

OCCUPATIONAL THERAPY REPORT

NDIS FUNCTIONAL CAPACITY & SUPPORT NEEDS
ASSESSMENT REPORT

CLIENT DETAILS

Name	Chrissy Foreman
Pronouns	She/her/hers
Date of birth	23/10/1979
Age	45 years
NDIS-funded diagnoses	Autism
NDIS Number	556174357
Current NDIS plan dates	13/03/2025 to 12/03/2026
Date of report	15 th July 2025
Occupational Therapist	Kimmy Lane (OCC0001733343)

Please Note

This report is deficits-based to satisfy the information requirements of the NDIS. In practice, I do not take a deficits-based approach with my clients and I acknowledge how harmful this reporting practice can be for people.

Chrissy is welcome to seek my support to process the contents of this report and to cope with the emotional impacts of NDIS-related reporting requirements. Alternatively, Lifeline Australia 13 11 14 can also assist.

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OVERVIEW OF LIVED EXPERIENCE & NEEDS

Chrissy is a late-identified autistic woman who experiences complex functional impacts. Chrissy also experiences anxiety, dyspraxia and dyslexia as part of her experience of being autistic. Chrissy has been trying to navigate environments and systems that have not accommodated her neurotype, resulting in patterns of chronic overwhelm, autistic burnout and significant difficulty sustaining safe and functional participation in her daily life.

Chrissy describes her experience as one of deep sensory and emotional intensity. She processes her internal world primarily through felt sense and somatic cues, with rich emotional and interoceptive awareness that is often difficult to interpret or articulate in conventional language. Results from the Toronto Alexithymia Scale (TAS-20) confirm clinically significant alexithymia, with extreme difficulty identifying and describing feelings. This is compounded by a persistent overactivation of her nervous system, which contributes to emotional flooding, shutdown and reduced capacity for day-to-day functioning when demands exceed her available resources.

Chrissy experiences fluctuating executive capacity and sensory overwhelm that are strongly linked to relational, environmental and demand-based stressors. While Chrissy can experience functional competence in short bursts, this is not reliably sustainable and requires significant energy expenditure, often resulting in extended periods of reduced capacity and self-neglect (e.g. going days without showering or eating nutritionally adequate meals). Chrissy is highly self-aware of these cycles and has developed numerous adaptive strategies (including the use of structured routines, sensory supports and externalised processing tools such as art therapy, journaling and creative expression). However, these strategies alone are not sufficient to meet her support needs.

Chrissy lives with her neurodivergent teenage son and is a sole parent. Chrissy's neurodivergent dad also lives in a granny flat on the property. Both her son and her dad require Chrissy's ongoing care and support. She receives minimal informal support and remains relatively socially isolated, with most interaction occurring via text and limited to purpose-driven contact. Chrissy is self-employed and deeply values her work as an artist and therapist. However, her capacity to sustain employment is significantly impacted by fluctuating cognitive and sensory regulation, exhaustion and burnout. Chrissy reports only 7–8 days per month where 'humaning feels manageable.' Chrissy relies heavily on external support (support workers) and routine-based scaffolding to function during lower capacity periods.

Chrissy is working actively to realign her life in a way that honours her neurotype, sensory needs and embodied processing style. She expresses a strong desire to build a life that is sustainable, values-aligned and scaffolded by the right therapeutic, practical and relational supports.

Chrissy's functional profile reflects a high degree of resilience and insight, alongside significant and persistent challenges in daily living. Chrissy's support

needs are ongoing and essential for preventing regression, maintaining community participation, sustaining employment and promoting optimal engagement in her daily life.

Without NDIS-funded practical support, Chrissy is at high risk of physical and mental health decline, social isolation and regression in function. Chrissy's support needs are not due to lack of knowledge or willingness, but rather due to her lived experience of neurodivergence.

ASSESSMENT DETAILS

Referral Details

Referrer	Chrissy Foreman
Reason for assessment	To identify Chrissy's support needs after having received her first NDIS plan.

Assessment Methods

The information within this report is based on information made available to me at the time of assessment and report writing. I used a combination of clinical interviews, clinical observations and standardised assessments to inform the contents of this report. I also reviewed relevant documentation.

Assessment Sessions

Information was gained during three therapy sessions conducted on 19/05/2025, 2/06/2025 and 16/06/2025, in addition to the following formal assessment sessions.

Date	People Present	Location
20/06/2025	Chrissy and I	Zoom
14/06/2025	Chrissy and I	Zoom

Documents Reviewed

Document Type	Issued By	Date	Details Relevant to this Report
NDIS Plan	NDIA	13/03/2025	Total budget amount of \$22,076.16 for the 12-month plan period.
Neurodivergent Affirming Report	Hayleigh Dunne	8/03/2024	

ADEQUACY OF CURRENT NDIS-FUNDED SUPPORTS

Support Type	Provider	Adequacy	Comment
Assistance with daily life	Alison Edwards for cleaning and meal prep	Inadequate	Chrissy is currently funded for:
	Rosalie Mitson (Mabel) for yard maintenance		<ul style="list-style-type: none"> - 3 hours per week for 26 weeks for assistance with self-care - 2 hours per month for 12 months for yard maintenance - 2 hours per week for 52 weeks for assistance with cleaning. <p>Chrissy assessed support needs:</p> <ul style="list-style-type: none"> - 2 hours per fortnight for 9 months of the year for yard maintenance (2 hours per month is sufficient in the 3 winter months) - 2 hours per week/52 weeks per year for cleaning - 2 hours per week/52 weeks per year for meal prep - 2 hours per week/52 weeks per year for life admin and implementing therapeutic strategies where appropriate.
OT	Kimmy Lane (Be You Occupational Therapy Pty Ltd)	Inadequate	<p>Chrissy was only funded for 20 hours of occupational therapy for the duration of her 12-month plan.</p> <p>Chrissy and I have scheduled</p>

