Privileging Autistics of Color: A Human Rights Approach to Applied Behavior Analysis (ABA) Therapy

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Privileging Autistics of Color: 
A Human Rights Approach to Applied Behavior Analysis (ABA) Therapy

A Field Project Proposal Presented to
The Faculty of the School of Education
International and Multicultural Education Department

In Partial Fulfillment
Of the Requirements for the Degree
Master of Arts in Human Rights Education

by
Rebecca Rubey
December 2017
Privileging Autistics of Color: A Human Rights Approach to Applied Behavior Analysis (ABA) Therapy

In Partial Fulfillment of the Requirements for the Degree

MASTER OF ARTS

In

HUMAN RIGHTS EDUCATION

By

Rebecca Rubey
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UNIVERSITY OF SAN FRANCISCO

Under the guidance and approval of the committee, and approval by all the members, this field project has been accepted in partial fulfillment of the requirements for the degree.

Approved:

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Instructor/Chairperson
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CHAPTER ONE

INTRODUCTION

Statement of the Problem

Autism, like race and ability, is a social construct. Numerous scholars in the critical autism studies field, critical social theorists, and autistic self-advocates have highlighted the flexible, social nature of the category of autism (Brown, Ashkenazy, & Onaiwu, 2017; Hilton, 2017; McGuire, 2015; Runswick-Cole, Mallett, & Timimi, 2016). Annamma, Connor, and Ferri, (2013) describe the categories of disability as “societal interpretations of and responses to specific differences from the normed body” which are inherently “context dependent” (p. 3). Autism, a category of disability, has also been depicted as a category of social difference (Hilton, 2017). Contrary to the dominant notion of autism as a fixed, purely biological condition, autism diagnosis is contingent upon social definitions of normality through “marked deviations from a typical neurological profile” (Brown, 2011b, para. 11). In the Diagnostic and Statistical Manual of Mental Disorders, the American Psychiatric Association (2013) states autism is diagnosed through observed “persistent deficits in social communication” and “restricted, repetitive patterns of behavior, interests, or activities” (p. 50). Defining abnormal communication, behavior, interests, and activities are subjective tasks based on the assumed existence of a normal body.

The Construction of Autism and Its Consequences

However, dominant rhetoric espoused through the pathology paradigm approaches autism from a deficit perspective (Walker, 2013). The pathology paradigm is a lens of knowing formed under the assumptions that “there is one ‘right,’ ‘normal,’ or ‘healthy’ way for human brains and human minds to be configured and to function” and if your brain functioning “diverge
substantially from the dominant standard of ‘normal,’ then there is Something Wrong With You” (Walker, 2013, para. 10). The pathology paradigm, also referred to as the biomedical model, conceives of autism as a biological disorder or disease of the brain which requires medical care aimed at rehabilitating the individual. Autism has been characterized as a “medically pathological and morally undesirable” disease (McGuire, 2016, p. 20). Often the pathology paradigm makes use of the statistical rise in autism diagnosis as evidence of an epidemic that must be cured. Indeed, the percentage of people diagnosed with autism has increased greatly from 4 in 10,000 in the 1960s to 1 in 50 today (Timimi & McCabe, 2016). Although there is still no identified biological cause or cure for autism, the apparent rapid increase in diagnosis has fueled epidemiological narratives of outbreak (McGuire, 2016; Timimi & McCabe, 2016).

Popular media has made sense of this by likening autism to an epidemic which invokes a fearful response to a plague-like disease.

However, critical autism studies scholars explain the rise in diagnosis by pointing to the socially constructed nature of autism rather than biological or environmental factors. Timimi and McCabe (2016) point to the widening of diagnostic criteria to a spectrum disorder “without any accompanying evidence that this expansion is tied to new biological knowledge on the condition” (p. 44). McGuire (2016) adds to the explanation of the ‘epidemic phenomenon’ by highlighting the heavy media coverage of an alleged link between vaccines and autism. Others note the growth of the autism industrial complex (companies profiting off of the treatment of autism) and popular autism advocacy organizations encouraging early diagnosis as contributing factors to an ‘epidemic’ rise in autism (Runswick-Cole, Mallett, & Timimi, 2016).

Despite its socially constructed nature, the assignment of the label of autistic, raced, and/or dis/abled corresponds with material consequences and a loss of human rights for such
labeled bodies. In 1948, the United Nations General Assembly adopted the Universal Declaration of Human Rights (UDHR) whereby member states committed to upholding a list of universal human rights for its citizens. Although this document is not legally binding, it has paved the way for the establishment of a number of governing bodies, the drafting of international laws for enforcement of the rights, and most importantly, established a formal, shared language of human rights. Article three of the UDHR (1948) states that “everyone has the right to life, liberty, and security of person.” As the following passage will demonstrate, the meanings assigned to autistic people have led to the loss of the right to life (UDHR, 1948, Art. 3), the right to freedom from cruel punishment (UDHR, 1948, Art. 5) and the right to freedom from discrimination (UDHR, 1948, Art.1 and Art. 7; CRPD, 2008).

Autistic self-advocates and allies have called attention to the numerous murders of autistic children by parents and media reporting skewed toward sympathy for the killers due to the burden of autism (ASAN, 2012; Çevik, 2012; McGuire, 2016). For example, on May 13, 2006, in Morton, Illinois, three-year-old Katie McCarron was suffocated to death with a plastic bag by her mother, Dr. Karen McCarron. Karen McCarron pleaded not guilty by reason of insanity and the Chicago Tribune website published the story with the headline titled “Daughter’s Murder Puts Focus on Toll of Autism” (Breslin, 2006). McGuire (2016) points to these murders and the retelling of these murders as discourse-made material; the cultural meanings ascribed to autism create the conditions that allow these murders to be “rendered thinkable” (p. 106):

Autism is discursively framed as some ‘thing’ separate from the fully living human/person: some ‘thing’ to be ‘fought,’ ‘battled’, hated’, waged war on. Autism, our
culture tells us, must be eliminated in the hopes of recuperating the presumed
goodness/rightness of normative life. (p. 106)

The label of ‘autistic’ can result in the loss of the right to life as well as the loss of the
right to freedom from inhumane treatment and the right to an education “directed to the full
development of the human personality” (UDHR, 1948). For example, various forms of aversive
therapies prescribed for autism have come in and out of popularity. These include chelation, a
process of removing heavy metals from the body resulting in kidney and liver damage, solitary
confinement, and withholding food (Silberman, 2015). Electric shock therapy has been used as a
tool to stop self-harm in autistics since 1960s and is still in use at a special needs day and
residential school in Massachusetts (Brown, 2016). It has been described by an autistic adult that
was subjected to the therapy as “stinging, ripping, and pulling pain that froze time” (Brown,
2016, para. 11). This medicalized view holds dangerous consequences for the rights of autistic
people. Likewise, the consequences of dominant institutional meanings ascribed to a person of
color as a marker of identity are problematic in the United States.

The Construction of Race and Its Consequences

The diagnosis of autism is much like what john a. powell (2012) refers to as “the act of
racing” (p. 12). Although race may seem like skin color from a scientific lens, it is actually “a
subjective reality” with “collective significance” that “causes it to function in ways that have
profound structural significance” (powell, 2012, p. 12). For example, the collective definition of
white in the United States did not include people of Irish descent until the mid-20th century.
Meanwhile, prior to the 1930s, autism was considered a component of schizophrenia rather than
a distinct disorder (McGuire, 2016, p.29). Autism can be viewed as context-dependent, much
like race which “mutates and adapts across sociohistorical contexts and life spheres, rather than existing as a single, unitary concept” (powell, 2012, p. 49).

The United States has functioned to support the racial dominance of whites over people of color through overt and covert oppression and discrimination (DiAngelo, 2012). The historical violence of slavery, colonization, and exclusion was predicated on racism which continues to operate through institutional power and authority. Although formalized discrimination through Jim Crow laws are now obsolete, the legacy of racist ideologies against people of color continue to affect the lives of people of color. The United States Census Bureau has published statistics on annual income that illustrates a racialized phenomenon of poverty where white households consistently earn more than Black and Hispanic households (Proctor, Semega & Kollar, 2016).

The scatter plot below illustrates these persistent gaps:

Figure 1. Median Household Income by Race (Proctor, Semega & Kollar, 2016, p. 5)
This wealth and income gap is accomplished in various ways: a lack of homeownership due to predatory lending and historical discrimination preventing the passing on of wealth from ancestors, discrimination in the job market, and a lack of access to quality education for people of color.

Beyond racialized poverty, DiAngelo (2012) catalogs a litany of disparities made possible by the oppression of people of color in the United States. Black males and females have a markedly lower life expectancy in the United States (DiAngelo, 2012). Asians, Hispanics, and Blacks have a higher poverty rate, higher unemployment rates, less net worth, are more likely to be incarcerated, receive harsher treatment in court, are disproportionately arrested and targeted by police, and “are disproportionately represented at every stage of the school-to-prison pipeline” (DiAngelo, 2012, p. 101). Vibrant resistance via individual acts and social movements from the abolition movement of the 19th century to the Black Lives Matter movement of the past decade continue to propose counter-narratives and work to dismantle the system that maintains racial disparity. A deeper understanding of the confluence of the markers of being raced and autistic can shed light on how to further dismantle systems of inequality.

The Intersection of Race and Autism

The interdependent forces of race and ability are manifested in numerous ways in the representation of autistic people of color. First, autism is constructed as a largely white phenomenon. Lists abound of famous characters from history who are rumored to be autistic. One list from an Autism Support Network site catalogs Mozart, Michelangelo, Thomas Jefferson, Pablo Picasso, Sir Isaac Newton - all are currently constructed to be white, male, and contributors to capitalist society (Armstrong, n.d.). Movies and television follow suit where
“what we learn from the movies] [is that all autistics are white” and “likewise, on television, when autistic characters or persons are shown, they are inevitably white” (Heilker, 2012, p. 6).

When one looks to web-based resources for support from federal agencies like the Centers for Disease Control and Prevention, one can find pictures of real autistic people, but they are all white (“Autism Spectrum Disorder,” 2015). Through white-washed media and federal agencies (CDC), one may come to question if it is even possible for people of color to be autistic. The phenomenon of a racialized diagnosis of autism further demonstrates the dominance of a white-washed autism discourse. The Centers for Disease Control and Prevention publicize that autism has a similar prevalence rate among “all racial, ethnic, and socioeconomic groups” (Christensen et al., 2016, p. 12). However, children of color are significantly less likely to have an early diagnosis of autism, which accounts for lengthy delays in the start of services for these children (Christensen et al., 2016, p. 12). Moreover, Mandell, Ittenbach, Levy, and Pinto-Martin (2007) found that black/African American children were “2.6 times less likely than white children to receive an autism diagnosis on their first specialty care visit” and “among children who did not receive an autism diagnosis on their first visit, ADHD was the most common diagnosis” (p. 1795). This high rate of misdiagnosis points to lack of access to care, physician bias, and the subjective nature of diagnosing a person with autism spectrum disorder (Mandell et al., 2007).

Furthermore, there is a growing number of documented incidents of violent and deadly police force against autistic children of color. Stephon Edward Watts, a 15-year old black autistic child, perished after being shot twice by white police officers in his home for brandishing a butter knife. Another example is the story of Marcus Abrams, a 17-year old black autistic child, who suffered a seizure after being tackled to the Metro platform floor by white police officers
when he did not respond to officers because he was wearing headphones (ASAN, 2015). Recent calls for scrutiny of police officers’ use of deadly force against blacks in conjunction with the Black Lives Matter movement have met rallying calls from autistic rights advocates chanting, “autism is not a crime” (ASAN, 2015, para. 3). Ironically, the media denies the possibility of a person of color to be constructed as autistic; meanwhile for the police the presence of autism in people of color is a dangerous additive. Is it possible to be seen as an autistic of color and not be a threat to the justice system? The intersection of the labels of “black” and “autistic” can result in deadly consequences and complex questions.

Although a diagnosis of autism comes with dangerous consequences and a potential loss of rights, it can also be a useful tool for identity development, understanding, and a celebration of neurodiversity. One can see that the label of autism can bring the material privilege of educational services to white students and deny children of color the same services, reifying the current notions of the normalcy of inequality. Likewise, the dehumanizing acts of police brutality toward autistic children of color mimic the historical and ongoing oppression of people of color in the United States. Furthermore, the white-washed construction of autistics in media, health, and advocacy prevents the autistic of color from receiving services or embracing and celebrating this identity. Consequently, there is a serious need to disrupt the vicious effects of the problematic construction of autism and race. Focusing efforts toward applied behavior analysis (ABA) practitioners provides a unique opportunity to consider this problematic construction and work toward change.

