

**REDEFINING SUPPORT: A NEUROAFFIRMING FRAMEWORK FOR SCHOOL
COUNSELLORS WORKING WITH NEURODIVERGENT STUDENTS**

by

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Dedication/Acknowledgement

This Capstone is for those who gave me the space, strength, and belief to follow the call of service even when the path was long and winding. To my two amazing children: your laughter, curiosity, and love kept me anchored in joy. You may not have always seen me by your side while I studied, but you were always in my heart, guiding my purpose. Even when I was beside you, I was often tapping away on my laptop distracted and not fully present. Thank you for your patience and your big hearts. I hope this reminds you that you, too, can achieve anything at any point in your life. Dream big, take one step at a time, and know that I will always be here to support you.

To my husband, your steady presence, belief in me, and all the ways you quietly supported this dream have meant the world. Thank you for holding it all together while I followed this call. And to my dear father, who I missed visiting more than I can say, your love and patience gave me the quiet permission to keep going. To my brother, thank you for making the visit with Dad possible by coming to us when I couldn't go. And to my sister-in-law Raj, thank you for taking my kids to their activities and spending time with them when I couldn't. You gave me peace of mind and time I truly needed.

To Maria Stella, thank you for seeing my heart and compassion in these pages, and my continued desire to do more after this Capstone. To my school community at Lord Kelvin Elementary, and to Principal Jennifer Scorda, thank you for believing in me, for encouraging growth, and for creating space to thrive. To Zaida Manji and Ornella Tolfo, my mentors and my guiding lights, your support, trust, and wisdom have shaped me deeply, and I carry your teachings with me.

To Lisa Porter, your words still echo in my heart: *“The universe has decided you will work hard even when you try to slow down a little!”* You reminded me that even rest is part of the journey. Yes, I love to work, and I love to serve. My compassion to create positive change is the light I thrive in. As Sadhguru says, *“Nothing in life is a problem everything is a possibility.”* This Capstone has been just that: a possibility transformed through intention, reflection, and care.

This Capstone is more than a project, it is a reflection of my journey and a deeply held belief that has lived in me since childhood: *Ik Onkar*, the oneness of all life. I see the world through this lens, where every being is an expression of the same sacred light. There is no lack, no imperfection, only unique rhythms, patterns, and strengths that make up the living fabric of existence. Just as in nature, where nothing tries to belong and yet everything is already part of the whole, so too are we. Like pieces of a great puzzle, each life is whole, worthy, beautiful, and distinct which completes the picture. Therefore, through this work, I hope to create spaces where people feel a deep sense of worth, connection, and recognition of their sacred self.

Abstract

This Capstone project explores how school counsellors can implement neuroaffirming practices to support neurodivergent students within K-12 educational settings. Beginning with an overview of current systemic challenges including the use of deficit-based models, punitive discipline, and widespread misunderstanding of neurodivergence this paper critically examines how such approaches contribute to exclusion, masking, and poor mental health outcomes for students with autism, ADHD, dyslexia, and other neurodevelopmental variations.

Anchored in the neurodiversity paradigm, the literature review introduces complementary theories such as the Social Model of Disability, Double Empathy Theory, Polyvagal Theory, Self Determination Theory, and Trauma Informed Care, all of which offer more affirming, strengths-based frameworks for understanding and supporting neurodivergent children. The project then synthesizes a wide range of evidence-based, school-based counselling interventions that are aligned with these frameworks including play and movement therapy, somatic and nature-based practices, student led collaboration, environmental adaptations, and strength driven approaches. The final chapter offers practical recommendations for school counsellors, outlines key limitations, and suggests directions for future research and professional development.

This Capstone weaves together theory, practice, and lived experience to support the growing movement toward inclusive, identity-affirming education. It provides school counsellors with practical strategies for creating safer, more responsive environments for all learners.

