

THE PROFESSIONAL EXPERIENCES OF THE AUTISTIC SPEECH-LANGUAGE
PATHOLOGIST: A PHENOMENOLOGICAL APPROACH

by

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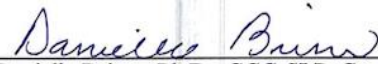
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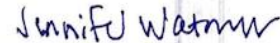
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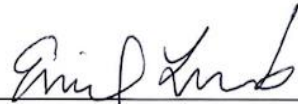
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ABSTRACT

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The prevalence of Autism Spectrum Conditions (ASC) and the field of speech-language pathology are growing simultaneously. This study investigated the professional experiences and perceptions of autistic speech-language pathologists (SLPs) using a phenomenological approach to data analysis. Four themes were generated from the experiences of two autistic SLPs that resulted in an essential structure. Participants described several positive professional attributes that their ASC provided them with, along with difficulties in social communication that affected them professionally. The utilization of compensatory strategies and masking practices were found to be common, with the disclosure of their diagnosis of ASC deemed to be a conscious and critical process. Conclusively, the professional experiences of autistic SLPs are variable based upon a myriad of factors, although shared experiences are present. A shortage of support indicated by the broader field provides important implications moving forward as the neurodiversity movement gains traction in the field of speech-language pathology.

LITERATURE REVIEW

The field of speech-language pathology is continuing to grow in response to the increasing demand for speech-language pathologists (SLPs) (United States Department of Labor, 2021). At the same time, the number of individuals diagnosed with Autism Spectrum Conditions (ASC) is increasing (Centers for Disease Control and Prevention, 2007; Centers for Disease Control and Prevention, 2021) and many of those individuals are gaining college degrees and entering professional fields (Barnhill, 2016; Chown & Beavan, 2012; Van Bergeijk, 2008). Consequently, it can be expected that the number of autistic SLPs within the field of speech-language pathology will also increase. Given that SLPs often address skills within communicative and social contexts, areas in which autistic individuals experience differences in to varying degrees (American Psychiatric Association, 2013), the experience of an autistic SLP is likely to differ from a neurotypical SLP. There is, however, a paucity of research regarding the professional experiences of autistic SLPs. By exploring the professional experiences of autistic SLPs, we can gain insight into the complex and dynamic issues that these clinicians may face, allowing the profession to better support such individuals. Simultaneously, we can acknowledge the unique strengths that they bring to the profession and providing them with a voice to be heard within the field of speech-language pathology.

An Overview of Autism Spectrum Conditions

Terminology

The terminology Autism Spectrum Conditions (ASC) will be used in lieu of Autism Spectrum Disorder (ASD) to avoid pathologizing the experiences of those with ASC. ASC takes into consideration both the strengths and the challenges experienced by those on the spectrum

(Hull et al., 2017). Additionally, the utilization of ASC recognizes the broad spectrum of experiences and characteristics implicated in terms of language, intelligence, behavior, and overall communication and how these impact functioning (Baron-Cohen, 2017). Furthermore, ASC aligns with the neurodiversity movement, which seeks to acknowledge that a condition such as autism is not right or wrong, or good or bad, it is simply another way of existing (Jaarsma & Welin, 2012). Identity-first language (i.e., autistic person) will also be used instead of person-first language (i.e., person with autism or person with ASC) to reflect preferences indicated by autistic individuals, specifically that person-first language is not the preferred terminology (Kapp et al., 2012; Kenny et al., 2016) and found to be offensive to this population (Bury et al., 2020).

The growing prevalence of ASC presents an important consideration in this study. To illustrate this increase, prevalence rates have risen from 1 in 150 children (Centers for Disease Control and Prevention, 2007) to 1 in 44 children (Centers for Disease Control and Prevention, 2021) from 2000-2018. Based upon the evidence that diagnoses of ASC are increasing, we can reasonably expect that there will be more individuals with this diagnosis entering various educational and vocational settings. Those within these settings should be prepared to listen to the needs of these individuals and to provide appropriate accommodations that align with these needs.

Characteristics of Autism Spectrum Conditions

ASC encompasses a broad set of characteristics that are variable across individuals, but there are several characteristics that are required to acquire a diagnosis. According to *Diagnostic Manual and Statistical Manual of Mental Disorders, DSM-5* (American Psychiatric Association, 2013), an individual must have differences in social communication and interaction and

restricted and/or repetitive interests and behaviors to receive an ASC diagnosis (although the DSM-5 maintains the term Autism Spectrum Disorder). Specifically, the reciprocity of social interactions, understanding and use of nonverbal behaviors, and ability to develop and maintain social relationships with others must also differ to a distinguishable degree. Other characteristics that must also be present include restrictive and/or repetitive interests, which includes, but is not limited to repetitive movements, reliance on routines and continuity, intense and often narrow fixated interests, and unique preferences or sensitivities to sensory input. As the name suggests, these characteristics range along a spectrum in the degree to which an individual is affected. Due to this broad spectrum, there has been a call to identify subgroups within the umbrella category of ASC for the purpose of improving research practices and treatment (Lai et al., 2013). Additionally, although characteristics often present in individuals in childhood, the DSM-5 (American Psychiatric Association, 2013) recognizes that diagnosis beyond childhood in adolescence or adulthood is possible if these characteristics do not fully present until the demands of the individual's environment exceed their ability to function within it. Furthermore, about 42% of autistic individuals have an intelligence quotient (IQ) that is average or above average (Centers for Disease Control and Prevention, 2021), expanding the number of vocational and educational opportunities available to these individuals.

Characteristics of ASC that can impact social interactions include an involuntary avoidance of eye contact (Madipakkam et al., 2017) and a preference for nonsocial stimuli (Swettenham et al., 1998). Autistic children have been found to have lower rates of initiation in conversation (Choi & Lee, 2013), and are less likely to contingently respond to questions, provide relevant information in a conversation, and share their own experiences (Capps et al., 1998). Autistic individuals have been found to offer fewer responses in a conversation and take

fewer conversational turns (Jones & Schwartz, 2009). Conclusively, these communicative characteristics are posited to contribute to the reduced ability or inability to establish and maintain social relationships with peers or others in the environment.

Outside of social communication, autistic individuals often have a reliance on routines, structure, and continuity. Furthermore, autistic individuals may function at their fullest capacity when routines and structure are imposed (Hendriks, 1998). Although routine and structure can be provided to an extent, the need to occasionally stray from this structure is inevitable. This loss of routine and structure can cause an autistic individual to experience feelings of anxiety (Maloret & Scott, 2018) and exhibit externalizing behavior problems, such as aggression and emotional outbursts (Henderson et al., 2011). Similarly, the exhibition of restricted interests, another hallmark characteristic in an ASC diagnosis (American Psychiatric Association, 2013), can interfere with activities of daily living (Klin et al., 2007). These have also been shown to be correlated with increased anxiety in autistic children (Spiker et al., 2012).

Unique sensory processing or preferences is also seen in autistic individuals. This processing may involve one or multiple modalities within auditory, visual, touch, and oral sensory functioning (Kern et al., 2006). Autistic adults often experience considerable variability in terms of low registration of sensations, sensation seeking, sensory sensitive, and sensory avoidant behaviors (Crane et al., 2009). This unique sensory processing can result in engaging in repetitive movements to stimulate oneself and fulfill sensory needs. Therefore, sensory processing preferences must be accommodated in order to ensure the success of these individuals in their various settings. However, it has also been postulated that hypersensitivity to sensory experiences can result in having great attention to detail in autistic individuals (Baron-Cohen et

al., 2009). This hypersensitivity to sensory experiences and attention to detail may then result in hyper-systemizing, leading to an inflexibility to change.

