



Recognising Neurodiversity-Affirming Professionals: A Guide for Families

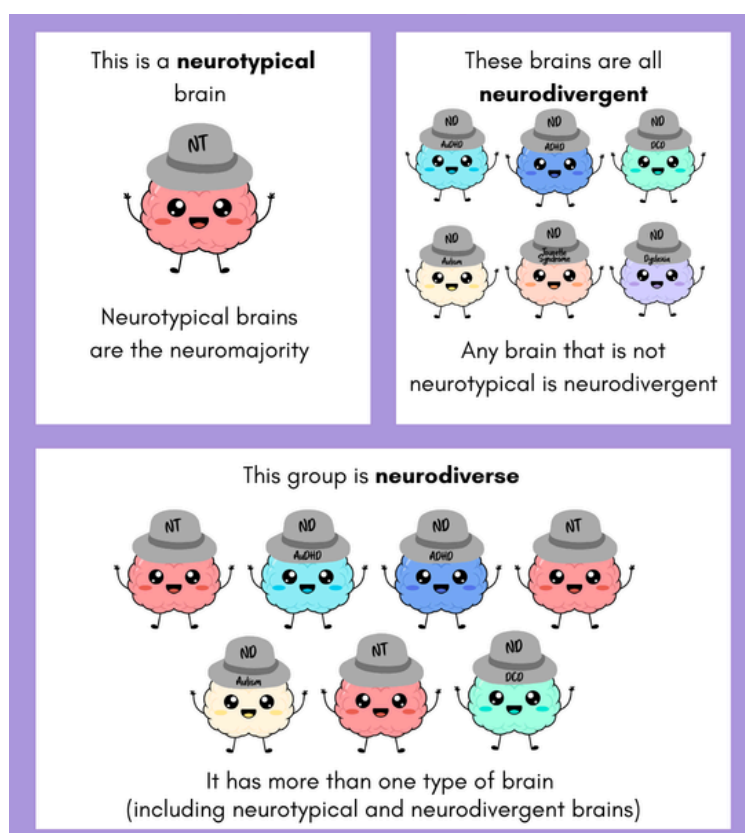
As families increasingly hear terms such as neurodiversity-affirming and neuro-affirming, it can be difficult to know what these words mean in practice. Many professionals now describe themselves as neurodiversity-affirming. However, research suggests that affirming practice is demonstrated less by the language professionals use and more by what they actually do: how they communicate, how they adapt environments, how they involve children and families in decisions, and whether they view neurodivergence as a form of human diversity rather than a problem to be fixed (Flower et al., 2025; McVey et al., 2023; Wagland et al., 2025).

This fact sheet explains what neurodiversity-affirming practice means and outlines what families can reasonably expect from therapists, educators and health professionals who genuinely adopt this approach.

What is neurodiversity?

Neurodiversity refers to the natural variation in human brains and minds. People differ in how they think, learn, communicate, process information, regulate emotions, and engage with the world around them (Helprin et al., 2026).

People whose brains work differently from what is most common in society may be described as neurodivergent. Neurodivergence is increasingly understood as a natural and valuable part of human diversity (Flower et al., 2025; Miranda-Ojeda et al., 2025). Neurodivergent people may include those with: Autism; ADHD; Dyslexia; Developmental Coordination Disorder (DCD); Dysgraphia; Dyscalculia; Tourette Syndrome; or other neurodevelopmental differences.





What does neurodiversity-affirming mean?

Neurodiversity-affirming practice recognises neurological differences as natural, valid and meaningful forms of human variation (Flower et al., 2025; Twinley, 2024; Wagland et al., 2025). Rather than asking "How can we make this child appear more typical?" affirming professionals ask:

- What matters most to this child and family?
- What strengths does this child bring?
- What barriers are limiting participation?
- How can we adapt the environment?
- What supports will improve wellbeing and quality of life?
- How can this child thrive as their authentic self?

The goal is not to make a child indistinguishable from neurotypical peers. Instead, the goal is to support participation, autonomy, wellbeing, communication, learning, skill development and meaningful engagement while respecting the child's unique neurodevelopmental profile (Patten et al., 2024; Waddington et al., 2023; Flower et al., 2025).

Six principles of neurodiversity-affirming practice

1. Presume competence

Affirming practitioners begin with the assumption that every child has thoughts, preferences, strengths, understanding and potential, even when these are expressed in different ways.

