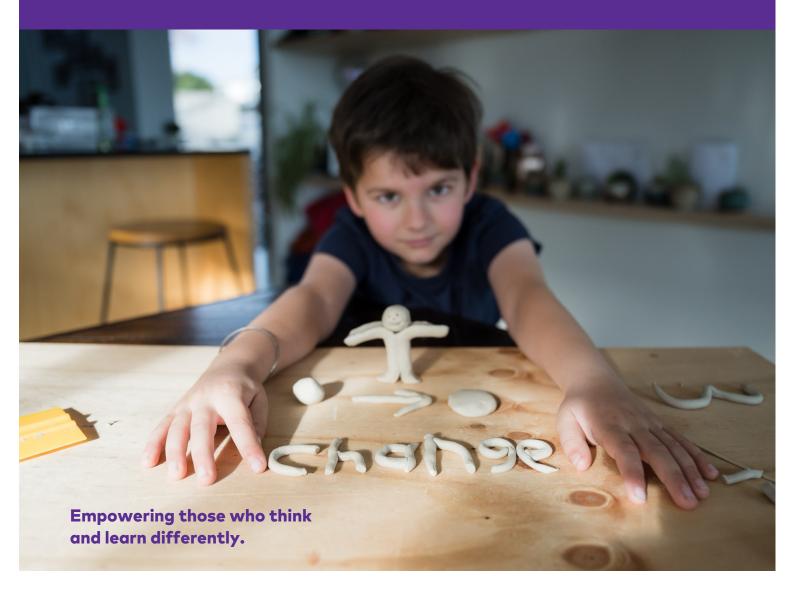


Davis Autism Approach®

Research and Outcomes





Contents

Research and Outcomes: Davis Autism Approach® Program	3
Preliminary Findings	3
Assessment Tools	4
Statistical Results	5
Key Observations	5
Beginning Steps to the Davis Autism Approach® Program: Davis® Stepping Stones	6
Feasibility Study: Independent Psychology Research	6
Conclusion	7
Research Partnership Opportunities	8
About Our Programs	10



Research and Outcomes: Davis Autism Approach® Program

We are currently conducting ongoing research into the outcomes of the Davis Autism Approach® Program, a holistic, concept-based intervention designed to support autistic and neurodivergent individuals in developing key life concepts and improving their ability to self-regulate, relate to others, and adapt to change.

Because the program is delivered over several months—often up to a year—data collection and analysis are ongoing. Participants range in age from 8 to 59 years and represent a diverse group of individuals from ten countries: the United States, Australia, Bolivia, Canada, England, the Netherlands, Greece, India, Spain and New Zealand.

Participant Characteristics

Participants in our research represent a diverse group of individuals aged 8 years and above, including those with a formal autism diagnosis as well as those who self-identify as autistic.

Preliminary Findings

These findings represent early observations from an ongoing study tracking client outcomes over time. While promising, we acknowledge these are preliminary results from an observational study without a control group, which limits our ability to determine causation.

Our early findings show consistent trends across all age groups and abilities. Parents and caregivers have reported significant and lasting improvements in the following areas:

- Social connection and communication
- Self-awareness and emotional regulation
- Cognitive flexibility and adaptability to change
- Awareness of others and ability to form and manage relationships
- Executive functioning, including time management, planning, and task initiation

Changes are monitored through standardized pre- and post-program questionnaires, as well as qualitative reports and anecdotal observations gathered throughout and after the program.



Assessment Tools

Two well-established tools are being used to evaluate participant progress:

- 1. **The Autism Spectrum Quotient (AQ)** Developed by Simon Baron-Cohen and colleagues at the University of Cambridge
- 2. **The Social and Communication Disorders Checklist (SCDC)** Developed by David Skuse

These assessments are completed by parents or carers at three key points: prior to the program, immediately after completion, and again six months later. Respondents are asked to rate the individual based on their current presentation at each stage, rather than comparing to previous scores, allowing for a clear picture of development over time.

Study Limitations

We acknowledge several important limitations of our current research approach:

- **Study Design**: This represents an observational case series tracking willing participants without a control or comparison group
- Assessment Approach: Evaluations are completed by parents/caregivers who are aware of the intervention
- **Data Completeness**: Analysis includes only participants who completed all three assessment points; we are currently investigating patterns of non-completion
- Sample Characteristics: We lack detailed demographic data on support needs levels and specific presenting challenges

These limitations reflect where we are starting: as a small organization committed to tracking outcomes. We recognize the need for more rigorous controlled studies and actively seek research partnerships to address these methodological constraints.

It is important to note:

The goal of the Davis Autism Approach® is not to cure or "fix" autism. We recognize that autism is a natural variation and its challenges and strengths are due to a difference in perception. The program is designed to help reduce the challenges such as anxiety, rigidity, or difficulty with change—while supporting and enhancing each individual's unique strengths, cognitive style, and identity. The focus is on empowering individuals to better understand themselves, navigate the world with more ease, and thrive in their own way.



