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

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 LGTBQ 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.

Rough Outline

LGBTQ Identity:

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- Identity Development Barriers to Identity Development

Relevant Components of Autism

Working with LGBTQ and Autistic Clients and their Families:

- and their Families:

 Intersection of Identities'
 Clinician Challenges
 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
 Weldston as Primary Intervention
 Psychostication
 Supporting Parents

 My Preferred Intervention:
 Dialectical Behavior Therapy

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.

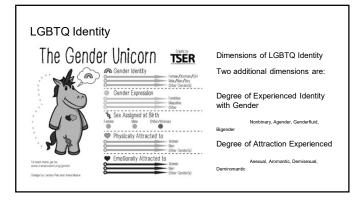
Neurodivergent: A person whose brain deviates significantly from expectations

Neurotypical: A personal with a typically developed brain.

Feel free to ask any other questions about language

LGBTQ Identity The Gender Unicorn Dimensions of LGBTQ Identity: Gender Identity Gender Expression Sex Assigned at Birth Biological Components

 Hormone Levels
 Genetics Physical Attraction Romantic Attraction

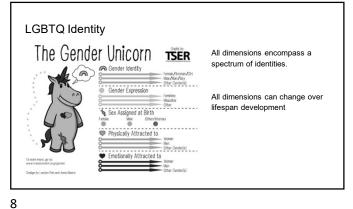


LGBTQ Identity Development: Barriers to Identity Development

- 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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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

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- Sex is an intense sensory experience
 Pubertal Changes may cause sensory discomfort

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

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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- · 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, pa
 - Especially "in-between" identities to biseaus, panseaust, nonbinary, genderqueenfluid, agend
 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.

 - Ostracization from multiple groups

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
 - o 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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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
- Expectations that Autistics of Parl

 ABA therapy

 Social communication
- Social communication
 History of stigms 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

Working with LGBTQ and Autistic Clients and their Families

Clinician Approaches

- Gender and Sexuality Affirming:
- Id Sevuelity Affirming:

 Validation
 Believe client's lived experiences
 Believe client's report of bias and stigma
 Celebration of Gender and Sexuality milestones and goals
 Cilinican Education
 Learn the lingo
 Be familiar with LGBTQ sex and gender practices
 Recognize dialectical position as galekeper to care and support person client
 Flexibility of gender and sexuality 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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Clinician Approaches:

- Neurotype Affirming:

 - 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

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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• Assessment: From Strang, et al, 2016

** Intergrency intakes: If the adolescent precents in a state of emergency, as some gender dysphoria (GD) referrals do, then as in any assessment, the first priority is risk reductional conference or precent precent in a state of emergency, as some gender dysphoria (GD) referrals do, then as in any assessment, the first priority is risk reductional conference or productional conference or extension of complete desired and reduction of the state of the conference or extension of the state or extension or e

Gender-Diversity and Autism Questionnaire: https://osf.io/z6j97

My Preferred Intervention: Dialectical Behavior Therapy

- Works with emotional dysregulation
- Targets behavioral change
- Has dialectics at its core to assist in cognitive flexibility
- Specifically targets SI and NSSI
- Has a giant book of skills for how to run a brain
- Most Adolescent programs have parental involvement
- Traditional DBT and R/O DBT useful for different presentations

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Working with LGBTQ and Autistic Clients and their Families

- Working with Non-Accepting Parents
 - Risks of inaction
 - Suicide
 - Non-suicidal Self Injury
 - Homelessness
 - Physical, emotional and sexual abuse
 - Additional mental health diagnoses: GAD, SAD, MDD, PTSD, C-PTSD, and Borderline Personality Disorder
 - Understanding Communications of Distress by Parents
 - Objections to LGBTQ or Autistic Identity
 - Objections to specific interventions

References

Bruce, H., Manday, K., & Kapp, S. K. (2023). Exploring the experiences of autistic transgender and non-binary adults in seeking gender identity health care. Artitre to Adulthood, 5(2), 191-203.

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Working with LGBTQ and Autistic Clients and their Families

- Working with Non-Accepting Parents (cont)
 - o Validation as a Primary Intervention
 - Validating both Parents and Clients
 - Believing Lived Experiences
 - Looking for ways behavior makes sense
 - o Psychoeducation ■ Conversion Therapy
 - o Supporting Parents through child's identity discovery

 - Therapy for parentsSupport groups for parents

 - Religious counseling
 Establishing expectations for information disclosure

Questions?

Thank you for having me!

You can reach me for additional questions or consultation:

Pathways Counseling Center:

Pathways Counseling Center:

1919 University Avenue West, Suite 6 St Paul, Minnesota 55104 https://www.pathwayscounselingcenter.org/ 651-641-1555

Psychology Today:

https://www.psychologytoday.com/us/therapists/brenden-ormsby-saint-paul-mn/1055479

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