			<p>telehealth appointments to avoid travel fees and maximise access to therapy appointments. Chrissy has also used some of this funding with another OT who commenced an assessment process without completing a report. Chrissy transferred OT services to me and I have completed the assessment and report process for her. No funds remain in her current NDIS plan for ongoing therapeutic support.</p> <p>Chrissy assessed support needs:</p> <ul style="list-style-type: none"> - 70 minutes per fortnight for the first 8 months of her NDIS plan, followed by 70 minutes monthly ongoing. - 10 hours for the provision of a functional capacity and support needs report in the last six months of her plan period.
Speech Pathology	Chrissy has been in contact with three providers to attempt to access speech pathology and none of the providers have responded.	Partial	Chrissy was funded 10 hours for an assessment and report. There is no provision in her plan for therapeutic input or follow up support.
'Other professionals'	Not applicable		Chrissy was given 1 hour per month for 'other professionals' and has been using this funding for to access occupational therapy.

AVAILABILITY & SUSTAINABILITY OF INFORMAL SUPPORTS

Support Type	Availability	Sustainability	Details	Are Needs Met?	Formal Support Needed?
Parents	● Limited	● At Risk	Chrissy's Dad washes Chrissy's clothes. Otherwise, Chrissy is her Dad's primary support person. Chrissy's mum is in residential aged care. Chrissy is Appointed Power of Attorney for both her parents.	✗ No	✓ Yes
Other Family	● No	Not applicable	Not applicable	✗ No	✓ Yes
Friends	● Limited	● Unsustainable	All Chrissy's friends are also neurodivergent with their own support needs. When 'things get really bad' Chrissy will put a call out to 3-4 of these friends and occasionally they may drop by a meal.	✗ No	✓ Yes

Chrissy's limited informal network cannot substitute for reasonable and necessary formal supports, as defined under s.34 of the **NDIS Act 2013** and reinforced by Articles 19 and 26 of the **UN Convention on the Rights of Persons with Disabilities**. Chrissy therefore has a legal right to funded services that safeguard her functional capacity, autonomy and wellbeing.

Chrissy's informal support network is either unavailable, at risk or unsustainable due to the high level of responsibility she carries for her parents and the limited capacity of her peers, who have their own support needs. As a result, formal supports are required to ensure Chrissy's functional, emotional and social needs are met.

ADDITIONAL SUPPORTS

SUPPORT	DETAILS
Commonwealth assistance	Chrissy holds a pensioner concession card. Chrissy is also on single parent payment which ceases in September 2025.
Companion card	Chrissy would likely qualify for a companion card. I have offered to support Chrissy to complete relevant documentation.

SUMMARY OF STANDARDISED ASSESSMENTS

Assessment	Date administered	Key findings Score	Clinical interpretation
Clinical Outcomes in Routine Evaluation (CORE-OM)	30/06/2025	Overall distress: Moderate Psychological symptoms: Moderate-to-Severe Life functioning impact: Moderate Wellbeing deficits: Moderate Risk of harm: None identified	Chrissy's CORE-OM results are consistent with her lived experience of being a late identified autistic woman. They reflect Chrissy's ongoing challenges in emotional regulation, cognitive overload and daily functioning, all of which impair her capacity to manage essential tasks without support. Chrissy needs a clinically reasoned suited of NDIS-funded supports to meet her needs.
Difficulties in Emotion Regulation Scale (DERS)	30/06/2025	Total Score: Very High Nonacceptance of emotional responses: Very High Difficulty engaging in goal-directed	Chrissy's DERS results are consistent with her lived experience of being a late identified autistic woman. Chrissy's scores indicate significant challenges in multiple domains of emotional regulation, particularly around emotional nonacceptance, goal-directed functioning under

		<p>behaviour: Very High</p> <p>Limited access to emotion regulation strategies: Very High</p> <p>Lack of emotional clarity: Very High</p> <p>Impulse control difficulties: Average</p> <p>Lack of emotional awareness: Low</p>	<p>distress, limited access to regulation strategies and poor emotional clarity, all of which sit in the very high clinical range. These emotion regulation difficulties are consistent with the psychological symptoms and functional challenges identified on the CORE-OM and highlight how Chrissy's emotional processing limitations are contributing to impaired adaptive functioning.</p> <p>Chrissy demonstrates insight and awareness (reflected in her low score for lack of emotional awareness), but struggles to implement strategies, remain task-focused during distress and regulate complex emotional experiences effectively. One of the only strategies Chrissy can access is art therapy.</p> <p>These findings support the need for ongoing therapeutic supports with a focus on emotion regulation, executive functioning and functional planning in daily life.</p> <p>Additionally, Chrissy would benefit from life admin support and implementation assistance, as well as support coordination to integrate therapy recommendations, maintain engagement with providers and manage the emotional demands of navigating the NDIS system.</p> <p>These needs fall well within the scope of reasonable and necessary supports under s.34 of the NDIS Act 2013,</p>
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			particularly in relation to enabling social and economic participation, improving daily living skills and preventing deterioration in psychosocial functioning.
Executive Skills Questionnaire (Revised) (ESQ-R)	30/06/2025	<p>Total executive functioning difficulties: Very high</p> <p>High difficulty in:</p> <p>Plan Management</p> <p>Time Management</p> <p>Organization</p> <p>Moderate difficulty in:</p> <p>Emotional Regulation</p> <p>Behavioural Regulation</p>	<p>Chrissy's ESQ-R scores are consistent with her lived experience of being a late identified autistic woman.</p> <p>Chrissy experiences very high executive functioning difficulties, particularly in planning, time management and organisational skills (all scoring in the 99th percentile, indicating greater difficulty than 99% of the comparison group). These deficits severely impact her ability to manage appointments, daily routines, household tasks and therapeutic recommendations independently and consistently.</p> <p>In the context of her moderate difficulties in emotional and behavioural regulation, these executive skill deficits compound Chrissy's psychosocial vulnerability and contribute to her difficulty engaging in goal-directed behaviour, as also evidenced in her DERS and CORE-OM profiles. Despite good insight, the cognitive and practical demands of daily life exceed her current capacity without structured, ongoing support.</p> <p>These findings support the need for ongoing therapeutic supports and activities of daily living supports.</p>

