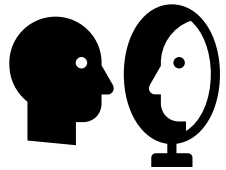
- Vanessa L

Masking: What is it?

Masking is a common experience for autistic people. Throughout our lives, we receive messages directly or indirectly that we are odd or make others uncomfortable.



In fact, masking can become such a frequent occurrence for us that we lose sight of who we truly are.



Our response to these messages can be to mask, or hide, traits that were criticized or othered.



Our masks are protective: rejection, ridicule, and isolation can be staved off if we mirror the people we are around.



While everyone masks to some degree, the frequency to which autistic people live in this state is what contributes to its negative effects on our mental health.



Masking is also exhausting, and can contribute to burnout.



Recognizing masking



Before we can begin to unmask, it’s helpful to consider why we feel we need to use them. What elements of ourselves are we trying to hide from others? How would people react if they saw who we really are?



Complete the sentence: "If I want people to like me, I can't let them find out that I ____."



Can you identify traits in yourself that you mask in fear of rejection or judgement?



How does masking interfere with the quality of your relationships?

Disconnecting from the Core Self

When we think about identity masks as protective barriers from the rejection of our true selves, we are describing our disconnection from the Core Self.

Though the descriptions of what the Core Self is varies widely, what defines it is the same: *the Core Self is who we are at our essence, without fear of judgement or rejection.*

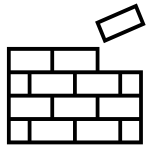
Depending on your history with masking, this may seem impossible to access.

Understanding how we lost contact with our Core Self to begin with is an important first step on the path to reconnecting with our values and all the parts to our personality to move through the world more authentically and with less work.

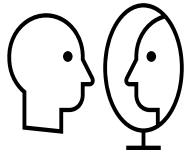
NeuroClastic has some excellent resources on the Core Self, created by and for neurodivergent folks that are well worth checking out.

Information source: NeuroClastic











Steps of Disconnection From the Core Self

Early Relational Trauma

- Needs are ignored, punished, or shamed
- Authentic expression feels pointless or even dangerous

Rejections Accumulate

- As authentic attempts to meet needs fail, the rejections begin to wall off access to the Core Self

Masks Form

- Person survives by experimenting with various masks as reactions to volatile or unresponsive people

Core Self is Further Distanced

- Masks shield Core Self from abuse, scorn, and neglect
- Person becomes a mirror of others

Codependency

- Only the reactive masks have access to others, so a person's existence is defined by the behaviour, moods, and acceptance of others

Recognizing codependency markers

Do you recognize any behavioral patterns you have demonstrated in past relationships?

Do you continue to demonstrate these patterns?

Markers of Codependency

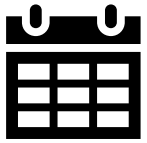
- Obsessive about others' and own behaviour
- Sees own and others' worth as conditional
- Tries hard to be needed and to fix others because love feels like a reward for good behaviour
- Feels empathic because identity masks rely on others' emotions
- Falls in love quickly but also can immediately hate someone for minor offenses
- Needs a lot of reassurance, attention, and validation from others to feel worthy

Information source: NeuroClastic

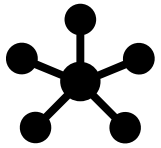
Self-care Through Preferred interests



Many autistic people develop preferred or special interests throughout our lives: topics or activities that make our brains feel like they're tingling. We experience great joy when we can engage in our special interests, whether that means we're actively doing something, talking about it, or thinking about it.



A great, gentle unmasking activity is Special Interest Week, where you devote some time each day to celebrate and think about the things that have brought you joy throughout your life.



Maybe you had collections as a child and can remember the delight you felt sorting them into groups. Maybe you are fascinated by mycology or creating to-scale miniatures.



Whatever your past and current special interests are, take note of how calming and joyful it feels to think about them.

