# CURRENT ISSUES IN ASDD SEMINAR SERIES

Please complete our pre-seminar survey:

https://bit.ly/autismlang1



Language Use in
Autism Research:
A Systematic
Literature Review
and Implications for
Clinical Practice

#### LANGUAGE USE IN AUTISM RESEARCH

A Systematic Literature Review and Implications for Clinical Practice

Hannah Morton, PhD

Oregon Health & Science University

#### **OVERVIEW**

Interest Poll

Background

Literature Review

Implications

Breakout Groups

Summary Discussion

#### **COLLABORATORS**



SUMMER BOTTINI, PHD, BCBA-D

Marcus Autism Center, Emory University SOM



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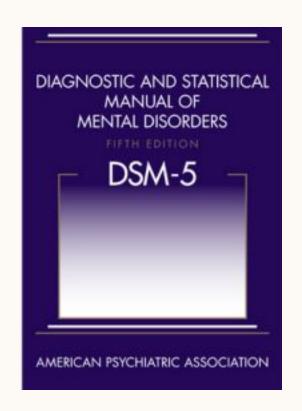
The College of Saint Rose

#### **AUTISM HISTORICALLY**

Medicalized pathology

Deficits and impairments

• Intervention



#### **NEURODIVERSITY**

• Acceptance of difference

• Neurotype + identity

• Disability not disorder

#### LANGUAGE USE

#### Medical

PFL ("with autism")

Functioning/Severity

Intervention

Nonverbal

Special Interest

#### Neurodiversity

IFL ("autistic")

Support Needs

Accommodation

Nonspeaking

Area of Expertise

## ASDD SIG LANGUAGE USE GUIDELINES

Instead of This	Try This!		
Autism Spectrum Disorder, ASD <sup>3</sup>	Autism, autistic (the term "disorder" is unnecessarily medicalized and reinforces negative discourses that autism is wrong or needs to be cured)		
Person-first language (e.g., "person with autism" or "person with ASD") <sup>2,4</sup>	Identity-first language (e.g., "autistic person"), on the autism spectrum, formally identified as autistic		
High/low functioning; high/low severity or support needs <sup>2</sup>	Describe specific strengths and needs, acknowledge support needs likely vary across domains (e.g., requires substantial support to participate in unstructured recreation activities, but minimal support to complete academic work)		
"At risk" for autism or ASD <sup>2</sup>	Increased likelihood/chance of autism/being autistic		
Autism symptoms <sup>2</sup> and impairments <sup>3</sup>	Specific autistic characteristics, features, traits, or experiences		
Treatment <sup>2</sup>	Support, services, educational strategies (when applicable)		
Cure/recovery/optimal outcome <sup>2</sup>	Focus on quality-of-life outcomes that prioritize what autistic people want for themselves		
Mild/moderate/severe language difficulties <sup>1</sup> ; social communication difficulties <sup>4</sup>	Specify the language difficulties or differences; describe characteristics of autistic communication		
Poor reciprocity, monologies, goes off on tangents <sup>4</sup>	Uses longer conversational turns and info-dumps, characteristic of autistic communication style for sharing information and connecting with others		
Blunt, abrupt, rude <sup>4</sup>	∧ direct communicator, uses language efficiently		
High-/low-functioning autism, severe autism or severity of autism <sup>1</sup> , Level 1/2/3	Descriptions of individual characteristics (e.g., with/without intellectual disability or language impairment) or specific support needs (see above)		
Deficit/Weakness <sup>1</sup>	Area of challenge, difficulty, difference		
Flat affect <sup>1,4</sup>	Uses neutral facial expressions		
Poor/unusual eye-contact <sup>1,4</sup>	Prefers to use reduced levels of eye-contact; eyes move around the room when speaking		
Restricted/Special interests <sup>1,2</sup>	Focused, intense, or passionate interests; Areas of interest/expertise		
Meaningless/aimless/purposeless play <sup>4</sup>	Preference for parallel play and interaction		
Rigid, Inflexible <sup>1</sup>	Preference for sameness and routine; Consider whether is it the autistic individual, the environment around them, or both that is or are inflexible		
Stereotyped behaviors <sup>4</sup>	Repetitive body movements or stimming as a form of self-regulation and communication		
Aloof and disinterested, on their own agenda, in their own world <sup>4</sup>	Demonstrates a monotropic thinking style characteristic of neurodivergent children; hyperfocused on interests and difficulties shifting attention to less interesting activities differences in preference for body language and proximity		
Challenging behavior/disruptive behavior/problem behavior <sup>1,2</sup>	Meltdown (when uncontrollable behavior), stimming (when relevant), more specific description of the behavior (e.g., self-injurious or aggressive behavior)		
Discussions about economic impacts of autism/autistic people or compare costs to those of potentially fatal diseases, conditions <sup>2</sup> or natural disasters	Discussions about economic impacts that situate costs in society's systemic failure to accommodate autistic people and recognize the people most affected by oppression due to this failure are autistic people (not "taxpayers"). Avoid suggesting autism is uniformly detrimental and will lead to poor outcomes.		