In addition to diagnostic factors, the experience of empathy has been a focus of ASC research in an attempt to explain differences in social behavior from neurotypical counterparts. Physiological research suggests that the objective experience of emotionally-charged situations is similar between autistic individuals and those without ASC (Trimmer et al., 2016). This suggests that autistic individuals differ in their subjective experiences of emotional situations. The empathy imbalance hypothesis (EIH) of ASC asserts that affected individuals experience a lack of cognitive empathy, which involves the act of imagining oneself in the perspective of another person (Smith, 2009). To account for deficits in terms of cognitive empathy, autistic individuals are posited to experience higher levels of emotional or affective empathy than levels of cognitive empathy, leading to an imbalance of experiences. This finding builds upon the research regarding theory of mind (ToM) abilities in autistic individuals. These abilities have been shown to differ from neurotypical individuals in tasks assessing false-belief, understanding causes of emotion, and interpreting sarcasm and irony (Baron-Cohen, 2000). However, it is important to understand that considerable variability exists between individuals in terms of ASC characteristics and how and where these manifest (Tager-Flusberg, 2007).

Impact of Camouflaging: Compensatory Strategies and Masking

As a result of these characteristics of ASC, camouflaging by using compensatory strategies (Livingston & Happé, 2017; Livingston et al., 2019) and behavioral masking (Hull et al., 2017) may be used to limit the effect or appearance of these neurodivergent traits. Compensatory strategies involve a disconnect between the underlying conditions of ASC and cognitive profile, and the behavior that is observed (Livingston & Happé, 2017). The

environment that an individual is in can facilitate the ability to compensate. For example, compensation is achieved more readily when the social rules of an environment are explicit, however, once the demands of an environment exceed the capacity of the individual to compensate, characteristics of ASC may surface and become more apparent. Research suggests that autistic females have improved compensation compared to their male counterparts (Dworzynski et al., 2012; Lai et al., 2017), often resulting in a later (Begeer et al., 2013; Rutherford et al., 2016) or different diagnosis (Bargiela et al., 2016; Begeer et al., 2013). Therefore, a diagnosis may not be acquired until the demands of the environment surpass the individual's capacity to effectively compensate. This diagnosis may not occur until the individual is in late adolescence or adulthood, such as after entering new and more complex social, educational, and/or vocational environments.

Compensatory strategies can be categorized and better understood through the depth of compensation (Livingston & Happé, 2017; Livingston et al., 2020). Shallow compensation involves exhibiting the neurotypical behavior or meeting these expectations in a structured, or predictable environment, such as in a familiar social situation. Alternatively, deep compensation allows these skills to be generalized to contexts that are novel or less familiar. Therefore, shallow compensation breaks down more readily than deep compensation as these strategies are not flexible. The eventual breakdown of shallow compensation may be a reason as to why individuals acquire a diagnosis later in life.

Another type of camouflaging, known as masking, involves suppressing the behavior that is automatic and replacing it with the behavior that is socially appropriate or desirable (Hull et al., 2017). While compensatory strategies include overcoming the social and communicative differences that are accompanied by ASC with a set of strategies or guidelines to abide by,

masking provides a veil for a person to hide behind, covering their intuitive and desired behaviors. For example, a person with ASC might shake their leg while sitting to fulfill a sensory need as this is more socially desirable than shaking their leg and tapping their fingers simultaneously. In a qualitative study by Hull et al. (2017), some participants described their motivation to mask being related to employment outcomes and overall desire to assimilate effectively into society. Therefore, a person wishing to enter a particular field or vocational setting may learn to mask their neurodivergent characteristics of ASC to increase their social desirability and likelihood of becoming employed.

The use of camouflaging has also been found to be mentally and emotionally taxing. Autistic adults have described their experiences of masking over their autistic characteristics as being exhausting (Bargiela et al., 2016; Livingston et al., 2020), stressful (Hull et al., 2017), and resulting in a decrease or loss of their sense of self. Compensatory strategies have also been described to be cognitively taxing, involving deliberation between which behaviors to exhibit and having to adapt and adjust constantly (Livingston et al., 2020). Because of these effects, the impact of camouflaging on the mental health and daily lives of autistic individuals, particularly females, needs to be considered (Dworzynski et al., 2012; Lai et al., 2017).

Disclosure

Autistic individuals may or may not choose to disclose their diagnostic status with others in settings of employment. Disclosure status may change dependent upon a variety of factors that are important to the individual, as well as the potential benefits or drawbacks that one perceives to be related to the choice to disclose. Johnson & Joshi (2014) acknowledge that the choice to disclose is multifaceted with unique implications in relation to ASC. Specifically, autistic individuals may not be able to perceive the social cues to decide if disclosure should be withheld

or not. If the choice is made to disclose, they may struggle with determining who to disclose to. In a study by Romualdez et al. (2021), researchers attempted to better understand the experience of ASC disclosure in the workplace by investigating the factors that influence one's decision to disclose. The researchers found that fear of discrimination, lack of benefits that would be obtained from disclosure, and the ability to camouflage characteristics were some of the reasons attributed to an individual's preference for withholding their diagnostic status from employers. Contrastively, the pursuit of acceptance, workplace accommodations, expression of self, and the result of negative experiences from not disclosing resulted in the choice to disclose diagnostic status in the workplace. However, mixed outcomes also emerged from results, insinuating that both benefits and negative experiences may result from disclosing ASC diagnostic status to those in one's work environment.

Unfortunately, individuals who possess a high stigma towards autistic individuals may engage in discriminatory behaviors against them after a diagnosis has been made known (Morrison et al., 2019), which could affect one's ability to be hired or to maintain employment. However, these circumstances do not persist across individuals as impressions of autistic adults were found to be more favorable when a diagnosis was provided than when this information was withheld (Sasson & Morrison, 2017). Additionally, first impressions were found to be improved when individuals possessed heightened levels of knowledge related to ASC. Disclosure specifically related to ASC may have unique outcomes in the field of speech-language pathology, given that the professionals implicated in the field have expanded knowledge related to the characteristics, assessment, and treatment of ASC compared to the general population (ASHA, 2016).

Models of Disability and the Neurodiversity Movement

Traditionally, fields that work with individuals with ASC, such as speech-language pathology and applied behavioral analysis, have provided treatment to individuals implicated within the scope of practice, including autistic individuals, using a medical or deficits-based model of disability (Abrahams et al., 2019; Donaldson et al., 2017; Duchan, 2005; Shyman, 2016). This model attempts to normalize, minimize, or eliminate the perceived impairments with the implementation of treatment (Kapp et al., 2012), viewing disability to be within the individual (Shyman, 2016) and lacking consideration of the societal impact of these perceptions (Donaldson, 2021). Specifically, society has constructed the perception of what is considered to be normal and what is atypical, with the medical model of disability seeking to adapt these behaviors to fit this criterion. Thus, the medical model of disability asserts that the person must change their behaviors to conform to societal standards, as opposed to societal standards adapting to fit the needs of the individual with the disability. These norms may affect the perception of who can and should carry out treatment within a medical framework.

Alternatively, the social model of disability differs from the medical model of disability by addressing the social effects on how disability is constructed and treated (Kapp et al., 2012). More specifically, the social model of disability, “frames disability as the relationship between an individual’s challenges or impairment and a society that isolates and impedes their full access and participation, thus resulting in oppression” (Donaldson et al., 2017, p. 1286). Therefore, treatment is not focused on minimizing or eliminating the perceived deficits, but rather directed towards the individual’s feelings of acceptance of their disability and creating adequate opportunities for their participation within society. However, while the social model of disability has merits in terms of increasing political influence on disability, participation in society, and feelings of positivity towards disability, it fails to acknowledge how and the extent to which an

individual's disability impacts them (Shakespeare, 2013). These effects may be physical, functional, and emotional. Ultimately, prominent and influential models of disability, such as the medical and social models, should be discussed in order to understand how the neurodiversity movement affects the utilization of these philosophies.