Looking for Support?



Identity, codependency, anxiety, depression...these are complicated issues that can become too big for us to manage on our own. Finding a supportive therapist who is neurodivergent or understands autism can be very beneficial.



It's important for you to feel comfortable with your therapist. Many therapists offer a quick free introductory call where they tell you about themselves and invite you to ask any questions you have.



It is not uncommon for people to decide they're not a great fit together. If your first experience speaking with someone doesn't feel great, that doesn't mean therapy isn't for you or that you've done something wrong. When you're ready, try someone else.

Questions to Ask Potential Therapists

Source: Autism BC

Do you have experience in treating autistic adults?

- This question will help you gauge their familiarity with the challenges and needs of autistic adults.

What do you know about autism?

- How a healthcare professional defines autism will tell you about how they see it and how up-to-date their knowledge is.

What is your approach to providing neuroaffirming care?

- Understanding their approach will give you insight into whether they prioritize accommodating your neurodivergent traits.

How do you include autistic clients in their treatment planning?

- A healthcare professional who respects your independence and includes you in decision-making will likely provide neuroaffirming care.

How do you take feedback from your clients?

- Figuring out what to do if you need more support ahead of time can make it easier if you run into any issues with who you're seeing.

How do you accommodate sensory sensitivities in your office?

- If they don't and you have sensory needs, you know it's not the right fit.

Do you regularly attend autism-specific training or workshops?

- Keeping up to date on the latest research about autism is vital to providing informed and effective care.

How do you communicate with clients outside of appointments?

- Knowing your doctor or therapist's communication style and availability can help for times when you have questions or concerns.

What is your approach to therapies?

- Many conventional therapies, like ABA, are not being chosen by independent autistic adults today because they can be non-neuroaffirming.
- Knowing whether or not your healthcare professional is open to other care options is important to determine your compatibility with them as a client.

Are you aware of common co-occurring conditions amongst autistic and neurodivergent people?

- They can be physical or mental. Common examples are ADHD, hypermobility, and Ehlers-Danlos Syndrome.

Therapy Modalities

Cognitive Behavioral Therapy (CBT)

- In CBT, you will practice catching what you say to yourself and change it to help you feel (more brave, less angry, less sad, more relaxed etc.). Adjusting what you tell yourself can help you feel and act differently.

Mindfulness-Based Interventions (ACT, DBT)

- In DBT, you might learn to name and change feelings by taking the opposite action
- In DBT, you might learn to improve relationships and communicate more effectively with others
- In ACT, you might learn to notice and tolerate unpleasant emotions

Interpersonal Psychotherapy (IPT)

- In IPT you might explore an exchange between yourself and a significant other
- You might explain the setting, words, tone, and non-verbal cues as well as the emotions you experienced like a "movie script." You might explore what you *meant* to communicate and what may have *actually* been communicated.

Trauma-Focused Therapies (Eye Movement Desensitization and Reprocessing, Trauma Focused-CBT)

- In TF-CBT, you might share your adverse experience with your therapist through talking, writing, or art, after you've established a safe and comfortable relationship, and practiced other coping skills

For more in-depth descriptions of therapy modalities, click the Source link:

Source: AIDE Canada

Finding Help

CANADIAN PSYCHOLOGICAL ASSOCIATION
SOCIÉTÉ CANADIENNE DE PSYCHOLOGIE

Canadian Psychological Association:
Includes links to province-specific therapist directories

CASW ACTS

The Canadian Association of Social Workers (CASW):
Includes links to province-specific social work services directories

eMentalHealth.ca

eMentalHealth:
Mental health services, help, and support across Canada

Psychology Today

Psychology Today
Find a therapist in Canada

3 Reflection Activities

Unmasking: Rediscovering and embracing your true self

Recognizing My Core Self

In this reflection activity, you're invited to identify ten core facets of your identity. If you like, you can rank them from most significant to least significant.