Statistical Results

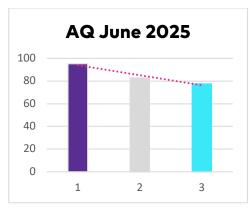
Preliminary data analysis using paired t-tests has shown **statistically significant improvement (P=0.001)** across both the AQ and SCDC scales at each stage of measurement—immediate post-program and six-month follow-up.

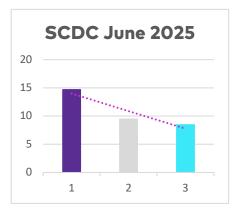
Note: These results include only participants who completed all three assessment points. Analysis of incomplete data and patterns of program completion is currently underway to provide a complete picture of engagement and outcomes.

These changes reflect sustained and ongoing growth in areas such as communication, flexibility, and emotional regulation.

The graphs below show mean scores for 66 clients.

1= pre-program | 2= immediate post-program | 3= 6-month post-program





Key Observations

Broad Improvements Across Age and Background

Regardless of age, diagnosis, or country of origin, (over the period of assessment) participants consistently show reduced challenges with emotional regulation, social interaction, and adaptability compared with pre-program.

Sustained Impact

As clients become more self-aware and continue to use the Davis concepts and tools, further change six months post program have been recorded.

Flexibility and Scheduling

While the program's delivery can be adapted to individual schedules, results suggest that depth of engagement with the core concepts is more impactful than the duration or structure of delivery.

A Strong Case for Further Study

These early results provide a compelling foundation for a future large-scale, randomized controlled trial. We welcome collaboration and funding partnerships to take this important work to the next level.



Beginning Steps to the Davis Autism Approach® Program: Davis® Stepping Stones

For younger children or those with more limited language or developmental readiness, the **Davis® Stepping Stones Program** introduces foundational concepts in an ageappropriate, engaging way.

Reported Outcomes Include:

- Improved self-awareness (e.g., expressing pain appropriately, identifying emotional states)
- Fewer meltdowns and better use of self-regulation tools
- Increased social interaction (e.g., initiating play, taking turns, eye contact)
- Reduced resistance to changes in routine or activity
- Better school attendance and participation (e.g., one child went from 0% to 98% attendance after only two concepts)
- Growing understanding of cause-and-effect
- Beginning or increased use of personal pronouns (I, me)
- Growth in expressive language, vocabulary, and pretend play

Feasibility Study: Independent Clinical Psychology Research

A clinical feasibility study led by Clinical Psychologist **Dr. Jacinta Ryan**, from 2015 until 2025, explored the potential benefits of the Davis Autism Approach® and Davis Concepts for Life® programs. The study was based on over 50 qualitative case studies from clients of varying ages, genders, autism diagnoses, and mental health backgrounds.

Although no longer active, this research observed consistent trends among participants, including:

- Reduced generalized and social anxiety
- Decreased symptoms of OCD and related anxiety disorders
- Strengthened sense of self
- Reduced fear and future-based worry
- Improved daily functioning (e.g., attending appointments, using public transport, trying new experiences)
- Increased cognitive flexibility and emotional resilience
- Fewer sensory overload episodes and autism-related meltdowns

Dr. Ryan presented her findings at the NZ Adult Development Conference in New Zealand in 2020/21, the Australian Psychological Society Conference in Australia in 2022, and an Australian Psychological Society webinar in 2023. Based on her case study data, she noted that the **Davis Autism Approach®** appeared to bring meaningful improvements,



particularly for autistic individuals who had not responded well to conventional therapeutic interventions.

She also identified potential applications of the **Davis Concepts for Life®** program in clinical contexts beyond autism, including support for individuals dealing with social anxiety, perfectionism, overthinking, and generalized anxiety.

In a published case study, Dr. Ryan noted: "This single case study demonstrated that the Davis Autism Approach, as a novel method, made a clinically remarkable contribution to this patient's ability to function and achieve a significant improvement in her overall mental health profile. The results indicated that further examination of this tool in a clinical setting was highly warranted."

Conclusion

The Davis Autism Approach® offers a respectful, strength-based pathway for supporting autistic individuals in areas that can be challenging—such as managing stress, navigating social relationships, and adapting to change. Our initial findings and qualitative feedback suggest that the program can lead to measurable and lasting improvements in emotional regulation, communication, and executive functioning.

Importantly, this approach is not about curing or changing who a person is. Instead, the Davis Autism Approach® is about equipping individuals with tools and insights that help reduce the day-to-day difficulties they may experience—while at the same time fostering and celebrating their natural strengths, abilities, and unique ways of thinking.