The neurodiversity movement came to prominence during the 1990s as the result of discussion among autistic individuals online, with the term first being coined by Judy Singer, an autistic social scientist (Baron-Cohen, 2017; Ortega, 2009). Neurodiversity highlights the idea that every individual has a uniquely different brain, and that ASC constitutes a set of these differences (Silberman, 2015). The neurodiversity movement rejects the idea of conforming to what is perceived by society as the typical standard of functioning, but instead prioritizes improving the quality of life by increasing adaptive functioning (den Houting, 2019; Ne'eman, 2010; Robertson, 2010). This movement essentializes the belief that ASC is a natural variation among humans, similar to race, sex, and sexuality (Jaarsma & Welin, 2012; Ortega, 2009). As a result, ASC should not be pathologized as a disorder in functioning and calls into question the classification of it within psychological literature as a disorder (American Psychiatric Association, 2013). However, Baron-Cohen (2017) regarded the idea that ASC is properly classified as a disorder when the individual's characteristics of ASC affect their ability to function in a setting, even with appropriate modifications. On the other hand, ASC is accurately classified as a difference when these characteristics result in biological differences but not differences in functioning. Using this logic, the accurate usage of the terms "disorder" and "difference" will largely depend upon the individual and the moment in time, mirroring the heterogeneity of characteristics implicated within ASC. Thus, ASC is an appropriate alternative to utilize as it acknowledges this spectrum of differences that exists.

It is imperative to acknowledge the feelings of individuals who live with and experience ASC on a daily basis. Self-identification with ASC was found to be associated with the view that ASC constitutes a positive identity that does not require curing, suggesting that autistic individuals ascribe to the neurodiversity movement (Kapp et al., 2012). This view directly contrasts the medical model of disability. Appropriately, autistic individuals have been purported to be the leaders in reducing the negative stigma surrounding ASC and to help improve the services provided due to their firsthand experiences with the diagnosis (Kapp et al., 2012; Savarese, 2010).

Speech-Language Pathology: The Field and Its Professionals

The beginnings of speech-language pathology as a field occurred in the early twentieth century, with individuals being hired to perform corrective speech services for children, largely within the public school system (Duchan, 2010). By 1966, every state in the United States provided speech services to students in public elementary schools. Despite the field's narrow scope of practice at conception, SLPs are not limited to working with children with articulation problems, but rather, are qualified to work with individuals across the lifespan with a variety of diagnoses and impairments involving language, social functioning, fluency, voice, swallowing, feeding, and cognition (ASHA, 2016). Since the field's conception over one hundred years ago, the demand for SLPs continues to grow exponentially as the profession has seen a 120.2% increase in American Speech-Language-Hearing Association (ASHA) SLP membership from 2000-2020 and now has approximately 188,000 members (ASHA, n.d.). Additionally, the field of speech-language pathology has a ten-year projected outlook that is much higher than average (United States Department of Labor, 2021). Because of this job growth and demand, we can expect to see an increase of individuals becoming certified SLPs and entering the field.

Skills, listed frequently as “essential functions” for SLPs, include an ability to demonstrate communication skills, understand and use appropriate non-verbal communication, and adjust communication style as necessary to meet the needs of clients and caregivers (Horner et al., 2009). In addition to communicative abilities, clinicians must also demonstrate appropriate motor, intellectual, sensory, and behavioral/social functions. These essential functions were adopted in 2007 by the Council of Academic Programs in Communication Sciences (CAPCSD) to guide academic programs in developing the rubric of necessary skills that individuals must possess to graduate. Therefore, many graduate programs delineate similar requirements in their student handbooks, with emphasis placed on specific requirements that the individual programs deem to be most essential (e.g., Chapman University, 2020; Marquette University College of Health Sciences, 2020; Texas Christian University, 2021; University of North Texas, 2021). The demonstration of these skills is considered to be imperative because these are areas that SLPs frequently address in treatment with clients. To teach and help clients to use and refine these skills, the individual must convey expert skills themselves in these domains. The way that these skills may be demonstrated to meet standards is often not stipulated by graduate programs, indicating that it is largely up to supervisory discretion, however, CAPCSD encourages programs to implement appropriate accommodations for students as necessary (Horner et al., 2009).

Aside from the explicit knowledge and skill standards outlined by CAPCSD and academic programs, the ability to listen, understand, and empathize with the experiences of clients are also viewed to be important skills for SLPs to possess (ASHA, 2016; Manning & DiLollo, 2018; Schober-Peterson & O’Rourke, 2011; Wenhardt, 2010). Consequently, SLPs should demonstrate the ability to engage with the individuals that they work with to create and strengthen the therapeutic alliance (Luterman, 2016; Manning & DiLollo, 2018). ASHA also has

a stance on the skills and traits individuals should possess to be effective clinicians. In addition to “empathy,” some of the traits, knowledge bases, and skills listed include “good communication skills” and “knowledge of the social aspects of communication” (ASHA, n.d.). These aspects are considered to be imperative in the ability to adapt to the many roles implicated in the profession and to the evolutionary nature of speech-language pathology.

Additionally, in school settings, where just over half of SLPs are employed (ASHA, 2020), SLPs need to be prepared to be responsible for large caseloads of students that often vary in size (Ukrainetz, 2016). This variance may be due to new students being placed on a caseload, students being removed because of dismissal, and working with students from another SLP’s caseload as a result of special circumstances, such as maternity leave. It is also common for SLPs to have to accommodate many different schedule changes on a daily, weekly, or monthly basis (Wenhardt, 2010). The inability to work with students during core curriculum times, accommodating for meetings, and student absences are a few examples of the many ways that can prompt a school SLP’s schedule and routine to change.

Speech-Language Pathology and Autism Spectrum Conditions

Table 1

ASC Within the Field of Speech-Language Pathology

ASC	SLP
Differences in social communication and interaction	Scope of practice involves addressing social interaction skills
Differences in understanding nonverbal communication	Understanding nonverbal communication included in many essential functions documents
May not experience or show feelings of empathy	Must be able to counsel clients and caregivers
Restricted interests, self-stimulatory behaviors, preference for routine	Fast-paced, ever-changing schedule with productivity requirements

Lived experience of ASC	SLPs work with autistic clients
Increased attention to detail	Profession that benefits from a detail-oriented individual
Camouflaging (i.e., compensatory strategies and masking)	May be used while practicing to appear more neurotypical or to fulfill employer requirements
Can benefit from and provide expertise within the framework of the neurodiversity movement	Commonly ascribes to the medical model of disability

Comparing the characteristics of ASC with the essential functions and descriptions of “what makes a good SLP” suggests the potential for a mismatch that would pose significant challenges to an autistic individual who wishes to practice as an SLP. Though the specific characteristics of ASC and the extent of these differ on an individual basis, by definition, a person must have deficits in social communication and interaction to acquire a diagnosis of ASC (American Psychiatric Association, 2013). As previously detailed, these differences can involve nonverbal cues such as eye contact (Madipakkam et al., 2017), as well as skills involved in establishing (Choi & Lee, 2013) and maintaining a conversation (Capps et al., 1998; Jones & Schwartz, 2009). These differences in social communication can impact their ability to teach and support clients in developing and refining these skills, which is a part of in the SLP scope of practice for speech-language pathology (ASHA, 2016).

