

Working with Queer and Neurodivergent Patients and Their Caregivers

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Learning Objectives

Identify intersection between queer and autistic personal identities.

Identify stigma and assumptions surrounding queer, neurodivergent, and disabled identities.

Identify communications of distress and use effective techniques such as validation and education to reduce patient and caregiver distress.

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About Me

I am a white, gay, autistic, cisgender man who uses he/him pronouns.

MSW from St. Thomas University in 2020

I work in a small clinic that primarily does ARMHS with clients with SPMI and Karen Refugees. The clinic has a new and growing LGBTQ therapy and ARMHS program.

I work primarily with Autistic and ADHD, queer, and traumatized adults. I also work with parents of LGBTQ and neurodivergent children and clients under guardianship.

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Rough Outline

LGBTQ Identity:

- Components
- Identity Development
- Barriers to Identity Development

Relevant Components of Autism

Working with LGBTQ and Autistic Clients and their Families:

- Intersection of Identities'
- Clinician Challenges
- Clinician Approaches
 - Neuro-Affirming Approaches
 - Gender and Sexuality Affirming Approaches
 - Intersectional Identity Affirming Approaches
- Assessment
 - Working with Non-Accepting Parents
 - Risks of Inaction
 - Understanding Communications of Distress
 - Validation as Primary Intervention
 - Psychoeducation
 - Supporting Parents

My Preferred Intervention:

- Dialectical Behavior Therapy

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Language Considerations

Queer: Used to generally mean a member of the LGTBQ community. Not universally accepted

Gender Non-Conforming: A person who does not conform to gender expectations in one or more ways

Autistic: Person-first or not? I will most likely use both.

Allistic: A non-Autistic person

Neurodivergent: A person whose brain deviates significantly from expectations

Neurotypical: A personal with a typically developed brain.

Feel free to ask any other questions about language.

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LGBTQ Identity

Dimensions of LGBTQ Identity:

- Gender Identity
- Gender Expression
- Sex Assigned at Birth
- Biological Components
 - Hormone Levels
 - Genetics
- Physical Attraction
- Romantic Attraction

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LGBTQ Identity

The Gender Unicorn Graphic by TSER

Dimensions of LGBTQ Identity

Two additional dimensions are:

Degree of Experienced Identity with Gender

Nonbinary, Agender, Genderfluid, Bigender

Degree of Attraction Experienced

Asexual, Aromantic, Demisexual, Demiromantic

To learn more, go to: www.transstudent.org/gender
Design by London Pan and Anna Moore

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LGBTQ Identity Development: Barriers to Identity Development

- **Gender and Sexuality Assumptions**
 - Presence/Absence of Sexual/Romantic Attraction
 - Subjects of Sexual/Romantic Attraction
 - Assumptions based on Sex Assigned at Birth or Genetic Sex
 - Presence/Absence of Gender Identity
- **Compulsive Heteronormativity**
- **Social Stigma**
 - Interpersonal
 - Social
 - Institutional
 - Cultural

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LGBTQ Identity

The Gender Unicorn Graphic by TSER

All dimensions encompass a spectrum of identities.

All dimensions can change over lifespan development

To learn more, go to: www.transstudent.org/gender
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Relevant Components of Autism

- **Difficulty Understanding Social Constructs**
 - Differing levels of social functioning and awareness
 - Differing levels of ability to perform gender according to social expectations
- **Difficulty with Interoception**
 - May not have a strong internal sense of gender*
 - May look externally for gender identifiers
 - Difficulties identifying internal sensations that correspond with emotions
- **Sensory Sensitivities**
 - Sex is an intense sensory experience
 - Pubertal Changes may cause sensory discomfort

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LGBTQ Identity Development

Cass Model of LGBTQ Identity Development:

Identity confusion, identity comparison, identity tolerance, identity acceptance, identity pride, identity synthesis.

Dimensions of Identity that can change during development*:

- **Knowledge:** discovery of label that fits lived experiences
- **Internal Acceptance:** personal, internal acceptance of new identity
- **External Acceptance:** acceptance from environment ie family, friends, institutions
- **Behavior Change:** individual changes in behavior to fit identity

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Relevant Components of Autism (cont.)

