

OCALI | Podcast – Episode 20

The Smell of the Room is a Fire in My Nose – A Conversation on Autism and Trauma

SIMON BUEHRER: Welcome to Rewind, the Inspiring Change Podcast series featuring conversations and connections from OCALICON, the premier autism and disabilities conference. Each year, OCALICON brings together a cross-section of leaders, educators, service providers, self advocates, and many others for a multifaceted approach to improving the lives of people with disabilities across the lifespan. Rewind is the audio showcase of some of OCALICON's best moments. The speakers, sessions, and stories that make it all happen. I'm Simon Buehrer.

KIM CLAIRY: Did you know I have autism? That the smell in the room is a fire in my nose, it burns my eyes and my skin, that the mixture of voices, beeps, and words shoot through my brain in a hurricane, leaving behind a trail of scattered chaos and disorganized thoughts? Did you know this?

SIMON BUEHRER: Trauma, by its very nature, is an incredibly personal and individual experience. Of course, there are many different forms of trauma and many different ways it can impact, shape, and define who we are and who we become. But what about people on the autism spectrum, autistic people?

What's different about how they experience, deal with, and live with trauma? Kim Clairy is an occupational therapist in Belleair, Florida. Kelly Mahler is an occupational therapist in Hershey, Pennsylvania.

In their OCALICON session, "Feeling Unsafe, Unheard, and Misunderstood," Kelly and Kim push us to expand our thinking beyond what we might consider to be traditional causes of trauma in a conversation about how people with autism experience different types of trauma in different ways and in ways that ask us to think differently about what trauma is and the impact it can have. Kim further illustrates the effects of trauma by sharing with us some candid, honest, and deeply personal experiences through her poetry and writing. Kelly Mahler begins the discussion.

KELLY MAHLER: So what we know about trauma is that it is a response to an event or a series of events that make someone feel unsafe, threatened, or severely distressed. And trauma is-- it impacts your neurologies, your nervous system-- both your brain and your body, and it also impacts your physiology. So many people that have experienced trauma, if not all people, experience extreme fight, flight, or freeze responses, because their neurology, their brain, their body is changed from the traumatic experience.

It's important to point out that trauma is dependent on how a person experiences an event. And so you and I could be in the exact same event. Maybe we witness a car accident together. And the trauma depends on how the person experiences and is left feeling from that event.

So there are different types of trauma that are traditionally talked about. And so there is the chronic type of trauma that is ongoing. And examples of this could be bullying, child abuse, or domestic violence, so these are things that are happening on a recurring basis.

But then, there also can be acute trauma, and this can be a single, isolated incident like a car accident or an act of nature like a tsunami. And then, there's also what is referred to as complex trauma, and that is where you have multiple events all creating this type of trauma. And I think Kim and I, we've talked about how, many times, even just an acute, single event for an autistic person can actually morph into a complex trauma.

So Kim, could you tell us a little bit about-- I think we talked about last summer, when you were experiencing some health issues and how that one acute trauma really developed into a complex trauma?

KIM CLAIRY: Yes, I was experiencing some neuromuscular issues. So when it gets hard outside-- and I'm in Florida, so it's always hot-- my body doesn't-- it doesn't work correctly. And my legs were getting really stiff, and I was falling a lot.

So I was having to change my routine. So it wasn't just the trauma of, my body is completely foreign to me now, and I'm having to change the way I do things. Having to change my schedule was really, really hard for me, because of my autism and my coping with change, trying to remain sensory regulated. That was also another challenge. So for me, those were also traumatic, and it impacted, I guess, the entire situation.

KELLY MAHLER: Yeah. And so in a sense, that one acute trauma snowballed, I guess is the term. Or it grew into many, many different types and causes of trauma for you. What we know from the research is that trauma can lead to many, many different symptoms.

And these symptoms vary from person to person. Trauma can lead to symptoms such as panic attacks, emotional overwhelm, eating disorders. It can affect your memory. It can lead to depression, decreased concentration, startle response, nightmares, irritability, et cetera.

And these symptoms are fairly consistent across all people that have experienced trauma, whether you have autism or not. A lot of these symptoms do overlap with what we typically discuss as being common traits of a person that has autism. It becomes really important to try to sift out what is possibly due to the neurology of autism, but what also could be stemming from trauma? We had a great conversation when we were planning for this session, about how we really feel strongly that you should move forward with any supports for providing through a trauma-informed and an autism-informed lens.

