

# Rethinking psychological interventions in autism: Toward a neurodiversity-affirming approach

Sandra Graf-Kurtulus<sup>1</sup>  | Omar C. G. Gelo<sup>1,2</sup> 

<sup>1</sup>Faculty of Psychotherapy Science, Sigmund Freud University, Vienna, Austria

<sup>2</sup>Department of Human and Social Sciences, University of Salento, Lecce, Italy

## Correspondence

Omar C. G. Gelo, Department of Human and Social Sciences, University of Salento, Via di Valesio SNC, 73100 Lecce, Italy.  
Email: [omar.gelo@unisalento.it](mailto:omar.gelo@unisalento.it)

## Abstract

**Background:** Autism is characterised by unique patterns of social interaction, communication and repetitive behaviours, often accompanied by comorbid conditions such as mood disorders and anxiety. Standard psychological interventions, such as applied behaviour analysis (ABA) and social skill training (SST), are commonly used but remain controversial due to their focus on aligning autistic individuals with societal norms.

**Aims:** This paper critically evaluates standard approaches targeting core autistic traits and explores the therapeutic potential of prioritising comorbidities coherently with neurodiversity-affirming strategies.

**Materials and Methods:** A critical analysis of clinical and empirical literature was conducted to evaluate the efficacy, ethical issues and broader implications of interventions such as ABA and SST. Particular emphasis was placed on synthesising findings relevant to mental health outcomes, autistic identity formation and the potential of neurodiversity-affirming interventions to reduce distress and promote well-being.

**Results:** Standard approaches often contribute to adverse effects, such as social camouflaging and increased mental health challenges. Conversely, interventions addressing comorbid conditions such as depression and anxiety, combined with neurodiversity-affirming strategies that support autistic identity and adapt the environment, demonstrate improved mental health outcomes and greater self-acceptance.

**Discussion:** We highlight the importance of shifting the therapeutic focus from modifying core autistic traits to addressing comorbidities while fostering a coherent autistic identity. Such a dual approach aligns with the neurodiversity paradigm and emphasises the need for interventions that enhance well-being by reducing distress caused by comorbid conditions without suppressing autistic characteristics.

**Conclusion:** Prioritising comorbid conditions while fostering autistic identity through neurodiversity-affirming strategies offers a more ethical and effective approach to improving mental health and self-acceptance in autistic individuals. This dual approach advocates for therapeutic practices that align with their well-being and identity.

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## KEYWORDS

autism, efficacy, mental health, neurodiversity, outcome, psychological intervention, well-being

## 1 | INTRODUCTION

Autism is a persistent neurodevelopmental condition characterised by *core autistic traits*, such as challenges in social communication, repetitive behaviours, and sensory sensitivities, along with potential *related symptoms*, such as impairments in functional language and cognitive development (Bach & Vestergaard, 2023; World Health Organisation, 2019). Moreover, autism is often accompanied by psychological *comorbidities*, with mood disorders, such as depression and anxiety, being the most commonly associated conditions (Kilicaslan & Tufan, 2024). Traditionally, autistic traits have been framed within a *medical model* (e.g., ICD-11) and considered in terms of deficits and clinical symptoms (Pantazakos, 2023). However, the *neurodiversity* paradigm (Kapp, 2019) has suggested that these traits are natural variations in neurological diversity, advocating for acceptance rather than pathologization. While the neurodiversity approach does not propose a different classification of autistic traits and does not dispute the characteristics listed in the ICD-11, it interprets these characteristics differently—namely, as non-pathological. Both perspectives agree that autism is a *persistent* condition, with no anticipated reduction in core traits.

From such a perspective, a pattern of *epistemic injustice* becomes evident in the existing literature on psychological interventions in the field of autism, insofar as a significant portion of theory, practice, and research in the field of autism has been conducted without adequately incorporating autistic perspectives (Malberg & Gori, 2024). Epistemic injustice occurs when certain groups are systematically excluded from contributing with their knowledge and experiences to fields of research that directly impact them. This exclusion results in a distorted understanding of autism and practices that may not align with the needs and values of autistic individuals. As a result, standard approaches, such as behaviorally oriented methods like applied behaviour analysis (ABA) or social skills training (SST), which are widely presented as evidence-based (Dubreucq et al., 2022; Sulu et al., 2024), have largely been shaped by the perspective of non-autistic individuals, emphasising the reduction of core autistic traits and promoting adaptation to societal norms.