You can complete this (or not!) anyway you like—there is no wrong way to do this exercise. Below, I've provided some categories that can act as a starting point and may resonate with you as crucial elements of your identity.

The extension questions can help you recognize where and what you're masking from others and could provide for some meaningful self-reflection.

Values	Interests	Relationships	Social Intersections
Authenticity	Drag queens	Caregiver	Ability
Boldness	Flags	Friend	Gender
Dependability	Flight patterns	Parent	Heritage
Independence	Mycology	Pet Parent	Religion
Intelligence	Typography	Sister	Race
Sincerity	Whale songs	Spouse	Sexuality

Extension Questions

1. Make your list thinking you'll share it with your friends.
2. Make your list thinking you'll share it with your family.
3. Make your list thinking you'll share it with your coworkers.
4. Make your list thinking you won't share it with anyone.

How are your lists different? What did you leave off? What did you add?

Further reading

Experiences of Unmasking

- Shifting my Unmasking from Revealing to Unearthing
- Sensory Differences: A guide for all audiences
- Managing Sensory Overload
- The Regulator tool

Codependency

- Fostering Autistic Well-Being Through Self-Care and Self-Advocacy

Connecting With the Core Self

- How Keeping A Journal About Your Autism Journey Can Change Your Life
- Connecting To Your Core Self v.1: Parts Work Meditation

Mental Health Support

- Treating Mental Health Conditions in Autistic Individuals
- Emotional Regulation and Dysregulation in Autism: Considerations in Adulthood
- Rejection Sensitive Dysphoria (RSD) Collection

4

Next Steps

Living an authentic life



Next Steps

A wise man* once said, “Knowing is half the battle”. While I don’t love the military tone, the epithet rings true: we can do better when we have more information.

I hope you’re coming into our final unit feeling galvanized and ready to take on the world. Or maybe just ready to take a nap. You get to decide.

We’ll begin this unit by talking about how, when, or if to share your diagnosis with others, and how to prepare for reactions that are not at all helpful or supportive. Armed with your understanding of the social model of disability from Unit 1, you might feel confident helping folks recognize their own biases around neurodivergency.

We started the course recognizing the important part self-advocacy has played in advancing our understanding of autism. To close the course, you’ll find resources to get you started with your own advocacy work. This includes finding fellow autistic people to connect with in meaningful, authentic ways. You’ll find some suggestions of how to find your magical autistic unicorn kin.

You’ve completed half the battle, my friend. Go forth and be excellent.

* That ”wise man” was G.I. Joe. Also, if you enjoy deep-dives into all things linguistic, check out this post by Linguaholic for a most delicious analysis for G.I. Joe’s famous line.

"You have the same kind of brain as me!"

-my 8-year old after I shared my diagnosis

Sharing your diagnosis

When deciding to share your diagnosis:

- Consider whether the benefits outweigh the risks
- You are in charge of who you share your diagnosis with
- Think about what you'll say to people: how can your disclosure help them understand and support your better?
- Think about where you'll tell people: a 1-on-1 meeting with your boss or co-worker is more appropriate than during a full team meeting

Here's how my sharing has gone so far:

Who I Shared With	Pros of Sharing	Cons of Sharing
My doctor	• Information is delivered in a more thoughtful way • I feel more comfortable advocating for my needs	• None so far
My family	• Having conversations with my kids about our neurodivergent brains • Watching my kids practice self-advocacy and self-care from my own modelling	• Not always feeling like they believe my diagnosis is legitimate • Worry that my kids will wish they had a "normal" mum
My friends	• Opened the door to meaningful conversations about identity • Feeling okay about starting to unmask	• Not always feeling like they believe my diagnosis is legitimate

Managing difficult responses

It's disappointing when we share information about ourselves, and it's met with ignorance. While none of these comments are meant to be offensive, they are a reminder of how much education about autism still needs to happen.