<p>Multi-dimensional Assessment of Interoceptive Awareness MAIA-2</p>	<p>30/06/2025</p>	<p>Strengths:</p> <p>Body Listening</p> <p>Emotional Awareness</p> <p>Noticing</p> <p>Significant vulnerabilities:</p> <p>Not-Worrying</p> <p>Self-Regulation</p> <p>Attention Regulation</p> <p>Not-Distracting</p> <p>Trusting body sensations</p>	<p>Chrissy's MAIA-2 results are consistent with her lived experience of being a late identified autistic woman. Her results reflect a sensitive and attuned interoceptive profile, with strong capacity for noticing <i>and</i> listening to internal bodily cues, and a well-developed sense of emotional awareness. However, this attunement is not paired with effective regulation or distress tolerance strategies.</p> <p>Chrissy's extremely low score in Not-Worrying (0.1st percentile) suggests a tendency to respond to internal sensations with significant anxiety or distress. Combined with low scores in Attention Regulation, Not-Distracting and Self-Regulation, her results reflect her struggle to manage internal sensations constructively, redirect her attention or soothe herself during distress.</p> <p>Although Chrissy notices her body's cues clearly, she lacks confidence in interpreting her body signals and struggles to regulate emotional and somatic responses. This leads to overwhelm, fatigue and functional disruption. These findings are consistent with her DERS, CORE-OM and ESQ-R profiles, reinforcing the need for supports that integrate body-based regulation strategies with executive functioning and therapeutic guidance.</p>
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<p>Toronto Alexithymia Scale (TAS)</p>	<p>14/06/2025</p>	<p>Clinically significant profile of alexithymia, with elevated scores in the domains of identifying and describing emotions.</p>	<p>Chrissy's scores on the TAS are consistent with her lived experience of being autistic. Chrissy's total score places her in the alexithymic range, indicating notable challenges with emotional awareness and expression.</p> <p>Chrissy initially completed the assessment independently, responding to many items based on interoceptive or somatic sensation (her 'felt sense') rather than emotionally labelled experiences (e.g. sadness, anger, fear). During the session, Chrissy requested that the scale be completed again with my support. Throughout this re-administration I provided clinical coaching to help differentiate physical sensation from emotion, and to guide Chrissy's responses toward emotional interpretation rather than embodied awareness.</p> <p>Chrissy's Difficulty Identifying Feelings score (99.77th percentile) highlights a profound challenge in identifying and differentiating emotional states, even when strong emotional arousal is present. This aligns with her lived experience of feeling emotions vividly but being unsure what she is feeling or how to make sense of it cognitively.</p> <p>The Difficulty Describing Feelings subscale (75th percentile) reflects ongoing difficulty in verbalising emotions, especially in relational or reflective</p>
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			<p>contexts. Chrissy struggles to communicate how she feels, even when she is aware of emotional activation.</p> <p>Chrissy's Externally Oriented Thinking score is within the typical range, suggesting that Chrissy does not avoid emotional reflection and that she values emotional awareness. However, Chrissy experiences internal processing challenges in identifying and articulating feelings.</p> <p>These results confirm that Chrissy's emotional processing style is embodied, relational and highly sensory, but not well supported by traditional emotional labelling frameworks. The results support the need for ongoing therapeutic support to explore, regulate and give language to emotional experiences, particularly through non-verbal modalities such as art therapy.</p>
World Health Organisation Disability Assessment Schedule 2.0 (WHODAS 2.0)	30/06/2025	Overall Disability: Moderate Cognition: Moderate Mobility: Moderate Self-Care: Severe	<p>Chrissy's WHODAS 2.0 results are consistent with her lived experience of being a late identified autistic woman. The results demonstrate high levels of functional impairment across multiple domains, with scores in the 98th percentile for overall disability, cognition, self-care, life activities and participation. This places her among the top 2% of individuals experiencing disability-related impacts on daily functioning.</p>

		<p>Getting Along with Others: Mild</p> <p>Life Activities (domestic, work-related): Severe</p> <p>Participation in Society: Severe</p>	<p>Most significantly, Chrissy scores in the severe range for self-care, life activities and participation. The scores reflect Chrissy's clinically significant and ongoing challenges managing basic personal care, domestic responsibilities, and social/community involvement. Moderate difficulties in cognition and mobility further reduce her ability to independently organise, plan and carry out tasks of daily living.</p> <p>Despite relatively mild impairment in interpersonal interaction, Chrissy's functional profile is one of high support needs, especially in areas that require executive functioning, energy, emotional regulation and sustained participation. These findings are consistent with her other psychometric results (CORE-OM, DERS, ESQ-R, MAIA-2) and reflect the complex interplay between psychosocial and cognitive disability.</p>
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PROGRESS MADE TOWARDS GOALS ON CURRENT NDIS PLAN

Chrissy's current NDIS plan was issued on 13/03/2025 and she has made the following progress on the listed goals to date.