However, these approaches have faced significant criticism. Scholars argue that such methods often aim to suppress or mask core traits, forcing autistic individuals to conform to neurotypical standards (Anderson, 2023; Parrella et al., 2024; see also Gelo, Vilei, et al., 2015). As Pantazakos (2023) notes, these interventions are 'focused on pushing autistic people into a neurotypical mould' (p. 2). While these methods may lead to superficial behavioural changes,

### Implications for Practice and Policy

- Psychological interventions should focus on treating comorbid symptoms and fostering a coherent autistic identity, rather than reducing core symptoms or enforcing societal norms. Evidence suggests that core symptom reduction negatively impacts mental health, making it ethically problematic.
- Autistic individuals should be central in defining good outcomes and shaping research goals, ensuring their needs and preferences are met.
- Researchers should include social validity measures to confirm that interventions align with autistic individuals' values and to critically reassess core symptom reduction, given its mental health risks.
- Existing studies, especially those on core autism symptom reduction, should be critically reviewed for their potential negative impacts on mental well-being.
- Policies should address the ethical issues surrounding core symptom-focused psychological interventions for autism, promoting interventions that prioritise mental health and support neurodiversity without enforcing societal conformity.

they frequently neglect the intrinsic needs and well-being of autistic individuals. Moreover, the suppression of core autistic traits often encourages *social camouflaging*, a coping mechanism through which autistic individuals hide their behaviours to meet societal expectations. While camouflaging may create an appearance of adaptation, it has been strongly linked to negative mental health outcomes, including heightened rates of depression and anxiety (Bernardin et al., 2021; Hull et al., 2021).

Furthermore, evidence remains inconclusive on whether the well-being of autistic individuals is directly related to the severity of their core traits. Instead, well-being appears to depend more significantly on the extent to which autistic individuals feel understood, accepted, and supported within an inclusive social environment (Cage & Troxell-Whitman, 2019; Pantazakos, 2023). Meanwhile, comorbid conditions such as depression and anxiety frequently undermine well-being, increasing distress and reducing quality of life. This underscores the importance of interventions that address comorbidities rather than attempting to modify core traits. Such approaches are less ethically

contentious, as they aim to improve mental health without altering traits integral to autistic identity (Schwartzman et al., 2023).

In this paper, we argue that attempts to reduce core autistic traits through standard psychological interventions are fundamentally flawed. According to the neurodiversity paradigm—but, in fact, even within the medical model<sup>i</sup>—these traits cannot truly be reduced but only masked or suppressed, often through mechanisms like social camouflaging, which can have detrimental consequences for autistic individuals' well-being. Following and extending the reasoning of Pantazakos and Vanaken (2023), we contend that interventions targeting core autistic traits not only fail to adequately address the mental health crisis faced by autistic individuals but may also exacerbate it. Conversely, we propose that focusing on treating comorbidities aligns more closely with neurodiversity-affirming principles, presenting fewer ethical concerns and offering a more effective pathway to improving the mental well-being of autistic individuals.

We first critically review the literature on psychological interventions that target core autistic traits, analysing their goals, outcomes, and associated ethical and methodological concerns. We specifically evaluate whether these interventions genuinely enhance the well-being of autistic individuals or primarily enforce conformity to societal norms. We then contrast these approaches with interventions targeting comorbid psychological symptoms, which we argue are more consistent with neurodiversity principles by prioritising mental health and authentic self-expression. Finally, we outline how psychological interventions in autism can be designed to align with neurodiversity-affirming principles and discuss their broader implications for both practice and research.

## 2 | INTERVENTIONS TARGETING CORE AUTISTIC TRAITS AND SOCIAL NORM ADAPTATION: A CRITICAL REVIEW

Existing literature in the field of autism predominantly highlights behaviorally-oriented interventions, such as ABA and SST, emphasising their efficacy in enhancing social skills, communication, and emotion recognition while reducing 'problematic behaviours' (Dubreucq et al., 2022; Schweizer et al., 2023; Sulu et al., 2024). In this context, efficacy refers to the extent to which these interventions achieve their intended outcomes, such as reducing specific autistic behaviours and improving adaptive skills. However, the reduction of core autistic traits is criticised for not genuinely diminishing these traits but rather suppressing them, which is associated with negative consequences for the well-being of autistic individuals (Kupferstein, 2018), which is why the relevance of these approaches for autistic individuals is increasingly being questioned (Wilkenfeld & McCarthy, 2020).