So how do you manage these difficult responses? You have choices:

- If you have the energy, help correct the person's misunderstanding (e.g., some of us are capable of making eye contact, but we may not be able to listen as well to what you're saying)
- Suggest they check out your favourite autistic content creator
- Develop a phrase you can use, such as "Our understanding of autism has come a long way. I encourage you to learn more."
- Acknowledge that this is not an important person in your life, and recognize that the comment says more about them than it does about you



Getting involved

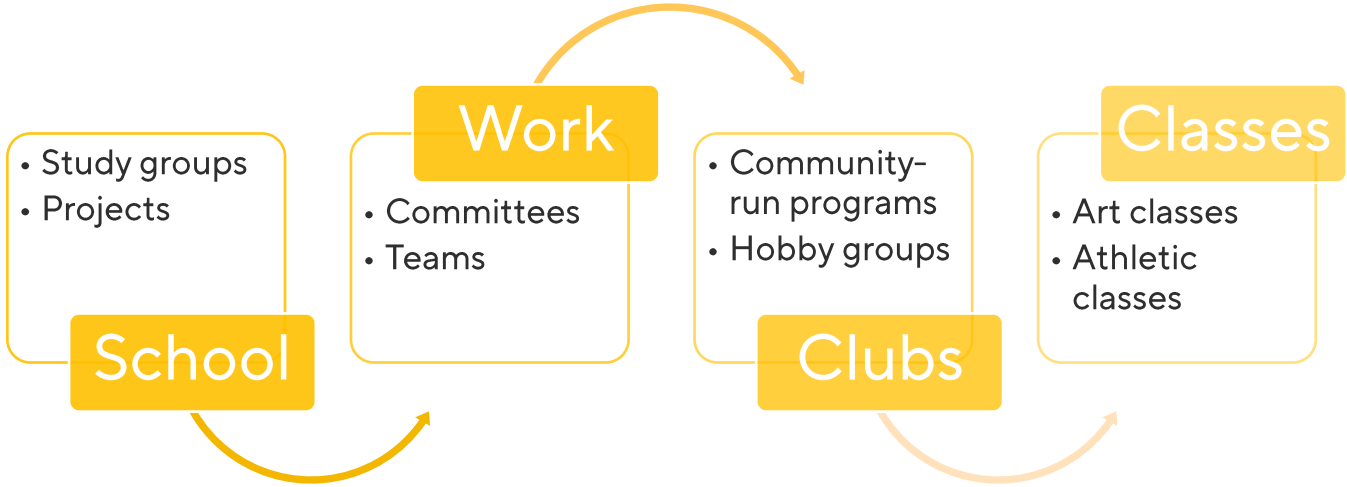
- Advocating for yourself and other autistic people is a great way to support the neurodiversity movement. It's also a proactive step to help prevent ignorant comments being heard by future generations of neurodivergent people.
- Here are some resources and sites that can help you develop advocacy skills.

- Autism Ontario: Political Advocacy toolkit
- March of Dimes Canada: Political Advocacy Toolkit
- Autism Ontario & AIDE Canada: Negotiating the Maze: Strategies for Effective Advocacy in Schools
- AIDE Canada: Student Organizations: Social Support and Self-Advocacy for Neurodivergent Post-secondary Students
- AIDE Canada: Becoming a self-advocate: perspectives and challenges (Webinar - Length: 1h27m)

Finding your people

It can be really validating and comforting to hear other people's life experiences that sound like your own. While we may have spent most of our lives feeling like aliens dropped on the wrong planet, connecting with other autistic adults can make us feel less isolated. Autistic communities can provide safe spaces to try experimenting with unmasking, as well.

Your autistic or neurodivergent community can be virtual or in-person. The examples provided are just a starting point to get you thinking about where to make friends and social connections.



Looking for groups and clubs focused on your preferred interests is a great way to ease into social situations with others who share your passion.

Virtual communities

If you're struggling to find like-minded folks in your community, the internet has lots to offer.

