



Research Snapshot No. 23

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Title: Autism, Identity and Clinical Practice: Supporting Positive Identity Development in Neurodivergent Children and Young People

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What you need to know

- Positive identity is a well-being priority: Developing a positive neurodivergent identity is increasingly recognised as crucial for the well-being of individuals.
- Clinicians hold "epistemic power": Through their language and practice, clinicians can either reinforce societal stigma or actively support young people in forming a positive autistic identity.
- Identity is socially embedded: A child's identity does not form in isolation; it emerges through ongoing interactions with significant others, including family, peers, and professionals.

What is this research about?

- This qualitative study explored the experiences of clinicians working in a UK Child and Adolescent Mental Health Service (CAMHS) regarding their role in fostering positive neurodivergent identity in children and young people (CYP). The research aimed to understand:
 - How clinicians make sense of their role in supporting identity development.
 - What factors enable or constrain this support within current service provision.
 - How professional reflections can inform clinical expertise in fostering positive identity.

What did the researchers do?

- The researchers conducted nine semi-structured interviews
- They used Interpretative Phenomenological Analysis (IPA) to explore how these professionals "made sense" of their clinical and social worlds.

Study locations:

- Oxford Institute for Clinical Psychology Training and Research, Oxford Health NHS Foundation Trust and University of Oxford, Oxford, UK

Participants:

- Multidisciplinary team of clinicians, including psychiatrists, psychologists, social workers, and nurses.

What did the researchers find?

Four main themes were identified:

1. A flexible neuroaffirmative concept of identity: Clinicians are moving away from deficit-based medical models toward validating neurodivergent ways of being that foreground strengths.
2. Being honest and balanced: Acknowledging the very real challenges of growing up in a world designed for "typical" brains, including low self-esteem and the impact of long diagnostic wait times.
3. Identity through relationships: Identity is co-constructed; it is shaped by how parents, siblings, schools, and professionals perceive and respond to a child's differences.
4. Professional vulnerability and self-reflexivity: Clinicians must reflect on their own relationship to neurodiversity, as their personal values and lived experiences influence how they support young people.

How can you use this research?

- Audit your language: Shift away from pathologising, deficit-based language toward neuroaffirmative terminology (e.g., "co-occurring" instead of "comorbid").
- Facilitate community: Look for opportunities to connect young people with the broader autistic community to foster collective self-esteem.
- Create reflective spaces: Advocate for professional spaces to consider how your own identity and biases impact your clinical work.

Where to from here?

- Investigate Children and young peoples' perspectives: Future research should hear directly from neurodivergent children and teenagers about their own experiences of identity.
- Policy Change: Advocate for systemic changes that embed neurodiversity-informed frameworks across healthcare and education.

About the researchers

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Other References

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This Research Snapshot was prepared by Dr Anoo Bhojti, PRECI founding Board Director, Paediatric Occupational Therapist and Senior Lecturer, Monash University.

In the spirit of reconciliation PRECI acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.