A growing literature raises significant concerns about the outcomes, methodologies, and ethical implications of these interventions, despite their widespread use, particularly from a neurodiversity perspective (Pantazakos & Vanaken, 2023). Within this perspective, autism is viewed as a persistent condition with core characteristics that are fundamentally unchangeable (Pantazakos & Vanaken, 2023).

Therefore, the central concern in standard psychological interventions in the field of autism is that core autistic traits cannot be truly reduced, but only masked or suppressed. Thus, standard psychological interventions, instead of attempting to promote the well-being and quality of life of autistic individuals, respecting their neurodiversity (Chapman & Bovell, 2022), would rather push them to align with neurotypical societal norms (Chien et al., 2023; Ryan et al., 2019).

Such a process has clear parallels with social camouflaging, where autistic individuals, with significant effort, suppress and hide their autistic traits to conform with societal expectations. Social camouflaging, defined as 'the use of strategies by autistic people to minimize the visibility of their autism in social situations' (Hull et al., 2019, p. 819) involves both the suppression of autistic behaviours, such as self-stimulating behaviours, and the development of compensatory behaviours to navigate social situations. Empirical studies have linked social camouflaging with negative outcomes, including exhaustion, feelings of inauthenticity, and social isolation (Beck et al., 2020; Hull et al., 2021). These experiences are risk factors for the development of depression, anxiety, 'autistic burnout,' post-traumatic stress disorder (PTSD), and other detrimental effects on mental health and quality of life (Cremone et al., 2023; Evans et al., 2024).

Moreover, while several studies have reported good efficacy of standard psychological interventions in reducing core autistic traits, the experiences of autistic individuals often tell a different story. Kupferstein (2018) reported that those exposed to ABA were 86% more likely to meet criteria for PTSD. Moreover, ABA has demonstrated results in the suppression of autistic behaviours, which are described as problematic behaviours and thus as clinical symptoms within a medical model. However, autistic individuals frequently describe this experience as traumatic, with long-term negative consequences and ethical concerns, as both Anderson (2023) and Cumming et al. (2020) found in qualitative studies. Similarly, Wilkenfeld and McCarthy (2020) raised ethical concerns regarding behavioural interventions, such as ABA, because of their focus on reducing core autistic traits.

Complementary to these ethical concerns, it becomes apparent that autistic perspectives have rarely been incorporated into both research and clinical practice (Lerner et al., 2023). The lack of input from autistic individuals has led to an excessive representation of autism within a medical model, in which autistic traits are understood as clinical symptoms, placing a strong emphasis on symptom reduction, potentially undermining their well-being and thus presenting significant ethical challenges. For example, McCormack et al. (2023) showed in a qualitative study that the reduction of core autistic traits, such as restricted and repetitive behaviours, can lead to worse mental health outcomes, including increased depression, anxiety, and stress levels. These behaviours serve a regulatory function for autistic individuals, and their suppression may exacerbate psychological distress (Manor-Binyamini & Schreiber-Divon, 2019). Such outcomes, while potentially reducing autistic traits from a neurotypical perspective, may inadvertently diminish the quality of life for autistic individuals (Kapp, 2019; Schuck et al., 2022). In this

context, the importance of defining a *good outcome* is further underscored by the example of ABA. Although labelled as an evidence-based psychological intervention with favourable outcomes, no studies have measured the effect of ABA on autistic subjective quality of life (Gitimoghaddam et al., 2022). This literature gap implies the need to reconsider what constitutes a successful intervention and good outcome, particularly when subjective well-being is not assessed (Pantazakos, 2023). It is important to ask who is defining good outcome—autistic individuals and their advocates or external authorities? For example, the NICE guidelines often define a good outcome as a reduction in core autistic traits by enhancing social interaction skills and reducing problematic behaviours (National Institute for Health and Care Excellence [NICE], 2021). However, autistic individuals and their advocates, as represented by organisations like Autistica (2016), tend to focus exclusively on the promotion of verbal language skills, particularly in non-verbal individuals, while distancing themselves from the goal of reducing autistic traits altogether.

