

Immersion Project: The Culture of the Autism Spectrum Disorder Community

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I have no conflicts of interest to disclose.

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Abstract

For this project, I observed two events, one being social groups for those diagnosed with autism spectrum disorder, as well as facilitating therapy with a young boy whose name I have changed to Thomas; Thomas additionally has been diagnosed with ADHD, primarily inattentive, and experiences a cognitive disability as well. These two groups represented the vast variation when it comes to those diagnosed with autism spectrum disorder (ASD), as Thomas is nonverbal, and those in social group are developmentally and cognitively capable but need more skills with socio-emotional learning. Through these observations and additional research, I expound upon the history of those diagnosed with ASD, their surrounding culture, and the theories that scientifically proven to be effective in practice with those in the ASD community.

Keywords: *autism, culture, therapy*

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Introduction

I began working with children with neurodivergences, specifically those with autism spectrum disorder (ASD) about a month ago. Where I have a B.A. in Psychology, I knew a little bit about the symptoms of the disorder, but I soon realized that I didn't know much at all. Thus, I explored ASD for my cultural immersion project so that I could understand it on a much deeper level by researching the history behind how those with ASD have been treated, maintain observations during therapy and social group therapy, and finally, researching which theories of counseling work well with this population.

Body

History

Autism is characterized by social deficits, lack of visual tracking, eye contact, facing an individual when their name is called, a lack of interest in social engagement, lack of ability to imitate others, and repetitive actions or sounds (Kodak and Bergmann, 2020). These are some of the common variables throughout those diagnosed with autism spectrum disorder, but where it is comprised on a spectrum, there is much variability to how it is presented in each person. There is also thought to be some variability in the root causes of autism, such as the environment, genetics, development, or the interaction of the environment and genetics (Wozniak, et al., 2017). Just as there are many moving variables in neurocognitive development, so there are many moving variables to those who have been diagnosed with autism; those with autism display highly varied symptoms and whether or not the symptom or deficit will impede daily functioning (Wozniak, et al., 2017). There have been some studies that have correlated genetic factors with autism. For those with autism, it much more likely that they have an autistic sibling, and for

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twins, the probability is much greater that the twin will be diagnosed as well (Wozniak, 2017). It can be both failing to develop certain skills at the proper time or developing those skills in an inappropriate time frame that characterize the development of those with ASD (Wozniak, 2017). There is much variability to how the symptoms of ASD may present itself, which is why therapy within this field is a relatively new phenomenon. Because a lot about ASD and other cognitive disabilities hasn't been known, there is a history of abuse and dehumanization, specifically by scientists and those in the medical field. For example, in 1949, one scientist wrote a study on his attempt to explore the effects of positive reinforcement on a group of adults with learning disabilities, and in this study he referred to them as "vegetative human organisms" (Kirkham, 2017, pg. 110). There were also physical maltreatment, abuse, and neglect for the name of science, such as locking a child with autism in a room daily for a year until the crying and behaviors ceased (Kirkham, 2017, pg. 110). Another example of abuse was seen with the professor Lovaas, who did not consider children with autism even *human* in a psychological sense, and continued to use torturous treatments, such as electric shocks, beating the child, and removing any access to food (Kirkham, 2017, pg. 111). Yet, this professor still insisted that he was improving the child's life.

Events

For my two different events, I chose to use two different settings within the ABA therapy clinic in which I work. I chose to use these because I am new to this field and working with children with special needs, so I wanted to explore and understand more about their world. One of the events is two different social groups that I helped with, which equals to two hours. The other event that I will be using is an ABA therapy session with a nonverbal client with some cognitive deficits. The reason I chose these two specific events is that I felt like these two events

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helped show the wide range of symptoms that children may have when they are on the autism spectrum. For the social event, I helped facilitate two different age groups in helping them learn social skills in a more natural environment. The first age group are early elementary school children, and we help teach principles like sharing, or more cognitive behavioral topics, such as self-awareness. The older social group is late elementary, very early middle school aged, and we teach cognitive behavioral topics such as self-awareness at a more advanced level, confidence, and at the beginning of each social group they must sign a contract that details rules of how to be a good friend that they should follow. These rules are ones such as speaking at an appropriate volume, listening when a friend is talking, and respecting others' personal space. For the ABA therapy sessions that I perform as an ABA technician with a child I shall call Thomas are some basic drills that will allow him to generalize to communication and daily life. One of the drills, for example, is for practicing discrimination. I lay out 3 objects spaced out in front of him, and will give a directive demand (SD, or discriminative stimulus in ABA language) such as, "give me plate." This allows him to practice discriminating between objects to identify the one he wants or needs. He uses a program on his iPad that has picture icons of his usual snacks and favorite toys, and when he presses a button, the program "speaks" the button. I chose to write about him because his story is very different from the kids in social group, because he has very different special needs and capabilities. Some kids with ASD do not only have a developmental disorder, but also a cognitive deficit, of which he is one. In the very short time that I have worked with him, I have learned so much from him and about him, because he has so much personality.