Goal 1: I would like to improve my overall physical, emotional and mental wellbeing to increase my quality of life.

Progress made

Progress toward this goal has been minimal.

There have been some helpful foundations in place. For example, Chrissy identified that having structured meal planning and cleaning support has made a meaningful difference in reducing cognitive load and emotional stress, contributing positively to her overall wellbeing. These supports assist in creating a calmer, more organised home environment, which Chrissy reports is essential for her ability to regulate emotionally and function day to day.

Chrissy recognises walking and movement in nature are important strategies for her mental and emotional wellbeing. However, she is often unable to initiate or follow through with these activities independently. Chrissy's functional ability to engage in health-promoting behaviours such as exercise is strongly influenced by demand exhaustion, executive dysfunction and fluctuating sensory/emotional thresholds.

Ongoing support is needed to address barriers to accessing physical wellbeing activities, particularly through strategies that minimise initiation demands, increase external structure and scaffold executive function during low-capacity periods.

Goal 2: I would like to be able to learn how to ask for help and accept it. Due to my late diagnosis, I have masked a lot of what I am experiencing and need better understanding.

Progress made

Chrissy has made meaningful progress toward this goal. Through occupational therapy and art therapy, Chrissy has begun to unmask more openly in safe therapeutic relationships and is developing a clearer understanding of how her neurodivergence impacts her daily functioning.

Chrissy is articulating previously unmet needs with greater clarity (e.g. needs related to emotional regulation, executive functioning, sensory support and relational boundaries). Chrissy has actively contributed to the development of her goals for the next NDIS plan period. She has shown increased capacity to identify and prioritise areas where help is needed,

such as meal prep, life admin, emotional processing and sensory regulation.

While asking for help still feels difficulty, Chrissy is beginning to reframe help-seeking as an act of self-leadership rather than weakness. She has expressed greater insight into how her history of masking has obscured her needs from others (and from herself) and is now more willing to engage with supportive relationships where her needs are acknowledged and accommodated.

Goal 3: I would like to be able to manage my emotional dysregulation.

Progress made

This goal has not been directly focused on because it is not considered neuroaffirming in its current language. Rather than framing emotional responses as something to be managed or suppressed, occupational therapy has supported Chrissy to develop a deeper understanding of her sensory and emotional experiences, including the contextual, relational and environmental factors that contribute to emotional overwhelm or shutdown.

Therapy is focussing on:

- Supporting Chrissy to identify her emotional and interoceptive cues earlier, using somatic awareness and creative processing.
- Normalising her emotional responses as valid and meaningful adaptations to unmet needs, chronic sensory load and misaligned environments.
- Exploring and embedding regulation strategies that align with her neurotype, including sensory supports, routine structuring, and creative externalisation through art and narrative.
- Advocating for environments that allow emotional safety, expression, and rest, rather than requiring emotional masking or suppression.

Through this approach, Chrissy is building capacity to respond to her emotional experiences with greater self-compassion and clarity.

Goal 4: I would like to be able to eat better and engage in better food options.

Progress made

Chrissy has progress toward this goal, primarily due to the introduction of formal supports (structured meal plan and support worker assistance with meal preparation). These supports have reduced executive load and helped bypass

barriers such as decision-making fatigue, interoceptive confusion and autistic inertia.

While the initial meal plan increased structure and consistency, it has not fully meet Chrissy's dietary needs (coeliac disease and lactose intolerance) or sensory needs. This has limited nutritional adequacy at times and highlights the need for dietetic input.

Despite this, access to pre-prepared meals and support has significantly improved Chrissy's food intake and emotional wellbeing. Chrissy's ability to engage in healthy food options remains highly dependent on her current capacity and continued access to support.

Goal 5: I would like to learn to manage when my sensory input is overwhelming.

Progress made

This goal is currently in progress through occupational therapy. Chrissy is developing insight into her sensory processing needs, particularly the interplay between strong interoceptive signals and emotional overwhelm. Chrissy experiences sensory input - both internal (interoception) and external (e.g. sound, touch, visual clutter) - with such intensity that it often becomes overwhelming.

Chrissy's interoception is pronounced to the extent that it becomes confusing rather than clarifying, especially under stress. Chrissy is often not able to tell whether what she is experiencing is physical or emotional, which impairs her ability to self-advocate, regulate and respond appropriately in the moment.

Through occupational therapy, Chrissy has begun to explore and identify the different types of sensory inputs that contribute to overwhelm. Chrissy has also trialled some sensory regulation strategies. However, further support is needed to consolidate these strategies and apply more.

Goal 6: I would like to remain as independent as possible within my home. I would like to be supported with activities of daily living including domestic assistance and yard maintenance.

Progress made

Chrissy is making positive progress toward this goal with the support of assistance with daily life. The introduction of cleaning and meal preparation support has been particularly beneficial. It has significantly reduced her executive and sensory load. These supports help create a predictable, visually calm environment. These environmental

conditions are essential for Chrissy to optimally engage in daily life within her home environment.

Due to severe and persistent executive functioning challenges, Chrissy also requires a minimum of 1 hour per week of dedicated support for life administration tasks, such as managing correspondence, scheduling, paperwork and other routine tasks that become overwhelming without structured assistance. Without this support, Chrissy is at high risk of falling behind on essential personal and health-related administration, which contributes to further overwhelm. Chrissy current does not have access to this support.