**ABA Therapy: An Opportunity for Deconstruction**

Applied behavioral analysis therapy (ABA therapy) is an umbrella term for a variety of intervention approaches based on “systematically reinforcing target behaviors and teaching
individuals to distinguish between different cues in their environments” (Amaral, Dawson, & Geschwind, 2011, p. 1037). ABA therapy is the most widely-used intervention for autistic children (Amaral et al., 2011). The National Research Council Committee on Educational Interventions for Children with Autism recommends children receive 25 hours per week, 12 months a year for effective ABA therapy, although many companies offer up to 40 hours per week of therapy (Lord & McGee, 2001, p. 6).

Many autistic people and autism advocates criticize the behavioral health industry and ABA therapy as attempting to normalize the autistic child through unnecessary repetition and a laser focus on eliminating abnormal behaviors and difference (Runswick-Cole, Mallett, & Timimi, 2016). ABA therapy has also been characterized as laying the foundation for shaping autism as “bad bodies and miswired brains” which have the “potential for a return to normalcy” through recovery from the disease (McGuire, 2016, p. 45). Indeed, Dr. Ole Ivar Lovaas (dubbed the father of ABA) first identified ABA therapy as a method to “suppress pathological behavior” with the goal of producing an autistic subject that is “indistinguishable from their normal friends” (Lovaas, 1987, p. 8).

Considering the problematic social construction of autistic people of color, and the fact that the foundation of ABA therapy was built upon a deficit perspective, practitioners of ABA therapy have the opportunity to work in solidarity with autistic people of color, to teach life-skills in an empowering and humanizing manner, and to disrupt the dominant narratives of autistic and raced as deficit. ABA therapists can do their part to contribute to the vibrant resistance movement in which autistics of color are already engaging in. Through human rights education processes and content, ABA therapists may begin to examine the role of deficit models in practice and work toward making change in the cultural construction of autistics of color.
Purpose of the Project

The purpose of this project is to develop a series of professional development workshops to highlight the need for a paradigm shift among providers of ABA therapy in how they view autistic people of color. In a series of professional development sessions for a private behavioral health company, behavior therapists will explore the social construction of dis/ability and race, review the historical context of ABA therapy within the neurodiversity movement, consider dominant narratives of autism through exposure to counter-narratives written by autistic people of color, reflect on the existence of a hidden curriculum within ABA therapy, and brainstorm ways to bring new insights into practice.

As a former behavior therapist and current employee of a behavioral health company that specializes in providing ABA therapy to children, I have observed the potential for ABA therapy to reinforce and reproduce Lovaas’ (1987) obsession with returning autistics to normalcy - a normalcy of able-bodied whiteness. Furthermore, ABA therapy is dominated by a workforce that is not culturally representative of its clients, based upon a foundation of research that does not reflect the voices of autistic people of color but instead promotes one-size-fits-all methods that are devoid of authentic client voice. However, I have seen the potential of ABA therapy to expose therapists, family members, and community members to the unique benefits of autism and neurodiversity. ABA therapy has the capacity to teach life-changing skills which enable autistics to be seen and heard in a normative society. Simply stated, the purpose of this project is for ABA therapists to learn from autistic people of color in order to create change.

Theoretical Framework

The rationale, content, and methods for this project rests on two central theoretical frameworks. This project examines the problematic construction of autism and race through the
lens of DisCrit (dis/ability critical race studies). Critical pedagogy’s aim of commitment to transformation through critical views on relations of power provide an analytical theme to consider autism and race. Tools for practice espoused by critical pedagogues such as the ongoing process of action and reflection in cohesion with marginalized communities and the use of counter-storytelling provide a practical method for engaging in work toward change.

**DisCrit Theory**

Annamma, Connor, and Ferri (2013) introduce DisCrit as a merge of dis/ability and critical race theory, a framework for understanding how “the structural power of ableism and racism” function to affect “students of color with dis/abilities qualitatively differently than white students with dis/abilities” (p.7). DisCrit is steeped in the tradition of critical race theory and ascribes to the notion of intersectionality: race functions interdependently with other modes of domination which form “interlocking systems of oppression” (Kumasi, 2011, p. 210). Although all social locations bring intersectional consequences for people, race and ability have each functioned interdependently throughout U.S. history as a tool for white supremacy and human rights abuses for people of color. For example, scientists used post-mortem studies of brains (and other subjective tools for measurement, based on white norms) as proof that people of African descent were mentally limited and biologically inferior in the 19\(^{th}\) century (Annamma et al., 2013). Bodies of color were conceptualized scientifically as sub-human in order to help justify slavery, murder, and discrimination (Annamma et al., 2013).

Race and ability continue to be interwoven in U.S. society. This is evidenced by the disproportionate number of non-dominant racial, ethnic, and linguistic individuals tracked and placed into segregated special education programs since the inception of special education (Annamma et al, 2013). Within special education, students who are part of non-dominant groups
are also more likely to be placed into the categories of “Learning Disability, Intellectual Disability (formerly called Mental Retardation), and Emotional Disturbance or Behavior Disorders,” which are diagnosed based on professional judgement of perceived impairment in social interactions rather than the assessment of sensory or physical impairments such as blindness or deafness (Annamma et al, 2013, p. 2). Therefore, subjective professional judgement is skewed toward reifying historical associations with race and ability. Overrepresentation of students of color in special education, poor student achievement rates within special education programs, lower graduation rates and higher incidents of discipline and incarceration prove that these associations with race and ability continue to have material consequences within educational structures (Annamma et al., 2013, p. 6).

Furthermore, DisCrit theorizes that ideas of dis/ability which enable students of color to be over-represented in special education work to reify racial hierarchies in the United States. The exclusion of Native Americans in research in education, the under-representation of Asian Americans in special education perpetuating the Asian American model minority myth, and the over-representation of white special education students in higher education are examples of how notions of race and ability work together to privilege some and oppress others (Annamma et al, 2013, p. 8). Like critical race theory, DisCrit demands educational problems be understood in terms of social and historical context rather than “cultural-deficit paradigms” (Kumasi, 2011, p. 200).

DisCrit draws on the work of CRT, LatCrit, and FemCrit to explore how race and ability are co-constructed via “interactions, procedures, discourses, and institutions of education, which affect students of color with dis/abilities qualitatively differently than white students with dis/abilities” (Annamma et al., 2013, p. 7). DisCrit acknowledges that physical and mental
differences exist, yet pays more attention to the way that society makes meaning of these differences. Dis/ability, like racial categories, is socially constructed and changes over time. Annamma et al. (2013) put forth seven key tenets of DisCrit:

1. DisCrit focuses on ways that the forces of racism and ableism circulate interdependently [to uphold notions of normalcy.

2. DisCrit values multidimensional identities and troubles singular notions of identity such as race or dis/ability or class or gender or sexuality, and so on.

3. DisCrit emphasizes the social constructions of race and ability and yet recognizes the material and psychological impacts of being labeled as raced or dis/abled, which sets one outside of the western cultural norms.

4. DisCrit privileges voices of marginalized populations.

5. DisCrit considers legal and historical aspects of dis/ability and race and how both have been used separately and together to deny the rights of some citizens.

6. DisCrit recognizes whiteness and Ability as Property and that gains for people labeled with dis/abilities have largely been made as the result of interest convergence of white, middle-class citizens.

7. DisCrit requires activism and supports all forms of resistance. (p. 11)

These tenets further elucidate the rationale for DisCrit and provide a foundation for thinking about practice. Critical pedagogy allows the practitioner to further this foundational theoretical knowledge into practice.

**Critical Pedagogy**

Paulo Freire is credited as the father of critical pedagogy through the core principles laid out in *Pedagogy of the Oppressed* (1971) and the rest of his life’s work. Freire (1971) revealed
the capacity of schooling to serve as a weapon against the oppressed through the banking metaphor where teachers serve as bankers, depositing knowledge into students’ empty brains. Freire’s answer to this was problem-posing education (critical pedagogy) where students and teachers commit to a cycle of action and reflection. By making the student the subject, privileging their own experiential knowledge, and employing a critical lens to power and knowledge, students gain critical consciousness to explore oppression in order to harness agency and make individual and collective change in power structures.

DisCrit mirrors and extends critical pedagogy. Critical pedagogy involves a critical view toward schools as sites which reproduce the unequal relations of power along racial, gender, and class lines, and an effort to understand schools as embedded in historical and social context (Duncan-Andrade & Morrell, 2008). This concept is directly aligned with the key tenets of DisCrit put forth by Annamma et al. (2013). DisCrit pushes to include ableism, in conjunction with race, as a key relation of power which is reproduced in schools. Furthermore, DisCrit conceptualizes identity as multi-dimensional, which puts the onus on critical pedagogues to acknowledge and help students to interrogate the intersectionality of multiple identity markers.

Other key tenets of critical pedagogy are an effort to understand the state of schools as embedded in historical and social context and to aim for societal transformation through actual practice (Duncan-Andrade & Morrell, 2008, p. 23). Likewise, DisCrit shines a light on legal and historical policies of education and society in general and the implications that result in material consequences. Finally, critical pedagogues commit to this transformation in solidarity with marginalized groups (Duncan-Andrade & Morrell, 2008). In the same way, DisCrit “privileges voices of marginalized populations” through activism and resistance (Annamma et al., 2013, p. 11).
Del Carmen Salazar (2013) claims that Freire’s (1971) pedagogy “cannot be reduced to reproducibly technical concepts or universally applicable” and therefore rejects the notion of mechanizing his work and applying it directly to a different context (Del Carmen Salazar, 2013, p. 6). So DisCrit can be viewed as its own unique contextual application of critical pedagogy. For example, Freire (1971) argued the goal of education is to work toward critical consciousness: “learning to perceive social, political, and economic contradictions, and to take action against the oppressive elements of reality” (p. 17). Tenet six of DisCrit urges readers to see the contradictory nature of gains for people labeled with dis/abilities which “have largely been made as the result of interest convergence of white, middle-class citizens” which have material and psychological impact (Annamma et al., 2013, p. 7). For example, in the context of U.S. history, the expense of creating accessible sidewalks for people in wheelchairs was justified by the shared interest of parents with baby strollers and travelers with wheeled suit-cases (Annamma et al., 2013). The need for a universal set of human rights is buttressed by the belief that oppression of any group affects all humanity. Critical pedagogy must concern itself with the tenets of DisCrit, which help explain the interdependent forces of ability and race. Meanwhile, DisCrit theorists can take action in a manner that upholds human rights by grounding their work practically through the methods of critical pedagogy. This project intends to use the lens of DisCrit for content and the practices of critical pedagogy for method.

**Significance of the Project**

It may seem naïve to approach change from the very industry that is profiting from the medicalized view. My hope is that a critical view of the processes of ABA and the structures that support ABA will lead to transforming a key factor of the industry - the employees on the front line. ABA therapists often see clients in homes, schools, and community settings and work
on specific goals pertaining to these settings. They interact with family members, friends, teachers, and community members. Furthermore, a core part of ABA therapy is parent education—teaching parents and guardians how to implement various behavior procedures. If ABA therapists can consider work from the point of view of autistic persons of color, see autism as a celebration of difference, forgo the pathology paradigm, and interact with parents, families, and community members in a way that humanizes autistic clients, we can continue the counter-narrative movement that disability rights and autistic rights advocates have initiated from within the autism industrial complex.

I must mention that I identify as a white, neurotypical, hetero, able-bodied, cisgender person; through these various layers, I benefit from being a member of certain dominant groups in U.S. culture. Although I am attempting to ‘interrogate’ my ‘own power and privilege’ in order to work toward humanization, I recognize that my positionality affects and limits my understanding of issues pertaining to groups that I do not belong to, such as people of color and autistic people (Del Carmen Salazar, 2013, p. 135). Thus, it will be a challenge for me to foreground the voices of the marginalized. As Paulo Freire (1971) says, oppressors who decide to join the struggle for transformation often “believe that they must be the executors of the transformation” (p. 14). I plan to address this challenge by primarily using texts written by autistic people, collaborating with autistic people of color on the content and method of the sessions, and ensuring that sessions are as participatory as possible. Like many institutions of power, the autism industrial complex is littered with people like me who do not reflect the identity markers of the client population. This project attempts to undergo a collective interrogation of power that will lead to change for myself, practitioners, and community members.
CHAPTER II
REVIEW OF THE LITERATURE

Overview

This literature review begins with a brief history of the construction of the pathology paradigm of autism in the discipline of psychology during the eugenics movement (McGuire, 2016). From the emergence of autism as a psychological disorder in need of fixing to various unfounded psychosocial theories to explain autism, autism as an undesirable disease was cemented in public thought and discourse. Dominant autism discourse is problematized by autistic self-advocates and critical autism studies scholars through the use of identity-first language and person-first language and effects on the lived experience of autistic individuals. Next, links are made between the problematic construction of autism and the problematic construction of race as efforts to marginalize bodies that deviate from desirable norms. Research from DisCrit scholars and autistics of color are highlighted to bring understanding to the experience of living racialized autism. Last, human rights education for transformative action is proposed as a tool for disruption of the problematic construction and its consequences for the lives of autistic people of color.