- **Comorbid Neurodevelopmental Conditions**
 - Language Impairments
 - Intellectual Impairments
 - Attention-Deficit/Hyperactivity
- **Effects of an Invalidating Environment**
 - Emotional dysregulation
 - Mistrust of own experiences
 - Beliefs about "how things should be"
 - Effects of validation

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Working with LGBTQ and Autistic Clients and their Families

- Intersection of Identities
 - Overlap
 - Autism more common in people with LGBTQ Identity
 - LGBTQ Identity more common in people with Autism
 - Especially "in-between" Identities ie bisexual, pansexual, nonbinary, genderqueer/fluid, agender, asexual, aromantic, etc
 - Some theories as to why
 - Difficulty understanding/performing cultural norms leads to increased exploration
 - Autistic value of Authenticity
 - Overlap of social difficulties
 - Research is inconclusive on common cause
 - Current clinical guidelines are to treat as two separate dimensions that vary together
 - Intersectional prejudice
 - Invalidation of lived experiences of both Autistic and LGBTQ identities
 - Ostracization from multiple groups

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Working with LGBTQ and Autistic Clients and their Families

- Neurotype Affirming:
 - Assessment Flexibility
 - Willingness to answer questions during assessment
 - Provide context for questions posed to clients
 - Intervention Flexibility
 - Change language and speaking style
 - Interventions for all levels of dysregulation, cognitive, emotional and sensory
 - Assess for barriers to behavior change
 - Recognize emotion regulation as barrier to cognitive functioning
 - Recognize that therapy and medical treatment is inherently political
 - Acknowledge current events (Ryan Gainer)
 - Ethical Practice and depathologizing Autism

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Working with LGBTQ and Autistic Clients and their Families

Clinician Challenges:

- History of ableism in research on Autism
 - Focus on disability and deficit
 - DSM Language
 - Explanatory theories such as "theory of mind deficits"
 - Focus on Experiences of Parents over experiences of Autistics
 - Expectations that Autistics conform to allistic norms
 - ABA therapy
 - Social communication
- History of stigma of LGBTQ Identity
 - Previous classification of identity as mental illness
 - Current political and social environment
 - View of gender affirming care as "last resort"
 - Barriers to care
 - Pressure to look for alternatives

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Working with LGBTQ and Autistic Clients and their Families

Clinician Approaches:

- Gender and Sexuality Affirming:
 - Validation
 - Believe client's lived experiences
 - Believe client's report of bias and stigma
 - Celebration of Gender and Sexuality milestones and goals
 - Clinician Education
 - Learn the lingo
 - Be familiar with LGBTQ sex and gender practices
 - Recognize dialectical position as gatekeeper to care and support person
 - Client education
 - Range of gender and sexuality outcomes
 - Flexibility of outcomes
 - Flexibility of gender and sexuality trajectories
 - Change across lifespan
 - Recognize that therapy and medical treatment is inherently political
 - Acknowledge current events
 - Ethical Practice and depathologizing LGBTQ Identity

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Working with LGBTQ and Autistic Clients and their Families

Clinician Approaches:

- Neurotype Affirming:
 - Validation
 - Believing lived experiences over research and others reports
 - Focus on Difference not Deficit
 - Look for ways autistic symptoms are strengths
 - View environment as disabling not symptoms
 - Focus on effectiveness
 - Actively challenge assumptions,
 - Examine behaviors only for goal effectiveness and unwanted outcomes
 - Education
 - Providing additional structure for information
 - Guidelines for use of information

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Working with LGBTQ and Autistic Clients and their Families

Clinician Approaches:

- Intersectional Identity Affirming:
 - Validation:
 - Believing lived experiences of intersectional identity
 - Recognizing Gender Dysphoria and Autism as distinct dimensions of identity
 - Ostracism
 - Rejection Sensitivity
 - Emotion Regulation and Distress Tolerance for multiple pressures and expectations
 - Assisting clients in navigating societal expectations with aim to minimize distress or harm
 - No right answer for any problem

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