Welcome to this MOOC about autism as a fruit salad. Um...the autism as a fruit salad model is a 3-D dynamic model of autism. It's not a static, linear, 2-dimensional model.

The static, linear, 2-dimensional model tends to say, "Here's Asperger's, here's classical autism. Here's high-functioning, here's low-functioning. Here's mild, here's severe. Here's the DSM checklist for autism. Here's the main approaches for the autism." So, a very out-of-the-shelf type of response to a 2-D linear model. The fruit salad model is a 3-dimensional model. It's dynamic and layered.

So, if you imagine a bowl of fruit salad, in there will be a range of fruit. And in the autism fruit salad, you might have information processing disorders of various kinds, and each of those kinds will have their own approaches, and if you use the wrong approach, the wrong mix, you're going to presume that person is low-functioning, and perhaps they're not at all. If you understood the underlying cause of their particular information processing issues, you can refine the approach that you bring in and have quicker success, a lot more success, and a much easier transition.

So, you might also have in the fruit salad sensory perceptual disorders - things like agnosias, difficulty with processing the meaning. You might have someone who can't read facial expression, body language, intonation. You might have someone else who's face blind. Someone else who's meaning deaf. Someone else who can't process their visuals as a whole - everything's fragmented. So, that kind of thing is a sensory perceptual disorder. Communication disorders, and there'll be a range of them in there - aphasias, verbal dyspraxia, um...semantic pragmatic language disorder, selective mutism. Um...so there's a whole range that can be in there that are not all 'one size fits all'. And each of the approaches is going to be different, depending on which communication disorder and what's going on in the fruit salad.

Personality. When any human being is under significant chronic stress, their personality traits become exacerbated. If that happens on a chronic level, the person functions as though they have a personality disorder. So, all of us have four to six main personality traits, and if we're under chronic...
stress because of a range of our fruit salad, our personality trait can go into the personality disorder presentation. And then, because we're diagnosed with autism, it gets called "not autism". And personality traits are also important because understanding which one is playing havoc or which one is working for the person, you get a map to that person's motivation and distress patterns. And you can find more about that at a site called ptypes.com.

Identity has a really big impact on a person with autism. Do they see themselves as a project? Do they see themselves as a human being? Do they see themselves as a baby? Have they transitioned into seeing themselves as a child, a teenager, an adult? Do they see themselves as a different gender to the one they're being treated as having? How does that impact their interaction, their interest in life, their mood state, their anxiety? All kinds of things. Um...do they identify with their involuntary self-protection responses and presume that's their protection? Or do they identify against things like their obsessive-compulsive disorder or their Tourette's or their anxiety disorders and say, "I really want to challenge those things, "cause they're entrapping me." Or do they say, "Those ARE me, and the world is the problem"? So identity has a big impact.

Mental health. Does the person have mood/anxiety compulsive disorders? Dissociative disorders? Psychosis - is that in the mix? Are we calling it "the autism" rather than managing it and addressing it? Does this person have motor planning issues? Can they coordinate well? Do they have a lot of involuntary behaviours? And what are we doing to address those? Are we understanding which ones are at work? What's going on on a physical and genetic level for this person? Do they have gut immune metabolic disorders? And how can we address those so that they're better able to process their information, they get better sensory integration, they, uh, can begin to get their communication going, etc? What's going on with their sensory world? Do they have sensory integration? Are they experiencing particular sensory heightening, and how can we address that? How can we alter the environment to make it easier for these people to process sensory information?

What's going on in the environment? Is the environment siding with their autism and supporting it, justifying it and failing to challenge the person to push themselves to their best ability? Is the environment treating them as a project, and they haven't developed an identity as a person so they don't know why they drive their own development? Is the environment using a range of 'one size fits all' approaches and learning styles that don't fit that particular person and their set fruit salad? Is the environment quite co-dependent and, um...pandering to things like dependent personality disorder, which drives the person to progressively disable themselves in order to monopolise the carer? Is the environment providing them with toothpaste that they're eating so they're taking in huge amounts of fluoride, which strips the lining of the digestive tract and makes it difficult to digest their food? Is the environment addressing their health issues? Is the environment considering their mental health issues? Is the environment adapting to their sensory perceptual challenges and their information processing challenges, their communication challenges, in a way that brings this person to the party and gets them to actually see that this is their life, and they want to challenge their own development and reach their best potential?

And that gives you an idea about the autism as a fruit salad model and how what's going on in the whole of the fruit salad collectively presents this picture of the person's autism.