A Social History of Autism as Disorder

Autism was first articulated by Eugene Bleuler in 1911 as a psychological symptom, a mode of thinking characterized by social withdrawal that constituted one of the four schizophrenias (Timimi & McCabe, 2016). It was then constructed as a rare syndrome for intellectually impaired children by Leo Kanner in 1943. Kanner’s (1943) landmark study “Autistic Disturbances of Affective Contact” analyzed 11 children and characterized shared abnormal behaviors among the children as symptoms of a distinct disease evident from birth. He remarked that “we must, then, assume that these children have come into the world with innate
inability to form the usual, biologically affective contact with people” (Kanner, 1943, p. 250). One year later, Hans Asperger published a paper articulating “autistic psychopathology” as a distinct disorder after observing children whose impairment only manifested itself in the social group, unlike Kanner’s observation of intellectually impaired children (Asperger, 1944). These early psychological descriptions and articulations laid the groundwork for viewing difference as negative and formally marginalizing bodies through a perceptible behavior description. McGuire (2016) commented, “… as Kanner and Asperger recognized autism as a pathological disorder, they simultaneously moved to recognizing it as in need of improvement or correction” (p.32).

As tenet five of DisCrit recommends, McGuire (2016) nuanced the psychological history of autism with historical context. The theories of Kanner (1943) and Asperger (1944), which still heavily influence autistic diagnosis today, were developed during the rise of the ideologies of racial hygiene and eugenics in Europe and North America (McGuire, 2016, p. 32). Citing the violence and murders of racialized, disabled, queer, and politically/religiously pathologized bodies during the Nazi regime, McGuire (2016) explained that “eugenic notions of racial ‘purity’, ‘fitness’, and ‘hygiene’ provided the necessary social conditions for increased public and private surveillance of normal and abnormal behaviors” (pp. 32-33). Although pathologies were rooted individually, they were seen as a threat to the general public. McGuire (2016) also noted that the ideas of eugenics, mental hygiene and its ties to the health of the nation state exercised through surveillance catalyzed the rise of the new field of child psychiatry and child study “aimed at the surveillance of the earliest aspect of human development” (p. 34).

Timimi and McCabe (2016) continued the exploration of the development of autism diagnosis by chronicling the evolution of diagnostic criteria, the unsuccessful search for a biological basis, and the heterogeneous presentation of autistic people. The change from autism
as a distinct disorder to Autistic Spectrum Disorders was brought about by the work of Lorna Wing and Michael Rutter and was “not the result of any new scientific discoveries, but rather new ideologies” (Timimi & McCabe, 2016, p.32). Timimi and McCabe also described a number of psychological theories used to explain the presence of autism as “neither scientifically meaningful nor clinically useful” which “reflects the lack of progress in identifying the biological basis of autism” (2016, p. 31). Various theories have gone in and out of fashion in the field of psychology to explain autism, such as the idea that autistics lack a “Theory of Mind” (the ability to understand that other people have their own thoughts and feelings) or that autism is a manifestation of an extreme mail brain with a low capacity to empathize and a tendency to systemize (Timimi & McCabe, 2016, p. 34). Given the social influence on the conceptualization of the science behind autism and its constantly shifting criteria, Timimi and McCabe (2016) questioned the utility of an unscientific diagnosis which often serves to push people into “narrow pathways of care” and “reduces the chances of those labelled being accepted and noted for their strengths” (p.45).

Another scholar went even further to question the utility of viewing autism construction through neurodiversity discourses because “they do not replace, rather just reiterate and renovate, the ‘us’ and ‘them’ binaries at the heart of normative identity politics” (Davies, 2016, p. 144). Even if someone embraces the identity of autistic as a way to re-appropriate oppressive anti-autistic rhetoric, there is the risk of tying “ourselves to ontologies that persist in essentialising any and all human beings” (p. 144). This research demonstrates that the tendency to characterize autism as an immutable biological disease is scientifically unfounded, influenced by social context, and often dehumanizing for bodies labelled autistic. The insistence on viewing autism through the pathology paradigm shapes the lives of autistic people in numerous ways.
Autism as Social Construct

The problematic social construction of autism is a recurring theme for autistic self-advocate bloggers, critical autism studies scholars, autistic self-advocacy organizations, and disability studies scholars. In War on Autism: On the Cultural Logic of Normative Violence (2016), Anne McGuire explored the historical underpinnings, evolution, and effects of the cultural production of autism as a socially constructed category. McGuire (2016) frequently referenced and drew on the work of Foucault’s (1972) exploration of discourse as it relates to power and social practice through the lens of disability studies: a framework for viewing disability as a “cultural, geo/political, historical, and economic construct” much like the social categories of race, class, gender, etc. (p. 15). In particular, McGuire (2016) traced the way rhetoric surrounding the topic of autism shapes realities for autistic people. The author argued that violence against autistic people is made possible through the problematic cultural construction of autism as a “condition of human life instead of a lived human condition,” “some ‘thing’ and not a someone” (McGuire in Runswick, 2016, p. 93).

Likewise, numerous other authors have taken up person-first language as a rhetorical pivot point for criticizing the social construction of autism (Brown et al., 2017, Cevik, 2016, Gross, 2012). Person-first language (person with autism, child with autism) is commonly used as a politically correct term by people who are not autistic: academic journals, parents of autistic children, and professionals within the autism industrial complex. It is meant to separate the person’s identity from the dis/ability in order to “emphasize the unique value and worth of the person instead of the broad categorization of a disability label” (Block, 2016, p. 6). In this way, a person is insulated from the negative stigma associated with the inherent deficits of autism and
otherness. This is anchored in the belief that dis/ability and society’s reactions have the potential to dehumanize a person.

On the other side, self-advocates and supporters have promoted the use of identity-first language (autistic person, autistic child) in order to resist the suppression of an autistic identity and to challenge the idea that autism is a negative attribute to an identity (Block, 2016, p. 6). Much like the deaf community or queer community, autistic self-advocates and supporters are embracing and affirming the identity of autism. Furthermore, identity-first language can be viewed as an advocacy tool for promoting autism as a natural human variation of neurodiversity rather than a dis/ability or disorder (Block, 2016). The re-appropriation of naming is an “oppositional effort” to “valorize what has been denigrated” as “a challenge to the othering process” (powell, 2012, p. 89).

Autistic authors have written a plethora of responses to person-first language. In “Don’t Mourn For Us,” Sinclair (1993) addressed grieving parents of autistic children and person-first language by explaining, “it is not possible to separate the autism from the person—and if it were possible, the person you’d have left would not be the same person you started with (p.16). Separating autism from a person is based on the idea that autism is a negative and wrong thing and that autism cannot be an essential part of being human. Sinclair (1993) proclaimed:

Autism isn’t something a person has, or a “shell” that a person is trapped inside. There’s no normal child hidden behind the autism. Autism is a way of being. It is pervasive; it colors every experience, every sensation, perception, though, emotion, and encounter, every aspect of existence. (p. 16).

Brown (2011a), an autistic self-advocate blogger, echoed this criticism and reflected that person-first language affirms “that the person has value and worth, and that autism is entirely separate
from what gives him or her value and worth” thus “it is impossible to affirm the value and worth of an Autistic person without recognizing his or her identity as an Autistic person” (para. 15, para. 17).

McGuire (2016) troubled the phrase “living with autism” as a form of person-first language and references the proliferation of the phrase in news articles, government reports, fundraising for advocacy groups, self-help books. The author pointed out that the word ‘with’ functions to separate the human from the disorder which “creates an artificial disconnect between the (‘good’) individual and the (‘bad’) autism” (McGuire, 2016, p. 189). This rhetorical action locates the disorder within the individual, and it also prevents people from seeing the category of autism as a communal product through the act of comparing all people (McGuire, 2016, p. 189). Paradoxically, the phrase ‘living with autism’ is also employed to include people who bear the burden of living with people who are living with autism. McGuire (2016) cited various examples of this including a 2007 episode of Oprah Winfrey’s show titled “Living with Autism” which focused on interviews with parents, siblings, and doctors about living with an autistic child (p. 190). The logic behind these rhetorical representations of autism shows us “the only vital way to ‘live with’ autism is to long for, and indeed work toward, ‘life without it’ (McGuire, 2016, p. 99).

As mentioned in Chapter 1, the problematic social construction of autism as pathology through rhetoric and psychology has resulted in the use of harmful therapies, filicide (the murder of a child by a parent) of autistic children, the growth of the autism industrial complex (corporate interests whose survival depend upon the existence of autism as treatable disease), and advocacy organizations dedicated to spreading awareness of the danger of autism. For example, in 2007 the New York University Child Studies Center launched a ransom notes campaign to raise
awareness of child psychiatric disorders. In the campaign, the Child Studies center depicted Autism and Asperger’s Syndrome as kidnappers by placing ransom notes along New York City billboards, magazines, and construction sites which read:

![Figure 2. NYU Child Studies Center Autism Ransom Notes Campaign Poster (Cripchick, 2007)](image1)

![Figure 3. NYU Child Studies Center Asperger Ransom Note Campaign Poster (Cripchick, 2007)](image2)
These ads were eventually taken down through the grassroots efforts of ASAN (Ne’eman, 2007). Yet the inaccurate, shame-inducing content of these ads represent an example of and a catalyst for the continuous circulation of dehumanizing language that further solidifies and institutionalizes the pathology paradigm which predicates person-first language. Much like the construction of autism as a fixed, biological fact and its dangerous consequences, race has been constructed as a fixed category to create order and maintain normality at the detriment of the marginalized other in the United States.

**Race as Social Construct**

Tenet three of DisCrit advocates for viewing race and disability as a social construct. Numerous critical race scholars support the claim that race is a social construct (Gates, 1986, Omi & Winant, 1994, powell, 2012, Smedley & Smedley, 2005). Critical Race theory, also referred to as a movement or philosophical orientation, emphasizes the centrality and permanence of racism in the United States as a deeply embedded practice of oppression. Gates (1985) describes race as the “ultimate trope of difference” that has been used figuratively in the modern world to describe “irreducible differences between cultures, linguistic groups, or adherents of specific belief systems” (p. 5). Likewise, Omi and Winant (1986) describe race as “an unstable and ‘decentered’ complex of social meanings constantly being transformed by political struggle” (p. 68). In the United States, meanings ascribed to people based on race have functioned to maintain white supremacy and normative whiteness through cultural deficit paradigms.

Smedley and Smedley (2005) situate the formation of the concept of race and its connection to a cultural deficit paradigm. Like McGuire’s (2016) historical contextualization of autism, Smedley and Smedley (2005) contextualize the concept of race by tracing the rhetorical
origin of the concept through U.S. history. At the end of 17th century, race emerged as a social invention for ranking Europeans, Africans, and Native Americans in North America coinciding with the institutionalization and legalization of slavery. Race was standardized in writing and widely used in the 18th century as a way to structure society (Smedley & Smedley, 2005). The popular rhetoric of justice and freedom for all that fueled the American Revolution did not reconcile with the institution of slavery so “the only way Christians could justify slavery was to demote Africans to nonhuman status” (Smedley & Smedley, 2005). The myth of a racial hierarchy is founded by the beliefs that racial groups are biologically distinct, exclusive, naturally unequal, endowed with distinct innate behaviors and features, and are unchangeable (Smedley & Smedley, 2005). These racist ideologies continue to have a hold on the U.S. consciousness.

The anthropology and evolutionary biology scholarly community have come to the consensus that “racial distinctions” “are not genetically discrete, are not reliably measured, and are not scientifically meaningful” (Smedley & Smedley, 2005, p. 16). However, psychologists continue the historic legacy of attempting to explain racial disparities through theories of biological difference, especially since recent advances in genetic mapping have created new enthusiasm for race-based science (Smedley & Smedley, 2005). This phenomenon mirrors the efforts of psychologists to establish a theory to explain the biological presence of autism. Despite the lack of evidence for a biological basis of autism, psychologists and scientists continue to theorize and research where autism can be located in the body. Just as despite the lack of evidence for a biological basis of race, scholars and scientists continue to look for biological markers that explain racial disparity. Efforts to understand how society has been structured to allow for disparities and differences are thwarted by an endless obsession of rooting out deviance
within the body. Here one can observe tenet three of DisCrit in action: how the social construction of race and ability as biological fact function to marginalize people (Annamma et al., 2013).