Emotions Surrounding Events

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For the emotions that were evoked during my two chosen events, there were some moments I became more emotional than others. For example, one of the kids in the younger group, suddenly pointed out that her family tells her she has autism; each of the kids responded with a resounding echo of, “me too. I have autism.” Now it evoked emotion in me because they were all aware that their lives were different from the majority culture, and even in the early ages of elementary school, they were feeling that difference. Additionally, one kid asked about what would happen if someone made fun of the t-shirt he decorated in therapy. I began to reassure him that no one would, when my supervisor began to lead him through a series of questions to help him think through how others’ opinions are their own, and we don’t always need to care about their opinions. This was amazing to me to watch, to bring such an excellent teaching moment through a kid’s question. It was also saddening for me, thinking about how this kid needs the tools to withstand and potentially ward off others’ mockery for being different than themselves. For Thomas, what made me emotional is when he begins to focus on his mom and going home. He will narrowly focus on his mom, saying the word repeatedly and beginning to have behaviors that may be unsafe for him and those around him. In ABA language, it would be referenced as “perseverating on mom.” Even today, he began to focus on his mom, and he began to cry. Because it is difficult for him to regulate his emotions, it is best to help him regulate and be in the moment as quickly as possible. So, I urge him to take deep breaths, and I modeled it for him. Considering it was stormy outside and it was towards the end of a long day, I saw his distress and it made me want to cry with him. I know that alongside these reactions, I also experienced some emotions of minor frustration, as though the children didn’t meet my expectations. This is because I am used to working exclusively with neurotypical children, and I am neurotypical,

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which is an extreme privilege. This is where I lack patience and some understanding, of which I am intentional to grow.

Cultural Differences

Some of the things I have learned that I have learned involving the culture around these kids is that each one is unique. There may be a misperception that those diagnosed with ASD are all the same and share extremely similar traits; that is not true at all. I work with several different kids, each one in the social groups and each one in 1:1 ABA therapy is completely different. Not merely does ASD present differently in each of them, but their preferences, personality, and struggles are all different. Another example is that those who have been diagnosed with ASD have a different way of learning information. Each person's way of learning may be unique to themselves, but it is different from the cookie-cutter mold in many public-school systems. It causes those who teach them to be creative with how they present goals and phrase questions. Within those differences, there is a culture or similarity that those diagnosed with ASD are often very sensitive to light, sound, their own emotions, and touch. This sensory experience can be very frustrating or painful for them at times, but it can also be a source of joy. During a therapy session one time, I rolled Thomas up in a fuzzy rug and rolled him back and forth. He was delighted! The sensory experience brought him much laughter and smiles. Although it can be a source of frustration, it has caused me to consider the many ways that I have become numb to the world around me and caused me to try to fit into their shoes to consider the sensory experience around me. Finally, there is a culture of love for family. As each child gets picked up or dropped off for the day at our clinic, it is evident that one loves their family member. Because the special needs create a unique bond between the caretaker and the one receiving care, there is a unique love there too. With many of the parents of children who have been diagnosed with ASD, they

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are eager to help the child grow to reach his or her potential in any way they possibly can. Each caretaker adores their child. Obviously, not all caretakers reflect his attitude, but there are many who do.

Major Theories Surrounding ASD

Some of the major counseling and therapy theories that are validated to work with this specific group of individuals are behavioral theory, more specialized at analytical behavioral analysis, and cognitive-behavioral theory. There have been many studies done on the effectiveness of group cognitive-behavioral therapy for those diagnosed with ASD. One study showed the efficacy of CBT with young children diagnosed with ASD in a group therapy setting that focused on self-awareness, one's own emotions, and the behaviors that are involved with emotions (Druesedau, et al., 2021). The group worked on emotional regulation, especially with such strong emotions such as fear or anger, where those with ASD may have a difficult time effectively regulating those emotions (Druesedau, et al., 2021). Additionally, the children learned how to recognize emotions in others, and how to effectively communicate with others about their own emotions. There was a unique focus upon each child's strengths, thus giving them more confidence in themselves. The efficacy of the study was tested by how well both the children liked, accepted, and whether they saw improvements, and overall, the group therapy was well rated (Druesedau, et al., 2021). Secondly, there was also a study done on group therapy with adults diagnosed with ASD. This group therapy focused on managing social anxiety, and improving social skills (Bemmer, et al., 2021). This study actually found that the greater the initial social anxiety symptoms present, the greater the improvement in social skills after the intervention of group therapy. This lead the authors to hypothesize that it was perhaps the presence of social anxiety that hindered social skills and not a mere lack of them (Bemmer, et al.,