#### LITERATURE REVIEW

Peer-reviewed autism literature in 2021 (n = 2,322)

Traditional Medical Language (TML) and Alternative Neurodiversity Language (ANL)

Change over time

Research topic, participant group, journal type

#### LANGUAGE CODING

Bottema-Beutel et al., 2021; Dwyer et al., 2022; Monk et al., 2022

#### TML

Special Interest

"high\* function\*" OR

"high\*-function\*" OR "low\*
function\*" or
"low\*-function\*"

High/low

functioning

"special interest\*" or "interest special\*"

#### ANL

High/low support needs

"high support need\*" OR
"low support need\*" or
"support need\*"

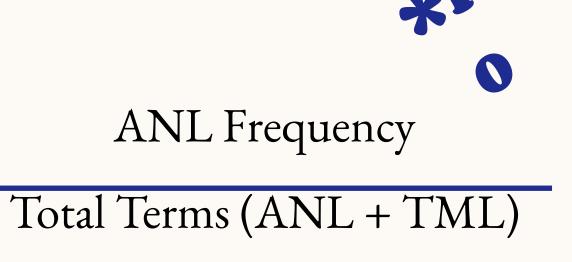
Area of interest

"area\* of interest" or "interest area\*"

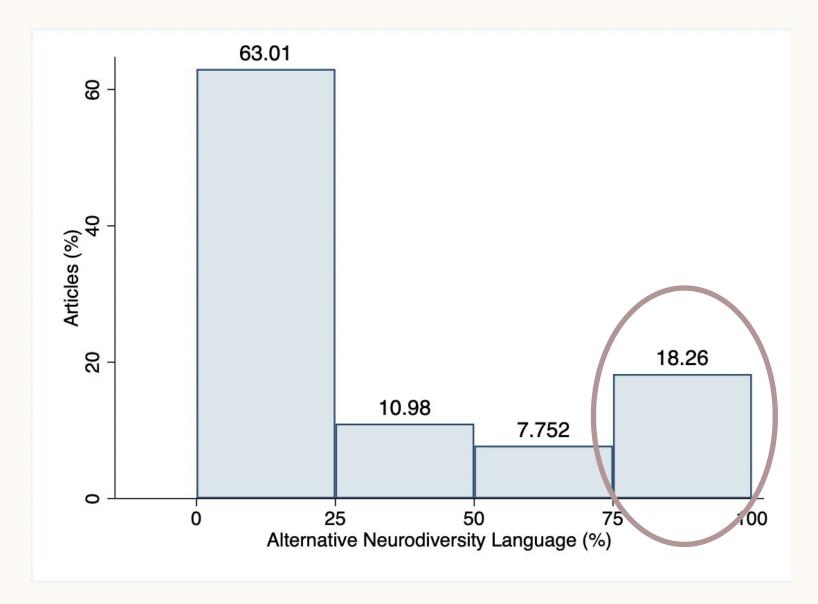
#### TERMS FREQUENCY



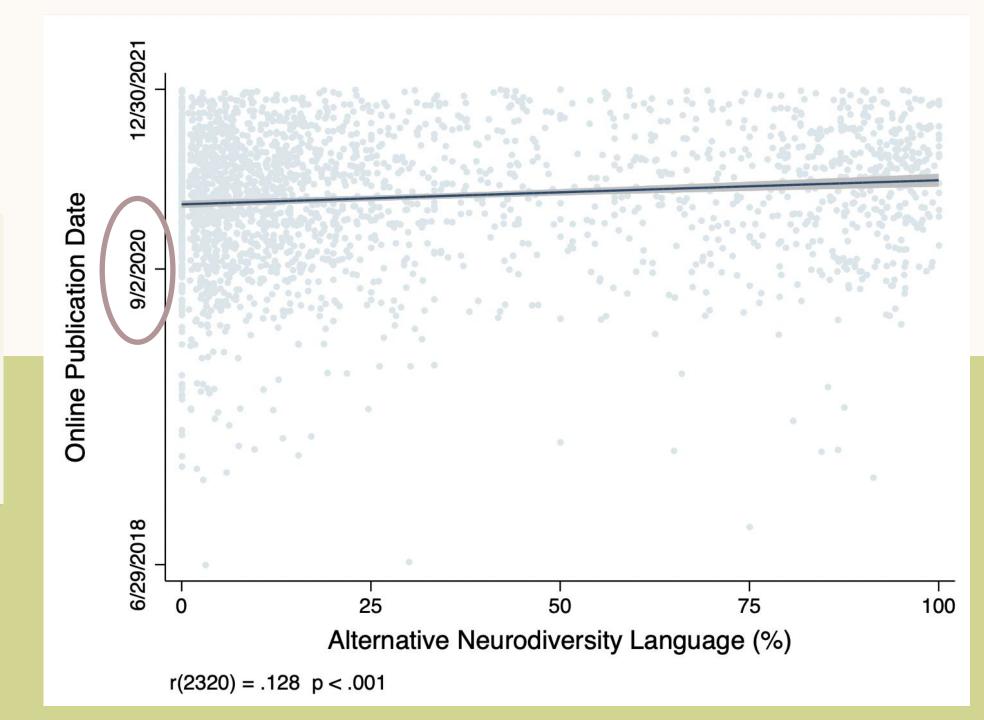




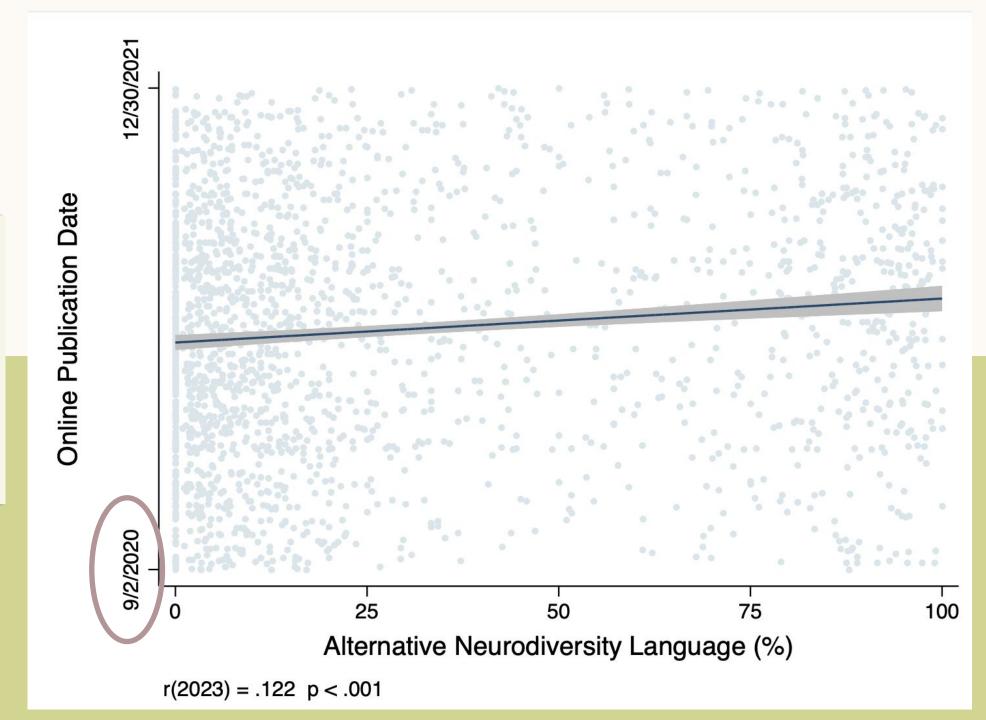
# LANGUAGE USE ACROSS ARTICLES



## ANL OVER TIME



## ANL OVER TIME



#### **IMPLICATIONS**

- 2/3 USE PRIMARILY MEDICAL LANGUAGE
- SMALL POSITIVE CHANGE TOWARDS ANL
- EMERGING SHIFT

#### **IMPLICATIONS**



#### **RESEARCH**

- Research question
- Comparison groups
- Autistic voices (CBPR)
- Outcome measurement