Tenet three of DisCrit also emphasizes that these social constructions have “material and psychological impacts” on those who are othered (Annamma et al., 2013, p.11). Though some may claim we live in a post-race, colorblind society, racism continues to determine the fate of those in the criminal justice system, access to housing, citizenship, education, employment, and even survival in conflict situations with police. Critical race scholars document the material and psychological impacts of race on individuals and communities and how these are enacted in a neoliberal society. DiAngelo (2012) argues that despite many whites’ assumption that overt racism of the past equates a just society for all races, a new, covert racism bolstered by institutional oppression. Likewise, Alexander (2010) posits that the discrimination and denial of African-American citizenship through the Jim Crow laws remains intact in the new “racial caste system” of mass incarceration (p. 11). It is not the purpose of this work to catalog the entirety of the material consequences of racism. But it must be emphasized that despite neoliberal views on race that pervade the current political climate, race continues to be a specialized distributing mechanism for power and domination with disastrous consequences for human rights.

**Autism and Race**

Autism and race intersect in complex and variable ways. At times, the label of autism for people of color brings the privilege of the realization of the right to a quality education. At other times, the label of autism for people of color can endanger the realization of the right to life, the freedom of self-determination, and the freedom from discrimination. As previously mentioned, autism is constructed as a white phenomenon through media, advocacy groups, and federal
agencies, and children of color are less likely to receive an early diagnosis of autism. These phenomena both create and maintain the environment for other racist and ableist processes to “uphold notions of normalcy” (Annamma et al., 2013, p. 11).

Gillborn, Rollock, Vincent, & Ball (2016) focused on the ways race, class, gender, and ability intersect by conducting and analyzing interviews with Black middle-class parents on navigating the school system. These interviews focused on parents’ experience in the United Kingdom, yet the researchers drew numerous parallels between the United Kingdom and the United States. Both societies have “historic patterns of racist exclusion and injustice” for minoritized people labeled black through White supremacy, and both societies exhibit racialized educational inequalities such as the overrepresentation of black children in particular special needs categories (Gillborn et al., 2016, p. 37). Gillborn et al. (2016) note that although all genders experience exclusion, the historic legacy of White supremacist societies to label and control black male bodies through hyper-surveillance continues to operate in the education system through the assignment of special education categories. Like Mandell et al. (2007) who discovered that doctors were more likely to incorrectly diagnose African American children with ADHD rather than autism, Gillborn et al. (2016) found that Black students were “denied access to special education categories that might provide for additional resources and instead labeled with behavioral/emotional diagnoses - a category that cements a deficit reading of the child and protests the White racist status quo” (p. 39). Parents of black students seeking an autism diagnosis often had to seek assessment outside of the state, experienced resistance from school authorities before and after a diagnosis, and were pushed toward emotional/behavioral diagnoses aimed at segregating their students from the mainstream. In this way, the category of autism is treated as “a property right for the benefit of White middle-class students” and “policed by
schools in ways that position Black parents’ claims as illegitimate” (Gillborn et al., 2016, p. 50). Thus continues “the effect of remaking centuries old categories that treat people of color as less able, less deserving, and ultimately, less human” (Gillborn et al., 2016, p. 54).

Angel and Solomon (2017) also document the racialized inequalities of autism services for Latino parents in the United States. Although “white children diagnosed with autism receive more high-quality services than Latino children with the same diagnosis,” Latino parents are often viewed through the cultural deficit lens and blamed for their lack of ability to take advantage of available services (Angel & Solomon, 2017, p. 1147).

Although the label of autism may be viewed as a pathway to secure the right to a quality education, the label of autism for people of color can simultaneously endanger the realization of other human rights. Hilton (2017) examines the connection between racialized surveillance, disability, and race through the case of Avonte Oquendo. Avonte, an African American autistic eighth-grader, who ran out of his special education classroom on October 4, 2013, and then disappeared from his Queens, New York school. After a city-wide search effort, he was declared dead due to drowning and his remains were found on January 4, 2014. His death prompted the proposal of congressional legislation, called Avonte’s Law Act of 2014, aimed at funding the installation of voluntary electronic tracking devices for autistic students in public schools. This case increased awareness and surveillance of wandering behaviors in autistic children, along with funding for automated alarm systems in special education classrooms (Hilton, 2017, p. 222). Hilton (2017) argues that Avonte’s Law is a re-enactment of “surveillance as a technique of power that is inseparable from the historical emergence of both race and disability as categories of social difference” (p. 223). The proposed legislation is evidence of the policing and pathologization of wandering, or elopement as it is clinically termed. Hilton (2017) relates this to
the way schools and prisons medicalize and criminalize disabilities along racial lines and references the comment of Elman (2015):

the increasing medicalization of white adolescence paralleled (and, in some ways, facilitated) the increasing criminalization of black and Latino/a youth in an age of ‘school-to-prison pipelines,’ in which nonwhite students are disproportionately diagnosed with ADHD, placed in special education programs, suspended, and criminalized (para. 20).

Surveilling bodily movement of autistic people limits the rights to self-determination, freedom of movement, and re-enacts historical paradigms of cultures of deficit. These works prove that for people of color, labels of autism are not easily accessible. And when the autistic label is accessed, it does not always afford people of color the same rights as white autistics. Ableism and racism intertwine in complex, variable ways and it is imperative to explore these manifestations from the voices of those who are affected. Most importantly, the material consequences of the interlocking forces of ableism and racism are human rights consequences. Article 7 of the UDHR (1948) states that all people have a right to freedom from discrimination and should be treated equally under the law. Yet it is clear that autistic people of color are not treated equally when it comes to the right to a quality education “directed to the full development of the human personality” (UDHR, 1948, Art. 26).

Tenet one of DisCrit articulates that racism and ableism work interdependently and tenet two acknowledges that oppression functions through various intersecting layers of identity (race, class, sexuality, etc.) in complex ways (Annamma et al., 2013). *All the Weight of Our Dreams*, a collection of first-person narratives, art, essays, and poems written by autistic people of color about living racialized autism, embodies DisCrit by exploring the lived experience of the
interdependent forces of racism and ableism from voices who identify with a variety of identity markers (Brown, Ashkenazy, & Onaiwu, 2017). All the Weight of Our Dreams also employs tenet four of DisCrit by privileging voices of marginalized populations. The book was published by an autistic-led printing press (DragonBee Press, an imprint of the Autism Women’s Network) and features content and cover art by autistic people of color exclusively.

Authors in All the Weight of Our Dreams (2017) explore themes of representation, identity, community, intersectionality, and lend credence to the aforementioned authors’ findings through lived experience. Various contributors write about the white-washed representation of autistic people. As Morenike Giwa Onaiwu explains, “our faces, bodies, and voices are conspicuously absent from not only literature and media, but also from much of the discourse surrounding race and that of autism” (Brown et al, 2017, p.xi). Furthermore, autistic people are either invisible or used as tokens to bring focus to autistic people of color as economic burden. Finn Garner remarked upon the racial diversity of autistic people and criticizes the way the “media continue to peddle an image of autism that is white-centric and does not take into account the ways in which our stories deviate from the common narrative” (Gardiner, 2017, p. 17).

Johnson, a self-described autistic female of mixed race, tells the story of switching doctors three times when she sought diagnosis for her autistic son. Johnson describes her encounters with cultural deficit paradigm: “It was assumed, without even asking for details, that the reason he was not developing normally was because of my bad parenting” (Johnson, 2017, p.129). As Gillborn et.al (2016) and Angel & Solomon (2017) pointed out, Johnson experienced re-enactment of the historic paradigms of race as cultural deficit through her physician’s action to block access to autism diagnosis and their blame of her parenting culture for her children’s purported deficits.
Innumerable factors affect the lives of autistic people of color and cannot be reduced to just these two aspects of identity. As DisCrit advises, singular notions of identity are problematic and do not justify the intersections of identity markers and the varied experiences of human life. The concept of a shared set of universal human rights and inherent dignity for all people leaves room for respecting and working multiple markers of identity and associated oppression.

**Human Rights Discourse and Autism**

The language of human rights has been invoked in various ways concerning the topic of autism and race. Part of the function of the United Nations is to employ top-down human rights initiatives aimed at member states to influence policy makers in the form of conventions, resolutions, treaties, and reports. In 2007 the United Nations General Assembly employed a top-down human rights approach by passing a resolution to declare April 2 as “World Autism Awareness Day” (WAAD). The resolution states that the General Assembly is “aware that autism is a lifelong developmental disability” that “affects the functioning of the brain” and is “deeply concerned by the prevalence and high rate of autism in children in all regions of the world and the consequent development challenges” as well as the “tremendous impact on children, their families, communities and societies” (United Nations, 2007, para. 4-5). McGuire (2016) claims the language of the resolution locates the problem of autism within children and works to mobilize concern by painting autism as a lifelong biomedical problem and an economic burden (p. 111). Through this biomedical and economic discourse and the threat of rising prevalence, the autistic body is framed as “biologically ill-equipped to perform efficiently in neoliberal regimes” which threatens to “slow down social and economic development in regions all over the world” (McGuire, 2016, p. 112). Furthermore, the resolution proposes the solution to the threat of development is “early diagnosis and appropriate research and interventions are vital
to the growth and development of the individual” (United Nations General Assembly 76, 2008, para. 6). These recommendations reify the biomedical model of autism, locate the ‘problem’ of autism in the individual child, and encourage the growth of the autism industrial complex as a possible solution.

A common critique of the United Nations and having a set of universal human rights is that it is founded on Western capitalist norms, and the language of rights is too often co-opted for the use of economic agendas. In this vein, the case of the WAAD resolution can be viewed as the co-optation of rights language for the potential profit of the autism industrial complex. However, the United Nations Special Rapporteur for the rights of person with disabilities gave a speech on WAAD in 2015 that directly contradicts the original language of the WAAD resolution. Catalina Devandas Aguilar refers to discrimination against autistic adults and children as a threat to their right to health and education, defines autism as “a part of human diversity” that should be celebrated, and cautions the “enthusiastic attempts to the causes of autism and ways to ‘cure’ autism” (United Nations, 2015, para. 2, para. 6). As Aguilar explains:

> Autistic persons are particularly exposed to professional approaches and medical practices which are unacceptable from a human rights point of view. Such practices – justified many times as treatment or protection measures – violate their basic rights, undermine their dignity, and go against scientific evidence. (United Nations, 2015, para. 4)

In other words, Aguilar employed human rights language to enact the social construction model of autism and counter the dominant narrative of autism as a neurological threat to economic development (United Nations, 2015). There is enormous potential in framing abuses against autistic people of color as human rights issues. The human rights framework enables one to view
the material and psychological consequences of the problematic construction of autistic people of color as dire violations of human rights and dignity. When considering filicide, murder by police, the denial of access to diagnoses and services as violations of codified rights, the connection between social construction and its consequences can be viewed as a threat to all humanity. Through top-down methods such as formal resolutions from the United Nations or grassroots efforts like the publication, *All the Weight of Our Dreams* (2017), human rights education can be used as a tool to counter dominant narratives that pose threats to the rights and lives of autistic people of education.

**Human Rights Education and ABA Therapy**

With the 2011 adoption of the United Nations Declaration on Human Rights Education and Training, various actors have questioned the best way to go about educating “for the promotion of universal respect for and observance of all human rights and fundamental freedoms for all” (UNHRET, 2011, Art. 1). Bajaj (2011) notes that while there are a variety of approaches to human rights education, the core components of human rights education address content related to human rights, are taught through participatory methods that model respect for human rights, and teach skills on taking action against human rights injustice (pp. 482-483). Human rights for transformative action, a distinct ideological approach to human rights education, examines historical and current relationships of power and “the need for action to rectify the often-wide gap between current realities and human rights guarantees” (Bajaj, 2011, p. 493). Based on the “belief that injustice faced by any target group represents a threat to the society as whole,” human rights for transformative action inspires transformative agency in victims of human rights abuses and solidarity and coalition for privileged witnesses of human rights abuses (Bajaj, 2011, pp. 493-494).
Human rights for transformative action presents a possible approach for ABA therapy practitioners who are privileged witnesses of human rights abuses against autistic people of color. By interrogating power and privilege through the historical construction of autism to current practices that affect autistic people of color, ABA therapists can hopefully make connections between human rights guarantees and human rights abuses that may be reified through their own practices with autistic people of color. Human rights for transformative action threads seamlessly with DisCrit theory and critical pedagogy. In the way that human rights for transformative action is concerned with relationships of power and action to rectify the gaps between reality and the ideals of human rights, critical pedagogy encourages students to critically examine power and become agents of change. Likewise, DisCrit encourages contextualizing ableism and racism specifically as relations of power within schools. All three of these frameworks concern upholding the rights and dignity of the marginalized and oppressed.