Furthermore, the understanding of nonverbal communication is a skill considered to be essential to matriculate through an SLP graduate program (Horner et al., 2009). This is predominantly for the purpose of facilitating interactions between the SLP and clients or caregivers. Based upon the diagnostic criteria for ASC (American Psychiatric Association, 2013), an autistic SLP may experience challenges in understanding nonverbal communication

cues, such as gestures or facial expressions. They may also not integrate these nonverbal cues into their own communication, or camouflage their behaviors to do so.

The ability to cognitively empathize with clients and caregivers may be impacted by an ASC diagnosis (Smith, 2009) due to inhibited theory of mind (Baron-Cohen, 2000). As a result, autistic individuals experience difficulties in placing themselves in the perspective of others given their situation. Consequently, these difficulties can affect the ability to counsel individuals with communication disorders, an important requisite within the profession (Luterman, 2016; Manning & DiLollo, 2018). Counseling involves a multitude of skills, one of which being empathizing with an individual's specific circumstances (Wampold, 2001). This ability, in turn, strengthens the therapeutic alliance between client and clinician, an important factor in helping the client to achieve their individual goals. Lacking the experience of empathy has the potential to inhibit this therapeutic alliance and hinder the affective bond formed between clinician and client.

Other behaviors that are characteristic of an ASC diagnosis may impact professional success as an SLP. These include, but are not limited to, restricted interests resulting in fixation, self-stimulatory behaviors, and a need or preference for routine. Professionally, engaging in any one or more of these behaviors may be viewed as maladaptive if the behavior itself or the resulting emotions (i.e., increased anxiety) impact interactions with clients and caregivers and/or the productivity of the individual. Productivity is important to note because a majority of SLPs employed in health care settings report that their employer holds a productivity requirement (ASHA, 2019). In school settings, the SLP has a median caseload size of 47 students, with most settings requiring that missed time with students be made up for any reason (ASHA, 2020).

As previously mentioned, the scope of practice of an SLP is very broad and constantly evolving (ASHA, 2016). Because ASC is a neurodevelopmental condition that impacts communication (American Psychiatric Association, 2013), SLPs work with these individuals to assess their communication skills and to enhance these abilities to improve functioning in daily life. This can occur in school or private practice settings. Unfortunately, knowledge of the assessment and treatment of ASC in school-based SLPs may be lacking (Casella & Colella, 2004), and even when this knowledge is perceived to be adequate, SLPs may have decreased confidence in their abilities to provide appropriate services to these clients (Schwartz & Drager, 2008). Due to the unique nature of ASC and its characteristics, autistic SLPs are an ideal population to work with these individuals as a result of their deep and personal understanding of the disorder. Additionally, autistic individuals' potential for increased attention to detail is a valuable professional asset in speech-language pathology. This can aid professionals in diagnostic processes, creating effective treatment plans, and determining the impact of these treatment plans in therapy.

It is also imperative to consider the potential effects of camouflaging on autistic SLPs. Because 96.3% of SLPs are female (ASHA, 2021), and camouflaging is more likely to be used by females (Dworzynski et al., 2012; Lai et al., 2017), a large proportion of autistic SLPs are likely to use compensatory strategies or mask in practice to appear more neurotypical. Camouflaging may also be utilized to allow autistic SLPs to provide services to clients in the way that their employer or supervisor perceives to be sufficient. Therefore, the impacts of camouflaging are pertinent to consider within the context of this study as these are likely to be strategies incorporated by autistic SLPs in their daily practice.

On the surface, there is an incongruity that is observed between the characteristics of ASC and the profession of speech-language pathology. Yet, there are autistic SLPs who currently practice and provide effective services to clients. However, the exact number of SLPs with an ASC diagnosis or who self-identify as autistic is currently unknown (Donaldson, 2021). With the increase of autistic students entering post-secondary education settings (Barnhill, 2016; Chown & Beavan, 2012; Van Bergeijk, 2008) coupled with the growing nature of speech-language pathology (United States Department of Labor, 2021), we can reasonably expect that there will be an increase of autistic SLPs. In the interest of aligning with the neurodiversity movement, autistic voices must be regarded and listened to in the field of speech-language pathology to be able to adapt and refine our practices to best meet the needs, wishes, and abilities of clients. This consideration is particularly important in a field that commonly utilizes the medical model of disability, which has been purported to promote ableist norms with clinical practice (Donaldson, 2021; St. Pierre & St. Pierre, 2018).

A recent study conducted by Oates & Bean (2022) sought to better understand the overall experiences and perspectives of autistic SLPs using semi-structured conversations and a grounded theory approach to data analysis. Their research generated four themes: formation and acceptance of autistic identity, personal relationship issues, barriers to success as an autistic SLP, and neurodiversity-affirming approaches to clinical practice with autistic clients. Professionally, participants experienced challenges when determining whether or not to disclose their autistic identity and in representing this identity within their clinical practice. The results indicated that autistic SLPs are able to relate to their autistic clients, advocating for neurodiversity-affirming approaches to intervention as opposed to approaches that attempt to mitigate autistic characteristics. Personally, participants described a journey to embracing their ASC involving

periods of self-analysis, camouflaging, and finding a community via social media. Participants also discussed the experience of interpersonal conflicts with individuals in their lives surrounding their ASC. Overall, this study concluded that the field of speech-language pathology can better support autistic SLPs throughout their education and careers while integrating more neurodiversity-affirming approaches into clinical practice to support all individuals who are implicated within the field. Future research areas suggested by the researchers included interviewing autistic SLPs with multiple marginalized identities and in more employment settings to broaden the experiences and perspectives obtained from research.

Purpose and Research Questions

There is a paucity of literature discussing the professional experiences of autistic SLPs. By gathering and exploring the experiences of autistic SLPs, we can develop insight into the complex and dynamic issues that autistic SLPs face. As a result, the profession can be positioned to better support these clinicians while simultaneously recognizing the important perspectives and strengths that they contribute to speech-language pathology. In this way, this study can serve to provide a typically marginalized group of SLPs with a voice. Therefore, the research questions that this study will serve to answer include:

1. What are the professional experiences of autistic SLPs?
2. What positive professional attributes do autistic SLPs relate to their autism?
3. What negative professional attributes or challenges do autistic SLPs relate to their autism?
4. How do autistic SLPs feel that they are supported in the field of speech-language pathology?

METHODS

Participants

Participants were two adults with diagnoses of ASC (two females) ranging from 33-39 years of age (mean = 36 years, SD = 3 years). Participant recruitment began through word of mouth by distributing the recruitment flyer to professional contacts, on virtual SLP community boards, and on social media. Following this initial word-of-mouth recruitment process, snowball sampling occurred, where individuals involved in the study were asked to contact other eligible participants.

Inclusionary criteria to participate in the study included having a formal diagnosis of ASC, including Autism Spectrum Disorder, Asperger's Syndrome/Asperger's Disorder, and Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS). Participants were also able to self-identify with a diagnosis of ASC. Given that the field of speech-language pathology is largely comprised of females (ASHA, 2021), individuals who self-identified with ASC were eligible to participate in this study due to the known challenges encountered by females in acquiring a timely diagnosis compared to their male counterparts (Begeer et al., 2013; Rutherford et al., 2016). In addition to a formal diagnosis or self-diagnosis of ASC, participants were required to possess state licensure to practice and currently practice as an SLP.