Keywords: ADHD, Autism, Neuroaffirming Practices, Neurodiversity, School Counselling

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Redefining Support A Neuroaffirming Framework For School Counsellors

Working With Neurodivergent Students

Chapter 1: Introduction

In recent years, there has been a growing recognition of the importance of adopting neurodiversity affirming practices within school counselling. Traditional counselling frameworks, frequently rooted in deficit-based perspectives, have come under scrutiny for inadequately supporting neurodivergent students, often leading to negative educational and mental health outcomes (Chapman & Botha, 2022; Walker, 2021). This Capstone project explores neuroaffirming school counselling practices, highlighting interventions that create inclusive environments and address the diverse needs of students with neurological differences such as autism, ADHD, dyslexia, and other neurodevelopmental variations.

Background Information

The number of students identified as neurodivergent including those with autism, ADHD, learning disabilities, and sensory processing differences continues to rise in K 12 schools (CDC, 2024; Mandy, 2019). These students bring diverse strengths, needs, and ways of processing the world. In response, the neurodiversity paradigm has gained traction as a transformative framework that views neurological differences as natural variations of human experience rather than deficits to be corrected (Singer, 1998; Walker, 2021). Yet, in many educational settings, this progressive understanding has not been translated into practice.

School environments remain largely shaped by traditional, compliance driven models that prioritize conformity to neurotypical norms. These models often stigmatize neurodivergent behaviors, misinterpret sensory needs, and reinforce masking and emotional suppression (Milton, 2012; Chapman & Botha, 2022). As a result, neurodivergent students frequently face increased

anxiety, school avoidance, reduced self-esteem, and poor academic and social outcomes (Botha & Frost, 2020; Mandy, 2019).

School counsellors are uniquely positioned to disrupt these patterns and lead the way toward more inclusive and affirming environments. However, many counsellors lack the specialized training, practical tools, and systemic support necessary to meet the complex needs of neurodivergent students (Marschall, 2022). Despite growing awareness, the persistence of deficit-based counselling frameworks and the limited availability of neuroaffirming professional development represent critical gaps in school based mental health support. Therefore, there is an urgent need to equip school counsellors with the knowledge, language, and strategies to implement neuroaffirming practices that promote belonging, emotional safety, and self-determination for neurodivergent learners.

Purpose of the Paper and Research Question

The purpose of this Capstone is to explore how school counsellors can implement neuroaffirming practices to create more inclusive and supportive environments for neurodivergent students in K-12 settings. By synthesizing current research, theory, and practice, this paper seeks to provide a framework for understanding neurodiversity through affirming lenses and to highlight practical, evidence-based interventions that school counsellors can apply. It also examines the systemic barriers that hinder effective support and offers recommendations for professional development, school wide collaboration, and culturally responsive approaches.

Through this work, the paper aims to empower school counsellors to lead inclusive change and become advocates for neurodivergent students' well-being, autonomy, and belonging.

How can school counsellors implement neuroaffirming practices to better support neurodiverse students in K 12 educational settings?

Positionality Statement

As a first-generation Canadian woman of Punjabi Sikh descent, I bring to my work as a school counsellor a lived experience shaped by both cultural duality and deep resilience. I identify as brown skinned, cisgender, heterosexual, spiritual, and able bodied, raised in a working-class immigrant family that made significant sacrifices in pursuit of opportunity. I was raised by my maternal grandmother while my parents worked multiple shifts. As a teen, I lost my mother to cancer, an experience that continues to ground my empathy and fuel my belief in healing centered engagement. My identity is profoundly influenced by my upbringing in a multilingual, intergenerational household where safety, responsibility, and spirituality were constants, even as I navigated feelings of cultural displacement in school settings.

My early educational experiences included placement in Learning Assistance and ESL programs, where I was often underestimated due to my language and background. These experiences have given me a deep understanding of what it feels like to be othered, misjudged, and unseen. Today, they shape the way I show up for children who carry invisible stories those who are racialized, neurodivergent, disabled, or economically marginalized. I strive to be the adult I once needed: someone who listens, believes, and adapts.