For many autistic self-advocates, ABA therapy does not equate to human rights practice. After all, the ABA therapy approach was formalized through the work of Ivar Lovaas (1987). Like Kanner and Asperger, Lovaas (1987) grounded his theory in the pathological abnormality approach to autism, yet claimed that autistic people could be returned to normalcy through the use of behavioral intervention. Lovaas (1987) used rewards to encourage desired behavior and aversives to discourage undesirable behavior with the goal of making autistic children “indistinguishable from their normal friends” (p. 8).

Gardner (2017) writes that his autism was framed:

as a series of deficits and unwanted traits that had to be expunged in order to make me “indistinguishable from my peers,” because acting openly autistic was a sin against the holy gods of ABA and Ivar Lovaas, and every other methodology that aimed to
extinguish autism, rather than to work toward a society that included us. (Gardner, 2017, p. 12)

Similarly, Vivian (2012) expressed a number of critiques of ABA therapy and practitioners. Vivian (2012) observed that ABA therapy as an industry is historically associated with physical punishment, obsessed with appearing indistinguishable from neurotypical peers, and is accompanied by a false association with recovery from autism. Furthermore, ABA therapy puts practitioners in a position of power with a belief that autistics need to be controlled (Vivian, 2012, p. 283). These problems continue due to peer pressure. Practitioners who question ABA methods are afraid to speak out about these practices due to fear of losing their job or are swayed by charismatic people in power (Vivian, 2012).

Many of these criticisms may hold value with the ABA therapy company with which this project is concerned. Indeed, behavioral programs used in the company do reward desirable behaviors such as appropriate gaze and eye contact, surveil abnormal stimming behavior (like rocking and hand-flapping), and emphasize neurotypical forms of communication. However, the company has taken action to move away from Lovaas’s model by prohibiting the use of punishment and aversives (physical or otherwise). Also, it is grounded in a naturalistic philosophy that entails providing services in natural play settings with individualized programs, allowing the child to choose play activities, and integrating parents or other community members. This is said not to excuse any practices that reify the pathology paradigm, but rather to show a possibility for reform.

This project is grounded in the belief that looking critically at historic and current ABA practices through a human rights lens can counteract the obsession with passing as neurotypical, the absence of people of color from the autism landscape, and the pain inflicted by these
practices on autistic people of color. Although the foundations of ABA therapy are grounded in negative associations with autism and a pathology paradigm of thought, there is opportunity to enact transformative human rights education to change services provided to autistics of color by aiming critical thought at service providers.
CHAPTER III
THE PROJECT AND ITS DEVELOPMENT

Description of the Project

This project contains a workshop plan and a participant packet. The workshop plan is designed in a traditional lesson plan format so that the language and structure are clear and facilitators may adapt the workshop to other organizations or settings. The workshop plan is divided into two sessions. Each session plan contains objectives, time required, materials needed, preparation required for the facilitator, activities, modifications, supplemental resources, and accessibility recommendations. The participant packet is also divided into two sessions. The participant packet lists the objectives for each session and contains reading materials, discussion questions, charts, references and guided journal activities. Much of the workshop contains whole-group and pair discussions, so the guided journal activities honor multiple learning styles. In addition, it allows participants who need time to write and reflect before entering into discussion to respond through note taking and writing prompts.

Development of the Project

Motivation for the Project

When I first decided to apply for the Master’s program in Human Rights Education, I was deeply bothered by the gross disparities in access to human rights, especially access to a quality education. I was aware of my privilege and desired to learn how to be an instrument of change, but I was oblivious to the ways I was reifying inequalities through my actions. I was a middle-class second-grade teacher at a Title I school in Atlanta, a public school that received federal funding for a high concentration of children from low-income families. I was also a white teacher in a school where 89% of the students were black. Throughout my coursework in the Human Rights Education program at USF, I have been able to reflect on how living in a white-
normative society has shielded me from race-based stress, how the insidiousness of a post-race colorblind society allows me to vilify overt racists and excuse my own behavior, and how my unconscious bias has worked to discriminate against people of color. Most importantly, I can now see how my motivation to help others was often executed through a deficit lens of pity toward people of color. Like many white teachers who engage in critical race theory and whiteness studies, I can see how parts of my individual behavior worked to strengthen the institutions of racism within the education system.

However, it was not until I read about DisCrit theory that I realized how my deficit lens toward people of color was tied so closely to my deficit lens toward disability. During my time at USF, I obtained employment as an ABA therapist, partly because I had seen one of my second-grade students in Atlanta benefit greatly from having an ABA classroom aide. At the time, I had little knowledge of autism and few teaching skills for increasing vocal communication, so I worried about what our progress would look like for this student. Much of the autism vocabulary I began to use came from observing her ABA therapist work with her. Thus, I described her success in terms of her deficits. My autistic student came into second-grade with limited vocal communication and social skills; she only said a few phrases and did not engage in interactive play with the other students. By the end of the year, she knew all of her classmates’ names, communicated in full sentences, and exhibited more typical play skills. Indeed, this was positive progress, but it was only framed in terms of her deficits as compared to what is deemed normal for second graders.

About halfway through the year, we decided to make gingerbread houses just as a fun holiday activity. I had given very little instruction to the students, and we all floundered about attempting to keep our graham crackers and icing stabilized. My autistic student ignored my
improper modeling and was the only one who made a beautiful sculpture that stayed glued together with the icing for the whole day. I was so shocked at her independent method, her creativity, and the beauty of her sculpture. I remember telling her mom how excited I was about various things she did in the classroom, and her mom was never surprised. I recall that I kept telling her mom how amazing it was that she was the only person who could keep her gingerbread house together. And now I look back on this with sadness.

It was reiterated in so many facets of my teacher education preparation that students respond positively to teachers’ high expectations. Yet here I was, baffled that this autistic girl could make a better gingerbread house than any other student. I realized that I did not value her unique way of seeing and learning until she surpassed the other students. I viewed her in terms of her deficits and did not see her differences as possibility for celebration. Now I wonder how her status as a student of color also factored into my low expectations of her abilities.

Autistic people should not have to prove that their unique ways of seeing and being are valuable, just as people of color and poor people deserve access to quality education regardless of how much pity is garnered by those in power. As the UDHR states, "recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world” (United Nations General Assembly, 1948, preamble). Rights should not be contingent upon how close a person meets societal norms of a desired body; rights should merely be contingent upon humanity. Educators must become more critical of practices which dehumanize students. Furthermore, educators must become more aware that denying access to the right to a quality education has severe consequences for the realization of other human rights. Although it is entrenched in the medical system, I argue that
ABA therapy is a form of education that must look critically to examine its practices in terms of human rights.

**Timeline**

**Coursework and Advice**

In the spring semester of 2017 at USF, I took two courses: Whiteness: Power and Privilege and Transformative Pedagogies. During these courses it became clear to me that critical pedagogies provide opportunities for students to transform their realities by critically viewing knowledge as part of power structures and that white supremacy continues to function to deny the human rights of people of color in the United States. I could not quite connect this to my work as an ABA therapist until I read about DisCrit theory, and I began to see how disability and white supremacy functioned together. Then I became unable to ignore the ways white supremacy and ableism are enacted in the representation and treatment of autism and how this filtered down to the practices of my ABA therapy company. I knew that I wanted to address these issues in my MA field project, but I did not know what form it would take.

Initially, I wanted to look at how whiteness and ableism intersect in the education of autistic youth of color. I planned to conduct an action research project where I would use qualitative data from interviews with youth and analyze it through DisCrit theory in order to generate possibilities for improved educational outcomes. So I sought out the help of a professor well-known for her work in the intersection of Disability Studies and education, who recommended Lydia Brown’s blog “Autistic Hoya,” *War on Autism* (McGuire, 2016), and *All the Weight of Our Dreams* (Brown, Ashkenazy, & Onaiwu, 2017). These sources were fundamental in helping me frame the bedrock of my thesis.
The professor also pointed out that I should deeply consider how I would gain access to my interviewees and what this power dynamic could do in terms of re-enacting oppression due to my professional status as an ABA therapist. This helped me think about my positionality as a white neurotypical researcher and how everything would inevitably be filtered through my lens. I wanted to disrupt the practice of the white neurotypical outsider telling the stories of autistic people of color and deciding how they should be treated and represented. While I was reading *All the Weight of Our Dreams*, I was struck by its beauty and decided that in order to avoid re-enacting oppression, I could truly privilege autistic people of color by elevating the work they have already done. I wanted to understand the lived experience of autistic people of color and that work had already been done. Typically, in ABA therapy training and professional development, practitioners rely on the evidence-based, quantitative data from the academic work of neurotypical researchers. By using *All the Weight of Our Dreams*, a first-person narrative text written by autistics of color, I could flip the medical paradigm by framing autistic people of color as valued experts on their own lives. My new plan became to use *All the Weight of Our Dreams* as a foundational text for a professional development workshop for ABA therapy practitioners.

As our communications continued, this professor also introduced me to a number of critiques of ABA therapy. She expressed that considering the foundations of behaviorism and the violence it has enacted upon disabled people, it is impossible to reconcile ABA therapy and human rights. This caused me to question the basis of behaviorism and whether or not it violates human rights to condition a person’s behavior through practices like ABA therapy. I still have not definitively answered this question, nor does this project intend to provide an answer. The idea behind this project is to raise these questions and to consider the power dynamics behind the knowledge that is passively accepted and used to influence practice. If indeed there is no possible
way to reconcile human rights and ABA therapy, I still believe the autism industrial complex will benefit from critically viewing ABA therapy through a human rights framework. Given the economic and social strength of the autism industrial complex, it will take a great deal of effort to make change. Therefore, beginning the change from within the system presents a unique possibility that this project endeavors to explore.

**Partnership**

The next step I took was to establish partners for the project. I sought permission from my company’s chief executive officer (CEO) and professional development director. I sent my research proposal to the professional development director and expected negative results for various reasons. The proposal included a variety of criticisms of ABA therapy, the company itself, and utilized vocabulary contrary to company policy such as *autistic person* versus *person with autism*. However, the professional director responded positively and expressed a desire to collaborate on the project. We met to discuss the format and setting for the project and agreed that three sessions for one hour each would be best to ensure participation. Considering most of our employees are widely dispersed geographically and therapy sessions take place from early morning until 7 p.m., we decided it would be best to hold the workshop sessions in the evenings. We then held a brief meeting with the CEO of the company and were quickly given permission for the workshop.

Meanwhile, in an effort to put DisCrit theory to practice, I also sought out an autistic person of color with whom to work in solidarity and collaborate on this project. I knew that both content and method for the sessions would be affected by my positionality as a white neurotypical middle-class woman. It is not enough just to privilege the words of autistics of color, I also wanted to privilege various learning styles and methods. The attempt to find an
autistic person of color as a collaborator proved much more difficult than gaining permission from the company. I emailed several autistic self-advocate bloggers, the Autistic Self Advocacy Network (ASAN), and the Autism Women’s Network. I received either no response or a negative response. For example, a representative from ASAN responded by saying, “It is unlikely that you will find autistic self-advocates who want to collaborate on developing a curriculum for ABA practitioners” (Z. Gross, personal communication, August 13, 2017). The only person who agreed to collaborate happened to be one of the authors of All the Weight of Our Dreams, to whom I had reached out to obtain permission to use the book. The author agreed to collaborate on the project for compensation but only replied once the project had already been designed and the workshops had taken place. The disability studies professor to whom I had also sought advice from had initially offered to introduce me via email to a few autistic partners she’d worked with in the past. However, numerous requests for email introductions were unanswered. I believe these efforts in partnership speak to the violence and trauma associated with ABA therapy as well as a disconnect between the autistic community and the ABA therapy community which further illustrates the need for projects that uplift the voices of autistic people of color within the ABA therapy industry.

Design and Content

The next step was to choose the content and activities for the workshop. This portion of the development of the project had many iterations. I began with the objectives of what I hoped participants would get out of the workshop and looked at methods and materials for how we would arrive to the learning objectives. I also revised the sequence of the objectives in order to scaffold and build understanding.
The introductory activities were inspired by experiences from my courses in the USF Human Rights Education program. It was very important to me that I begin the entire session with the words of those who I wanted to privilege. Each session I chose two moving quotes from *All the Weight of Our Dreams* that encapsulated the purpose of the workshop so that the sessions would be grounded in the knowledge and position of autistic people of color. I also wanted to name my positionality as a white, neurotypical person in order to acknowledge that I have an outsider’s perspective and to encourage a critical eye to how I am presenting the knowledge of the readings. After grounding the intention of the workshop, I introduced myself and what motivated me to design the workshop and then encouraged participants to introduce themselves and what motivated them to attend the workshop. I wanted participants to understand each other’s motivations and set the precedent for a participatory environment. Next, I incorporated developing group norms so that the participants and facilitator would set expectations for optimal communication.