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2021). Apart from cognitive behavioral therapy, applied behavior analysis (ABA), which stems from behavioral therapy, is also as a form of therapy with those with ASD. ABA has much deeper roots with those who have been diagnosed with ASD, as there have been studies since the 1960s, although the majority of early work in this field is highly unethical and horrific (Kirkham, 2017). ABA has been proven to be effective for those diagnosed with autism in helping develop social, cognitive, and language skills (Vietze & Lax, 2020). Children who are diagnosed with ASD very early on can begin ABA very early as well, as early as infant (Vietze and Lax, 2020). ABA has been used to run different drills with reinforcement to help children develop verbal, social, cognitive, imitation, visual discrimination, and many other skills as well (Vietze and Lax, 2020). It is the direct request, direct response, and the subsequent reward that makes this form of therapy so effective.

Conclusion

Within the events of the social groups that I helped facilitate and the 1:1 ABA therapy that I facilitated with Thomas, I learned much about autism spectrum disorder and the culture surrounding it. Some of the cultural themes that I saw present were the uniqueness among each child, such as their personality, interests, and unique learning style; awareness to the sensory world around them; and finally, the strong bond and unique relationship between the caretaker and the recipient. Additionally, I learned much about the marginalization of those diagnosed with ASD or a different cognitive deficit, and well as the years of unethical treatment they received. Finally, I explored the best therapy theories used with this population. I learned much about this population, their background, and how to better serve them.

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Cultural Immersion: Children with Developmental Disorders

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Abstract

In this paper, I examine the two different interviews I performed in relation to the cultural group with which I immersed myself, children with developmental disorders. The first interview I conducted was with a supervisory therapist at an agency called Autism Services. Ms. Brannock gave me much information as to the lack of needed therapists and provided services for those who have been diagnosed with ASD. She also noted that society at large has not been educated well when it comes to this population. The second interview I conducted was with a Mr. Berry whose adopted daughter was diagnosed with Down Syndrome. He explained to me his background with special needs, the family dynamic now that their adoptive daughter has joined, and his hopes and fears for his daughter as an individual who has Down Syndrome. These two interviews intertwined and yet provided me a unique family and societal perspective.

Keywords: *autism, Down Syndrome, developmental disabilities, special needs, ABA therapy*

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Agency Interview

For my first interview with an agency, I phoned a friend who worked with Autism Services Center (ASC). When I asked an employee of the company the purpose statement of the company she worked for, Ms. Brannock replied that it was to provide support and various services to individuals diagnosed with autism. She added that the founder of the company was a mom with a son who had been diagnosed with autism, which is what drove the founder to become so passionate to advocate for this community and start the company.

Services

The services that ASC provides are Title XVIII waiver services, as well as ABA therapy. Title XVIII services provide support personnel for children who are the spectrum who are still living with their parents and need additional support. Additionally, Title XVIII waiver support personnel can be used in group living homes for adults who are on the autism spectrum and need additional support. Ms. Brannock also added that group homes can look very different for different individuals; some group homes that need these support personnel have 24-hour direct care and need monitored around the clock, while other homes need staff only during the daytime hours to assist and support individuals while they go to work, go the grocery store, pay bills, and the like. Applied Behavior Analysis therapy uses behavioral techniques or approaches that have been researched and studied and applying them to individuals to make socially significant behavioral changes. This therapy can teach children how to effectively communicate, daily living skills like brushing hair or toileting, social skills, or anything else that can be learned. Ms. Brannock stated that this therapy differs somewhat from other psychological approaches in that it measures merely behavior, rather than primarily emotional or mental states.