KIM CLAIRY: Yes. Because the person-- they need to feel safe-- not just feel safe, but they need to know that they are safe where they are. I also want to mention here that sometimes the effects of trauma can be a little bit hidden. When I was in first grade, for example, I was very, very hyperactive, and I got in trouble quite frequently at school.

But then, all of a sudden, in second grade, all of a sudden, I'm stiff, and still, and quiet, and not a problem anymore. It was also a noted difference between how I behaved at school versus how I behaved at home. So when you have somebody who is acting differently in different situations, it should trigger a red flag that there might be some trauma going on.

KELLY MAHLER: Yeah. So I think that it just goes to show that we really need to be good detectives and always thinking through a trauma-informed and an autism-informed lens and really figuring out what's going on with each individual person. I think our main goal, besides offering hope and strategies of how to support, is to challenge the way that we're viewing trauma in the autism field.

Right now, most people when they're talking about trauma, they have a pretty traditional view of trauma. Trauma could be abuse, such as physical, emotional, or sexual abuse, or neglect, which could be physical or emotional neglect, and then household dysfunction, which could include someone in your house having a mental illness, an incarcerated relative, mother treated violently, substance abuse in the home, or divorce. There's also the view of PTSD, or Post-Traumatic Stress Disorder.

And the six most common causes that are talked about are physical abuse, sexual abuse, witnessing or experiencing a serious accident, or a mass disaster, or an emotional abuse. And so this is a very traditional view of trauma. And what we would like to think about is maybe some possible causes of trauma that are beyond this viewpoint.

Before we move into these different causes, this is a poem that Kim wrote, and she wrote this while she was getting an iron infusion at the doctor's office. You were sitting, I think, right next to the nurses station. And it was really busy, and really loud, and lots of people, and an iron infusion takes a long time. Like, three hours, is it?

KIM CLAIRY: Yeah, too long.

KELLY MAHLER: Too long. And this is a long time to sit, especially for someone that gets very overwhelmed in a loud and busy environment. So eventually, Kim asked if she could please move to a quiet room to finish her infusion.

And so the nurses kind of grudgingly, I think, obliged you, although you could hear them all talking about you. While you were in this room, you had your laptop, and you wrote this poem.

KIM CLAIRY: I am Kim. Please stop. Take a step back and look. I'm not a diagnosis code in a book.

I'm a person, like you. I just may do things differently than you do. Do you know that I hear the words you whisper among yourselves?

I can see the strange looks and the harsh colors of your faces. I can feel the discomfort and judgment that fills the air we breathe. Did you know this?

Imagine that you are in the midst of a hurricane outside without protection, that you cannot seek shelter. Imagine that you are in a burning building and cannot leave, or that your body is covered in angry firings. Imagine that you are suddenly attacked, suddenly blinded by sharp daggers in your eyes.

Imagine this is your life. You can imagine it, but I don't have to. These things are my life.

Did you know I have autism? That the smell in the room is a fire in my nose, it burns my eyes and my skin? That the mixture of voices, beeps, and words shoot through my brain in a hurricane, leaving behind a trail of scattered chaos and disorganized thoughts?

Did you know this? That fire ants crawl on my skin as you touch my arm in preparation for the procedure? That the lights are daggers spearing through my eyes, blinding me to my surroundings

Did you know that my body is unknown to me? That when I am still I do not know where I am and I become lost in a sea of mazes? That I'm trying hard not to run away from this torture chamber I'm in?

Did you know any of this before you said I was difficult? Before the looks and glares or the judgment?

KELLY MAHLER: So why do we need to be considering other types of trauma and autism? Right now, there is a very, very serious need that we need to be better at understanding trauma and autism. Are we really capturing trauma in autism in a really clear way?

Maybe the traditional PTSD viewpoint is not necessarily helping us to capture the full picture of trauma, as well as the traditional measurement tools that are used. So there is some emerging newer research coming out, and these researchers are considering autism neurology and looking at trauma a little bit differently, and it is becoming apparent that a much higher number of autistics do indeed experience trauma.

KIM CLAIRY: Abuse, sexual assault, violence, natural disasters, and wartime combat are all common causes of trauma in the general population. Among autistic people, though, seemingly less extreme experiences like fire alarms, paperwork, the loss of a family pet, even a stranger's offhand comment can also be destabilizing. That was a quote from Connor Kerns, who is an assistant professor of psychology and has done several research studies on trauma and autism.