Conversation analysis for social communication

(Yu & Sterponi, 2023)

Pacing toolkit for burnout (McGuinnes, 2021)

Reality checks for external validity (Polman et al., 2022)

#### **IMPLICATIONS**

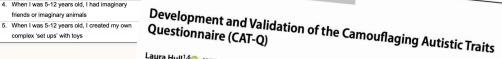
#### GQ-ASC: Adult Women

This screening questionnaire is designed to identify behaviours and abilities in cisgender and trans women that are associated with autism

INSTRUCTIONS: Here is a list of questions and statements. Please read each question and statement very carefully, and rate how strongly you agree or disagree with it by circling your answer.

	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Imagination and play				
I enjoy fantasy worlds	Journal of Autism and Developmental Disorder. https://doi.org/10.1007/s10803-018-3792-6			
2. I am interested in fiction	ORIGINAL PAPER			
3. When I was 5-12 years old, I played as	ORIGII	NAL PAPE	R	

orders (2019) 49:819-833



Laura Hull<sup>1,6</sup> · William Mandy<sup>1</sup> · Meng-Chuan Lai<sup>2,3,4</sup> · Simon Baron-Cohen<sup>3</sup> · Carrie Allison<sup>3</sup> · Paula Smith<sup>3</sup> ·

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imaginatively as other girls 4. When I was 5-12 years old, I had imaginary

friends or imaginary animals

complex 'set ups' with toys



#### Centering the Inner Experience of Autism: Development of the Self-Assessment of Autistic Traits

Allison B. Ratto, PhD, Julia Bascom, Allison B. Ratto, PhD, Laura G. Anthony, PhD, Strang, PsyD, Laura G. Anthony, PhD, Strang, PsyD, Laura G. Anthony, PhD, Strang, PsyD, Laura G. Anthony, PhD, Laura G. Anthony, PhD, Strang, PsyD, P Alyssa Verbalis, PhD, Cara Pugliese, PhD, Nicole Nadwodny, BS, Lydia X.Z. Brown, JD, Mallory Cruz, BA, 8 Becca Lory Hector, CAS, BCCS, Steven K. Kapp, PhD, Morénike Giwa Onaiwu, PhD(c), 11 Dora M. Raymaker, PhD, 12 John Elder Robison, 13 Catriona Stewart, PhD, OBE, 14 Ren Stone, BA, 15 Emma Whetsell,16 Kevin Pelphrey, PhD,17 and Lauren Kenworthy, PhD1







- Assessment methods
  - MIGDAS-2, CAT-Q, GQ-ASC, SAAT
- Self-report
- Strengths based
- Therapy goals

# BREAKOUT ROOMS (5:15PM)

Discussion questions emailed Please take notes!

Self-assign based on birthday month and focus

- Research
- Clinical
- Teaching/Administrative

### FOLLOW UP SURVEY

https://bit.ly/autismlang2



# The Neurodiversity Zones of Growth



Actively taking accountability for ableism & Using language disablism in and 21 oneself and terminology Growth Zone others accurately, but Being in flexible ways compassionate Knowing things apologise and to others at can change adapt the different diversifying & zones of growth Engaging, interacting and centering Learning Zone disabled and neurodivergent "voices" Fear Zone Taking Steps to change practice Reluctantly engaging that does not with neurodiversity but affirm identity in a tokenistic way. Perceleved control Experiencing of Situations and "I Being informed by a Know best\* network of privilege & perspectives leading Obedience to to critical Conformity to "experts" & Curious yet still approaches outdated language uncomfortable with & stereoptypes new Knowledge Identity First Language Comfort Zone Overwhelmed by the as a default reality of ableism & Does not see issue with disablism seing aware of ableism & disablism De-centering oneself, Centering onself Relying on "but this is and respecting that how we have always your fragility is yours Prioritises what they done It" to address. Know over what could be people as Defiantly holding onto Being informed by outdated language and intersectional Defensive when new discrimination, and Knowledge contradicts ensuring anti-blas Blaming & approaches are utilised Judging others Actively dismantling neurodivergent & disability myths Effectively managing SPEAKING UP guilt about previous Declining to If it doesn't feel practice. Own It, Crediting right, it probably engage in change it. others isn't right pathology based approaches