Once the introductory activities were out of the way, I struggled on whether to jump right into the readings or establish common language. I wanted to start with a few simple terms we could reference, but I also wanted to uplift autistic voices. Fortunately, the professor who had first recommended *All the Weight of Our Dreams* was teaching a course on disability and learning and invited me to attend a class session where the book would be discussed. She also sent me related recommended readings. From the class discussion, the word “paradigm” kept sticking out to me. Later, I looked back at one of the recommended readings and I found the perfect source for my key terms from an autistic author. Nick Walker’s (2013) blog post, “Throw Away the Master’s Tools: Liberating Ourselves from the Pathology Paradigm” concisely defined the term paradigm and eloquently distinguished between the neurodiversity paradigm and the
pathology paradigm. I took excerpts from this blog for participants to read, journal about privately, discuss in pairs, and then share out in a group.

I had so many examples of how I saw these paradigms being played out in the representation of autism, autism advocacy, ABA therapy, and race from my research so I took bits and pieces and placed them in charts to facilitate discussion. In the same sense, I saw so many ways that human rights promises were so far from human rights realities as a result of the pathology paradigm. I decided to dedicate the first session to the pathology paradigm language and the second session to human rights language in order to facilitate discussion of the effects of the pathology paradigm on the human rights of autistic people of color. The second session contains a chart of human rights language, pathology paradigm construction, and human rights consequences so that participants could connect these phenomena with human rights violations. I then chose readings from All the Weight of Our Dreams that related most to the themes from the charts in a variety of genres: poems, academic essays, and personal stories so that participants would get a sense of the richness of the writing within the book. Once the plan was in place, I sent out my draft to a few trusted friends for feedback and made minor adjustments to discussion questions, language within the objectives, and fixed a few reference errors.

Participant Invitation

In order to ensure participants could actually attend the workshop, I informally asked staff if three hours sessions would be feasible for their schedule. All of the staff I asked told me they’d be more likely to come for one or two workshops so I decided to change the project plan and divide it into two sessions. Next, I announced the workshop at a staff meeting, passed out a flyer I had designed to advertise the workshop, and emailed the flyer to all employees. A few
days later, I sent out a doodle to the employees who had expressed interest so that they could vote for their preferred time for the workshop.

**Workshop sessions**

Fourteen employees expressed interest in attending the workshop via email and seven employees attended both ninety-minute sessions. For the first session, six behavior therapists and the company’s director of professional development attended. For the second session, five behavior therapists, the human resources manager, and the professional development consultant attended. At the end of both sessions, participants were sent a link to a google survey.

![Workshop Session Survey](image)

*Figure 4. Post-workshop participant survey.*

Feedback from the first session was addressed and incorporated into the second session.

**The Project**

Refer to the appendix to view the project plan and participant packet.
CHAPTER IV
CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The pathology paradigm generates the conditions for a society that allows for autistic people of color to suffer human rights violations. Autistic people of color are denied the right to a quality education and medical services through discriminatory practices. Autistic people of color are denied the right to life through extra-judicial violence at the hands of law enforcement. They are absent from media representation of autistic people yet they are over-represented in the school-to-prison pipeline and places like the Judge Rotenberg Center where they suffer skin shocks, restraints, and isolation veiled as therapeutic techniques. Thus, they are denied the right to freedom from cruel punishment.

The pathology paradigm is a manifestation of the interlocking systems of white supremacy and ableism which continues the historical legacy of privileging white, able-bodied people and oppressing disabled people of color. The deficit thinking which underlies the pathology paradigm dehumanizes the autistic person of color, reduces them to a disorder, and allows for the growth of the autism industrial complex that profits off of the desire to root out the disorder of autism. ABA therapy was founded on the dehumanizing assumption that autistic people should be viewed in terms of their wrong, undesirable, and fixable behaviors. Furthermore, ABA therapy has been associated with cruel forms of punishment and criticized for its hyper-focus on forced repetition of desired behaviors, thus reifying the dehumanization of autistic people and creating an unbalanced power dynamic between practitioner and client.

The purpose of this project is to disrupt the pathology paradigm by privileging voices of autistic people of color in professional development workshops for ABA therapy providers. The
workshop aims to help ABA therapy providers understand the historical context of ABA, how it fits into the wider systems of white supremacy and ableism, and how these dynamics are re-enacted in everyday practice with autistic people of color.

Eight participants responded to the open-ended post-workshop survey questions. When asked which activities were most valuable, all of the participants mentioned the readings written by autistic people of color. One participant wrote that the readings were “perspective and input from the community we are meant to serve and do not actively consult”. Another participant indicated that the readings by autistic people of color “allowed us to use people’s lived experiences and self-reports as scholarship and as a text to learn from.” For me, these responses signify that the design of the workshop truly allowed for the privileging of autistic people of color and that ABA therapy providers are aware of the absence of autistic people’s input in ABA training and interested in hearing their perspective.

When asked about how the workshop could be improved, seven out of the eight respondents suggested that the workshop should be longer. One respondent recommended that more readings should be included for participants to read in between the two sessions. All of the participants indicated that the workshop changed their thinking on autism and race. In response to the question of how it changed their thinking, one participant reported that the workshop inspired them to constantly check their biases and thinking about behaviors during their ABA therapy sessions with clients. Another participant reported,

It made me more aware of the different paradigms through which I view autism and race and ways I can incorporate different paradigms into my “default” one. It also made me think about my obligation to incorporate multiple paradigms into the training I give our employees. (Anonymous, personal communication, December 5, 2017)
Through the development of this project, I realized that talking about ABA in relation to race and disability is a provocative subject. Despite the fact that I communicated my criticism of the foundations of ABA and many of its practices as well as my desire to privilege the voices of autistic people of color, self-advocates and disability studies scholars did not want to collaborate in the project due to its association with ABA therapy. As previously stated, this response speaks to the violence and trauma associated with ABA therapy. I also believe this is because so much of the violence enacted toward disabled people of color is done under the guise of protectionism, the white savior complex, and a desire to help rooted in pity.

In another vein, the only people who expressed desire to participate in the project were employees who had no power in determining the behavior goals of the clients within the company. I have a number of guesses as to why the supervisors who make behavior plans and goals for clients were not interested in participating in the workshops. The workshop challenges the power hierarchy of supervisor over therapist over client and gives the microphone to the client population, essentially forcing one to question the legitimacy of this power to make goals on behalf of another person. It is difficult to confront the possibility that you are violating another human’s rights; likewise, it is difficult to engage with someone who you see as a violator of your own rights. However, if we are stuck in the dynamic of defending our own actions or solely condemning the actions of others, there is no chance to disrupt the binary of us versus them.

I believe the biggest victory this project accomplished is the decision on behalf of the company’s professional development team to incorporate readings from autistic people of color into new employee training. I mentioned the lack of supervisor participation to the professional development director and she suggested making a mandatory training on privileging autistics of
color for supervisors, as well. As one of the participants stated, “We can’t help someone until we know them.” My hope is that autistic people of color will become a resource for informing the company’s practices going forward.

**Recommendations**

**Implementation**

For the future use of this project as a professional development tool, I recommend taking careful consideration of the company context. As previously mentioned, ABA therapy is an umbrella term for a variety of psychological and educational methods. ABA therapies and practices of ABA therapy companies vary enormously. Furthermore, there is an enormous variety in culture, hierarchies, and types of employees in behavioral health companies. Taking time to design the optimal learning activities with these factors in mind will be useful. These sessions took place after business hours in the company’s office, and I am curious if using the office space lent legitimacy to the session or hindered attendance, participation, and responses during the workshop.

I also recommend to heed the advice of the participants. Since the project attempted an overview of the huge concepts of race, ability, human rights, and ABA therapy, perhaps more time could be dedicated to each subject to make more space for learning and deeper discussions. Also, since participants responded so positively to the reading, I would recommend including additional readings in between sessions or before the first session to maximize exposure with the words of autistic people of color.

**Further Development**

After the workshop sessions took place, I had the opportunity to share the project plans and receive feedback from Lydia X. Z. Brown, one of the authors of *All the Weight of Our*
Dreams (2017). In our conversation, Lydia made many recommendations for further development. Lydia recommended including more explicit and detailed discussion questions, as well as requiring people to engage in how they position themselves to autism and to analyze a person’s response to this positioning through these questions:

- How has ABA harmed autistic people and why?
- How do you see the pathology paradigm working in ABA theory, in ABA therapy session goals, in interactions between ABA therapy providers and clients?
- How do I conceive of autism and disability and how does that inform my work?
- How is this affecting the power structure between myself and my client? (L. Brown, personal communication, December 6, 2017)

I also asked Lydia if ABA therapy could be reconciled with a human rights paradigm. Their response was, “If ABA therapy in practice is treating people as a set of behavior, presuming incompetence of the autistic person, and aimed at indistinguishability, it cannot reconcile with a human rights approach” (L. Brown, personal communication, December 6, 2017). They also shared two questions they always ask service providers to think about: “Would you do the same thing to this person if they weren’t disabled?” and “Is the therapy aimed at achieving the disabled person’s own goals?” (L. Brown, personal communication, December 6, 2017).

Further development of this project should seek to engage more voices of autistic people of color, engage those who are so deeply entrenched in and benefit from the pathology paradigm that they are unwilling to privilege the voices of marginalized, and heed one last piece of advice from Lydia X. Z. Brown: “Respect disable people’s autonomy and presume our competence to do it ourselves” (personal communication, December 6, 2017).
REFERENCES


Angell, A., & Solomon, O. (2017). ‘If I was a different ethnicity, would she treat me the same?’: Latino parents’ experiences obtaining autism services. *Disability and Society, 32*(8), 1142-1164. doi:10.1080/09687599.2017.1339589


Brown, L. X. (2016, August 03). Why hasn’t electric shock treatment for autistic
people been banned yet? Retrieved from https://theestablishment.co/why-hasnt-electric-shock-treatment-for-autistic-people-been-banned-yet-e5fa7990513f


Timimi, S. and McCabe, B. (2016). What have we learned from the science of


APPENDIX

Privileging Autistics of Color Workshop Plan and Participant Packet
### Session 1

#### Objectives:
1. Participants will introduce themselves and learn about the other participants’ interest in the topic.
2. The group will agree on and adopt a set of agreements for the remainder of the sessions.
3. Participants will review definitions of the pathology paradigm and neurodiversity paradigm and explore their own conceptions of autism within these paradigms through journaling and pair/share discussion.
4. Participants will review key terms in the context of the pathology paradigm and the neurodiversity paradigm in order to question the production of knowledge surrounding autism and race and to facilitate future discussion with shared language.

#### Materials:
- Chart Paper with norm suggestions
- Bucket of markers
- Power Point presentation and display
- Participant Packet
- Pencils/pens

#### Preparation:
- Display the schedule and objectives.
- Write out list of example norms on half of chart paper and leave the other half blank.
- Print and prepare participant packets.
- Prepare equipment for Power Point presentation

#### Procedure:
1. **Grounding:** (5 minutes) Facilitator will ground the session with two quotes from autistics of color and remark upon positionality.
   a. *This workshop is titled Privileging Autistics of Color: A Human Rights Approach to ABA Therapy. Therefore, it’s very important that we begin by uplifting and privileging the voices of autistics of color. All of the authors we will read today are autistic and I’m calling them autistic because through their writing, websites, and public appearances they choose to identify as Autistic. I’d like to begin by sharing two quotes so that we are truly privileging autistics of color: (refer to quotes in journal, ask for participant to read, pause). I also want to recognize that I identify as white, neurotypical, cisgender, woman and as such I occupy a space of power in some ways and in other parts of my identity I do not. However, for many of my identity markers, I do not belong to the group that we are exploring. Therefore, my understanding via lived experience is limited and I encourage you all to be critical of what I have chosen to share, and how I’ve chosen to share it given my positionality.*

2. **Introduce objectives and schedule:** (2 minutes)
This workshop will be broken up into two sessions. It is intended to be as participatory as possible. I wanted to do this workshop because I think it’s important that as ABA therapists, we think about how society makes sense of disability and race, whose story is told, and who are we listening to when we are thinking about our practice as ABA therapists. The idea here is that by listening to stories from autistic people of color, we start to flip the script of learning about autistic people from people that are not autistic. My hope is that through these discussions we can come up with ways to bring new ideas to our practice. (Review schedule of activities)

3. **Introductions:** (5 minutes) Arrange participants and facilitator in circle. Facilitator introduces self and then instructs participants to give introductions to the circle. After oral directions are given, refer to written directions on chart paper.
   
   “Please introduce yourself with your name and why you are interested in this topic.”

4. **Group Agreements:** (5 minutes) Display list of example norms, explain the meaning and importance of norms, and invite participants to add to the list.
   
   “It’s important that we are intentional on how we will treat each other so that we create the optimal environment to explore and learn with each other. Here is a list of common agreements that we can hold ourselves to in order to get the most out of these sessions. For example, one is both/and. (Explain). What are some norms that you would like all of us to commit to for these sessions?