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Finding out about the services can be hard to come by, however. Ms. Brannock explained to me that once a child is given an autism diagnosis, parents may find out about these services. Sometimes it may be some delays or other common signs of autism seen by the parents or pediatrician, then the pediatrician will refer out for testing for an autism diagnosis. If the child receives a diagnosis, they may be referred for speech, occupational, and physical therapy, because there is often a speech or motor delay that occurs with autism. The pediatrician may also refer them out for ABA services for the child, especially since common insurances such as Medicaid is beginning to cover ABA therapy for autism diagnoses; however, it is more often that the parent will have to seek out ABA services. It is within these first few years of a child's development that ABA is most effective, in that the brain is more plastic, and it is often considered an early intervention by insurance.

Areas of Greatest Need

Some of the areas of greatest need are for more board-certified individuals to handle caseloads that are appropriately sized, so that each child can get adequate therapy plans, enough supervision, and enough recommended hours. There are not enough providers to manage these caseloads and supervise the registered behavior technicians (RBT) which provide the direct therapy. Additionally, there are not enough RBTs to provide direct therapy so that each child does not get the hours they need, often up to around 40 hours a week. Finally, there are many children who have cooccurring conditions with autism, such down syndrome diagnosis along with an autism diagnosis, that are overlooked because those with an autism diagnosis are prioritized for this type of therapy.

When I asked Ms. Brannock about some of the greatest challenges this population faces, she had a very interesting answer. She stated that within the autism spectrum, there are three

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categories, varying from category or level one, which entails very little support needed. This goes on to levels two and three, which are indicated by their increasing needs for support. She stated that firstly, there should be many more levels, as ASD is much more complex than a three-level system. Secondly, she stated that oftentimes those who need a bit more support, such as level two or three, are diagnosed early on in life and are referred for services; however, those who need minimal support may not be diagnosed until later in life, beyond the time that would be ideal for them to receive therapy or intervention services, or truly beyond the time that insurance is willing to cover. There is Title XVIII support for adults, but that is mainly for adults who need continually support, rather than an individual who may be struggling in a specific area, such as struggling with social skills.

Social Justice

When I asked Ms. Brannock about the importance of social justice within this population, she replied that social justice is extremely important, but somewhat tricky because there aren't always outward indicators that an individual needs additional support. This would mean that social justice for this population would rely upon primarily upon educating others on the support needs of those who have diagnosed with ASD, and with how to identify that an individual may have those support needs. She referenced a police officer body camera footage that was released through an Arizona news station where a man tackled a young teen with ASD who had been stimming with a piece of string while walking around a park (ABC15 Arizona, 2017). The police officer mistakenly thought that this individual may have had access to drugs and tried to detain him. Once the teen's caretaker arrived on the scene, it was clear that this officer had not been educated about the nature of autism spectrum disorder, nor the support needs that an individual may require (ABC15 Arizona, 2017). Ms. Brannock also noted that professionals who interact

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with individuals with autism need to have more extensive training in order to help support those with special needs. Just as there is great care to provide accessibility to those who may have other support needs, such as those who are deaf or blind, so there needs to be care to provide training for best support for those with ASD. Many times, those who need greater support must be sedated to even go to the dentist (where the bright lights can be overstimulating) or other health care because the event is so stressful to the individual.

Family Interview

For this interview, I spoke with an adoptive father, Mr. Berry, of a young girl with Down syndrome, whom we will call Matilda. Mr. Berry currently works in administration in a clinic that provides therapy services to individuals with developmental disorders, so I asked him about his background in that field. He replied that he had begun working with individuals with special needs about 18 years prior, when he had provided special assistance to a young boy on a soccer team he was coaching. At the time, he had no idea that the boy had been diagnosed with autism, or even really what the support needs of an individual with autism were. Afterwards, this young boy's mom approached Mr. Berry to thank him, and to ask if he had ever thought about working with children with special needs. From there, a seed was planted. Mr. Berry worked for a YMCA in his area and helped found Challenger Sports in his area that had a focus on assisting children with special needs to play and learn different sports, as well as starting swim lessons and Boy Scouts program. From there, he realized that he wanted to be in that field full-time. Within his personal life, he and his wife has been considering adoption for quite a while, and when the time came, they were called about a young girl who had been abandoned at a hospital, and who needed a home. This baby girl's, mother struggled with substance use disorder, but because she was born so early, the substances did not have the chance to cause the baby to become

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dependent. This little baby girl was Matilda, who was also born with Down Syndrome. She was born with several health concerns, and she had to stay in the hospital for about two weeks. She is now about three years old and doing well. Mr. Berry mentioned that one of the bigger adjustments as Matilda became a part of her family was the more intensive health care, as Down Syndrome is a genetic disorder, it requires more health support, such as 6 weeks in the NICU and trips to special needs hospital programs. Additionally, she is able to access various therapists through the birth to three program such as speech therapy, physical therapy, and occupational therapy. Throughout providing the support that Matilda needs, Mr. Berry has been able to watch his five other children, four older and one younger, grow especially sensitive to those with special needs.