Yard maintenance support is also in place and working well. Chrissy requires this to continue fortnightly for 9 months of the year, with a reduced frequency in the cooler months. This assistance ensures that her home environment remains physically safe and does not become another source of visual or executive load.

GOALS & ASPIRATIONS FOR THE NEXT NDIS PLAN

Current Goals

Chrissy wishes to work towards achieving the following goals and has been assessed as requiring NDIS-funded supports to do this.

Goal 1	Understanding what I need as a late identified Autistic woman and support to have these needs met.
Supports Required to Achieve this goal	<ul style="list-style-type: none"> - Occupational Therapy - Consumables (Loops – engage plus and sleep; Therapy Pod)
Justification for supports	<p>Due to the late identification of her neurodivergence, Chrissy has spent most of her life masking her difficulties and misattributing core challenges. This has contributed to a lifelong pattern of unsupported needs, chronic emotional suppression and nervous system dysregulation.</p> <p>Chrissy needs structured and specialist support to develop a functional understanding of her neurodivergence so she can identify her unmet needs, advocate for accommodations and create an environment that supports her wellbeing.</p> <p>Occupational Therapy</p> <p>Chrissy requires ongoing occupational therapy to:</p> <ul style="list-style-type: none"> • Clarify her neurodivergent needs across sensory, emotional, executive, interoceptive and environmental domains, and understand how these intersect with her functional capacity. Chrissy's experience of intense interoception often results in confusion between emotional and physical signals, contributing to overwhelm, delayed action and meltdown/shutdown. • Interpret and externalise masked or misunderstood needs through co-regulatory, relational and creative therapeutic processes. OT enables Chrissy to explore these patterns safely, identify the real drivers behind her distress or inertia and develop language to express them. • Develop compensatory strategies that are neuroaffirming and sustainable, tailored to Chrissy's unique profile and capacity. This includes visual mapping tools, task scaffolding, environmental adaptation and energy-based planning to support daily life.

- Trial and integrate sensory regulation strategies, such as sound filtration (Loops) and proprioceptive input (Therapy Pod), which are essential to Chrissy's ability to function and emotionally regulate.
- Validate and embed late diagnosis as a pivotal life transition, integrating this identity into Chrissy's self-understanding with care, context and long-term support.

Consumables

Chrissy experiences significant sensory needs, particularly to sound, pressure and visual stimuli. Without regulation of these sensory inputs, Chrissy becomes dysregulated, which disrupts her emotional state, cognitive processing, sleep and daily functioning.

- Loops earplugs are essential tools to manage sensory overwhelm:
 - Chrissy cannot complete executive functioning tasks when there is background noise (including voices, chewing, appliances).
 - She is highly sensitive to sounds in public and at home, describing her nervous system as recoiling from motorbikes, traffic and fluorescent lighting buzz.
 - Loops are expected to help Chrissy to participate in daily tasks (e.g. appointments, working at her computer, attending public spaces) and support her to access restorative rest.
- Therapy Pod seating:
 - Chrissy seeks deep pressure input to regulate her nervous system and has identified a consistent benefit from proprioceptive support.
 - She has minimal access to physical touch and uses objects (e.g. multiple pillows, Squish mallows) to self-regulate.
 - A Therapy Pod would provide structured deep pressure while seated (e.g. working, attending telehealth therapy), allowing her to remain calm, focused and grounded.
 - This is especially important as Chrissy is largely home-based and needs postural and sensory support to sustain meaningful activity in her daily life.

These consumables are not comfort items, but core regulation supports that directly mitigate functional

	impairment across multiple domains. They are both cost-effective and clinically appropriate, reducing Chrissy's reliance on more intensive interventions and enabling greater participation.
Timeframe	The frequency is likely to reduce after the first year of more intensive supports.

Goal 2	To be supported to establish and maintain safe relationships in all contexts of my life.
Supports Required to Achieve this goal	<ul style="list-style-type: none"> - Psychology
Justification for supports	<p>Chrissy requires ongoing psychological support to assist with identifying, establishing, and maintaining safe relationships in personal, professional, and community contexts. This is a disability-related support need that stems from her late identification of Autism, rather than a primary mental health condition.</p> <p>Chrissy has significant difficulty interpreting social cues, maintaining boundaries and recognising unsafe relational dynamics until well after the fact. These challenges are linked to her autistic processing style, heightened emotional empathy, difficulties with interoception and executive functioning. Chrissy describes experiencing a 'felt sense' when something is wrong in a relationship, but often cannot decipher it or act on it quickly due to neurocognitive overload and conditioning to override her internal cues.</p> <p>Chrissy needs psychology support to unlearn harmful patterns and build authentic relationships that do not perpetuate harm.</p> <p>Chrissy has a well-established therapeutic relationship with a registered psychologist (Hayleigh Dunne), who has been providing monthly support. This continuity of care is crucial, as the therapeutic relationship is grounded in a deep understanding of Chrissy's neurodivergence, trauma-informed needs and communication style. Chrissy has been paying privately for these sessions, but this is no longer financially sustainable.</p> <p>While Chrissy is eligible for a Medicare Mental Health Treatment Plan, this is not an appropriate or sufficient</p>

	<p>mechanism for funding the support. Chrissy's core therapy needs are not about the treatment of a mental illness. They are about developing the capacity for safe and sustainable relationships through the lens of disability. These needs are persistent, relational and disability-related, not episodic or illness-based. As such, they fall outside the scope of what Medicare-funded psychology is designed to support.</p> <p>Therefore, NDIS is the most appropriate funding mechanism to ensure Chrissy continues receiving this essential support.</p>
Timeframe	The frequency is likely to reduce after the first year of more intensive supports.