These initial findings, while promising, represent the beginning of our research journey. We are committed to deepening our understanding through rigorous scientific study and welcome collaboration with universities, clinicians, and funding partners who share our vision of empowering neurodivergent individuals to thrive on their own terms.

The next critical step is conducting controlled studies that can definitively establish the effectiveness of our approach. We believe the preliminary data provides a compelling foundation for such research and are actively seeking partners to make this next phase possible.



Research Partnership Opportunities

As a small organization with promising preliminary data, we recognize the critical need for independent research to properly evaluate the Davis Autism Approach®. We are actively seeking research partners who can lead controlled studies to validate these initial findings.

What we are looking for:

We're seeking research collaborations or funding opportunities to conduct independent, rigorous evaluation of the Davis Autism Approach®. This could involve academic institutions, individual researchers, funding organizations, or any combination that helps us get quality research done. We cannot conduct this research ourselves - our small team lacks the research infrastructure and expertise needed for controlled studies, which is why we're actively seeking partners who can help us meet scientific standards for autism intervention research.

What We Can Provide Research Partners

Access and Infrastructure:

- Network of trained Davis practitioners across 10+ countries
- Current outcome tracking using standardized assessment tools that could be formalized for research
- Preliminary dataset with 66+ complete cases
- Program standardization and practitioner training protocols

Clinical Support:

- Detailed program manuals and implementation guidelines
- Training for research team members on the Davis approach
- Ongoing consultation with experienced practitioners
- Quality assurance for intervention delivery

Organizational Commitment:

- Full cooperation with independent research design
- Willingness to have intervention evaluated objectively
- Transparency with both positive and negative findings
- Long-term partnership commitment beyond initial studies

Priority Research Questions We Would Like Answered

- How does the Davis Autism Approach® compare to waitlist control or standard care in a randomized controlled trial?
- Do individuals with certain strengths and challenges profiles benefit most from this intervention? Can we identify predictive characteristics?
- Do improvements persist beyond six months? Do gains continue to develop over time?
- How does the Davis Autism Approach® compare to other autism interventions in terms of participant outcomes and wellbeing?



What We Need From Partners

We're looking for research partners who can help us conduct rigorous, independent evaluation of the Davis Autism Approach®. Ideally, we'd love to work with a respected institution that has experience with autism intervention research and the capability to design and conduct controlled studies. Alternatively, we're interested in funding opportunities that would allow us to commission independent research or hire the expertise we need.

We understand this is a significant undertaking and are flexible about partnership arrangements - whether that's a full collaboration, funding for independent evaluation, a student research project, or any level of involvement that works for potential partners.

The key elements we need help with are study design, independent assessment, and statistical analysis. We're open to starting small - even a pilot study or feasibility research would be incredibly valuable to us.

Why Partner With Us?

Our preliminary data suggests promising outcomes that merit further investigation, with consistent improvements across diverse populations and age groups. We can provide access to practitioners and participants across 10+ countries, along with our experience using standardized assessment tools. Most importantly, we're genuinely committed to rigorous evaluation and will support whatever research design partners recommend, even if findings don't support our approach. We believe evidence-based practice serves autistic individuals and their families best, and we're eager to contribute to the scientific understanding of autism interventions.

For research partnership inquiries, or program and workshop information please contact: autism@davismethod.com



About our programs

Davis Autism Approach®: A comprehensive 60–120-hour program for autistic individuals aged 8+ with good receptive language. Uses clay modelling and environmental exploration to develop over 50 life concepts across three phases: Individuation (self-awareness), Identity Development (concept mastery), and Social Integration (relationship understanding). <u>Learn more</u>

Davis Concepts for Life®: A 50–70-hour program for individuals over 8 experiencing executive functioning challenges, stress, or relationship difficulties. Participants master 40 life concepts through clay modelling and real-world application, focusing on personal development and self-responsibility. <u>Learn more</u>

Davis® Stepping Stones: A foundational 15–30-hour program for autistic children age 3.5-8 or individuals with limited verbal language. Teaches 9 fundamental life concepts (Self, Another, Change, etc.) through clay modelling and real-life application, with caregiver involvement and support, preparing participants for future development. <u>Learn more</u>

Davis® Stepping Stones 2: A continuation of the Davis® Stepping Stones program, Davis Stepping Stones 2 is 15–30-hour program for autistic children age 6-8 or individuals with limited verbal language. Teaches further fundamental life concepts (time, sequence, order and disorder) through clay modelling and real-life application, with caregiver involvement and support, preparing participants for future development.

Davis Concepts for Life®-Early Years: A foundational 20–40-hour program for children 4-8 years old experiencing executive functioning, behavior, or relationship challenges. Participants master 13 core life concepts through clay modelling and real-world application, with caregiver involvement, supporting them to thrive in relationships, learning environments and daily life. <u>Learn more</u>