Regarding SST, it is crucial to acknowledge that while these programmes typically succeed in enhancing social skills, their broader impact on mental health is less clear, and their alignment with neurodiversity principles remains contentious. Critics argue that these interventions often emphasise conformity to neurotypical norms, potentially neglecting the unique strengths of autistic individuals and perpetuating societal stigma (Bottema-Beutel et al., 2019).

Also, the concept of *social validity*, which evaluates whether the goals, methods, and outcomes of an intervention are relevant and acceptable to the individuals involved, is often overlooked in autism research. Many intervention studies adopt goals based on neurotypical standards without adequately considering whether these outcomes align with the values and desires of the autistic individuals themselves (Lounds Taylor, 2017; Mason et al., 2021). This approach risks imposing normative standards on autistic individuals, disregarding the principles of neurodiversity (Bottema-Beutel, Crowley LaPoint, et al., 2023; Bottema-Beutel, Sandbank, & Woynaroski, 2023).

Finally, the potential adverse effects of standard interventions have been rarely investigated. This lack of focus on potential harm is problematic, especially given that autistic individuals may be less able to report issues due to the nature of their autistic condition, and because interventions often aim to change the individuals rather than accommodate their needs (Bottema-Beutel et al., 2021; Linden et al., 2023).

### 3 | PSYCHOLOGICAL COMORBIDITIES IN AUTISM

#### 3.1 | Psychopathogenesis

As previously mentioned, autism often co-occurs with several additional psychological comorbidities, including suicidality, anxiety disorders, and mood disorders like depression (Cassidy et al., 2018; Hollocks et al., 2019). One relevant psychopathogenic mechanism of

such comorbidities is social camouflaging, which is a common coping mechanism among autistic individuals that has been closely linked to the development of various comorbid symptoms (Hull et al., 2021). This strategy involves substantial effort and often results in feelings of inauthenticity and isolation (Beck et al., 2020; Cook et al., 2021). Social camouflaging is a known risk factor for developing conditions such as depression, generalised and social anxiety, autistic burnout, as well as stress, lower self-esteem, diminished authenticity, and poorer mental health outcomes (Field et al., 2024; Zhuang et al., 2023).

In addition to social camouflaging, societal issues contribute significantly to the development of comorbidities in autistic individuals. These include societal stigmatisation, lack of acceptance, insufficient understanding of autism by others, bullying, and social trauma (Rehman et al., 2022; Rumball et al., 2020). Client-related factors like irritability, lack of group identification, sensory sensitivity and avoidance, perceived lack of control over one's life, unemployment, isolation, executive dysfunctions, and genetic predispositions are also associated with the development of comorbidities (Day et al., 2020; Rossow et al., 2021). Also, a late diagnosis of autism further exacerbates the risk of comorbidities (Rim et al., 2023).

#### 3.2 | Interventions that focus on comorbid symptoms and mental health

Several psychological interventions exist that do not target core autistic traits but rather its comorbidities, with the aim of enhancing the well-being of autistic individuals. These align more closely with the principles of neurodiversity, as interventions for comorbidities address mental disorders associated with autism, rather than the enduring traits of a developmental condition that are integral to autistic identity (Schwartzman et al., 2023).

Cognitive behavioural therapy (CBT) is frequently employed as an intervention for managing comorbid conditions, such as anxiety and depression, in autistic individuals. Several meta-analyses and systematic reviews have addressed its efficacy, but the findings are mixed. For instance, Weston et al. (2016) reported small to medium effect sizes from self-report measures and medium effect sizes from clinician-reported measures. Ung et al. (2015) found significant pooled effect sizes for anxiety reduction in autistic youths, despite notable heterogeneity. Sharma et al. (2021) observed large effect sizes for clinician-rated symptoms but only small ones from the autistic individuals themselves, with benefits not sustained at follow-up. Thus, while CBT has shown promise (Binnie & Blainey, 2013), the evidence is inconsistent, with some studies having demonstrated robust efficacy, while others have reported inconsistent or weak results (Linden et al., 2023; White et al., 2018). Additionally, qualitative studies offer valuable insights into the subjective experiences of autistic individuals undergoing CBT. Horwood et al. (2021) found that autistic individuals prefer CBT when it is tailored to their autism-specific needs. Similarly, Ames and Weiss (2013) highlighted in a case study that qualitative data demonstrated reductions in

anxiety following autism-specific CBT adaptations, even when these improvements were not reflected quantitatively. Spain and Blainey (2017) also noted improvements in social anxiety and depressive symptoms during a CBT group intervention, as reported qualitatively. These findings underscore the importance of personalisation and context in CBT's application for autistic individuals.