This means they:

- Assume communication has meaning
- Respect all forms of communication
- Avoid judging intelligence or understanding based on speech, eye contact or behaviour
- Seek to understand before making assumptions
- Support children to express themselves in ways that work for them.

Presuming competence helps create opportunities for learning, participation and self-determination (Shear et al., 2025; Jones et al., 2024).





2. Focus on strengths, participation and quality of life

Affirming practitioners recognise that neurodivergent traits are not automatically problems that require intervention.

They understand that:

- Stimming can support regulation
- Deep interests can support learning and connection
- Different communication styles can be effective and meaningful
- Solitary or parallel play can be valid social experiences
- Neurodivergent ways of thinking often bring strengths and unique perspectives.

Supports focus on improving participation, wellbeing, independence and quality of life rather than eliminating harmless neurodivergent traits (Leadbitter et al., 2021; Dallman et al., 2022; Wagland et al., 2025).

Research suggests that efforts to suppress neurodivergent traits contributes to masking, anxiety, stress and poorer wellbeing outcomes (Dallman et al., 2022; Kroll et al., 2024).



"We need to stop them doing that"



"Let's understand how this is helping them"

3. Share power and support autonomy

Affirming practice is collaborative rather than prescriptive. Children and families are viewed as experts on their own experiences and are active partners in decision-making (Flower et al., 2025; Shear et al., 2025).

This means:

- Goals are co-created
- Children's interests guide therapy and education where possible
- Choices are offered regularly
- Preferences and boundaries are respected
- Requests for breaks are taken seriously
- Family knowledge and lived experience are valued
- Practice is *with* children and families, not to them.



"These are the goals we've decided your child needs to work on"



"What is most important to your child and family right now?"



4. First adapt the environment

Affirming practitioners understand that difficulties often arise because of a mismatch between a child and their environment rather than a problem that exists solely within the child. Research consistently identifies environmental accommodations as one of the clearest indicators of neurodiversity-affirming approaches (Jones et al., 2024; Trevethick et al., 2026; Wagland et al., 2025).

This may involve:

- Reducing sensory overload
- Providing visual supports
- Adjusting noise or lighting
- Allowing movement
- Simplifying instructions
- Increasing predictability
- Providing clear expectations
- Adjusting task demands
- Educating others in the child's environment.

The responsibility for successful participation is shared between the individual and their environment.



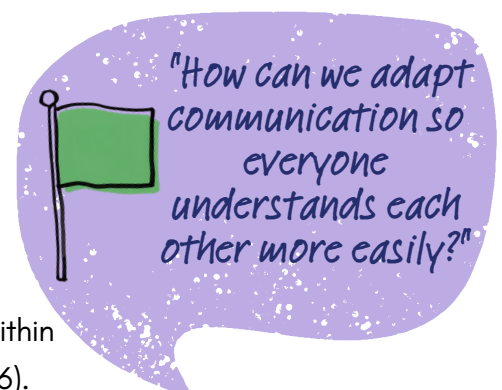
5. Respect communication differences

Communication differences are expected and accommodated.

Affirming practitioners:

- Ask about communication preferences
- Respect AAC, gestures, scripts and other alternative communication methods
- Do not demand eye contact
- Allow additional processing time
- Use clear and explicit language
- Check understanding rather than assuming
- Make hidden expectations visible.

Research increasingly supports the double empathy perspective, which suggests communication difficulties often arise from misunderstandings between people with different communication styles rather than deficits within the neurodivergent person alone (Frawley et al., 2023; Kelly & Downs, 2026).





6. Support positive identity and authenticity

For many children, neurodivergence forms an important part of their identity. Affirming health professionals and educators support:

- Self-understanding
- Self-advocacy
- Confidence
- Belonging
- Positive identity development
- Pride in neurodivergent strengths.

They recognise that the goal is not conforming with neurotypical expectations, but helping children thrive as themselves.

Research suggests that identity-affirming care is associated with improved engagement, self-acceptance and mental health outcomes, while masking-focused approaches are associated with greater distress and poorer wellbeing (Kroll et al., 2024; Paynter et al., 2025).



What to expect from affirming therapy or education

Sensory-safety and flexibility

Neurodiversity-affirming professionals recognise that regulation and sensory safety are foundations for participation.

You may see:

- Reduced sensory load
- Flexible seating
- Movement opportunities
- Access to sensory tools
- Dimmer lighting
- Reduced noise
- Freedom to stim
- Opportunities for breaks.