Access to autistic voices has never been easier. YouTube, Facebook, TikTok, podcasts...they are all filled with autistic content. The amount of choice can feel overwhelming.



Here are a few questions to ask yourself to narrow your searches:

- How do you prefer to communicate?
- How do you prefer to receive information?
- Would you like to interact with other people, or would you prefer a more passive experience?

This chart offers some ideas of where to find content based on your preferences.

Autistic voices

Listen to Kayla and Juliani's approaches to making friends and social connections

"My advice would be to join clubs and go to groups that pertain to your interests because that's where you'll find people you have the most in common with."
-Kayla



Length: 1:02 Source: AIDE Canada

"Usually I can make a friend in a small circle, so from the workplace, from the school, or from the church congregation."
-Juliani



Length: 1:15 Source: AIDE Canada

4 Reflection Activities

Next Steps:
Living an authentic life

Asking yourself the questions in this diagram can help prepare you for when you're ready to take a next step towards living a more authentic life.

Move forward when you're ready. You decide the pace.



5

Conclusion



Closing Comments

Now that you've finished the course, take a moment to reflect on the information presented. How, if at all, has the information presented changed the way you view yourself in light of your new diagnosis?

I hope, if nothing else, that this course provided assurance that you are not alone. I intentionally designed the course to contain autistic voices wherever possible, as only we can be the experts of our own experiences.

I wish you the best, fellow autistic, as you continue to uncover and unmask who you truly are.

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Glossary

Burnout: A state of emotional, physical and mental exhaustion caused by excessive and prolonged stress

Codependency: a dysfunctional relationship dynamic where one person assumes the role of "the giver," sacrificing their own needs and well-being for the sake of the other, "the taker."

Disability movement: A global social movement that seeks to secure equal opportunities and equal rights for all people with disabilities

DSM-5: The Diagnostic and Statistical Manual is the standard classification of mental disorders used by mental health professionals

Fawn: A survival response where someone tries to avoid or minimize distress or danger by pleasing or appeasing the threat

Fight: A survival response where someone will physically or verbally fight the threat

Flight: A survival response where someone will run away from the threat, avoid the threat, and find a place of safety

Formal diagnosis: A diagnosis made by a qualified professional

Freeze: A survival response where someone can be physically unable to move and/or mind paralysation

Identity-first language: A way of describing people that puts the disability first in the description, e.g., She is autistic

Masking: The process in which an individual camouflages their natural personality or behavior to conform to social pressures, abuse, or harassment

Nervous system: Including the brain, spinal cord, and nerves, this system sends messages back and forth between the brain and the body

Neurodivergent: A person whose brain functions differently from a typical brain

Neurodiversity movement: A social justice movement that seeks civil rights, equality, respect, and full societal inclusion for the neurodivergent

Neurodiversity paradigm: A specific perspective on neurodiversity that believes neurodiversity is a natural and valuable form of human diversity

Neurotypical: Describes someone who has a style of neurocognitive functioning that falls with the dominant societal standards of "normal"

Person-first language: A way of describing people that puts the person first in the description, e.g., She has autism

Preferred (a.k.a. special) interests: An intense focus on specific topics

Self-advocacy: Being able to ask for what you need and want and tell people your thoughts and feelings

Self-diagnosis: The process of diagnosing or identifying a condition in yourself

Sensory diet: A tailored plan of physical activities and accommodations designed to meet a person's sensory needs

Sensory processing: The accurate interpretation of sensory input in the environment

Social model of disability: The belief that disability is caused by the way society is organized, rather than by a person's impairment or difference

Stim: Short for stimming, these are self-stimulating behaviors that usually involve repetitive movements

Stress/survival response: Physiological and behavioral changes in response to exposure to stressors

Thank you for your interest in this course.

For further resources and support, visit AIDE Canada and Autism Ontario by clicking on the logos below.



Autism ONTARIO

aide canada