Demographic information was acquired from each participant. This information included their gender, age, race, ethnicity, number of years practicing as an SLP, type of setting that they are currently employed in (e.g., school, pediatric private practice, hospital, etc.), type of population most commonly served (e.g., age, type of disorder, etc.), and if they have a formal diagnosis of ASC. Both participants had been practicing SLPs for multiple years (mean = 9.5

years, $SD = 6.5$ years). One participant reported current employment in a school setting and one participant was employed in a pediatric private practice setting. Both participants reported serving both early childhood and school-age populations with speech sound production/articulation disorders, expressive/receptive language disorders, disorders involving social aspects of communication, and individuals using augmentative and alternative communication (AAC) modalities. In addition to these evaluation and treatment areas, one participant also reported treating voice and resonance disorders and the other reported treating cognitive aspects of communication in their practices. Both participants received a diagnosis of ASC in adulthood. Due to the limited demographic diversity of participants in regards to employment setting and years of experience, source triangulation (Patton, 1999) was not achieved.

The number of participants recruited was initially dependent upon the number required to achieve data saturation. Data saturation ensured that the thematic categories established were exhaustive in regards to the experiences of autistic SLPs (Fusch & Ness, 2015; Guest et al., 2006). This occurred when no novel categories or experiences were found to be expressed by participants. However, due to limited participant availability, data saturation was not achieved in this study. Diversity was searched for within each category to confirm that the themes and subthemes were extensive and served to capture the breadth and depth of the experiences of autistic SLPs.

Procedures

Instrumentation

Ethnographic interviews were conducted with participants via a secure online video-calling platform. Participants were emailed an informed consent document that detailed the purpose and instrumentation of the study to allow them time to decide if they would like to participate in the study. Following this, participants were emailed a link to access the interview on an agreed-upon date and time. Interviews were video recorded with participant consent to allow for subsequent transcription, coding, and analysis.

As participant interviews were completed, the audio was extracted from the video recording and transcribed non-verbatim, omitting filler words, false starts, and stutters. Transcription was completed by Landmark Associates, Inc., which ensured 99% of transcription reliability (Landmark Associates, Inc., n.d.)

The interview followed a protocol incorporating ethnographic interview elements from Spradley (1979). A project explanation was disclosed prior to beginning to establish that the reason for conducting the interview was to gain a well-informed understanding of the experiences and perceptions of autistic SLPs. The explicit purpose of the interview was then stated to the participant to allow them to gather the thoughts that they would like to share with the interviewer. Specifically, the interviewer informed the participant that the interview will begin with a broad question that does not inquire about specific experiences, before moving to more explicit questions. Verbal assent was obtained at this time, ensuring that the participant understood the purpose and nature of the interview and was willing to proceed. Participants were reminded that they may withdraw at any point during the interview and can choose to opt out of answering any question. They were encouraged to respond at their leisure and were offered additional time to provide responses as necessary.

The first research question framed the “grand tour” (Spradley, 1979) question asked by the interviewer (Table 2). This question provided participants with an opportunity to share the experiences that may be viewed as the most prominent and influential to them and their practice before “mini-tour” questions were posed to prompt for more specific information. The mini-tour questions included the latter three research questions. These questions served to guide the participant in describing additional experiences that allowed for a more thorough understanding of their perceptions as an autistic SLP. Example questions that prompted the participant to describe experiences further by providing examples of an event were included throughout the interview as necessary. For example, if a participant described feeling a particular emotion, the interviewer asked them to elaborate on this by requesting an example of an experience that has caused this emotion. These were more specific than the “mini-tour” questions posed and served to hone in on a particular event that the participant described.

Table 2

Interview Questions

“Grand tour” question	Tell me about your professional experiences as an autistic SLP.
“Mini-tour” questions	<ol style="list-style-type: none"> 1. As an autistic SLP, how has having ASC been positive for you in your professional practice? 2. As an autistic SLP, how has having ASC been a challenge for you in your professional practice? 3. How does the field of speech-language pathology support you as an autistic SLP?
Example prompt	Could you provide me with an example of [event or act]?

Data Analysis

Because all participants shared the experience of a common phenomenon, being an autistic SLP, a phenomenological approach to data analysis was utilized. Phenomenological data analysis occurred with elements extracted from the protocols established by Creswell (1998) and Sundler et al. (2019). After the researcher became familiar with the data acquired following multiple readings of the transcript, significant statements were extracted. These significant statements served as the raw data and evidence of the phenomenon of interest. A statement was extracted if the researchers agreed that the statement reflected a professional aspect of one's experience. This could involve the roles and responsibilities engaged in as an SLP, professional relationships such as those with coworkers, clients, and parents, and the practices one participates in to be successful in their role.

Two researchers coded for and extracted these significant statements, ensuring that the interpretation of the data acquired was consistent across individuals. If one researcher had extracted a significant statement but the other did not, the researchers engaged in discussion as to why the statement was or was not extracted until a consensus was reached. By having multiple researchers engage in this practice, the interpretation of data did not rely on one individual's perspective, mitigating biases. Having multiple researchers code for significant statements also increased the likelihood that the selected statements were exhaustive, investigating all dialogue that related to the phenomenon of being an autistic SLP.

In the extraction of significant statements from the overall data sets, the discussion of the two researchers involved the differentiation of personal and professional experiences of the participants. Statements that were deemed to be unrelated to the participant's employment as an SLP, to the broader profession, or to their perceptions of ASC in relation to their job as an SLP were omitted from the selection of significant statements. Statements that lacked contextual

evidence or were deemed to be ambiguous were also omitted from analysis to prevent the imposition of researcher assumption.

Once significant statements were extracted from the transcribed interview, meanings were created from these statements. During this process, the researchers considered conceptualizations that have not yet been established thus far in the research process to avoid limiting the meanings acquired and overall interpretation of the data set. This process of constructing meanings also involved researcher reflection upon the significant statements in the context in which the participant conveyed this statement to allow for further exploration of potential meanings. This reflection contributed to meanings that allow the reader to gain an informed understanding of the experience as it was shared by the participant. Because of the careful reflection that the researcher had in regards to meanings, the text used to express these was revised as necessary throughout the data analysis process.

The two researchers met and categorized similar significant statements to create meanings, which were each given a title. The researchers attempted to create meanings that were specific in nature. During this time, context was also confirmed to establish that both of the researchers agreed upon the context in which the statement was conveyed to appropriately categorize it.

Meanings were then organized into broader themes. To accomplish this, patterns across individual meanings were sought by establishing similarities and differences between meanings. These patterns allowed for themes to be constructed using rich, detailed language that served to articulate the experiences of participants in the context in which they occurred. Researcher reflection was employed as themes were being constructed, both in terms of the meanings that the themes consist of, as well as the thematic language used. Established themes were validated

alongside participant statements to ensure that all statements were accounted for within it, with themes adjusted as necessary. Subsequently, a description that captured the essence of being an autistic SLP was generated from the data analyses. Member-checking was utilized by returning to a selection of available study participants and asking if this description reflected the essence of their experiences and perceptions as an autistic SLP.

Credibility

The quality of qualitative research relies upon measures taken to ensure that credibility is established throughout the methodology of the study (Patton, 1999). The triangulation of sources and the use of analyst triangulation allowed the researcher to determine the consistency of results acquired and to reduce potential biases present in the methodology. By seeking to interview autistic SLPs who are employed in a variety of settings with various backgrounds, we sought to discover the essence of the experience of being an autistic SLP. As previously mentioned, as a result of limited participant availability, source triangulation was not achieved in this study. Analyst triangulation, having more than one researcher complete data analysis, reduced biases and broadened the perspectives used to interpret the data, avoiding the limitation of this process to one individual. As two researchers completed data analysis, as opposed to three, analysis triangulation was not achieved, although multiple perspectives were incorporated and drawn upon during the data analysis process.