Therapy sessions and classes are adapted to the child's needs rather than requiring the child to adapt to the professional's expectations (Patten et al., 2024; Jones et al., 2024).



Individualised approach to communication

Affirming professionals adapt their communication style to the child. This may include:

- No forced eye contact
- Acceptance of AAC
- Respect for scripts and echolalia
- Written and visual supports
- Additional processing time
- Predictable language
- Explicit explanations

A child does not need to sit still, look at a teacher or therapist directly, or communicate in a particular way to be considered engaged.

Collaborative goal setting

Goals should be meaningful to the child and family. Research suggests that families, autistic adults and community stakeholders often prioritise:

- Participation
- Wellbeing
- Quality of life
- Self-determination
- Relationships
- Independence

over reducing neurodivergent traits (Schuck et al., 2024; Waddington et al., 2023; Flower et al., 2025). Good goals are co-created, meaningful, functional, relevant to everyday life and important to the child and family.

Respect for regulation and behaviour

Neurodiversity-affirming professionals understand that behaviours often serve important functions. They seek to understand:

- What the child is communicating
- Whether the child is overwhelmed
- Whether sensory needs are involved
- Whether the environment needs adjustment

rather than simply attempting to eliminate the behaviour. Harmless regulation strategies such as stimming are respected and supported where appropriate.

Genuine partnerships

Affirming professionals recognise that families know their child best. Families should expect:

- Respectful collaboration
- Shared decision-making
- Open communication
- Validation of lived experience
- Transparency regarding goals and approaches to therapy or learning

Parents and caregivers are viewed as partners rather than passive recipients of professional advice (Hayward et al., 2025).



Screening questions when seeking an affirming therapist or educator

If you're unsure whether a professional is genuinely neurodiversity-affirming, consider asking them:

- How do you define neurodiversity-affirming practice?
- How will you support my child's autonomy and choice?
- How do you make accommodations for sensory and communication differences?
- What is your approach to stimming?
- How do you adapt when a child becomes overwhelmed?
- How do you include children and families in goal-setting?
- How do you avoid encouraging masking?
- How do you adapt your communication to each child?
- What environmental changes do you consider before expecting a child to change?

Signs a professional might not be affirming

You may wish to ask further questions if you notice a therapist or educator:

- Focuses heavily on making a child appear more "normal"
- Prioritises compliance over autonomy
- Discourages harmless stimming
- Demands eye contact
- Requires children to sit still to demonstrate listening
- Uses goals aimed primarily at reducing neurodivergent traits
- Dismisses family perspectives
- Describes behaviours as "attention-seeking" without exploring underlying needs
- Suggests children simply need to "get used to" distressing environments
- Relies heavily on masking or camouflaging strategies

The bottom line

- **A neurodiversity-affirming professional is not trying to change who your child is.**
- Instead, they seek to understand your child's strengths, needs and experiences; adapt environments where appropriate; support meaningful participation; respect communication differences; promote autonomy; and help children develop the skills, confidence and self-understanding needed to thrive as their authentic selves (Flower et al., 2025; McVey et al., 2023; Wagland et al., 2025).
- Genuine neurodiversity-affirming practice is reflected in everyday interactions, goals, accommodations, and the extent to which a child feels respected, understood, safe and empowered.



