



Neurodiversity-Affirming Practice: A Practical Guide for Health Professionals

Why neurodiversity-affirming practice matters

Neurodiversity-affirming practice recognises that neurological differences are a natural part of human diversity rather than deficits that need to be corrected (Helprin et al., 2026; Twinley, 2024). For health professionals, this requires a shift from asking "How can I make this person look or behave more typically?" to "How can I support this person to participate, thrive and achieve their goals as their authentic self?" (Patten et al., 2024; Waddington et al., 2023).

Increasingly, neurodivergent people, families and researchers are calling for services that prioritise participation, wellbeing, autonomy and quality of life over normalisation and compliance-based outcomes (Schuck et al., 2024; Jordan et al., 2026).

What affirming practice looks like

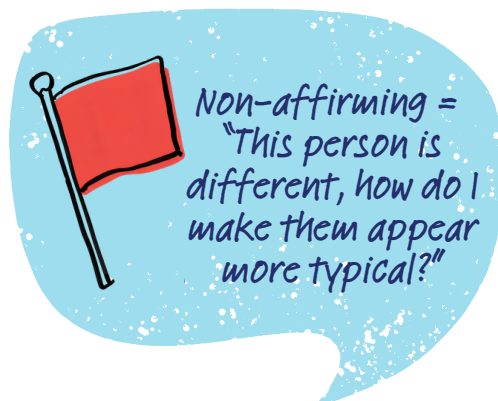
1. Examine your assumptions

Neurodiversity-affirming practice begins with self-reflection.

Consider:

- What behaviours am I viewing as problematic and why?
- Am I assuming neurotypical ways of communicating, socialising or regulating are inherently better?
- Are my goals focused on participation and wellbeing, or on making a person appear more typical?
- Have I considered neurodivergent perspectives on this issue?

Practitioners should actively challenge deficit-based assumptions regarding communication, social interaction, play, attention, sensory processing and behaviour (Twinley, 2024; Helprin et al., 2026).





2. Prioritise participation over normalisation

Research consistently demonstrates that autistic adults, families and community stakeholders prioritise goals related to participation, wellbeing, independence, self-determination and quality of life rather than reducing autistic characteristics (Waddington et al., 2023; Jordan et al., 2026; Schuck et al., 2024).

When developing goals, ask:

- Will this increase participation?
- Will this improve wellbeing?
- Does this matter to the client and their family?
- Is this goal addressing a genuine barrier or simply a difference?



3. Respect regulation and stimming

Behaviours such as stimming, movement seeking, scripting, pacing, rocking or using repetitive language may serve important regulatory, communicative or self-management functions (Schuck et al., 2024; Twinley, 2024).

Before targeting a behaviour, ask:

- Is it causing harm?
- Is it limiting participation?
- Is it helping the child regulate?
- What function does it serve?

Attempts to suppress harmless neurodivergent traits may contribute to masking, anxiety, emotional distress and reduced wellbeing (Dallman et al., 2022).





4. Support autonomy and self-determination

A core principle of neurodiversity-affirming practice is moving away from compliance-based interventions and toward autonomy, agency and self-advocacy (Dallman et al., 2022; Schuck et al., 2024).

This means:

- Seeking consent whenever possible
- Respecting "no", "not yet" and "I need a break"
- Involving clients, including children, in decision-making
- Providing meaningful choices
- Supporting self-advocacy skills.

Reflection points

- Am I teaching compliance or self-determination?
- Does the client have genuine choice and control?
- Would I be comfortable if this approach were used with me?

5. First adapt the environment

Neurodiversity-affirming practitioners recognise that many participation difficulties arise from a mismatch between an individual's needs and their environment (Chen & Patten, 2021; Wagland et al., 2025).

Before targeting person factors, consider:

Physical environment

- Lighting
- Noise levels
- Crowding
- Seating
- Sensory demands



*Non-affirming =
"How can I
improve their
tolerance?"*

Social environment

- Adult expectations
- Peer understanding
- Communication demands
- Flexibility of routines

Task demands

- Complexity
- Processing load
- Executive functioning requirements
- Pace of activities.



