Neuroaffirmative Practice

To be accepted and loved,
as I am

What is the neurodiversity movement?

Understanding and appreciation that brain wiring differences are a normal part of human variation

Recognising that those with lived experience should contribute to our understanding of the condition

Seeing the strengths that these differences can offer our community

In the neurodiversity model, there is no 'normal' brain sitting in a vat somewhere at the Smithsonian or National Institutes of Health to which all other brains must be compared to.

Thomas Armstrong, Neurodiversity in the Classroom: Strengths Based Strategies to Help Students with Special Needs Succeed in Life

Where do I start?

Listen to neurodivergent voices. Some great resources are:

- Kristy Forbes (Autistic/ADHDer)
- The Neurodivergent Rebel (Autistic)
- Chloe Hayden (Autistic/ADHDer)

Be prepared to unlearn what you know and have previously known about their neurology, and take in new information.

Be aware of forcing people to be who they are not or to act in ways that go against their neurology. The neurodivergent mind has its own unique way of being, and is not a failed neurotypical.

Key Concepts

Neurodiversity: The idea that all brains are wired differently. Describes variety in a group.

Neurodivergent: A brain that falls in a minority neurotype. Describes an individual.

E.g. We live in a neurodiverse society.
I am a neurodivergent woman.

Key Concepts

Double Empathy by Damian Milton: When people with different views of the world interact with each other, they will struggle to empathise with each other.

Social communication amongst autistics and neurotypicals have shown to have effective amongst their own neurotype, with miscommunication happening when cross-neurotype communication occurs. This research invites us to examine the burden on the neurotypical to understand autistic communication, just as much as the other way around.

This or That?

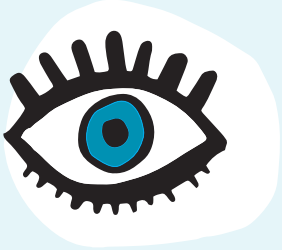
Medical Model of Disability: people are disabled by their impairments or differences, and looks at what is ‘wrong’ with the person, not what the person needs.

Social Model of Disability: people are disabled by barriers in society such as lack of physical accommodations, communication, institutional or people's attitudes.

Disorder: Follows medical model, in that there is a wrong neurotype, and problem is inherent with individual.

Disability: Follows social model, in that disability is context-dependent, and lack of accommodations can provide significant difficulties.

How can I be affirming in my practice?



Allow space for the individual to be their authentic self and provide any accommodations to do so. This may include:

- bouncy chairs
- fidgets
- not requiring eye contact
- walking while talking
- use and validation of alternative communiction (AAC)

Build on the individual's strengths. Support them to recognise how fantastic they are and respect their unique preferences for doing things. This includes learning more about their divergence too.

How can I be affirming in my practice?

Ask for an individuals preferred way of referring to themselves and their pronouns. If you don't know an individuals preference, a default should be identity-first language. This means that their neurology is central to their identity - e.g. "an autistic person" instead of person-first language "person with autism".

Acknowledge that the world currently does not cater for the neurodivergent mind, and that neurodivergence can constitute a disability, which fluctuates according to the environment. Neuro-affirming practice seeks to break down these barriers and build inclusive supports.

How can I be affirming in my practice?

Reflect on your practice frequently, and get in touch with a neurodiversity-affirming friend who you can reflect with. This can include a peer, a fellow parent, individuals on Facebook groups or your therapist.

Support individuals in connecting to their neurokin. Often, neurodivergent individuals can feel alone until they meet their neurokin and find people who do things similarly to the way they do things. This feeling of belonging amongst neurokin is a signifcant factor in promoting mental health.

What to avoid

Social skills training at the recommendation of others. Autistics have their own set of social skills that work perfectly well amongst neurokin. Any social skills work should be understood as 'neurotypical social skills' to facilitate communication, instead of perceiving the neurodivergent individual as having deficit.

Placing the burden of change on the neurodivergent. Psychoeducation needs to be conducted so the environment primarily fits the individual, instead of the other way around.

What to avoid

Referring to neurology as disorders. For example, instead of ASD, say 'autism'. We're still working on finding a good alternative for ADHD. Psychiatrist Dr Ned Hallowell as offered VAST (Variable Attention Stimulus Trait) which I love!

Using the puzzle piece or endorsing the "Light it Up Blue" campaign. Better alternatives are using the rainbow infinity symbol and the Light it up Gold or Red Instead movement.

Neurotypical strategies. The autistic and ADHD nervous system operate differently to neurotypicals, so strategies that work for their own divergent selves is more helpful than strategies for 'x' issue that worked for "someone you know" or "off the Internet".

Facilitating Change

We support individuals to take control of their lives and steps to improve their mental health and quality of life (according to them, not to neurotypical standards)

We help individuals make values-aligned choices and offer possible strategies to help navigate difficult situations

We work with those in their environment (e.g. colleagues, teachers, parents etc) to understand support the individual's needs

Embrace their unique, authentic selves and insight into a different way of being!