Discrimination

Additionally, I asked Mr. Berry if they had experienced any form of discrimination or ignorance as pertains to their daughter. As of right now, there hasn't been much discrimination or ignorance, but Mr. Berry sees that coming in the future. Matilda has begun walking, and as she begins to interact with others, she doesn't always understand typical social boundaries. She hears others and understands, but she is not verbal quite yet; however, she does know somewhere between 150-160 signs. For example, if she sees someone of about the same size as her, she may try to pull their hair out of curiosity or forcefully hug them. However, Mr. Berry does hope that her physical presentation of an individual with special needs may incite more understanding from those around her.

Matilda's Future

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Because Matilda is so young, I asked Mr. Berry what his hope and fears for her are as she grows older. He said that his hopes will change and are mainly dependent on her “ceiling,” of what she is able to accomplish, but he hopes that having so many siblings will be a big help for social learning, rather than just adults surrounding her. Overall, he hopes that in an ideal situation, that she becomes a productive adult that understands the difference between being an adult and a child, so that she is able to look, act, and present like an adult, so that she can avoid any unnecessary judgement. He hopes that one day she will work, whether volunteer work or a day-to-job; he thinks that physically and cognitively she may be able to. Overall, however, he acknowledges that these things will be dependent upon her and her strengths and needs. Long term, he wonders what it will be like for her once he and his wife are gone. Thus, they hope to apply for waiver services so that will be in place, but also, he wishes to begin a sort of legacy business in her honor that his kids can run, so that she will always have some form of monetary support in the circumstance that she may not be able to work. He hopes that the business will be able to represent her in some way, whether by her interests or using her likeness as a spokesperson, in order to positively impact others diagnosed with Down Syndrome.

When I spoke to Mr. Berry about fears he may have for Matilda’s future, he replied that he was afraid of failure or judgment for her, but he acknowledges that those fears are common to nearly every parent. Another fear that he and his wife had been recently discussing was a fear of abuse. He indicated that because he has seen and investigated many cases of abuse and neglect, this is a very real possibility for Matilda, even more so if she is never a verbal person. Thus, all the more need to teach her to speak up and advocate for herself. If she cannot, then it is left to the people around her to advocate for her, which requires a lot of trust for a parent. He said that he was not afraid of her communicating her wants and needs, but rather fear of her not being able to

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be independent enough to lead to a productive and fulfilling life, and that she may feel like she is a child forever. He spoke that many of us take for granted that we are able to achieve some level of adult independence, and he hopes that she will be able to do the same.

Emotional Experience

As I listened to Mr. Berry speak about his daughter, I felt very emotional. I have never thought very deeply or considered those who may have developmental disabilities, and his compassion for them was astounding and moved my heart. I felt like I had been missing and dismissing a very integral people group of society, and in contrast to his knowledge and compassion I saw that I had much to learn. I also saw the beauty of his daughter's adoption and developmental story. I saw beauty in the fact that she was born early and able to escape additional health needs, and even though she had been abandoned, the Berry family was willing to take her. As Mr. Berry told me about the ways his children stepped up to provide support to Matilda, it moved me at the enormous amount of grace and love that they show to her, levels that I aspire to. I also was moved to tears that the biggest fear that Mr. Berry and his wife face with Matilda's growing older is that she will face abuse. While this is a concern for many, it is a more poignant and painful consideration for those who have special needs, especially those who may not have verbalizations.

Based on this interview, I learned a lot about both those with developmental disabilities as well as those with Down Syndrome. For example, I didn't realize that Down Syndrome presented with physical support needs alongside cognitive and social support needs. I also wasn't really aware that an individual may identify and see themselves as a child forever, and that may be a real fear or concern for that individual. Additionally, I hadn't considered whether or not a physical presentation of an individual may allow them more grace when it comes to

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discrimination. Finally, what really broke my heart, was that even though I knew that abuse was a real concern for those with special needs, it became so much more real and sharp in my mind when he mentioned that it was a fear of him and his wife.