*Affirming =
"What environmental
modifications might
reduce barriers to
participation?"*



6. Accommodate diverse communication styles

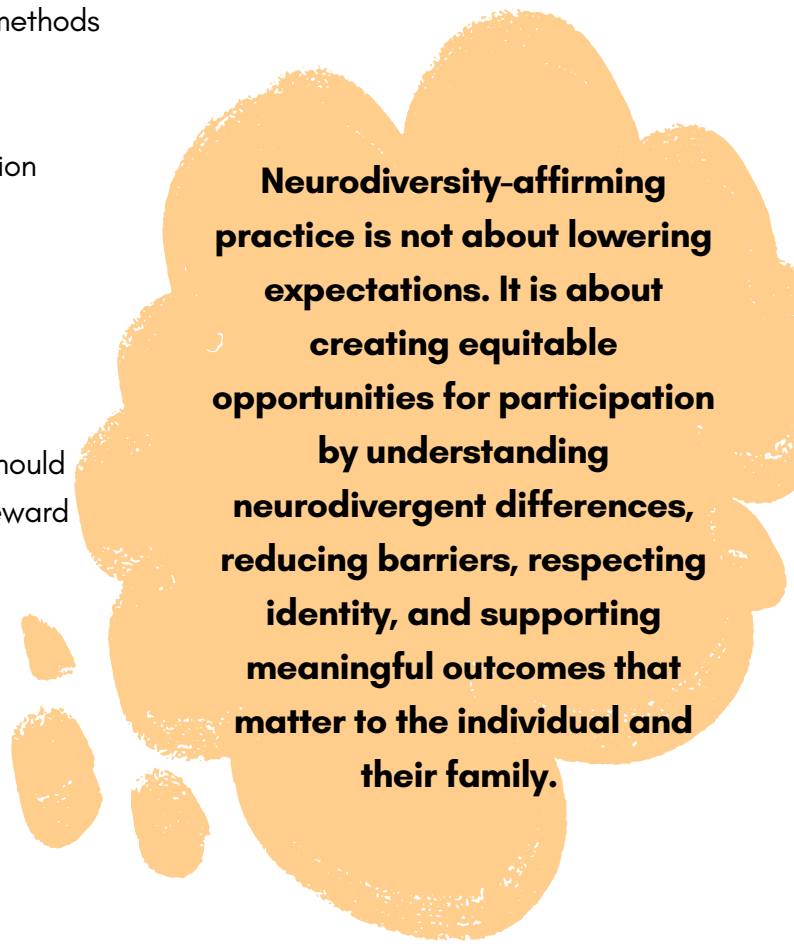
Communication differences should be respected rather than corrected (Patten et al., 2024; Wagland et al., 2025). A person who looks away, fidgets or moves while listening may still be fully engaged. Attending should not be defined by neurotypical expectations of body language. Affirming practitioners:

- Do not force eye contact
- Accept AAC and other alternative communication methods
- Allow extra processing time
- Use clear, predictable language
- Respect scripts, echolalia and gestural communication
- Avoid assuming speech equals competence.

7. Create sensory safety

Neurodivergent clients often experience healthcare and therapy settings as overwhelming or inaccessible due to sensory demands (Patten et al., 2024). Sensory safety should be considered a reasonable adjustment rather than a reward for participation. Consider:

- Adjustable lighting
- Reduced background noise
- Quiet spaces
- Flexible seating
- Movement opportunities
- Reduced waiting times
- Visual schedules and predictability.

A large, hand-drawn style orange cloud graphic with a few smaller circles below it, containing text.

Neurodiversity-affirming practice is not about lowering expectations. It is about creating equitable opportunities for participation by understanding neurodivergent differences, reducing barriers, respecting identity, and supporting meaningful outcomes that matter to the individual and their family.

8. Partner with neurodivergent people, families and communities

Neurodiversity-affirming practice values lived experience alongside professional expertise (Helprin et al., 2026; Twinley, 2024). Families should experience collaboration, not correction.

Health professionals should:

- Listen to family priorities.
- Respect cultural values and preferences.
- Seek out neurodivergent perspectives.
- Engage with current neurodiversity literature.
- Remain open to feedback and reflection.