5. **Key terms Journal and Pair/Share:** (15 minutes) Pass out participant packet. Participants can vote on reading paradigm key terms aloud or independently.
   
   a. After reading p. 2, please take some time on your own to write down your reactions to the reflection questions. Then find a partner to share your answers with.

   b. Does anyone want to share out what you discussed in your pairing?

6. **Key Terms Chart Discussion:** (20 minutes) Review and discuss key terms in context of neurodiversity and pathology paradigm.
   
   a. Have volunteers reach each row of terms out loud. Between each row of terms, ask discussion questions:

      i. Do you think these quotes accurately fit into the given paradigm?

      ii. What do you notice about the difference between these quotes?

      iii. Where do you see each type of language used?

      iv. How do your personal beliefs fit into these examples?

7. **Introduce Text:** (5 minutes) Play video by author to introduce book: https://www.youtube.com/watch?v=y9y7XcjaVuU
   
   a. Before we dive into our main text, I wanted to let one of the authors of the book introduce the book. This is a fundraising video for the book made by one of the authors before it was published.

   
   a. Let’s read *Love Letter to My Autism* together. Afterward, we’ll take a pause for you to reflect and/or journal your responses. Then we’ll discuss the reflection questions together.
9. **Reading 2** (15 minutes): Read *A Letter to People at the Intersection of Autism and Race* (p. 11)
   a. Let’s read Reading 2 on our own. Afterward, we’ll discuss the reflection questions together.

10. **Wrap-up:** (3 minutes): Review objective from session 1, preview objectives for session 2, ask for feedback through survey.
   a. I’ve just emailed you a short survey on today’s session. Please fill it out so that this can inform our next session.

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### Session 2

**Objectives:**

1. Participants will review group agreements and key terms from session one.
2. Participants will discuss and reflect on possible links between practice and concepts from session one.
3. Participants will view an introduction to human rights video and reflect on their own positionality to human rights concepts.
4. Participants will compare human rights promises from human rights treaties with lived realities for autistic people of color.
5. Participants will discuss possibilities for change in ABA practices.

**Materials:**

- Chart Paper with norms
- Participant Packet

**Preparation:**

- Display the schedule and objectives.
- Print and prepare participant packets.

**Procedure:**

1. **Review group agreements and address feedback:** (5 minutes) Review agreements from session 1, make any appropriate changes, address feedback from session one and how you will incorporate participants’ feedback.
   a. “Last week we created a list of group agreements on how we’d like to show up to this workshop. Let’s review these so that we can be intentional on how we treat each other. You also filled out a survey last week on what worked and what we’d like to change.”

2. **Introduce schedule and objectives:** (2 minutes)
   a. Last week we reviewed definitions of the pathology paradigm and the neurodiversity paradigm; we talked about how we have seen the language of these paradigms manifested; we read narratives from autistic people of color; and we started to think about how people experience ABA therapy within these paradigms. Today we’re going to discuss anything that came up for us in practice since our discussions
last week, we’ll review the paradigm key terms, we’ll talk about human rights language and what it has to do with the experience of autistic people of color,

3. Check in and Review: (10 minutes) Invite participants to reflect on practice from last week and how they have linked any learning from session 1.
   a. Can anyone recap how we defined the pathology paradigm? Can anyone recap how we defined the neurodiversity paradigm?
   b. Did anyone have any reflections during your work or in your personal life about what we discussed last week?
   c. Have you reflected on your own thinking in terms of the paradigms we discussed last week?

4. Brief Human Rights overview (10 minutes) Watch video
   a. Watch Video: https://www.youtube.com/watch?v=nDgIVscTkuE
   b. “This is a small introduction to the field of human rights. As the video portrayed, there are many critiques to the human rights system that I personally agree with; a lack of enforceability, the fact that many human rights treaties and programs are driven by European and North American countries, and that they often value the individual over the group. However, I think the language within human rights treaties and declarations that can be accessed by all to acknowledge the shared dignity of being a human can be a powerful tool.”
   c. “Everyone has a different experience with exposure to human rights, so I think it’s important to acknowledge that we come to discuss this with our own biases and stories. Let’s take a moment to reflect on our own how we conceive of human rights. In your packet, there is a space to journal about human rights.”

5. Rights language versus realities discussion (20 minutes)
   a. Introduce: “In the next activity I’ve taken text from various human rights documents and compared them to some of the consequences of the pathology paradigm. Thus we can look at some of the promises of human rights and compare them to the realities of human rights for autistic people of color.”
   b. Have volunteers reach each row of terms out loud. Between each row of terms, ask discussion questions:
      i. What does this human right mean to you?
      ii. How does the pathology paradigm construction relate to the consequence?
      iii. Is the pathology paradigm construction thinking related to any part of our practice as ABA therapy practitioners?

6. Reading 1: (10 minutes) Read and discuss Acting Abled, Acting White by Amanda Filteau p.217
   a. Pair/Share: With a partner, please read the passage and discuss the reflection questions.
   b. Share out: Would anyone like to share out something you discussed with your partner?

7. Ableist checklist and Role Play: (10 minutes)
a. One way that we reinforce ableist norms is through our language. One of the authors of the book posted this glossary on their blog. It’s a great resource to use to start thinking about how we say certain things. Take a few minutes to read the list to yourself. Highlight a couple of phrases that you can commit to either rephrasing or pointing out how they are problematic to others.

b. Let’s do a role play to practice how we might approach this in a conversation with someone else. Can someone choose a term they find problematic? Would anyone like to volunteer to roleplay a conversation where this term is used and practice confronting the situation appropriately?

8. Reading 2: (10 minutes)

a. This is our last reading and I chose this one because I think it encapsulates a lot of the ways autism and race is constructed problematically. But it also ends on a note of strength, acceptance, and community. This is my hope for this workshop: that we really analyze all of these problematic forces and see how each of us as individuals and as part of the ABA community have an impact on the lived experience of autistic people of color. Given this deep thinking, I hope we can end on a positive note of strength by committing to one action or one change that we can do. Let’s read this together and take turns with each sentence.

b. Discuss reflection questions:
   i. What connections can you make between this poem and our discussions in both sessions?
   ii. Which section speaks to you the most and why?
   iii. What actions do you make in your practice of ABA or in any part of your life that reinforces white/ableist norms?

9. Change: (10 minutes)

a. As we prepare to close this workshop, let’s take some time to ourselves to reflect on our learning and choose one way we can start to make change.

b. If anyone would like to share, please do so.

10. Survey (2 minutes) Thanks participants and send out link for closing survey.
"We- the autistics of color- are seldomly acknowledged. Our faces, bodies, and voices are conspicuously absent from not only literature and media, but also from much of the discourse surrounding race and that of autism as well. We are painted as defective, flawed, undesirable, different. To be pitied.”
- Morénike Giwa Onaiwu

“Just as I cannot separate my disabled experiences from my racialized identity and experiences, I cannot recognize ableism without recognizing how it is affected by racism, or recognize racism without recognizing how it is affected by ableism. I frequently center my work on disability justice, but the struggle for racial justice is my struggle, too. I, too, am racialized.”
- Lydia X.Z. Brown

### Session 1 Objectives
- Develop group agreements for our interactions in this workshop
- Reflect on and discuss the pathology and neurodiversity paradigms
- Discuss key terms concerning the construction of autism and race within the pathology and neurodiversity paradigms
- Read and discuss narratives written by autistic people of color

### Session 2 Objectives
- Review group agreements and key terms from Session 1
- Discuss links between practice and concepts from Session 1
- Compare human rights promises with human rights realities for autistic people of color
- Read and discuss narratives written by autistic people of color
- Discuss possibilities and commitments to change in practice
### Key Terms

**Paradigm**: a set of fundamental assumptions or principles, a mindset or frame of reference that shapes how one thinks about and talks about a given subject.

**Pathology Paradigm**:  
1. There is one “right,” “normal,” or “healthy” way for human brains and human minds to be configured and to function  
2. If your neurological configuration and functioning (and, as a result, your ways of thinking and behaving) diverge substantially from the dominant standard of “normal,” then there is Something Wrong With You.

**Neurodiversity Paradigm**:  
1. Neurodiversity – the diversity of brains and minds – is a natural, healthy, and valuable form of human diversity.  
2. There is no “normal” or “right” style of human brain or human mind, any more than there is one “normal” or “right” ethnicity, gender, or culture.  
3. The social dynamics that manifest in regard to neurodiversity are similar to the social dynamics that manifest in regard to other forms of human diversity (e.g., diversity of race, culture, gender, or sexual orientation). These dynamics include the dynamics of social power relations – the dynamics of social inequality, privilege, and oppression – as well as the dynamics by which diversity, when embraced, acts as a source of creative potential within a group or society.

### Reflection Questions:
Where have you encountered these paradigms?  
How does your thinking relate to these paradigms?  
How is autism approached within these paradigms?

_________________________________________________________________
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_________________________________________________________________
### Neurodiversity Paradigm

**Autism**

“Autism is a neurological, pervasive developmental condition. It is a disability. It is not a disease.”

“Autistic people usually share a variety of characteristics, including significant differences in information processing, sensory processing, communication abilities or styles, social skills, and learning styles.”

**Pathology Paradigm**

“Autism spectrum disorder (ASD) refers to a group of complex neurodevelopment disorders”

Autism is a disorder diagnosed through “persistent deficits in social communication and social interaction” and “restricted, repetitive patterns of behavior, interests, or activities.”

### Autism Advocacy

![Autism Advocacy Image]

We have your son.

We will make sure he will not be able to care for himself or interact socially as long as he lives.

This is only the beginning.

### Disability

**Disability**

Disability categories are society’s responses to difference from the normed body. These change over time and depend on context.

Disability is a medical issue that must be cured or managed by the individual.
<table>
<thead>
<tr>
<th><strong>Neurodiversity Paradigm</strong></th>
<th><strong>Pathology Paradigm</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Identity</strong></td>
<td><strong>Person with autism</strong></td>
</tr>
<tr>
<td>Autistic person</td>
<td>Person-first language can “emphasize the unique value and worth of the person instead of the broad categorization of a disability label.”</td>
</tr>
<tr>
<td>Identity-first language can resist the suppression of an autistic identity and challenge the idea that autism is a negative attribute to an identity.</td>
<td></td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td><strong>“Racial groups are biologically distinct, exclusive, naturally unequal, endowed with distinct innate behaviors and features, and are unchangeable.”</strong></td>
</tr>
<tr>
<td>A social device used to describe differences “between cultures, linguistic groups, or adherents of specific belief systems.”</td>
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</tr>
<tr>
<td>At the end of 17th century, race emerged as a social invention for ranking Europeans, Africans, and Native Americans in North America coinciding with the institutionalization and legalization of slavery.</td>
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</tr>
<tr>
<td><strong>ABA Therapy</strong></td>
<td><strong>Autistic children “are not people in the psychological sense.”</strong></td>
</tr>
<tr>
<td>“So what kind of therapy is compatible with neurodiversity? The answer is surprisingly simple. Is your therapy designed to improve communication, reduce anxiety and/or redirect harmful behaviors?”</td>
<td></td>
</tr>
<tr>
<td>ABA can make autistics “indistinguishable from their normal peers.”</td>
<td></td>
</tr>
</tbody>
</table>

**Discussion Questions:**
1. Do you think these quotes accurately fit into the given paradigm? If so, how?
2. What do you notice about the difference between these quotes?
3. Where do you see each type of language used?
   - How do your personal beliefs fit into these examples?
References


Reading 1: Love Letter To My Autism by Kaijali Gomez Wick (p.124)

Reflection Questions:

1. What are your reactions to this reading?
2. How is autism constructed in this reading?
3. How does this compare to how we construct autism in the ABA field?
4. What can we learn from this reading?
Reading 2: A Letter to People at the Intersection of Autism and Race (p.11)

Reflection Questions:
1. What messages are sent to autistic people of color?
2. How did the author experience ABA therapy?
3. Why would the author have this experience of ABA therapy?
4. What can we take from this story to inform our practice?