KELLY MAHLER: Yeah, his work is really important. And I think it just comes back to what we were talking about in the beginning, Kim, and how it is the-- how a person experiences an event that causes trauma. So maybe a fire alarm doesn't seem traumatic to my neurology, but it might be traumatic to another person's experience and neurology. And so that's why we really need to expand the way that we define and understand trauma.

So this poem, I think, illustrates the reason why we need to better understand trauma and autism, and this is something, Kim, that you wrote that's pretty powerful. Will you read it for us, please?

KIM CLAIRY: Nothing, nothing. This is what I want to be right now. Not forever, just now, just until the pain leaves, the pain I create. I want to shrink into the earth to be a part of something beneficial, essential to life. Can I say something about it?

KELLY MAHLER: Mm-hmm.

KIM CLAIRY: So this poem really captures the inside emotions of what somebody who has trauma feels about themselves and experiences. And even childhood traumas-- they don't go away in childhood. They're still there. They're still hidden, but once you get a good support system, you hopefully, like I have been, will be able to-- help me for my words, Kelly.

KELLY MAHLER: --to begin to heal and to lessen the frequency that you have these feelings and thoughts.

KIM CLAIRY: Yeah, it just then becomes a whisper in your ear instead of a shout, a whisper that I can now push down, because I know that they're false.

KELLY MAHLER: OK. So we're going to move into these causes of trauma and thinking beyond the traditional causes. So the first type of, or cause of trauma is sensory trauma. And this can be caused by, of course, sensory overwhelm, and we know that sensory dysfunction can lead to traumatic experiences.

And then, traumatic experiences can lead to sensory processing dysfunctions. Over 90% of autistics have sensory differences, so it's definitely something that we need to be aware of. And these sensory differences in many people can cause fear and hyper vigilance, which is where the trauma can come in. Because remember, trauma is all about feeling unsafe. Many autism individuals mask, or they hide, their sensory needs.

KIM CLAIRY: I was having a hard time with an eating disorder. And part of my symptom with the eating disorder was, I would throw up. But part of the reason why I was throwing up was because of some of my sensory challenges. And when things were getting too loud, my body would want to throw up.

And so I was working with my therapist on how to stop that behavior, and there was construction going on outside our house. And I was trying to explain to her that-- she was suggesting that I go to the park when the construction was going on, and I was like I can't, because I'm frozen.

And so I wrote her an email to help her better understand what it felt like. The best way to explain what meltdowns and shutdowns and overstimulation feel like to somebody without autism is that it's like suddenly being unable to control your reactions. Everything is coming on too strong, particularly emotionally, and you can't block it out.

You can only think about getting out of the situation, no matter what that way is. You feel unsafe, attacked, like the world is suddenly out to get you. Eventually, you start to be able to think again, but then you can't move.

You can't do anything about what your body is doing. You just have to sweat it out until you regain control. This can take a minute, or five minutes, or an hour.

KELLY MAHLER: But I don't think that people fully realize the impact that the sensory overwhelm can have on a person with autism. You know, we were talking about how it just activates terror fight or flight, or freeze response continually over and over and over again.

KIM CLAIRY: You can see that in my-- or hear that in my writing. I say, I mean, I froze.

KELLY MAHLER: Kim, would you like to share about your story of when you were in your exercise class, as it relates to sensory trauma?

KIM CLAIRY: So this is my exercise class, sensory reaction to music and light. I feel sick inside. My breathing is rapid, my muscles tense. I feel frozen, yet I want to flee.

My chest is heavy, and my brain is shuffling through unidentified pictures. I want to curl up and cry, but I need to be alone. I'm embarrassed, and I must stay awake until the end of class, until I can be in my safe spot.

I am in a daze. My fingers plugging my ears, my eyes counting the dots on the ceiling, and my fists and toes tightly clenched. It takes every bit of my energy to keep from screaming, flapping my arms, and running away.

The noise stops, but the threat continues. I feel no different. The aftershock of the earthquake hits. My movements are slow.

I follow what I see. I can't think of my own. I want to count, and I want to line things up, but I don't want to be noticed. At the end, I just follow and recite the next steps in the sequence of cleaning up.

I'm like a turtle caught on a busy highway. I leave the scene in a daze, and here I sit now, alone in my car, calming my system so that I can drive home. I'm exhausted and tired.

My being, though, endured the threat. I am a survivor. I made it through the clashing tones, erratic beats, and stabbing music that played during exercise class today.