Gracism Principles

When considering the principles of Andersen's *Gracism* and my chosen population of children with developmental disorders, a couple principles came to mind. The first one was "I will cover you." When considering some of the comments that Ms. Brannock and Mr. Berry made about this population, it was greatly impressed upon me to remember the inherent dignity and honor of this population. Just as Mr. Berry mentioned that his daughter may not always be aware of social norms within culture, there are some individuals with special needs that are not in tune with the cultural norms around them. Because of their vulnerability, those who are able to provide support must support them in a way that preserves the highest dignity. We must cover them and treat vulnerabilities with a special grace and modesty rather than joking or making underhanded comments at their expense (Andersen, 2009). This is also a dignity that needs to be restored and revived in light of the historical horrors that individuals with developmental disorders were subjected to within the scientific community (Kirkham, 2017). As these dehumanizing tactics are diminished and gone, we must restore dignity. Additionally, Andersen's principle of "I will lift you up," is very applicable to this population. Andersen reminds Christians that all who are part of the body of Christ are necessary, and no one is indispensable; this calls for giving additional attention or support to those who may need it, those who are on the edges of society (2009).

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Analysis

Some of the similarities that I noticed between the two interviews are this population's need for support and care. Mr. Berry understood firsthand how to provide the additional support needed for those with developmental disorders in a naturalistic setting, and Ms. Brannock emphasized this need with those who attend therapy. Even though they had a common theme of support needed, the way each one approached it was different. Ms. Brannock's response to support needed took a more decidedly societal view, with more therapists needed, and more education for healthcare and first responders. Mr. Berry's emphasis on additional support came from a much smaller circle, within his own family and the support they were able to give Matilda. I think that even though Ms. Brannock has a significant amount of experience with this population, I think that Mr. Berry's connection with this population was much more intimate. This can be seen somewhat in their concerns and frustrations with how the larger culture interacts with individuals with developmental disorders: Ms. Brannock was frustrated about the lack of services provided and lack of education among professionals, where Mr. Berry and his wife were very concerned that their daughter wouldn't be abused and would grow up into a productive adult.

I think that the most surprising thing that I learned in the interviews was that there is a lack of education among healthcare professionals with how to adequately support individuals with autism. As I watched the news video that Ms. Brannock mentioned, I was extremely surprised at the lack of exposure and knowledge this police officer had about ASD, and because of that, the violation of that individual's dignity and honor. I was surprised by this because I assumed if a police officer was going to encounter a highly diversified population, then there must be some training or exposure to an individual who was stimming.

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As a result of this immersion experience, I have gained a great deal more of compassion for this population. I have learned of the difficulty in accessing intervention services, and even in the education of available intervention service for parents of children with ASD. I have learned that this is an underserved population, with a lack of available therapists, as well insurance coverage. I didn't realize that after a certain age therapy would be hard to find, as insurance only covers a very small fraction. Additionally, I learned the parental struggles of those with children who are diagnosed with developmental disorders. I didn't realize the fears, worries, or joys that entails being a parent of a child with special needs. Overall, I think I gained compassion for this often overlooked and stigmatized population as they advocate for themselves.

I think insights that I gained that I could apply to counseling in the future is that for those with autism spectrum disorder, even a trip to the dentist can be a frightening and stressful experience. I think that the realization that many day-to-day things that I personally don't think about can be overstimulating for an individual with ASD is eye-opening. I think that for starters, I could apply this by keeping a sensory-friendly office, as well as being aware of sensory experiences in school that may be overwhelming. Additionally, seeing the lack of adequate education on developmental disorders presented in professionals in society can be applied by providing resources and programs to educate others on what a developmental disorder may look like, and potential needs and how to meet them. This would be helpful for staff in the school, as well as kids in school who will doubtless interact with others that may differ from them. This would provide a way to educate kids, answer their questions, and potentially stop unneeded judgement. This would assist in stopping pattern of the past to dehumanize this population, but rather to restore dignity (Kirkham, 2017). As ASD has often been characterized by social and communication deficits, as well as sensory needs, this will allow me to gauge future clients to

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see if they may need additional support in some of those areas. (Kodak & Bergmann, 2020).

Finally, the potential for abuse among those with developmental disorders must be kept in mind and monitored for when caring for a client.

Conclusion

In conclusion, there were many similarities in how both the agency interview as well as the personal interview emphasized certain things, such as advocacy and needs for additional support. But because these two interviews were from different perspectives, where Mr. Berry was speaking of his adoptive daughter who was diagnose with Down Syndrome and Ms. Brannock was speaking of clients to whom she administers therapy, they have given me a much better picture of the societal and familial interactions of those with developmental disorders.

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