Meta-analyses and systematic reviews have suggested that mindfulness-based interventions (MBIs) can be effective in reducing anxiety and depression and improving well-being in autistic individuals, although, like for CBT, the results vary. Loftus et al. (2023) found mixed outcomes, with some studies reporting improvements in anxiety, and others not. Sizoo and Kuiper (2017) showed that both MBIs and CBT are effective, with evidence sometimes favouring MBIs for anxiety reduction. White et al. (2018) emphasised the potential of MBIs in treating comorbid anxiety and depression in autism. Additionally, Schweizer et al. (2023) noted that MBIs are similarly effective as CBT in enhancing quality of life.

Regarding the efficacy of SST for treating comorbid anxiety and depression in autistic individuals, studies by Hillier et al. (2011) and Schohl et al. (2014) showed positive effects, particularly in reducing anxiety. However, Narzisi et al. (2024) and Hotton and Coles (2016) highlighted that the overall evidence remained inconsistent, with mixed results across different studies, especially concerning improvements in depressive symptoms. Thus, while SST can be effective, the outcomes have not been consistently reliable.

Finally, there are relatively few meta-analyses on the effectiveness of eye movement desensitisation and reprocessing (EMDR) in improving well-being and treating comorbidities in autistic individuals, and the results are inconsistent also in this case. Some studies suggest potential benefits. One meta-analysis found that EMDR significantly reduced perceived daily stress (Leuning et al., 2023). Another meta-analysis reported a reduction in PTSD symptoms across studies, though the findings were inconclusive regarding overall efficacy for individuals with neurodevelopmental conditions (Sopena et al., 2023) and Lobregt-van Buuren et al. (2019) found that EMDR can significantly reduce PTSD symptoms in autistic individuals. In addition to quantitative findings, qualitative research emphasises the importance of trauma-focused interventions for autistic individuals. For instance, Fisher et al. (2022) conducted semi-structured interviews and thematic analyses, highlighting that EMDR could be an effective approach in addressing trauma-related experiences specific to autistic individuals. These qualitative insights support the potential of EMDR as a meaningful intervention when applied within an autism-informed framework.

### 3.3 | Critical aspects

Despite the above-described interventions' promise, the literature describes several problems that should be addressed. Many studies suffered from methodological weaknesses, like small sample sizes and a lack of control groups, leading to inconsistent results (Hillier et al., 2011; Narzisi et al., 2024). Small sample sizes are particularly

problematic in autism research, where the heterogeneity of the autistic population demands sufficient statistical power to account for individual variability (Waterhouse, 2022). Without adequate sample sizes, findings risk being skewed by outliers or unrepresentative subsets of participants, thus limiting their generalisability. The lack of control groups further exacerbates these issues, making it challenging to determine whether observed improvements are attributable to the intervention itself or external factors, such as participant expectancy effects, natural symptom fluctuations, or non-specific aspects of therapeutic interaction (Warren et al., 2011).

Furthermore, the impact of interventions on psychological conditions like depression remains unclear, with studies often failing to address the distinct ways in which depression manifests in autistic individuals (Narzisi et al., 2024). Standardised tools for assessing depression are frequently developed for neurotypical populations, meaning they may not adequately capture autism-specific features of depressive symptoms, such as heightened sensory sensitivities or unique patterns of social withdrawal (Cassidy et al., 2014). This misalignment between measurement tools and the lived experiences of autistic individuals not only complicates interpretation but may also result in an underreporting or mischaracterisation of intervention efficacy.

A further critical point concerns the discrepancy in outcome assessment methods, where clinician-reported outcomes are often prioritised over self-reports from autistic participants. For instance, Sharma et al. (2021) and Weston et al. (2016) reported higher effect sizes based on clinician evaluations, whereas autistic individuals' self-reports indicated only mild or moderate effects. This discrepancy highlights a potential overreliance on third-party observations, which may reflect externalised behaviour changes without capturing internal experiences or subjective well-being.