KELLY MAHLER: I just find this to be-- like, when I hear this-- I mean, I've heard this before, but it still impacts me so much. Because I would guess that if you were another person in the exercise class and they were looking at you, they probably would have had no idea that all of that was going on inside of you.

KIM CLAIRY: No, they didn't know. I actually approached the instructor later on in the week, and I shared my journal entry with her. And she was like, I had no idea. And I asked her if she could turn the music down some next time, and she said, yes.

And she also-- we have a hand signal. If a song comes on that sets me off and I feel like I did in my journal, I give her a hand signal, and she'll change the song. So that way, I don't have to feel unsafe.

KELLY MAHLER: What a great strategy to help you feel safe. And that's what all of our strategies are about, is helping each person feel safe. Do you want to talk a little bit about how William your husband has come to support some of your sensory needs?

KIM CLAIRY: So the first time that he ever used a blender in our house, I had a horrific reaction, and it made a big impact on him. And he now, five years later, still tells me, hey, babe, I'm going to use the blender in a minute. Even if I'm all the way across the room and I wouldn't really hear it, he still comes to find me to tell me that, because he's very conscientious about some of my super hearing.

KELLY MAHLER: So that pre-warning before a possibly distressing input is very important. And also previewing a schedule with someone and allowing them to have choice-- you want to talk about how your mom has provided you some accommodation here?

KIM CLAIRY: Yeah. So during family events-- let's say my brother and his family are visiting for three days, and we have a whole lineup of activities. My mom will let me know what those activities are, and she'll say, hey, can you please pick one or two of the activities? And if you're able to join, if you're able to come to more, that's great.

And that is really helpful for me. Because what it does is, it allows me to pick and choose when I am most sensory-regulated, and allows me to pick the activities that I'm able to engage in, because I am able to remain regulated.

KELLY MAHLER: And I think that picking one activity where you're regulated and present with your family is probably better than going to all three of the activities and just being disregulated and detached from everyone the whole time. Right?

KIM CLAIRY: It's a difference of me being completely shut down where I'm not talking at all, I'm just in the room, versus me actually engaging and interacting and having fun and taking part in the conversation.

KELLY MAHLER: Yeah. And I mean, that also involves our last recommendation here, and that's giving yourself permission to take a break when you need it, and not attend everything, so that you can be the best version of yourself when you are in attendance or present with someone. So the next cause of trauma is social trauma, and this can include bullying, isolation, feeling different, and also masking.

So we know that bullying is a very serious problem for autistics, and 63% of autistic children have been victims of bullying. And that's according to a parent report, which I suspect might be higher if you actually ask the children themselves.

KIM CLAIRY: I do want to add here that it doesn't go away in childhood. Adults also get bullied.

KELLY MAHLER: Yeah. That's a great point. Isolation-- 79% of autistic adults report feeling socially isolated, and that's a high percentage. And many autistic people feel lonely. They're four times more likely to feel lonely, according to one study.

And then, we also know that there's something called camouflaging or masking. And that's really like hiding parts or a big part of yourself, so that you can fit in socially, and rates are significantly higher in autism, especially in females. So Kim, I know you have experienced a lot of bullying. Would you tell us a story about your middle school graduation?

KIM CLAIRY: Yes. So when I was in middle school, I did some weird hand movements. And I also-- I love-- well, I still do it-- I like the way my hands smell, especially when I put lotion on it. During middle school graduation, as my name was called and I was walking down the aisle, all of the kids had come up with a hand signal for me that they did all the time.

And during graduation, they all did that hand signal. And so that day, after I got my diploma, I was feeling-- I wasn't feeling proud at all. I was feeling ashamed and embarrassed about who I was.

KELLY MAHLER: I don't think anyone would argue that bullying can be a very significant cause of trauma, as it has been for you. So also, feeling isolated can be a cause of trauma.

KIM CLAIRY: You can feel isolated even when you're in a room with people. I just wanted to point that out.

KELLY MAHLER: Yeah. That's a really good point. And I think this journal article kind of gets at that point a little bit. And this is from a journal entry that you wrote on the day that you went to a game night for a group at your church. So this is the journal entry you wrote after attending that game night.

KIM CLAIRY: I feel alone. I cannot go to somebody's house and it be chaotic loud. It hurts me physically and emotionally. I want people to get to know me, but that is just not possible when I shut down because it's too loud. I'm hurting inside.