Member-checking is a process utilized to ensure that the phenomenon in question has been described accurately by returning to the participants to gather their feedback on the results acquired (Lincoln & Guba, 1985). Despite belief that member-checking does not offer much weight in terms of validity (Morse, 2015), it can be a powerful tool to confirm that participants can view their own experiences within themes created from data (Birt et al., 2016). To

accomplish member-checking in this study, established themes were sent out to all participants, inquiring about if they believe that their experiences and perceptions related to the phenomenon are present within the themes (Harvey, 2015). Participants were allowed a space to make comments regarding the themes if they deemed this to be necessary, providing researchers with further insight as to how participants view the themes and how they may be adjusted to best reflect the participants' experiences and perceptions.

To increase study credibility, the researchers attempted to engage in rich, thick description of the phenomenon. Rich, thick description strives to describe the encounter with as much detail as possible, avoiding the mere reporting of facts, and instead attempting to bring the interaction to life for the reader (Creswell & Miller, 2000; Lincoln & Guba, 1985). This provides readers with an enhanced understanding of what being an autistic SLP may encompass.

Additionally, because this research study involved and sought to describe the lived experiences of humans, the pre-conceptions of the researchers were acknowledged to allow for an open interpretation of the data acquired. As such, bracketing (Fischer, 2009; Husserl, 1931; Tufford & Newman, 2010) was utilized to encourage the researchers to acknowledge their pre-conceptions related to their knowledge of and experiences with ASC, as well as the relationship of ASC to the field of speech-language pathology prior to data acquisition and as findings evolve. By recognizing these pre-conceptions, this allowed the researchers the opportunity to attempt to analyze the data as free from biases as possible in the interpretation of the participants' lived experiences and the meanings that are derived from these. Simultaneously, bracketing allowed the researchers to consciously question their pre-conceptions of the phenomenon of ASC and to adjust their understanding accordingly (Dahlberg et al., 2008). This conscious questioning was particularly impactful because all of the researchers implicated in this

study are SLPs or SLP students, insinuating that all have had academic experience learning about ASC in addition to professional and/or personal experiences with autistic individuals, leading to preconceived notions about the phenomenon.

Bracketing occurred through a variety of methods. Writing memos during and following data acquisition allowed the researcher to reflect on their interactions with the data and how their perceptions evolved (Cutcliffe, 2003). This allowed the researcher to consciously consider their perceptions and biases while interacting with the data, as opposed to attempting to mitigate or stifle these thoughts, increasing the reflexivity and transparency involved in the research process. Similarly, an electronic journal was maintained by the primary researcher throughout the study (Ahern, 1999). This journal contained information such as the researcher's motivation for engaging in this study, feelings that arose during the data collection and analysis processes, and reflections on the conversations had during data collection.

In addition to the process of bracketing, self-reflection was utilized by researchers within the context of the research. Self-reflection occurred in conversations between the researchers during data analysis and in the act of journaling, as previously discussed. This reflection allowed for an awareness of one's natural attitude, leading to the recognition that the world is perceived differently by each human (Sundler et al., 2019). An awareness of this natural attitude allowed individual perceptions to be challenged with an open mind, seeking to understand the phenomenon that is the experience of the autistic SLP.

RESULTS

A total of 90 significant statements were collected, which created 22 meanings or categories. From these 22 meanings, 4 themes were created with varying numbers of subthemes (Table 3). There were 14 subthemes that corresponded with a specific theme, leaving eight extraneous meanings (Table 4). To allow for the generation of a theme, the experiences of both participants must have been accounted for within it. Therefore, it was not sufficient for a theme to only include the experiences of one of the participants. Responses to three of the four research questions were able to be derived from the themes created. However, the fourth research question, which asked about the support received from the field of speech-language pathology, was not found to have a corresponding theme, although a singular extraneous subtheme did relate to support within the field. The themes and subthemes that were identified in participant interviews are listed in the sections that follow, along with quotes that reflect the subtheme that exists within the overarching theme.

Table 3

Themes and Subthemes

Themes	Subthemes
Professional excellence	Assistance in diagnostic processes Ability to produce excellent work Hyperfocus Attention to detail
Compensatory strategies and masking	Compensation can allow for additional success Presence of masking Presence of compensatory strategies Using visual/written cues to compensate
Disclosure	Disclosing is a conscious process Positive aspects of disclosure Supportive coworkers Necessity of disclosure

Social communication and interactions

Difficulties with social interactions with coworkers

Difficulties with social communication within professional role

Professional Excellence

Participants discussed perceptions that their ASC allowed them benefits that aided in their ability to be a more effective SLP. This effectiveness involved experiences both in interactions with clients, as well as during logistical processes, such as writing documentation. Participants attributed aspects of their ASC to assist them in generating additional success in their role as an SLP.

Assistance in Diagnostic Processes

Participants discussed their ability to engage in evaluative and diagnostic processes with success and ease. They described being able to determine what disorder or impairments a child is experiencing, both in cases where the child has ASC, as well as in other circumstances.

Participant 1 (P01): I feel like I can recognize what's going on with kids a lot more easily.

P01: I find that it's a lot easier for me to analyze, even in cases where it's not autism, what actually is going on with the kid when they're doing something that doesn't quite fit the standard mold of the typical developmentally-delayed kid that we can easily evaluate.

P02: Also, from a diagnostic end, you can see those patterns emerge really clearly, 'cause that's what you're good at is everything fits in a box, and if I know which box you fit in — that piece is definitely a benefit.

Ability to Produce Excellent Work

One participant discussed their ability to create what they perceive to be great work as a SLP, tying this excellence into justification for when they require assistance from their coworkers due to their ASC.

P01: I also feel like that gives me some extra grace, the fact that I do produce extra excellent work.

Hyperfocus

Both participants attributed their ability to hyperfocus on various tasks to assist them in their professional roles. One participant discussed hyperfocus to be akin to fixations, a characteristic of ASC (American Psychiatric Association, 2013).

P01: Hyperfocus might be why I keep thinking about problems with students so much between sessions and after the work day is over. Running these problems through my head is often what allows me to come up with highly effective solutions.

P02: I feel that being on the spectrum allows me to be really, really, really good at what I do. Hyperfocus is a good thing.

Attention to Detail

Both participants shared that they have an orientation to detail, specifically in regards to documentation processes, such as report writing. This heightened attention to detail was believed to be a characteristic of their ASC, rather than a personal quality.

P01: I write fantastic reports, and multiple people have commented how thorough and detailed and accurate my reports are.

P02: Eye for detail... Being able to be super detail oriented is really a benefit.

Compensatory Strategies and Masking

Compensatory strategies and masking were discussed by participants as being a part of their experience as an SLP. Strategies were discussed in general to cope with various characteristics of ASC, such as executive functioning deficits, along with more specific compensatory strategies that are employed regularly by participants to allow them to be effective in their jobs. One participant discussed professional experiences of masking directly, while another participant described experiences of masking, but did not use this term within their descriptions.

Presence of Masking

Both participants described experiences of masking, or suppressing automatic behaviors and replacing these with socially desirable or acceptable behaviors (Hull et al., 2017), while in their roles as SLPs. Specifically, participants noted that they have masked during interactions with the parents of clients or students. One participant discussed this process to occur both consciously and unconsciously at times.

P01: There are certain conversations that we have with parents, some of the harder conversations, that I am just excellent at, and I've been told that I'm really good at it, but I don't — it's not that I'm naturally great at it. It's that I've figured out the pattern of what you say to what kind of parent, and I'm really good at applying that.

P02: I don't know I do it [mask] all the time, but I assume I do it. The conscious or unconscious imitation of what the person is doing, and you take on a lot of who the person is, in this case, the parents, since I work with such young children, for the most part.

P02: Sometimes I'm aware, like, oh, I think I'm masking.

