

Clinician:			
Self-Reflection			
Yes	Sometimes	No	Notes

A <b>Avoid Normative Agenda</b>				
A-1	Do I avoid attempts to "cure" the individual's diagnosis in my treatment planning?			
A-2	Do I avoid attempts to "normalize" neurodivergent individuals in my treatment planning?			
A-3	Do I avoid placing focus and value on neuro-typical development in my treatment planning?			
A-4	Do I consider and respect the student's/client's right to diversity (neuro/cultural/linguistic, etc.), and/or their individual identity in my treatment planning?			
A-5	Do I consider the individual's definition of fulfilling activities in my treatment planning?			
A-6	Do I have neurodiverse thought partners to advise on common practices and outcomes?			
A-7	Do I utilize language that avoids judgement of the individual (i.e. low functioning/severe/)?			
B <b>Improve Goodness of Fit</b>				
B-1	Do I include interventions that encourage physical, emotional, and mental well-being? (i.e. movement, preferred activities, access to breaks, rest, nutrition) in my treatment planning?			
B-2	Do I include interventions that include predictable access to preferred activities in my treatment planning?			
B-3	Do I include interventions that will increase access to activities that are pleasurable and regulating (assist with coping) for the individual in my treatment planning?			
B-4	Do I proactively address extrinsic factors that may contribute to the individual encountering negative conditions in their environment in my treatment planning?			
B-5	Do I consider proactive strategies and changes to the environment to benefit the individual, rather than considering what would only benefit the environment in my treatment planning? (i.e. providing access to movement vs. requiring "quiet hands").			
B-6	Do I proactively work to reduce the likelihood that the individual and their caretakers will experience crises in my treatment planning?			
C <b>Promote Autonomy/Person Centered Treatment</b>				
C-1	Do I promote and encourage opportunities for the individual to express opinions on treatment?			
C-2	Do I promote and encourage opportunities for the individual to make meaningful choices?			
C-3	Do I promote and encourage opportunities for self-directed activities while evaluating potential safety concerns in my treatment planning?			
C-4	Do I develop all interventions with consideration for body autonomy?			
C-5	Prior to physical contact being applied (through prompting/crisis management) do I have a process for obtaining consent and a consistent process debriefing with the individual?			
C-6	Is the individual able to assent or withdraw assent at any time for any target, goal, intervention, physical touch or prompt?			

<b>D Focus on Social Significance</b>				
D-1	Do I include the individual first and foremost whenever possible and also the people who know and care about the individual in my treatment planning?			
D-2	Do I consider the affect the treatment will have on those implementing it (potential discomfort/difficulty)?			
D-3	Would I use each intervention chosen on my own child, family member or friend?			
D-4	Do I focus on reducing behaviors that are dangerous or seriously disruptive vs. reducing "autistic behaviors" in my treatment planning?			
D-5	Do all skill acquisition goals have social significance to the individual and the family?			
D-6	Are all goals/interventions/treatment based on the function of behavior vs. how the individual looks to others?			
D-7	Do all goals/interventions allow for greater autonomy with activities of daily living?			
<b>E Avoid Aversive AND Coersive Interventions</b>				
E-1	Do I avoid aversive interventions in my treatment planning?			
E-2	Do I avoid interventions focused on compliance and/or control of the individual in my treatment planning?			
<b>F Measuring Outcomes and Effectiveness</b>				
F-1	Do outcome measures avoid focusing on solely the reduction of the symptoms of Autism?			
F-2	Is success defined by the individual's values/quality of life/contact with reinforcement/access to meaningful experiences (as defined by individual/family) vs. absence of behaviors?			
F-3	Are the individual's strengths and abilities assessed and measured as routinely as "deficits" and behaviors?			
<b>G Cultural Reciprocity</b>				
G-1	Do I consider cultural norms/preferences when communicating with the individual and their family?			
G-2	Do I consider preferred language and language proficiency, taking needed steps to ensure effective communication? (e.g. obtain trained interpreter)			
G-3	Do I select assessment tools and methods to avoid bias against the individual I am serving?			
G-4	Do I work in partnership with the individual and family when determining therapy targets and outcomes?			
G-5	Do I consider the individual's cultural/linguistic background and identity when selecting treatment materials?			
G-6	Do my treatment materials reflect diversity (e.g. cultural, linguistic, gender identity, family structure, etc)?			