

Neuroaffirming care values the strengths and differences of autistic people, those with ADHD or other profiles

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We've come a long way in terms of understanding that everyone thinks, interacts and experiences the world differently. In the past, autistic people, people with attention deficit hyperactive disorder (ADHD) and other profiles were categorized by what they struggled with or couldn't

do.

The concept of neurodiversity, [developed by autistic activists in the 1990s](#), is an [emerging area](#). It promotes the idea that different brains ("[neurotypes](#)") are part of the natural variation of being human—just like "[biodiversity](#)"—and they are vital for our survival.

This idea is now being applied to research and to care. At the heart of the [National Autism Strategy](#), currently in development, is neurodiversity-affirming (neuroaffirming) care and practice. But what does this look like?

Reframing differences

[Neurodiversity](#) challenges the traditional [medical model](#) of disability, which views neurological differences solely through a lens of deficits and disorders to be treated or cured.

Instead, it reframes it as a different, and equally valuable, way of experiencing and navigating the world. It emphasizes the need for brains that are different from what society considers "neurotypical," [based on averages and expectations](#). The term "[neurodivergent](#)" is [applied](#) to Autistic people, those with ADHD, dyslexia and other profiles.

[Neuroaffirming care](#) can take many forms depending on each person's needs and context. It involves accepting and valuing different ways of thinking, learning and experiencing the world. Rather than trying to "fix" or change neurodivergent people to fit into a narrow idea of [what's considered "normal" or "better"](#), neuroaffirming care takes a person-centered, strengths-based approach. It aims to empower and support unique needs and strengths.

Adaptation and strengths

Drawing on the [social model of disability](#), neuroaffirming care acknowledges there is often disability associated with being different, especially in a world not designed for neurodivergent people. This shift focuses away from the person having to adapt towards [improving the person-environment fit](#).

This can include providing accommodations and adapting environments to make them more accessible. More importantly, it promotes "thriving" through greater participation in society and meaningful activities.

At school, at work, in clinic

In [educational settings](#), this might involve using [universal design for learning](#) that benefits all learners.

For example, using [systematic synthetic phonics](#) to teach reading and spelling for students with dyslexia can [benefit all students](#). It also could mean incorporating [augmentative and alternative communication](#), such as [speech-generating devices](#), into the classroom.

Teachers might allow extra time for tasks, or allow [stimming](#) (repetitive movements or noises) [for self-regulation](#) and breaks when needed.

In [therapy settings](#), neuroaffirming care may mean a therapist [grows their understanding of autistic culture](#) and learns about how [positive social identity](#) can impact self-esteem and well-being.

They may make efforts to bridge the gap in communication between different neurotypes, known as the [double empathy problem](#). For example, the therapist may avoid relying on [body language](#) or [facial](#)

[expressions](#) (often different in [autistic people](#)) to interpret how a client is feeling, instead of listening carefully to what the client says.

Affirming therapy approaches with [children](#) involve "tuning into" their preferred way of communicating, playing and engaging. This can bring meaningful connection rather than compliance to "neurotypical" ways of playing and relating.

In [workplaces](#), it can involve [flexible working arrangements](#) (hours, patterns and locations), allowing different modes of communication (such as [written rather than phone calls](#)) and [low-sensory workspaces](#) (for example, low-lighting, low-noise office spaces).

In public spaces, it can look like providing a "sensory space," such as at [large concerts](#), where neurodivergent people can take a break and self-regulate if needed. And staff can be trained to recognize, better understand and assist with [hidden disabilities](#).

Combining lived experience and good practice

Care is neuroaffirmative when it centers "[lived experience](#)" in its design and delivery, and [positions people with disability as experts](#).

As a result of being "different," people in the neurodivergent community experience high rates of [bullying and abuse](#). So neuroaffirming care should be combined with a [trauma-informed](#) approach, which acknowledges the need to understand a person's life experiences to provide effective care.

[Culturally responsive](#) care acknowledges [limited access to support for culturally and racially marginalized Autistic people](#) and higher rates of [LGBTQIA+ identification](#) in the neurodivergent community.

Authentic selves

The draft National Autism Strategy promotes awareness that our population is [neurodiverse](#). It hopes to foster a more inclusive and understanding society.

It emphasizes the societal and public health responsibilities for supporting neurodivergent people via [public education, training, policy and legislation](#). By providing spaces and places where neurodivergent people can be their [authentic, unmasked selves](#), we are laying the foundations for feeling [seen, valued](#), safe and, ultimately, happy and thriving.

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