Goal 3	To compensate for alexithymia by accessing art therapy to assist me with cognitive and emotional processing.
Supports Required to Achieve this goal	<ul style="list-style-type: none"> - Art therapy
Justification for supports	<p>Chrissy experiences clinically significant alexithymia, confirmed through assessment using the Toronto Alexithymia Scale (TAS-20). This is consistent with her lived experience of struggling to identify, describe, and differentiate her emotions. When emotional and physical cues are intense or overlapping, Chrissy reports being unable to tease them apart. This causes overwhelm, shutdown, meltdown, delayed decision-making, an inability to identify her needs and difficulty advocating for her needs.</p> <p>In addition, Chrissy's ability to verbally reflect, plan and problem-solve is significantly impacted by impaired executive functioning. As a result, Chrissy can't access verbal reasoning or conventional cognitive strategies in many situations. Traditional talking therapies or verbal processing methods become inaccessible and/or counterproductive.</p> <p>Art therapy provides a non-verbal, neuroaffirming and embodied approach to emotional and cognitive processing. It allows Chrissy to bypass language-based and executive functioning barriers and instead use visual, symbolic and creative methods to:</p>

	<ul style="list-style-type: none"> • Externalise internal confusion, sensations and emotional content • Gain insight into complex experiences without requiring immediate verbal explanation • Access and integrate internal experiences in a safe, contained and concrete format • Regulate sensory and emotional states through tactile and visual sensory input • Support planning, meaning-making and cognitive clarity through visual sequencing and creative organisation of thought. <p>Chrissy has consistently reported that art therapy functions as a kind of 'external cognitive feedback system', allowing her to process experiences that would otherwise remain trapped in somatic or emotional confusion. Art therapy also provides a co-regulatory relational context that helps build trust, self-understanding and sustainable coping mechanisms.</p> <p>This need is not mental health treatment. It is a disability-related strategy to compensate for functional impairments in emotional literacy and executive processing. It is therefore not appropriately or sustainably funded through Medicare and it cannot be substituted by talk therapies, such as psychology.</p>
Timeframe	Chrissy is likely to need ongoing art therapy monthly for the foreseeable future.

Goal 4	To receive the support I need for cleaning, meal preparation, life admin and lawn maintenance to enable me to work within my strengths and capacity.
Supports Required to Achieve this goal	<ul style="list-style-type: none"> - Assistance with daily life - Support Coordination
Justification for supports	Chrissy experiences significant and persistent functional impacts related to executive dysfunction, sensory distress, interoceptive confusion and autistic burnout. These challenges severely limit her ability to independently initiate, sequence and sustain activities of daily living. This is particularly the case when multiple functional demands coincide.

Tasks such as meal preparation, cleaning, yard maintenance and life administration are often either partially completed, delayed until crisis or not completed at all. This is not due to lack of insight or motivation, but rather due to neurocognitive overload, energy limitations and sensory exhaustion.

These tasks compete directly with Chrissy's limited executive resources, leaving her unable to meet core needs or sustain meaningful participation in employment or therapy if supports are not in place.

Despite her strong insight, creative strengths and purposeful engagement with therapy, Chrissy is highly vulnerable to regression in basic functioning if practical support is withdrawn or inadequate. When daily demands exceed her capacity:

- She may go days without showering or changing clothes unless leaving the house (a compensatory strategy)
- Meals are skipped or replaced with minimal effort foods (e.g. toast, muesli bars), leading to poor nutritional intake
- Health-related tasks are deferred until urgent
- The visual and sensory load of an untidy home triggers shutdown and/or meltdown
- Unmanaged administrative tasks compound executive burden, resulting in missed appointments or unprocessed obligations

Chrissy has trialled structured support with cleaning, meal preparation and yard maintenance. She has found it highly effective. In addition, support with life admin (1 hr/week) is essential for helping Chrissy complete essential tasks that she cannot manage independently due to executive functioning limitations.

While Chrissy has attempted to manage accessing NDIS funded supports herself, this places an unsustainable administrative load on her. Chrissy currently receives no Support Coordination and must manage all bookings, rostering, troubleshooting and communication alone. This is functionally inappropriate given her profile and is contributing to heightened stress and inconsistent service access.

Timeframe	Chrissy is likely to need ongoing assistance with daily living and support coordination at the recommended frequency for the foreseeable future.
Goal 5	To establish and maintain healthy eating habits.
Supports Required to Achieve this goal	<ul style="list-style-type: none"> - Assistance with daily life - Dietician
Justification for supports	<p>Chrissy experiences multiple barriers to maintaining consistent and nutritionally adequate eating habits, primarily influenced by her lived experience of neurodivergence. These barriers include significant executive functioning difficulties, interoceptive confusion and sensory sensitivities related to taste, smell and texture. As a result, Chrissy frequently skips meals or defaults to minimal-effort options that do not meet her dietary or energy needs.</p> <p>When unsupported, Chrissy's eating patterns are inconsistent and reactive. She has reported skipping meals entirely or relying on foods such as toast. This impairs her energy levels, emotional regulation and physical wellbeing, which then contributes to chronic dysregulation and reduced capacity to participate in employment and community life.</p> <p>Without assistance for meal preparation, the cognitive and energy load of planning, shopping, preparing and cleaning becomes overwhelming. In addition, meal preparation support enables Chrissy to reduce reliance on foods that may aggravate her health conditions (coeliac disease and lactose intolerance) or fail to meet her nutritional needs.</p> <p>Chrissy also requires specialised input from a dietitian to address the following:</p> <ul style="list-style-type: none"> • Understand how to meet her nutritional needs within the constraints of coeliac disease and lactose intolerance • Adapt her eating habits to align with her sensory preferences and aversions • Develop practical and realistic food routines that match her capacity fluctuations and interoceptive presentation

Timeframe

Chrissy has a strong desire to improve her eating habits. To do this she needs environmental scaffolding and professional input.