Presence of Compensatory Strategies

The presence and usage of strategies in the workplace to compensate for characteristics of ASC was acknowledged by both participants.

P01: If you've mastered this level of life, you have these skills. Well, I don't. At best, I have potentially a workaround strategy or some kind of coping strategy.

P02: Compensation happens.

Using Visual/Written Cues to Compensate

Specific compensatory strategies discussed by participants involved utilizing visual and written cues to compensate for characteristics of ASC. Using multiple visual schedules, making frequent notes for a variety of purposes, creating check-lists, and scripting were some examples shared regarding how participants compensated for their ASC in the workplace. Characteristics of ASC that participants compensated for with these visual and written cue strategies included difficulties with social communication and difficulties with change in routine.

P01: ... I've got a script at the beginning of that thing [phone call]. I've gotta do a script in case I have to leave a message. I've gotta do bullet points in case I don't have to leave a message.

P01: I rely heavily on microscopic little check-lists of why in the world would someone break it down this far?

P02: Visual schedules [are useful]. I have to have everything just really tight in my schedule.

Compensation Can Allow for Additional Success

One participant shared their view that their need and ability to compensate for characteristics of ASC allows for a heightened level of success in their professional role.

P01: Because I have to compensate, I can go overboard on the compensation and end up actually getting to a higher level than I probably would have been at if I was just doing the thing naturally. Because I've had to analyze it all to death in order to get to that level of skill, I tend to understand things on a deeper level because I've had to do that analysis in order to even be able to use this skill.

Disclosure

Both participants indicated that they have disclosed their ASC within their immediate work environments to coworkers, but that this disclosure does not always extend to the clients and families who they work with in their roles as SLPs. The decision to disclose their ASC was described to be a conscious process, reaping positive benefits in the workplace, such as receiving support from coworkers. Disclosure was found to be a necessary process, with negative outcomes should it not occur.

Disclosure is a Conscious Process

Participants shared that the decision of who to disclose to is a conscious process. Each participant described different factors that weighed into their decision to disclose their diagnosis of ASC. For one participant, this decision involves consideration of the reference point that a person has in relation to ASC, such as if they have a family member with the diagnosis. For another participant, this decision to disclose to families of clients they serve depends upon if they believe this will benefit the family.

P01: I think part of what made me confident sharing it [ASC diagnosis] was my boss sharing about her daughter [who has PDD-NOS]. Knowing there is, at least, one person there who had a reference point.

P02: ... in the rare circumstances when I choose to share with a family — in those moments when it's appropriate to do so...

Positive Aspects of Disclosure

Participants attributed positive aspects to disclosure following their decision to share their diagnosis of ASC. These positive aspects related to enhancing client relationships and feeling comfortable asking for assistance when needed.

P01: It's helpful just being able to mention something, like why I'm struggling with something and being able to ask for additional clarification, which I could never do before [disclosing].

P02: I feel like parents will look at me and think, oh. It's not all over for my child. You're [the participant] able to work and do all this stuff, and you have a family and so on and so forth.

Supportive Coworkers

Both participants shared that their coworkers are extremely supportive and willing to assist them when needed. They described feelings of trust between themselves and their coworkers and instances where their coworkers have made them feel accepted and valued as members of the team. Participants shared that their coworkers have never made them feel inadequate or less effective in the jobs as SLPs because they have ASC.

P01: Especially a couple of them [coworkers] have been really helpful.

P02: They're [coworkers] able to perhaps, better understand my quirks. They'll write things down, explains things again if I need it. Laugh with me in the moments of, oh my God. I just had a moment. I'm doing the thing, like going on and on and on about maybe things I shouldn't.

Necessity of Disclosure

Failing to disclose one's diagnosis can create negative feelings and outcomes in the workplace. One participant shared that not feeling comfortable to disclose her ASC diagnosis caused anxiety and limited her ability to advocate for herself when needed.

P01: Then this is the first job that I have been open about being autistic in. That has made a difference being able to do that.

Social Communication and Interactions

Participants discussed difficulties with social communication, a hallmark characteristic of ASC (American Psychiatric Association, 2013). These difficulties were described to be specifically in regards to interactions with coworkers and the social communication involved in tasks within their roles as SLPs. Participants described challenges with establishing interpersonal relationships with their coworkers and holding conversations with them. However, one participant shared that these interactions have improved with time and increased familiarity with coworkers. Other professional situations that require social communication that participants described difficulty with included making phone calls, having casual and candid conversation with client families, and conveying therapeutic expectations to client families.

Difficulties with Social Interaction with Coworkers

Participants discussed experiences where they found social interactions with their coworkers to be difficult. One participant shared the challenge that she has encountered in maintaining interpersonal relationships with her coworkers. Some interactions were described to be unnatural for participants to engage in.

P01: Figuring how to approach for the camaraderie [is hard]. I'm always having to run calculations in my head based on do I think — how to approach a group, how to — is this a

conversation that everyone joins in on? Is this a conversation that I can stay out of? When to have all the various social interactions. They don't just happen naturally.

P02: When it comes to more of that interpersonal piece with colleagues, that is so hard.

Difficulties with Social Communication within Professional Role

Participants discussed experiencing challenges with social communication outside of interactions with coworkers, both generally and in specific situations.

P01: Making a phone call, it is such a struggle for me.

P02: Conveying information really clearly [can be challenging]. Scheduling and making sure that's super clear, conveying my expectations to families, just in terms of their overall participation, and payment — sometimes that can be challenging because I can be indirect without intending to, or just really mucking up the message of that whole “too much information, too little information at the same time” piece.

Extraneous Meanings

There were eight extraneous meanings present that did not align with other subthemes to generate a larger theme. Alternatively, if meanings aligned, they did not account for both participants' experiences, not allowing for the generation of a theme.

Table 4

Extraneous Meanings

Observing the stereotyping of autistic characteristics
 Relating to autistic people
 Executive functioning
 Difficulty with change
 Advocacy efforts

Potential for support in speech-language pathology
Feelings of loneliness
Work-life balance

The Essential Structure

Based upon the themes and subthemes developed, an essential structure of the professional experiences of the autistic SLP was formulated:

Autistic SLPs perceive some characteristics that they attribute to their ASC to benefit them within their professional roles. Their ability to hyperfocus on a task allows for new insights that may not have been achieved without this level of intense focus. Their heightened attention to detail is beneficial in writing reports and completing logistical tasks required within the profession. However, these qualities extend beyond logistical tasks and can also assist in the diagnostic processes that are implicated within the SLP scope of practice. The high quality of work that autistic SLPs complete may be viewed by them as justification for extra supports that are provided to them within their work settings.

Compensatory strategies are often employed by autistic SLPs within their daily work environments to assist with processes such as organization, recalling information, or structuring routines. These compensatory strategies often involve utilizing visual and written cues in a variety of formats. Masking may be implemented, consciously or unconsciously, to blend in to the person they are interacting with in their professional role.

Disclosure can affect the work environment for autistic SLPs. Autistic SLPs make a conscious choice to share or not disclose their diagnostic status with those in their professional setting, including their coworkers, clients, and client families. When the decision is made to

share their diagnostic status with coworkers, they find that they are often supportive and accommodating in a variety of ways.

Autistic SLPs perceive difficulties with social communication and interactions in their work setting. These difficulties involve interacting with coworkers and client families, but may extend to other processes implicated within the job, such as making phone calls. While social communication with coworkers may improve with time, maintaining these interpersonal relationships with others can be challenging.

Overall, the professional experiences of autistic SLPs are likely to vary considerably based upon a myriad of factors including, but not limited to, the support structure within the employment setting, disclosure status, and the ability to compensate and mask characteristics of ASC.