So what happens is that when I'm in a loud environment, I think of pictures, and those pictures start to get holes in it. And then, they eventually turn black, and I can't even articulate or communicate anything, because I can't interpret what my pictures are. I want to be engaged, and I want to be present, but I'm not able to, and that hurts. It hurts that even though I am with a group of people, I still feel very alone, because I can't interact.

KELLY MAHLER: Also, feeling different can be a form of social trauma. I know you're going to read to us about feeling different. Do you want to start by reading that, or do you want to tell us a little bit about your school experience first?

KIM CLAIRY: I'll read first. As a child, the world around me made little sense. I felt alien. Pictures taken of me went from being vibrant, carefree, bright, and colorful to me being heavy and stiff. At age seven, I began noticing that I was different.

I thought I was just stupid and a bad person. I didn't understand why I got in trouble so much, why no one wanted to be my friend, or why I wasn't fitting in. The toll of noticing I was different began to sit in heavily at ages 9 and 10.

I became further and further away socially and emotionally from my peers. And by fifth grade, I became clinically depressed, and I got embarrassed about every aspect of my being.

KELLY MAHLER: That seemed to set in about that time that you noticed that you were feeling a little different from others, and that became a trauma for you.

KIM CLAIRY: Mm-hmm.

KELLY MAHLER: And then, lastly, for social trauma about camouflaging and masking, Kim, do you want to talk a little bit about how you've had to hide who you are in order to fit in?

KIM CLAIRY: When I was a child, I would just watch what everybody else did. And I could blend in somewhat, so if somebody was laughing, I would laugh. If somebody was crying, I would cry.

I didn't understand what the social situations were, going on around me, and that made me feel very isolated and very alone. It made me lose a sense of who I am. And I still sometimes hide, because I don't want to look different, weird, or awkward.

KELLY MAHLER: OK. Well, that kind of leads to how to help. So that full acceptance of a person and no judgment, and really nurturing and understanding autism is really important. And that social connection with people is really very, very important and helpful.

And Kim, we had this conversation when we were planning it out. When we're talking about social connection, we're not talking about social skill programming. In fact, we both are very-- I don't wanna speak for you, but I'm against social skill programming. I think it's--

KIM CLAIRY: I don't like them too much either.

KELLY MAHLER: It's kind of ridiculous that we bring a group of people together, and we expect them to connect and socialize around skill building. Like, how do you greet someone? Like, that's not the way that socialization and social connection work for any of us. We connect over our interests, right?

And so we're big about thinking about, how can we bring people together that have similar interests and even sensory profiles? We don't want to put a sensory seeker with a sensory-sensitive person. And how can we really almost match-make friendships and social connection?

So the next type of trauma is compliance trauma, and that's dangers of normalization and these surface behavioral approaches that are running rampant in the autism field. And these compliance approaches are really just teaching a person with autism to ignore their own needs, so that they can please the needs of other people to get a reinforcer or reward.

And that really leads into something that we termed over-accommodation syndrome, where you try so hard-- you're conditioned to try hard to meet the needs of other people to the point of exhaustion. Do you want to talk a little bit about your experiences with over-accommodation syndrome, Kim?

KIM CLAIRY: I just tend to think about all the needs that other people have, and I feel like I can handle discomfort and they can't, like I need to accommodate them. And that feeling is actually not uncommon amongst many people with autism. I've met so many other autistic adults who do the same thing, where they will try to accommodate everybody else.

KELLY MAHLER: Absolutely. OK. And so I think these surface behavioral approaches-- they're looking at someone, and they really fail to acknowledge a person's entire experience. So it's really important that we really dig deep and understand someone and the underlying reasons behind what it is we see them doing. Otherwise, we risk trauma.

This is an example of how staying on a surface behavior and failing to acknowledge the inner experience can certainly lead to trauma. Kim is going to tell us a little bit about a time when she was at a residential treatment facility for her eating disorder.

KIM CLAIRY: So I was in a treatment center, and it was lunch time. And I went to sit down to eat, and I was very overstimulated, and so I start journaling. But I was told to stop journaling.

But here's what I wrote. I'm feeling very frustrated and angry, and I want to run outside. I feel tightness in my chest and throat, and I feel like I want to throw and kick. I'm not hungry. I'm feeling so chaotic.

So how can I focus on eating? And now, all of the tables are different, because they rearranged the room and the seating chart. Plus, I have this fan, culinary office, air-conditioner, and kitchen noise.