Session 2

Session 2 Objectives
- Review group agreements
- Review key terms from Session 1 and reflect on practice
- Compare human rights language to pathology paradigm language and lived realities for autistic people of color
- Read and discuss narratives written by autistic people of color
- Draft a commitment for working toward change in practice

Human Rights Reflection

Think of one way your human rights have been upheld or violated. How has this informed your understanding of human rights?
<table>
<thead>
<tr>
<th>Human Right</th>
<th>Pathology Paradigm Construction</th>
<th>Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Everyone has the right to life, liberty and security of person. Article 3, Universal Declaration of Human Rights[^1]</td>
<td>Autism is “framed as some ‘thing’ separate from the fully living human/person: some ‘thing’ to be ‘fought,’ ‘battled’, hated’, waged war on. Autism, our culture tells us, must be eliminated in the hopes of recuperating the presumed goodness/rightness of normative life.”[^2]</td>
<td></td>
</tr>
<tr>
<td>No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. Article 5, Universal Declaration of Human Rights[^1]</td>
<td>“It’s illegal to torture prisoners and animals, but not disabled people.”[^4]</td>
<td></td>
</tr>
</tbody>
</table>

[^1]: [Universal Declaration of Human Rights](https://unitednations.org/en/udhr/)

[^2]: [123](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1236878/)

[^4]: [124](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1246789/)
<table>
<thead>
<tr>
<th>Human Right</th>
<th>Pathology Paradigm Construction</th>
<th>Consequence</th>
</tr>
</thead>
</table>
| Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Article 2, Universal Declaration of Human Rights⁴ | Bodies of color were conceptualized scientifically as subhuman in order to help justify slavery, murder, and discrimination in the United States⁶  
Example: Scientists used post-mortem studies of brains as proof that people of African descent were mentally limited and biologically inferior in the 19th century⁶ | African American children were “2.6 times less likely than white children to receive an autism diagnosis on their first specialty care visit.”⁷  
“White children diagnosed with autism receive more high-quality services than Latino children with the same diagnosis.”⁸ |
| All peoples have the right of self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development. Article 1, International Covenant on Civil and Political Rights⁹ | Surveillance as a technique of power that is inseparable from the historical emergence of both race and disability as categories of social difference | Avonte’s Law Act of 2014, a proposal aimed at funding the installation of voluntary electronic tracking devices for autistic students in public schools. This case increased awareness and surveillance of wandering behaviors in autistic children, along with funding for automated alarm systems in special education classrooms. ¹⁰ |
Rights Language References

8. Angell, A., & Solomon, O. (2017). ‘If I was a different ethnicity, would she treat me the same?’: Latino parents’ experiences obtaining autism services. Disability and Society, 32(8), 1142-1164. doi:10.1080/09687599.2017.1339589

Rights Language Reflection Questions

1. What does this human right mean to you?
2. How does the pathology paradigm construction relate to the consequence?
3. Is the pathology paradigm construction thinking related to any part of our practice as ABA therapy practitioners?

Reading 1: Acting Abled, Acting White by Amanda Filteau p.217

Reflection Questions:
1. How does the author define the difference between “passing as neurotypical” and “acting abled”?
2. In what ways are we teaching people to act white or act abled?
3. How can we validate people when they act outside white and ableist norms?
This is a list of ableist words and terms for reference purposes. Some of the entries are slurs, some are descriptions of disabled people or other people with pathologized identities/bodies/experiences, some are slang that derive from ableist origins, and some are common metaphors that rely on disability and ableism. There are also many terms or phrases that are ableist when used together, but are not on this list (like "afflicted with symptoms of [disability]" or "living with physical challenges" or "incapable of managing their behavioral health needs"), because the words taken apart do not have a disability-specific history or current meaning.

**One important note:** Many people who identify with particular disabilities or disability in general may use descriptors from this list in an act of reclaiming the language. You may well too! BUT if you do not identify with a particular disability/disabled identity, it's probably appropriation to use some of those terms. (Some examples are mad and crip.)

After the list of ableist words and terms, I have included lists of alternatives to ableist slurs, descriptions, and metaphors, if you're interested in unlearning the patterns of linguistic ableism in your own language.

**Barren**
Refers to people who are infertile, carries sexist connotations as well as ableist ones.

**Blind to ____ / turn a blind eye to ____ / blinded by ignorance/bigotry/etc.**
Refers to Blind, low-vision, or sight-limited people.

**Bound to a wheelchair (wheelchair bound)**
Refers to people with physical or mobility disabilities.

**Confined to a wheelchair**
Refers to people with physical or mobility disabilities.

**Crazy**
Refers to people with mental or psychiatric disabilities.

**Cretin**
Refers to people with intellectual disabilities.

**Cripple/Crippled (by ____)**
Refers to people with physical or mobility disabilities.

**Daft**
Refers to people with mental or psychiatric disabilities.
Deaf-Mute
Refers to Deaf or hard of hearing people.

Deaf to ____ / turn a deaf ear to ____ / etc.
Refers to Deaf or hard of hearing people.

Derp (also herp-derp and variations)
Refers to people with intellectual disabilities.

Diffability
Can refer to any person with a disability, and is usually a euphemistic phrase to avoid saying "disability" or "disabled."

Differently abled or different abilities
Can refer to any person with a disability, and is usually a euphemistic phrase to avoid saying "disability" or "disabled."

Dumb
Refers to d/Deaf or hard of hearing people, people with speech-related disabilities, or people with linguistic or communication disorders or disabilities.

Feeble-Minded
Refers to people with mental, psychiatric, intellectual, or developmental disabilities.

Handicap(ped)
Refers to people with physical or mobility disabilities, and is usually a euphemistic phrase to avoid saying "disability" or "disabled."

Handicappable
Usually refers to people with physical or mobility disabilities, but can also mean any person with a disability.

Harelip
Refers to people with cleft-lip palate or similar facial deformities/cosmetic disabilities.

Hearing-Impaired
Refers to d/Deaf and hard-of-hearing people.

Hermaphrodite
Refers to people with intersex conditions, whether or not they were coercively assigned to a particular sex/gender, and whether or not they currently identify with a binary gender.

Idiot(ic)
Refers to people with intellectual disabilities.

Imbecile
Refers to people with intellectual disabilities.

**Insane or Insanity**
Refers to people with mental or psychiatric disabilities.

**Invalid** (as a noun, as in "my neighbor is an invalid and never goes outside")
Refers to people with physical or mobility disabilities or chronic health conditions.

**Lame**
Refers to people with physical or mobility disabilities.

**Loony/Loony Bin**
Refers to people with mental or psychiatric disabilities.

**Lunatic**
Refers to people with mental or psychiatric disabilities.

**Madhouse/Mad/Madman**
Refers to an institution housing people with mental or psychiatric disabilities.

**Manic**
Refers to someone with bipolar (used to be called manic depression).

**Maniac**
Refers to people with mental or psychiatric disabilities.

**Mental/Mental Case**
Refers to people with mental or psychiatric disabilities.

**Mental Defective**
Refers to people with mental, psychiatric, intellectual, or psychiatric disabilities.

**Midget**
Refers to little people or people with small stature or a form of dwarfism.

**Mongoloid**
Refers to people with intellectual disabilities and specifically Down Syndrome. Derives from a double-whammy of racism AND ableism, from the belief that people with Down Syndrome look like people from Mongolia.

**Morbidly obese** (or just **obese**)  
Refers to fat people/people of size. It's okay to use the word "fat."

**Moron(ic)**
Refers to people with intellectual disabilities.
Nuts
Refers to people with mental or psychiatric disabilities.

Psycho
Refers to people with mental or psychiatric disabilities.

Psychopath(ic)
Refers to people with mental or psychiatric disabilities.

Psycho(tic)
Refers to people with mental or psychiatric disabilities.

Retard(ed)/[anything]-tard (examples: libtard, fucktard, etc.)
Refers to people with intellectual disabilities.

[you belong on the] Short-bus/ that's short-bus material/etc.
Refers to people with intellectual, learning, or other mental disabilities.

Simpleton
Refers to people with intellectual disabilities.

Spaz(zed)
Refers to people with cerebral palsy or similar neurological disabilities.

Specially Abled
Can refer to any person with a disability.

Special Needs
Usually refers to people with learning, intellectual, or developmental disabilities, but can mean any person with a disability. Usually a euphemistic phrase to avoid saying "disability" or "disabled."

Stupid
Refers to people with intellectual disabilities (i.e. "in a stupor").

Suffers from _____
Can refer to any person with a disability.

Wacko/Whacko
Refers to people with mental or psychiatric disabilities.

The term "impairment" is sometimes acceptable and sometimes not. Blind, low-vision, and limited-sight people generally find "visual impairment" or "vision impairment" offensive. Likewise, d/Deaf and hard of hearing people generally find "hearing impairment" offensive. Other disability communities use the word commonly, as in, "learning impairment," "cognitive impairment," or "functional impairment." Your mileage may vary.
**Non-ableist language:**
Always respect an individual person's preference for identifying or describing themself, even if that is not what the majority in a community prefers. Again, as above, not every person with every disability is personally upset or hurt by every term on this list, even ones that reference their specific disability. That's why this list is meant as a learning/awareness/consciousness tool, not a litmus test or a censorship guide.

**Instead of an ableist word or phrase, perhaps you actually meant to say...**
(more invective replacements that use profanity/swears are included at the very bottom in a separate list)

<table>
<thead>
<tr>
<th>Asinine</th>
<th>Jerk</th>
<th>Unthinkable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bad</td>
<td>Lacking in _____</td>
<td>Unthinking</td>
</tr>
<tr>
<td>Bleak</td>
<td>Livid</td>
<td>Vapid</td>
</tr>
<tr>
<td>Boring</td>
<td>Mean</td>
<td>Vile</td>
</tr>
<tr>
<td>Bullish</td>
<td>Nasty</td>
<td>Vomit-inducing</td>
</tr>
<tr>
<td>Callous</td>
<td>Nefarious</td>
<td>Without any _____</td>
</tr>
<tr>
<td>Careless</td>
<td>Nonsense</td>
<td>whatsoever</td>
</tr>
<tr>
<td>Confusing</td>
<td>Nonsensical</td>
<td>Wretched</td>
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<tr>
<td>Contemptible</td>
<td>Obtuse</td>
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<td>Coward</td>
<td>Outrageous</td>
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<tr>
<td>Crappy</td>
<td>Overwrought</td>
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<tr>
<td>Dense</td>
<td>Paradoxical</td>
<td></td>
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<tr>
<td>Devoid of _____</td>
<td>Pathetic</td>
<td></td>
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<tr>
<td>Disgusting</td>
<td>Petulant</td>
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<tr>
<td>Dull</td>
<td>Pissant</td>
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<tr>
<td>Enraged</td>
<td>Putrid</td>
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<tr>
<td>Evil</td>
<td>Rage-inducing</td>
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<tr>
<td>Extremist</td>
<td>Reckless</td>
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<tr>
<td>Furious</td>
<td>Ridiculous</td>
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<tr>
<td>Gross</td>
<td>Rude</td>
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<tr>
<td>Horrible</td>
<td>Scornful</td>
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<tr>
<td>Ignoramus</td>
<td>Self-contradictory</td>
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<tr>
<td>Ignorant</td>
<td>Shameful</td>
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<tr>
<td>Impolite</td>
<td>Solipsistic</td>
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<tr>
<td>Inane</td>
<td>Spurious</td>
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<tr>
<td>Incomprehensible</td>
<td>Terrible</td>
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<tr>
<td>Inconsiderate</td>
<td>Tyrannical</td>
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<tr>
<td>Inconsistent</td>
<td>Unbelievable</td>
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<tr>
<td>Infuriating</td>
<td>Unconscionable</td>
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<tr>
<td>Insensible</td>
<td>Unheard of</td>
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<tr>
<td>Insipid</td>
<td>Uninspired</td>
<td></td>
</tr>
<tr>
<td>Irrational</td>
<td>Unoriginal</td>
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</tr>
</tbody>
</table>
For describing people with disabilities/disabled people in general:
Disabled
Has a disability
With a disability
With a chronic health condition
Has a chronic health condition
Neurotypical
Neurodivergent

For describing people on the autism spectrum:
Person/people on the autism/autistic spectrum
Autistic person/people
Person/people with autism
Aspie/Autie (*note -- this term is often only really used by people who claim it, and often not by many politically autistic people*)

For describing people with intellectual disabilities:
With an intellectual disability
Has an intellectual disability
With a cognitive disability
Has a cognitive disability

For describing people with sensory disabilities:
Blind
Low vision
Deaf
Hard of hearing
DeafBlind
DeafDisabled

For describing people with physical or mobility disabilities:
With a physical disability
With a mobility disability
Uses a wheelchair
In a wheelchair
Uses crutches
Uses a cane
Uses a walker
Has/With [specific condition here]

Reading 2: *Autism Defined: A Poem* by Morénike Giwa Onaiwu
p. 30

Reflection Questions:
1. What connections can you make between this poem and our discussions in both sessions?
2. Which section speaks to you the most and why?
3. What actions do you make in your practice of ABA or in any part of your life that reinforces white/ableist norms?

---

The End & The Beginning:
Reflection and Change

1. What did you learn from this workshop?
2. What is one thing you can do to create change inspired by this workshop?
3. How will this change occur?
4. How will you hold yourself accountable for this change?
5. How would you like to continue your learning on the topics covered here?

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