While methodological criticisms have been identified, there is no evidence to suggest that interventions targeting comorbid mental health conditions in autistic individuals are in conflict with the principles of the neurodiversity framework. Crucially, these approaches do not aim to modify core autistic traits or fundamental aspects of autistic identity. Instead, they address mental health conditions such as depression and anxiety, which are widely regarded as distinct from an individual's identity and as treatable conditions that significantly impair well-being and quality of life. By focusing on alleviating these comorbid conditions, such interventions remain consistent with a neurodiversity-affirming approach, as they aim to enhance the mental health and daily functioning of autistic individuals without compromising or pathologizing the intrinsic characteristics that define their neurodivergent identity.

## 4 | TOWARD A NEURODIVERSITY-AFFIRMING APPROACH

Adopting a neurodiversity-affirming approach involves designing psychological interventions that are more suitable for autistic

individuals (Pantazakos, 2023), respecting their unique ways of being rather than attempting to change them to fit normative societal standards—a practice shown to negatively impact their well-being and mental health (Andoni et al., 2024). Focusing on psychological comorbidities rather than core autistic traits may be a more effective way to achieve this, as comorbid symptoms, unlike autistic traits, are not considered an inherent part of identity. It is crucial to develop interventions tailored to the diverse and specific needs of autistic individuals, incorporating scientific evidence that reflects their unique characteristics, preferences, and cultural backgrounds (Andoni et al., 2024; McGrew et al., 2016).

Insights from qualitative investigations underscore these priorities. O'Brien et al. (2024) found that effective psychologists understood autism, adopted a flexible and strengths-based approach, and facilitated self-acceptance by helping clients feel heard and validated. Similarly, Petty et al. (2023) identified practical adaptations for autistic clients, such as reducing sensory demands, clarifying expectations, and fostering systemic collaboration with families and care services. These findings emphasise the need for therapeutic practices that align with autistic individuals' lived experiences, ensuring interventions are both effective and respectful of their identity.

In line with this, Pantazakos (2023) advocated for the use of *phenomenological* methods to validate autistic individuals' lived experiences and ensure therapeutic goals align with their perspectives. Such methods can promote mental health and well-being on autistic individuals' terms. Strunz (2018) further highlighted the importance of creating predictable environments to reduce anxiety, support relational skills, and facilitate change. Clinicians should focus on managing therapeutic relationships within an intersubjective context (Gelo et al., 2016; Salvatore et al., 2009), emphasising self-awareness, emotion regulation, and resilience as key intervention targets. These practices align with neurodiversity principles, prioritising individual needs over societal adaptation (Kapp, 2022).

Cultural competency and humility are also central to this framework. Bulluss (2021) argued that autism-affirming approaches require clinicians to move beyond traditional paradigms and integrate cultural humility—a commitment to ongoing self-reflection and learning from autistic individuals themselves. This approach addresses biases rooted in dominant cultural norms, ensuring therapists engage authentically with autistic clients. Lei et al. (2024) echoed this sentiment, advocating for the integration of autistic identity and masking behaviours into holistic, person-centered frameworks that acknowledge the complexities of navigating neurodivergent and neurotypical contexts. Thus, according to Pantazakos and Vanaken (2023), Chapman and Botha (2023) invite *epistemic humility* on behalf of neurotypical researchers and clinicians, a stance that appears to be applauded by autistic individuals (Hume, 2022).

Finally, Mills (2023) proposed a pluralistic framework that provides a practical approach to neurodiversity-affirming practice. This framework emphasises collaboration between clinicians and clients, encouraging flexibility and responsiveness to individual strengths and preferences. The goal is to enhance autonomy, reduce anxiety,

and promote well-being while respecting the autistic individual's identity and lived experiences. These principles collectively reinforce the importance of aligning psychological interventions with neurodiversity-affirming values.

## 5 | IMPLICATIONS FOR PRACTICE AND RESEARCH

From a neurodiversity-affirming perspective, neurological variations in autism are seen as non-pathological human differences, highlighting abilities and strengths rather than deficits (Cherewick & Matergia, 2023; Kapp, 2019). Thus, reducing the core traits of autism should not be the primary goal of interventions (Andoni et al., 2024), as suppressing these traits can lead to negative psychological effects (Hull et al., 2021). Instead, addressing comorbid symptoms and challenging life circumstances can be a valid alternative focus.