Practical implementation of neurodiversity-affirming practice

Principle	Traditional Medical Approach	Neurodiversity-Affirming Approach	Practical Strategies
Goals and Outcomes	Focuses on reducing symptoms or making the person appear more typical.	Focuses on participation, wellbeing, autonomy and quality of life (Waddington et al., 2023; Jordan et al., 2026).	• Co-create goals with the client and family. • Ask "What matters most to you?" • Prioritise functional participation over normalisation.
Communication	Expects eye contact, verbal responses and neurotypical social behaviours.	Respects diverse communication styles and recognises that communication can take many forms (Patten et al., 2024).	• Accept AAC, gestures and scripts. • Allow processing time. • Avoid requiring eye contact. • Use clear and predictable language.
Behaviour	Views behaviour as something to manage or reduce.	Considers behaviour as communication and seeks to understand its function (Schuck et al., 2024).	• Conduct functional analysis. • Explore sensory, emotional and environmental factors. • Address unmet needs rather than focusing solely on behaviour reduction.
Stimming and Regulation	Attempts to reduce or eliminate repetitive behaviours.	Recognises stimming as a legitimate self-regulation strategy unless it causes harm (Dallman et al., 2022).	• Allow safe stimming. • Provide sensory supports. • Teach self-awareness and self-regulation. • Focus on safety rather than appearance.
Sensory Differences	Expects the person to adapt to the environment.	Adapts the environment to support participation (Chen & Patten, 2021; Wagland et al., 2025).	• Reduce sensory overload. • Offer flexible seating. • Create quiet spaces. • Use noise-reducing tools where appropriate.
Autonomy and Consent	Emphasises compliance and adult-directed participation.	Values agency, choice and self-determination (Dallman et al., 2022).	• Offer meaningful choices. • Respect "no" and requests for breaks. • Obtain assent and consent where possible. • Involve clients in decisions, including children.



Practical implementation of neurodiversity-affirming practice cont.

Principle	Traditional Medical Approach	Neurodiversity-Affirming Approach	Practical Strategies
Social Development	Teaches neurotypical social skills as the desired outcome.	Supports authentic connection, relationships and self-understanding (Twinley, 2024).	• Teach perspective-taking across different communication styles. • Focus on reciprocal relationships. • Respect differences in social preferences.
Family Partnerships	Practitioner is viewed as the primary expert.	Family and lived experience are valued alongside professional expertise (Helprin et al., 2026).	• Engage in shared decision-making. • Listen to family priorities. • Incorporate neurodivergent perspectives. • Regularly seek feedback.
Assessment and Reporting	Emphasises deficits and impairments.	Provides a balanced understanding of strengths, supports and barriers (Patten et al., 2024).	• Include strengths in reports wherever possible, while meeting funding body expectations. • Identify environmental contributors and barriers. • Describe support needs alongside challenges. • Use respectful, strengths-based language. • Consider including a disclaimer for clients and families in reports when needed eg: We strive to provide strength-based and neurodiversity affirming therapy that demonstrates best practice. We advise that this report is aimed at addressing required criteria for funded supports and therefore contains deficit-based language.
Intervention Planning	Client-focused change.	Person-environment fit and participation-focused change (Wagland et al., 2025).	• Modify environments. • Educate caregivers, educators and employers. • Build capacity within natural contexts. • Develop supports that are sustainable in everyday life.



Reflection tool for practitioners

Reflective Question	Yes	Sometimes	Not Yet
Are my goals focused on participation and wellbeing rather than normalisation?	☐	☐	☐
Do I respect diverse communication styles?	☐	☐	☐
Do I allow harmless stimming and self-regulation strategies?	☐	☐	☐
Do I routinely adapt environments before expecting the client to change?	☐	☐	☐
Do I actively seek the client and family perspective?	☐	☐	☐
Do I support autonomy and informed choice?	☐	☐	☐
Do my reports describe strengths as well as difficulties?	☐	☐	☐
Do I consider the impact of masking on wellbeing?	☐	☐	☐
Do I include client and family priorities in goal setting?	☐	☐	☐
Do I seek out neurodivergent lived experience to inform my practice?	☐	☐	☐



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