References

- Dallman, A. R. (2022). Neurodiversity-affirming practices are a moral imperative for occupational therapy. *The Open Journal of Occupational Therapy*, 10(2), 1-9. doi.org/10.15453/2168-6408.1937
- Flower, R. L., Benn, R., Bury, S., Camin, M., Muggleton, J., Richardson, E. K., et al. (2025). Defining neurodiversity affirming psychology practice for autistic adults: A Delphi study integrating psychologist and client perspectives. *Autism in Adulthood*. doi:10.1089/aut.2024.0305
- Frawley, T., Gavin, B., Valeur, C., & Morin, K. (2024). Enhancing the nursing profession's awareness of neurodiversity. *Journal of Clinical Nursing*, 33(2), 419-421. https://doi.org/10.1111/jocn.16902
- Hayward, S., Hayes, D., Griffiths, T., Bloch, S., & Clarke, M. T. (2025). Developing collaborative relationships between professionals and parents of children with neurodisability: A meta-narrative review. *Current Developmental Disorders Reports*, 12(16). https://doi.org/10.1007/s40474-025-00327-0
- Helprin, H., Tamiakis, L., Butler, K., & MacDonald, J. B. (2026). Neurodiversity-affirming practice in community mental health services. Australian Institute of Family Studies. https://aifs.gov.au/resources/practice-guides/neurodiversity-affirming-practice-community-mental-health-services
- Jones, F., Hamilton, J., & Kargas, N. (2024). Accessibility and affirmation in counselling: An exploration into neurodivergent clients' experiences. *Counselling and Psychotherapy Research*, 25(1), e12742. https://doi.org/10.1002/capr.12742
- Kelly, C., & Downs, J. (2026). Seeing each other clearly: A dual perspective on providing healthcare to neurodivergent people. *British Journal of Healthcare and Medical Research*, 13(1), 359-371. doi:10.14738/bjhr.1301.19999
- Kroll, E., Lederman, M., Kohlmeier, J., Kumar, K., Ballard, J., Zant, I., & Fenkel, C. (2024). The positive impact of identity-affirming mental health treatment for neurodivergent individuals. *Frontiers in Psychology*, 15:1403129. doi: 10.3389/fpsyg.2024.1403129
- Leadbitter, K., Buckle, K., Ellis, C., & Dekker, M. (2021). Autistic self-advocacy and the neurodiversity movement: Implications for autism early intervention research and practice. *Frontiers in Psychology*, 12. https://doi.org/10.3389/fpsyg.2021.635690
- McVey, A. J., Jones, D. R., Waisman, T., Raymaker, D., Nicolaidis, C., & Maddox, B. (2023). Mindshift in autism: A call to professionals in research, clinical, and educational settings. *Frontiers in Psychiatry*, 14, 1251058. https://doi.org/10.3389/fpsyg.2023.1251058
- Miranda-Ojeda, R., Wickramasinghe, A., Ntolkeras, G., Castanho, I., & Yassin, W. (2025). The neurodiversity framework in medicine: On the spectrum. *Developmental Neurobiology*, 85(1), e22960. https://doi.org/10.1002/dneu.22960
- Patten, K. K., Murthi, K., Onwumere, D. D., Skaletski, E. C., Little, L. M., & Tomchek, S. D. (2024). Occupational therapy practice guidelines for autistic people across the lifespan. *American Journal of Occupational Therapy*, 78(3), 7803397010. https://doi.org/10.5014/ajot.2024.078301
- Paynter, J., Sommer, K. L., & Cook, A. (2025). How can we make therapy better for autistic adults? Autistic adults' ratings of helpfulness of adaptations to therapy. *Autism*, 29, 1540-1553. doi: 10.1177/13623613251313569
- Schuck, R. K., Geng, A., Yvetter, D., Lin, F., Crousore, H., Baiden, K. M. P., et al. (2024). A qualitative investigation into autistic adults' perspectives on intervention goals for autistic children. *Neurodiversity*, 2, 1-14. https://doi.org/10.1177/27546330241266718
- Shear, T., Ayoub, M. C., Cejas, D. M., Christy, A. L., Holler-Managan, Y., Labrie, U., King, H., & Kim, Y.-M. (2025). Neurodiversity-affirming clinical care: Principles and pearls. *Journal of Child Neurology*, 40, 799 - 803. https://doi.org/10.1177/08830738251340268
- Trevethick, R., Baron-Cohen, S., Weir, E., Allison, C., Fysh, M., Laplante, D. P., Dey, M., & Opie, J. (2026). Neurodiversity-affirming principles in oncology treatment: A lived-experience case study. *Psycho-Oncology*, 35. https://doi.org/10.1002/pon.70394
- Twinley, R. (2024). Neurodivergent-affirming practice in occupational therapy: Scoping review and qualitative content analysis. *Neurodiversity*, 2, 1-15. https://doi.org/10.1177/27546330241301740
- Waddington, H., Jordan, P., Scott, E., Minnell, H., Patrick, L., Meer, L., et al. (2023). Community perspectives on support goals for young autistic children: A qualitative investigation. *Neurodiversity*, 1, 1-13. https://doi.org/10.1177/27546330231218587
- Wagland, Z., Stermann, J., Scott-Cole, L., Spassiani, N., & Njelesani, J. (2025). Promoting neurodiversity-affirming care for autistic children: A scoping review. *Neurodiversity*, 3, 1-23. https://doi.org/10.1177/27546330251357479