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## Trigger Warning

- Possible mentions of
- Suicide
- Domestic violence
- Self-harm
- Alcoholism
- Addiction

- · Emergency 000
- Lifeline 13 11 14
- · Beyond Blue 1300 224 636
- Suicide Call Back Number 1300 659 467

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# **Christina Keeble**

#### Who am I?

- Mum of 2, teacher, speaker & consultant, diagnosed at 37, founder of Christina Keeble Consulting & co-founder of National PEKE
   Centre
- Pieces of Paper
  - BS Psychology, BA Hons Psychology, PGDipEd Early Childhood & Primary Teaching, Masters in Special Education
  - Been in Spec Ed/Disability since 2002: ECE High School

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## What are my biases?

What are my stigmas associated with Autism & ADHD?

Do I hold ableist beliefs?

What barriers do I create for my clients?

Why do I think this?
Where has it come from?

## Labels

· Labels help us organise, understand, and make sense of our world

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### Labelling

- What do you do for a living?
- Where are you from?
- What is your ethnicity?
- Do you wear glasses or contact lenses?
- How would you describe your hair?
- Are you a parent?
- · Are you a partner?
- Are you a pet owner?
- Are you an artist?
- Are you an athlete?

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## When I got diagnosed, I rang my mom.

I learned some of my labels.

## My new labels led me to finally understand...

- Autism
- ADHD
- CPTSD

- I'm not a broken adult (thank goodness).
- That is why I struggled with xyz!
- I'm a survivor!
- I AM different.
- I have been too hard on myself.
- I forgive me.
- · I love me.
- I will look after me *learning how*
- I will help my children see how
   amazing and beautiful their brains are &

how to navigate the world safely.



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#### Diagnoses

- Accurate diagnoses
  - Can be empowering
  - Can be an explanation
  - Can lead to better understanding of self
  - Can lead to better mental health
  - Can provide signposts on how to support the child
- Inaccurate diagnoses
  - · Can lead feeling like you never fit in or belong anywhere
  - Can lead to misunderstanding behaviours leading to the child being labelled a behaviour problem
  - Can lead to incorrect medications
  - Can lead to inappropriate interventions
  - Can lead to poorer mental health outcomes

## **Autistic Culture**

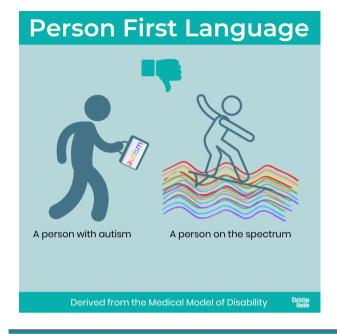
It exists. It can be a powerful and profound experience to discover it.

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## Let's Talk About Language

In the context of Autistic Culture





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Word	What it Means	Extra Info
Neurodiversity	Includes every neurotype!     Everyone     Neurodiversity     acknowledges neurology is a     spectrum and that there are     natural variations of     neurocognitive functioning     within our species	Neurodiversity is represented by the rainbow infinity symbol
Neurotypical	Someone whose neurotype allows them to benefit and work within the society they live in.	
Neurodivergent	Someone whose neurotype diverges from the one that benefits from the society they live in.     Their neurotype does not allow them to benefit and work within their society's expectations.	Neurodivergence extends beyond being Autistic or an ADHDer     The umbrella of neurodivergence includes all neurotypes which are not neurotypical.
Neuroqueer	A verb first, then adjective     To embrace someone's     neurodivergence and queer     the neuro-normative, CIS     gendered, patriarchy.     "You're neurosueer if you	Coined by Dr. Nick Walker, 2008

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Neurodiversity Affirming Language		
Instead of	Say this	More Info
ASD or ASC     Autism Spectrum     Disorder or Condition     On the Autism     Spectrum     On the Spectrum     On the Spectrum     Asperger's     Asple	Autistic     As in they are an autistic person     Autistic neurotype     Autism     As in autism is one of their SPINs or autism is hereditary	Unless the individual or family expresses their preference of person first language, if they do, you respect their preferences
Non-verbal	Non-speaking	This comes at the request of non-speaking adults
Time blindness     Any other phrase with blindness as a descriptor	Time agnosia     Use agnosia in place of the word blindness	This comes at the request of the blind community
Defecits or problems	Differences, neuro- differences, or challenges	Le., Sensory processing differences     Le., Challenges with regulation
Narrow, restricted, repetitive interests or special interests	SPINs, passions, hobbies, interests, intense interests	The autistic community has reclaimed the term 'special interests' and now refers to them as SPINs
Challenging behaviour	Describe the specific challenges     An increase in specific support needs during dysregulation	<ul> <li>I.e., They struggled today with the layers and amount of noise in the shopping centre. This led them to experience dysregulation and they experienced a meltdown.</li> </ul>
Special needs	Specific support needs	

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#### **Statistics**

- McCrossin R. (2022). Finding the True Number of Females with Autistic Spectrum Disorder by Estimating the Biases in Initial Recognition and Clinical Diagnosis. Children (Basel, Switzerland), 9(2), 272. https://doi.org/10.3390/children9020272
- Newell et al., A systematic review and metaanalysis of suicidality in autistic and possibly autistic people without co-occurring intellectual disability, Molecular Autism (2023) 14:12 https://doi.org/10.1186/s13229-023-00544-7
- Cazalis F, Reyes E, Leduc S and Gourion D (2022) Evidence That Nine Autistic Women Out of Ten Have Been Victims of Sexual Violence. Front. Behav. Neurosci. 16:852203 doi:
- Gibbs, V., Hudson, J. & Pellicano, E. The Extent and Nature of Autistic People's Violence Experiences During Adulthood: A Crosssectional Study of Victimisation. J Autism Dev Disord 53, 3509–3524 (2023). https://doi.org/10.1007/s10803-022-05647-3
- Hartley, G., Sirois, F., Purrington, J., & Rabey, Y. (2023). Adverse Childhood Experiences and Autism: A Meta-Analysis, Trauma, Violence, & Abuse, 25(3), 2297-2315. https://doi.org/10.1177/15248380231213314 (Original work published 2024)