Chrissy is likely to need ongoing assistance with daily living. Chrissy is likely to need significantly less input from a dietician in future plans.

HONOURING THE EXPERIENCE OF AUTISTIC WOMEN

Autistic women are frequently under-recognised and misrepresented in both diagnostic frameworks and support systems. Their lived experience may be shaped by a lifetime of masking, misunderstanding and a pressure to conform to neurotypical norms. Many autistic women present with strengths in empathy, insight and deep focus. But these strengths can coexist with significant challenges in sensory processing, executive functioning and social exhaustion.

For many autistic women, their needs have historically been invalidated or misunderstood, resulting in late diagnosis and limited access to appropriate supports. Honouring the experience of autistic women requires listening deeply, validating individual preferences and boundaries and supporting self-determined goals. It also means recognising that support needs may not always be visible and that burnout, shutdowns, meltdowns and autistic inertia are legitimate and disabling aspects of their experience.

Supports should be tailored with an understanding of how internalised expectations (often gendered and culturally reinforced) contribute to stress and mental health challenges. Many autistic women benefit from environments and routines that reduce sensory overwhelm, allow for autonomy and support recovery time from social or executive demands.

RECOGNISING & ADDRESSING ABLEISM

Ableism – the systemic discrimination or social prejudice against people with disabilities – continues to impact the daily lives of autistic people, particularly autistic women whose needs are often masked, misunderstood and dismissed.

Ableism can manifest in subtle ways:

- in the expectation that a person should perform at neurotypical levels to be considered 'functional'
- in the denial of support because of perceived competence, or
- in the burden placed on informal caregivers to bridge systemic gaps.

Under Australian law, people with disability have the right to live free from discrimination and to access the supports they need to participate fully in society. This is enshrined in:

- **The Disability Discrimination Act 1992 (Cth)**, which makes it unlawful to treat someone unfairly because of their disability
- **The United Nations Convention on the Rights of Persons with Disabilities**, ratified by Australia in 2008, which affirms the rights of people with disability to equality, autonomy and community inclusion
- **Australia's Disability Strategy 2021–2031**, which outlines national commitments to improving outcomes for people with disability.

The **NDIS Act 2013** and the operational guidelines of the NDIS mandate a person-

centered, rights-based approach to support. This includes:

- Respecting individual autonomy, including the freedom to make one's own choices
- Supporting social and economic participation
- Ensuring that reasonable and necessary supports are funded to help participants pursue their goals and maximise independence
- Acknowledging and addressing the barriers that people with disability face – including social, environmental and attitudinal obstacles.

Ableism directly undermines these principles when it results in supports being denied or reduced based on narrow or neurotypical definitions of 'independence' or 'functionality.' For autistic women, this may look like high masking being misinterpreted as coping or the expectation that they manage without formal supports because of their intelligence, verbal fluency or ability to engage intermittently.

Funding decisions that ignore the lived impacts of ableism risk perpetuating exclusion. A rights-based and evidence-informed response must account for both visible and invisible support needs, the sustainability of informal supports and the cumulative effect of navigating inaccessible environments.

The NDIS has a responsibility – legally and ethically – to ensure that disability supports:

- uphold dignity
- enable equitable participation, and
- respect the unique neurodivergent profiles of individuals, especially those historically overlooked or underserved.

NDIS FUNDING RECOMMENDATIONS

The following table outlines the recommended supports, their alignment with Chrissy's goals and the potential risks associated with not providing these supports.

Core

Funding Type: ASSISTANCE WITH DAILY LIFE	
Recommendation	<p>Chrissy needs the following assistance with daily life funding:</p> <ul style="list-style-type: none"> - 2 hours per fortnight for 9 months of the year for yard maintenance (2 hours per month is sufficient in the 3 winter months) - 2 hours per week for cleaning for 12 months of the year - 2 hours per week for meal prep for 12 months of the year - 2 hours per week for life admin and implementing therapeutic strategies where appropriate for 12 months of the year
Purpose Goal Alignment	<p>To receive the support I need for cleaning, meal preparation, life admin and lawn maintenance to enable me to work within my strengths and capacity.</p> <p>To establish and maintain healthy eating habits.</p>
Risks if Not Funded	<p>In the absence of regular meal preparation support, Chrissy is likely to skip meals or rely on nutritionally inadequate foods, which significantly increases her risk of medical complications (coeliac flare-ups) and further reduces her functional energy and wellbeing.</p> <p>Ongoing executive overload caused by uncompleted domestic and administrative tasks places Chrissy at risk of experiencing autistic burnout again. When Chrissy experiences autistic burnout, she is unable to maintain basic self-care or work.</p> <p>Without assistance for life admin, Chrissy is likely to delay or miss essential health-related tasks, including medical appointments and prescription management, until urgent or crisis points.</p> <p>Prolonged executive strain and a deteriorating home environment is expected to lead to disengagement from</p>

meaningful activity, compounding the impact of Chrissy's disability and reducing overall quality of life.

Funding Type: CONSUMABLES

Recommendation \$900 for a pair of loops, a loop link and a therapy pod seating system (includes provision for shipping and handling).

Purpose | Goal Alignment **Understanding what I need as a late identified Autistic woman and support to have these needs met.**

Risks if Not Funded

Loops

Chrissy is unable to manage auditory overload, increasing the likelihood of sensory overwhelm, emotional dysregulation and withdrawal from work, community and therapy participation.