All of this noise, and I want to run away, I want to scream, I want to climb, and I do not want to eat. I feel as if I'm choking, and my chest hurts. I feel like I can't breathe.

I have to zone out and shut down so I can eat. So then, I can go to yoga.

KELLY MAHLER: So what happened next, Kim?

KIM CLAIRY: I was eventually able to finish my meal, but afterwards, I began pacing to calm down. But I was told to stop, and then to sit down. I eventually just climbed out through a window and went to the garden.

I pulled some weeds, because that helped to calm me down. And then, I laid down on a bench so I could be still. The staff noticed I was missing, and they found me. And even though I finished my lunch, I was still not able to go to yoga that afternoon.

KELLY MAHLER: And so they were viewing you from the surface and looking at you as being what? Oppositional?

KIM CLAIRY: Oppositional, defiant--

KELLY MAHLER: --manipulative, not following their rules. So they punished you with yoga, and that's actually probably what you needed in that moment to help you regulate, if they actually understood what was happening on the inside. So how to help with compliance trauma-- again, it's the same thing that we've been talking about.

But really consider alternative approaches to behavior. Definitely use a strength-based approach, so that you explicitly teach a person what they are good at and also use approaches to explore a person's inner experience like the interoception curriculum.

So another type of cause of trauma is neurological trauma, and that can include communication differences, dealing with uncertainty, and keeping up. So we really wanted to highlight communication differences and how that can lead to trauma for a person with autism.

KIM CLAIRY: When you're unable to speak or to communicate that you need help or that you need to get out of a situation, then it's like you're stuck in a burning building, and you feel very, very unsafe.

KELLY MAHLER: Right. And I think that is true for even people that can speak to communicate, and I think that's kind of a misunderstanding. You're very verbal right now, but what happens when you start to get overwhelmed?

KIM CLAIRY: Yeah, then I can't speak anymore, and I become mute. So one of the things that helps me now is, I use-- I have different apps on my phone, where I can write or show a picture.

KELLY MAHLER: And the last cause of trauma we wanted to talk about is medical trauma and being very misunderstood by providers. We know that a very high percentage-- 78.2% of autistic adults report difficulties with doctor visits.

KIM CLAIRY: There are so many autistic adults and kids that I know who have developed PTSD because of medical care. I know that I have PTSD because of my experiences with the medical field.

KELLY MAHLER: Yeah. And a lot of that, would you say, is because you feel like you're not understood by medical providers?

KIM CLAIRY: They don't understand, and then they unintentionally are a cause of trauma. I don't know really how to explain it.

KELLY MAHLER: I know you've said that they a lot of times disregard what you're telling them as important, and a lot of times, that your needs are not acknowledged or accommodated, like sensory--

KIM CLAIRY: --medication.

KELLY MAHLER: Yeah, all of them. So in conclusion, Kim is going to read a poem that gives a lot of hope and what has helped her the most.

KIM CLAIRY: The thing that has helped me the most is not tangible. It's William and Frances and Dr. Zern. It's the few people who are willing to be with me in my world first instead of forcing me to be in theirs.

I call them the people who sat on the ground with me without judgment, without expectation, without agenda of what I should be doing or saying. Frances may not have known much about autism, but she was the first person willing to sit on the ground with me. She listened to my ways of communicating. She just listened.

She accepted me, and she didn't try to fix me or tell me that I was wrong, or that I was feeling something I wasn't. Often, people will try to figure things out. They try to find a solution to a problem, but what if the problem they think exists really doesn't exist?

What if the person with autism is trying to communicate the issue, but you're really not listening to them? Instead, you're trying to fix something that really isn't broken or that isn't a problem. Once I started to understand that things that I experienced were real, that I wasn't broken, I was able to start healing. The best way to help somebody to listen, to really listen and be with them, not at them.

[MUSIC PLAYING]

SIMON BUEHRER: That was Kim Clairy, an occupational therapist and poet from Belleair, Florida. We also heard from Kelly Mahler, an occupational therapist from Hershey, Pennsylvania. You can learn more about Kim and read more of her poetry through her website, KimClairy.com And Clairy is spelled C-L-A-I-R-Y.

And you can learn more about Kelly Mahler's work and her own writings through her website, Kelly-Mahler.com. And Mahler is spelled M-A-H-L-E-R. You're listening to OCALICON Rewind, the Inspiring Change Podcast series featuring conversations and connections from the premier autism and disabilities conference.

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