- Autistic individuals are at increased risk of ACEs compared with nonautistic individuals and the odds of an autistic person experiencing at least one ACE is more than twice as likely than a non-autistic person.
- 80% of autistic females remain undiagnosed at age 18
- Autistic Women
  - 9-in-10 have experienced sexual violence (sexual assault or rape)
  - · Victims were young and revictimization was high
  - About 43% per cent have experienced physical violence.
- Non-speaking autistic people who are abused is believed to be even higher, but it is rarely reported
- Increased PTSD in the Autistic community (32-45%) vs general population (4-4.5%)

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## What can we do? (large scale)

Basile, K., DeGue, S., Jones, K., Freire, K., Dills, J., Smith, S., et al. (2016). STOP SV: A Technical Package to Prevent Sexual Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

https://www.cdc.gov/violencepreventi on/pdf/sv-preventionresource\_508.pdf

- Education, health, and social care professionals need to be aware of the increased risk of autistic individuals' experiencing ACEs
- Assessment of ACEs in people diagnosed with Autism should be embedded into practice to ensure the individuals and families receive the correct support
- Understanding Neurodivergent experiences (including Autism) from the lived experience and neuro-affirming practices is important to supporting the Autistic community
- Further research into Autistic's people's experiences of trauma (led by Autistic researchers or authentic co-design)
- Prevention by promoting profound cultural changes such as recommended by the Center for Disease Control (CDC) and World Health Organization (WHO):
  - Sexual violence is at the root of gender inequality
  - STOP-SV program by CDC
  - RESPECT WHO's framework

## What can we do? (smaller scale)

- Educate families and professionals about the risk of sexual victimisation of Autistic girls, and the increased risk of ACES for Autistic children
- · Empower families to understand Neurodiversity
- Support the family and child(ren) to
  - Develop a positive neurodivergent identity
  - Support them to understand differences in the sociality, communication, play, and behavioural differences of others
    - · Not to change them, rather to facilitate understanding
  - · Support the development of self advocacy skills
    - Then next steps if the first attempt is shut down

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## Relationships & Risks

- Keeping in mind we are not victim blaming or expecting the person with a disability who struggles with social and communication situations to be able to detail.
- This is to minimise risk

#### Support with friendship challenges

• Discuss situations, support to understand different perspectives & how to self advocate

### Explicitly teach sexual safety education & protective behaviours

- · Not understanding unspoken social rules
- · Need to please -vulnerability
- Rejection Sensitive Dysphoria (RSD)
- · Silence or no answer can imply a yes
- Line in the sand
- What is/is not ok
- · It's ok to change your mind
- · It's ok to not be in a relationship
- When, where, and how to get help (role play, plan, and practice)

## Positive Neurodivergent Identity

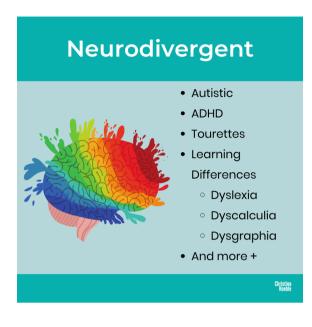
A different lens, how we help them frame it

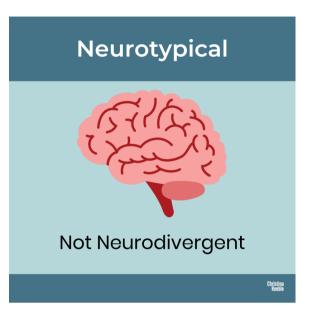
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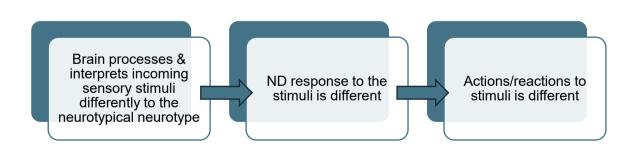




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## Neurodivergence



When we understand our children's strengths & challenges, we can support them to learn to advocate for themselves and navigate the world safely.

We then have a chance to reduce the rate of trauma and increase the quality of life for neurodivergent people.

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# Support them to understand their unique brain & other neurotypes

- · Their strengths
- Their challenges
- What comes easy to them will be challenging for others and vice versa
- What they need to feel ok and regulated
- · Look at everyone's brains in the house
  - Make it visual
  - Draw it!
  - · Discuss it
  - Problem solve together, how can we be a good team and make sure we all get what we need?

# My children's diagnoses

- "Oh, that's why I'm different." –
   6 yo
- "Is my brain like yours or dad's?.... OK, can I go back to playing now?" 4yo



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#### Reflection

- What frame does you put around neuro-differences in your practice?
  - When you are out (and not at work)?
- What language do you use when talking to clients about Autism, ADHD, and other neurodivergences?
  - To families?
  - To co-workers & other professionals?
  - To family and friends?
  - Primarily strengths based or deficits based?
- How do you speak to yourself or others about your challenges? Your kids' challenges?