Without access to Loops, Chrissy's capacity to regulate her nervous system in response to unwanted or unexpected sound is significantly reduced. This leads to fatigue, shutdown, meltdown and disrupted sleep.

Sleep disturbance caused by unmanaged noise sensitivity impairs Chrissy's recovery, leading to cumulative executive dysfunction and emotional exhaustion.

Therapy Pod

Chrissy requires proprioceptive input to calm her system while reducing auditory input. Without access to a Therapy Pod seating system, she cannot meet this need independently, limiting her ability to self-regulate in her home environment.

The absence of these supports increases reliance on masking and coping strategies, contributing to burnout and functional regression.

Without these consumables, Chrissy cannot implement OT strategies for sensory regulation, which limits therapeutic progress and contributes to ongoing inequity in access to daily life, work and community settings.

Capacity Building

Funding Type: PLAN MANAGEMENT

Recommendation As typically funded for plan management.

Purpose | Goal Alignment Relevant to all goals.

Funding Type: SUPPORT COORDINATION

Recommendation 30 hours of support coordination per year.

Purpose | Goal Alignment Relevant to all goals.

Risks if Not Funded The absence of support coordination risks ineffective or underutilised funding, due to missed opportunities, service access delays or difficulty initiating supports.

Chrissy's experience of chronic overwhelm, sensory sensitivity and executive dysfunction means that managing her plan without support increases the risk of burnout, disengagement and regression in daily functioning.

Navigating the NDIS without support creates emotional distress and functional inequity, particularly for late-identified autistic individuals. The role of the LAC does not replace Chrissy's need for support coordination.

Funding Type: OCCUPATIONAL THERAPY

Recommendation 70 minutes per fortnight for the first 8 months of her NDIS plan, followed by 70 minutes monthly ongoing.

10 hours for the provision of a functional capacity and support needs report in the last six months of her plan period.

Purpose | Goal Alignment **Understanding what I need as a late identified Autistic woman and support to have these needs met.**

Risks if Not Funded Without regular OT, Chrissy will lack essential support to manage executive dysfunction, sensory overload and

	<p>interoceptive confusion - all of which impair her daily functioning and wellbeing.</p> <p>In the absence of OT, Chrissy is at high risk of functional decline, autistic burnout and disengagement from work, therapy and community life.</p> <p>Chrissy may be unable to implement or sustain key strategies needed to work toward her goals.</p> <p>OT is central to helping Chrissy understand and meet her needs as a late-identified autistic woman; without it, progress across other funded supports will be limited and less effective.</p>
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Funding Type: ART THERAPY

Recommendation	1 hour per month.
Purpose Goal Alignment	To compensate for alexithymia by accessing art therapy to assist me with cognitive and emotional processing.
Risks if Not Funded	<p>Without art therapy, Chrissy lacks a primary modality for processing emotions and making sense of internal experiences, due to significant alexithymia and interoceptive confusion.</p> <p>Verbal processing alone is often insufficient and overwhelming for Chrissy. Without access to art therapy, she is unable to access or express emotions in a way that supports regulation and decision-making.</p> <p>The absence of this support may lead to increased emotional distress, shutdowns, meltdowns and reduced capacity to engage meaningfully in daily life, relationships and therapeutic work.</p> <p>Art therapy is a key alternative to verbal and cognitive interventions and is essential for Chrissy's self-understanding, emotional regulation and integration of therapeutic strategies. Without it, other supports may be less effective or inaccessible.</p>

Funding Type: PSYCHOLOGY

Recommendation	1 hour per month.
Purpose Goal Alignment	To be supported to establish and maintain safe relationships in all contexts of my life.
Risks if Not Funded	<p>Without ongoing psychological support, Chrissy is at increased risk of unsafe or dysregulated relational dynamics due to high empathy, difficulty interpreting red flags and challenges with setting boundaries.</p> <p>Chrissy's neurodivergent processing style necessitates consistent psychological support to build insight, relational safety and emotional regulation. Without this, she is more vulnerable to relational harm, distress and isolation.</p> <p>Psychology in this context supports a disability-related need, not a mental health diagnosis, and is not appropriately or sustainably funded through Medicare. Without NDIS funding, Chrissy will be unable to continue accessing this support.</p>

Funding Type: DIETICIAN

Recommendation	6 hours for the next 12 months.
Purpose Goal Alignment	To establish and maintain healthy eating habits.
Risks if Not Funded	<p>Chrissy is at risk of malnutrition and gastrointestinal issues due to sensory sensitivities, coeliac disease and executive functioning challenges impacting food choices.</p> <p>Without dietetic support, she is unlikely to develop sustainable eating routines that meet her nutritional and medical needs.</p> <p>Poor nutritional intake impairs Chrissy's energy, mood, and daily functioning. It also increases the risk of burnout.</p>

Thank you for considering the content of this report. You're welcome to contact me with Chrissy's consent if you have any questions or require further information.



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About the Assessor

Kimmy graduated with a Bachelor of Occupational Therapy from the University of Queensland and has been a registered Occupational Therapist since 2005 (AHPRA registration number: OCC0001733343. She obtained a Graduate Diploma in International Health from Curtin University and has studied personal and corporate coaching through Coach U. Kimmy is a voluntary Member of Occupational Therapy Australia. She maintains current credentialing to use the weeFIM, the FIM and the MoCA. Kimmy has experience working with children and adults within community and hospital settings. She has been employed within the government, non-government and private sectors. More information about Kimmy's experience can be found at <https://www.beyouot.com/your-team-be-you-ot-team>.