Clinicians should be responsible for adopting a neurodiversity-affirming approach to enhance the well-being of autistic individuals (Chapman & Botha, 2023). While systemic societal change is beyond their scope, clinicians can benefit from reconceptualising dysfunctions relationally, fostering acceptance of neurodivergence, and practicing relational humility (Cascio et al., 2021). Clinicians should actively involve autistic individuals in therapy and ensure interventions are respectful and beneficial (Megari et al., 2024; Schuck et al., 2022).

Moreover, clinicians and researchers should critically evaluate previous efficacy reports in autism studies. Many of them focus on reducing core autistic traits, often neglecting social validity as well as individuals' well-being. Future research should address these gaps with both qualitative and quantitative methods (Gelo, Pritz, et al., 2015a, 2015b; see also Messina et al., 2018). Qualitative studies should deepen our understanding of how autistic individuals and practitioners perceive psychological interventions. This would facilitate the development of empirically-grounded hypotheses on the causes of discomfort and suffering among autistic individuals, appropriate intervention outcomes, and mechanisms for enhancing well-being in line with a neurodiversity-affirming approach. These hypotheses should then be tested through quantitative studies that adequately consider autistic individuals' perspectives, preferably using multilevel longitudinal designs to capture complex temporal relationships (e.g., Di Blasi et al., 2022; for an overview, see Gelo et al., 2020a, 2020b; Gennaro et al., 2019).

## 6 | CONCLUSION

This article emphasises the need for a critical re-evaluation of psychological practices and research within the field of autism, advocating for a neurodiversity-affirming approach. While we share the neurodiversity paradigm's position opposing the suppression of core autistic traits, we also argue that addressing the distress caused by comorbid conditions like depression and anxiety through

tailored interventions is essential. Our dual approach—targeting comorbidities while fostering a coherent autistic identity—aims to enhance both mental health and self-acceptance. Rather than attempting to modify the autistic individual by reducing their autistic traits, greater emphasis should be placed on fostering a coherent autistic identity, modifying the surrounding environment when necessary, and developing strategies for improved interaction between the environment and autistic individuals, with a primary focus on the well-being of the autistic person. Adequately addressing psychological comorbidities rather than the core autistic traits can be an elective way of achieving these objectives.

## FUNDING INFORMATION

This research received no external funding.

## CONFLICT OF INTEREST STATEMENT

The authors declare that there is no conflict of interest in any way.

## DATA AVAILABILITY STATEMENT

This article is based on a review of existing literature, and no new data were generated or analysed during the study.

## ORCID

Sandra Graf-Kurtulus  <https://orcid.org/0009-0007-1561-8689>

Omar C. G. Gelo  <https://orcid.org/0000-0003-2480-046X>

## Endnote

<sup>i</sup> Interestingly, there appears to be an inherent contradiction within the medical model: while it formally acknowledges autism as a persistent and therefore unchangeable condition, it simultaneously conceptualises treatment in terms of reducing autistic traits.

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## AUTHOR BIOGRAPHIES

**Sandra Graf-Kurtulus** is a licensed clinical and health psychologist with expertise in psychological diagnostics and clinical supervision, focusing primarily on neurodevelopmental disorders, including autism spectrum disorders and ADHD. In addition to her clinical practice, she is a doctoral candidate at Sigmund Freud Private University in Vienna and serves as a lecturer in the field of clinical and neuropsychology.

**Omar C. G. Gelo** is a licensed psychologist, psychodynamic psychotherapist, and Associate Professor of Dynamic Psychology at the University of Salento (Lecce, Italy). President of the Bachelor's and Master's Degree in Psychology at the University of Salento between 2014 and 2022, he is currently a member of the Doctoral Board in Human and Social Sciences at the same university since 2013 and of the Doctoral Board in Psychotherapy Science at the Sigmund Freud University Vienna since 2018 (which he headed from 2008 to 2018). He is also a member of the Council of the Conference of Academic Psychology (CPA) since 2020 and a member of the Regional Council of Psychologists of Puglia from 2020 to 2022.

**How to cite this article:** Graf-Kurtulus, S., & Gelo, O. C. G. (2025). Rethinking psychological interventions in autism: Toward a neurodiversity-affirming approach. *Counselling and Psychotherapy Research*, 25, e12874. <https://doi.org/10.1002/capr.12874>