DISCUSSION

Participants in this study described their professional experiences in ways that both align with and deviate from previous research. As discussed by Oates and Bean (2022), the decision to disclose a diagnosis of ASC to others was not taken lightly by participants in this study and was dependent upon a myriad of factors. The consideration of these factors aligns with the research by Romualdez et al. (2021), but contrasts the commentary by Johnson and Joshi (2014), who suggest that disclosure by autistic individuals may not be as intentional as with other stigmatized identities due to a lack of social awareness that is often required to determine when and how to disclose. The participants in this study took careful consideration when to disclose this identity and were able to do so in an effective manner.

Although participants in this study echoed the sentiment that they were able to relate more to their autistic clients and families, they did not discuss their stance on or use of neurodiversity-affirming approaches in their clinical practice, contrasting the findings of Oates and Bean (2022). Additionally, Oates and Bean (2022) suggested that autistic SLPs experience challenges merging professional and autistic identities and witnessing the usage of therapeutic approaches that were not in alignment with the neurodiversity movement, the barriers that were discussed by participants in this study involved difficulties with executive functioning and social communication. Overall, however, participants attributed more positive than negative professional attributes to their ASC. This finding contrasts with the general expectations of professional experiences that the literature suggests (i.e., the experience of restrictive and repetitive interests, the processing of sensory experiences, mental exhaustion from camouflaging, etc.). Ultimately, differences in methodology such as participant recruitment and data collection

processes likely accounted for the production of differing outcomes between the present study and Oates and Bean (2022).

The participants did not comment on neurodiversity or the neurodiversity movement, which was surprising given the increased awareness and attention this movement has generated (Baron-Cohen, 2017; Kapp, 2020; Kapp et al., 2012; Ortega, 2009). The lack of discussion of neurodiversity and neurodiversity-affirming clinical approaches may be due to personal preference to not utilize these, clinical practices that are specific to their employment setting, or lack of awareness or knowledge related to these topics. Additionally, it is possible that participants did not think to discuss this topic, even if they do ascribe to the neurodiversity movement or utilize neurodiversity-affirming approaches in their practice as an SLP.

Participants' experiences related to social communication within their professional settings were largely consistent with the literature on ASC (e.g., reciprocating social interactions and maintaining social relationships with others). They described challenges establishing and cultivating relationships with their coworkers and difficulties upholding conversation with the families of clients. Interestingly, the impact of nonverbal communication on their relationships within their immediate work environment and clinical practice was not frequently discussed outside of knowing if and when to approach a social situation, insinuating that the impacts of nonverbal communication is not a prominent area of concern for these autistic SLPs.

Compensatory strategies allowed participants to compensate for executive functioning difficulties specifically related to processes such as organization, planning, and memory. These compensatory strategies were found to be a significant part of the clinical practice of participants, with masking employed during some professional interactions, whether or not this experience was realized in the moment. These experiences of using compensatory strategies

were found to be consistent with previous research findings that autistic women have more effective usage of compensatory strategies compared with autistic men (Dworzynski et al., 2012; Lai et al., 2017). As such, these improved skills may have contributed to the late diagnosis of both participants involved in this study.

Additionally, the experience of educational barriers to becoming an SLP were not discussed by participants. This may be because barriers were not perceived, minimal, or able to be overcome with compensatory strategies or masking practices. However, when questioned about the support received as an SLP, P02 stated, "I wonder if it would be possible at, say, the undergrad or grad school level, when professors are seeing these quirky students, these quirky students coming in... or maybe these students that really aren't connecting with their classmates, starting to open that dialogue and say, 'Hey. Why don't we look at this?' Even if someone is doing well academically, because honestly, providing that level of information to someone when they're starting out, I think would be huge. Being able to provide some of those accommodations for somebody just starting out would be huge, because we have a very female-dominated profession and, as we know, we are really, really, really under identified." The suggestions from this statement are two-fold: ASC is likely more prevalent in the field of speech-language pathology than what we know now and, as a result, students who would benefit from accommodations may not receive them due to this lack of diagnosis. Educators within the field who instruct at the undergraduate and graduate levels have the power to start conversations with their students who may present with characteristics of ASC. Thus, these individuals should be equipped with the knowledge of how ASC may present in females and in adults in order to effectively do so.

In regard to the support participants perceive from the broader field of speech-language pathology, it is clear that support is lacking. Although participants found themselves to be supported in their current immediate work environments, they were unsure of how the field as a whole supports their autistic SLPs, implying that this support does not exist or is very minimal in nature. One participant suggested that some environments that SLPs work in may be indicative that they are not supportive of autistic professionals, which can create a hesitancy to disclose. Often times, accommodations in the workplace can be acquired with a formal diagnosis, so this hesitancy to disclose a diagnosis of ASC can promote a more challenging work environment for autistic SLPs. To mitigate these challenges, the professionals implicated within the field of speech-language pathology should strive to make all work environments an accepting and accommodating place for neurodivergent SLPs and welcome the unique perspectives and experiences that they bring with them.

Strengths

Strengths of the study included that both participants were SLPs who had acquired a formal diagnosis of ASC in adulthood. Additionally, to improve upon study credibility, two researchers analyzed data for the purpose of diversifying the perspectives utilized during data analysis. Furthermore, some aspects of diversity were seen in the employment settings of participants and in the number of years spent practicing as an SLP. Member-checking was accomplished by emailing the participants the essential structure and themes generated and allowing them the opportunity to provide feedback relating to these. One participant responded and agreed that they viewed their experiences within the essential structure, increasing study credibility and serving as a strength within this study. One participant did not respond to researcher attempts to contact them.

Limitations

Limitations of this study involved a small sample size and lack of participant diversity in some demographic areas. The sample size of this study ($n = 2$) greatly limited the experiences acquired and prevented data saturation. Additionally, the small sample size prevented theme generation in some areas as a theme required more than one participant to have experienced the phenomena encompassed within it. This small sample size coupled with the varied nature of human experiences allowed for the remainder of eight extraneous meanings whose significant statements did not fit within any themes developed. Furthermore, although participants were employed in differing settings, both worked exclusively with pediatric populations and addressed many of the same assessment and treatment areas within their clinical practice. In addition, both participants identified as white females, so diversity was not achieved in terms of race and gender.

Summary and Implications

The professional experiences of autistic SLPs are marked by benefits that aid in their clinical practice, such as having heightened attention to detail and the ability to hyperfocus. Barriers encountered include difficulties in social communication and interactions within the workplace that are pervasive and may affect their relationships with coworkers, clients, and client families. Compensatory strategies and masking practices are commonly employed in order to promote professional success with disclosure within the workplace being an important consideration for participants in order to gain accommodations and allow their coworkers to understand them better.

Although the participants in this study felt that they were supported in their current work environments, they were unable to articulate general or specific supports that they believed were provided by the broader field of speech-language pathology, insinuating that these supports are lacking. If the profession provided more explicit support for autistic SLPs, they are likely to feel more empowered in their roles and disclose their ASC, even if a formal diagnosis has not been acquired. This support can be provided at the level of educational programs, organizations at the state level (e.g., Texas Speech-Language Hearing Association), or at the national level (American Speech-Language-Hearing Association). While the recent increase of awareness of the neurodiversity movement is a powerful initiative to prompting the acknowledgement of autistic SLPs and outward expression of support, the field has room to grow as this remains to be a relatively new movement. Future research within this topic should strive to obtain a larger and more diverse population of participants in terms of race, gender, age, and employment setting. This will allow experiences and perspectives to be understood across generations of SLPs, in various areas of practice, and through the lens of multiple marginalized identities.

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