I hold a Bachelor of Education and a Special Education Diploma from UBC and I am currently completing my MEd in School Counselling. I have completed Trauma-Informed Practice Training Level 2, EASE certification for elementary schools, and am nearing completion of the Certified Autism Spectrum Disorder Clinical Specialist (ASDCS) training. I

have also received foundational training in Play Therapy, Internal Family Systems (IFS), Somatic Experiencing, anxiety and sleep interventions, and Cognitive Behavioural Therapy (CBT). These diverse training experiences reflect my commitment to relational, neuroaffirming, and anti-oppressive approaches in education.

My discipline, school counselling, has long been shaped by dominant ideologies such as individualism, deficit-based models, and white Eurocentric norms. Traditional practices often pathologize neurodivergent behaviors and impose compliance-based interventions that ignore student agency, trauma histories, and cultural contexts. I actively challenge these legacies by centering student voice, co-regulation, collaborative problem solving, and identity affirming practices. I do not ask, “What’s wrong with this child?” I ask, “What has this child been through?” and “What do they need to feel safe, seen, and successful?”

As a school counsellor in a richly diverse, high needs K-5 school, I bring my full self culturally, spiritually, and professionally to this work. My approach is shaped not only by my academic training but by the lived wisdom of intergenerational caregiving, parenting, and personal healing. I am grounded in the neurodiversity paradigm, trauma informed care, person centered counselling, and anti-oppressive frameworks. These inform how I set up my space, how I speak to children, how I hold silence, and how I partner with families.

I am a deeply reflective practitioner. My commitment to growth is supported by daily morning and evening meditation practices that help me stay grounded, curious, and open to learning. Reflection is not just a personal habit, it is a professional necessity that allows me to notice my biases, regulate my energy, and remain attuned to the emotional rhythms of the

children and families I support. I believe curiosity is a form of care, it keeps me listening closely, questioning systems, and striving to do better each day.

My teaching and counselling style is influenced by my belief in wholeness, interconnection, and healing centered engagement. I am here not just to help students succeed in school, but to help them remember who they are, what they love, and how they matter.

Theoretical Framework

This Capstone is grounded primarily in the Neurodiversity Paradigm, which proposes that neurological differences such as autism, ADHD, dyslexia, and other neurodevelopmental conditions are natural and valuable variations in human cognition rather than deficits to be corrected (Chapman & Botha, 2022; Singer, 1998). Embracing neurodiversity encourages educational systems to shift from deficit-based models that pathologize differences toward approaches that recognize and leverage students' inherent strengths. This paradigm directly informs the central problem explored in this Capstone: addressing gaps in school counsellor training to create more inclusive, affirming, and supportive educational environments for neurodivergent students.

Several complementary theoretical frameworks align closely with the Neurodiversity Paradigm and deepen the conceptual foundation of this Capstone. First, the Social Model of Disability (Oliver, 2013) emphasizes the importance of modifying environmental and societal barriers rather than attempting to "fix" individuals. It encourages to seek accommodations to enhance accessibility and inclusion (Oliver, 2013). Therefore, this model indicates the need for schools and counsellors to proactively modify educational environments through strategies such as Universal Design for Learning (UDL) to ensure equitable access, full participation, and meaningful inclusion of neurodivergent students. In addition, Milton's (2012) Double Empathy Theory deepens our understanding by proposing that communication difficulties between

neurotypical and neurodivergent individuals are not the result of deficits within one group, but rather stem from mutual misunderstandings. This bidirectional view challenges deficit-based assumptions and encourages school counsellors to honour diverse communication styles. It calls for intentional efforts to foster mutual empathy, understanding, and accommodations in relational practice.

The integration of Polyvagal Theory (Porges, 2011) further informs the importance of creating safe, predictable, and regulated environments, particularly addressing the emotional and physiological safety needs of neurodivergent students, whose sensory processing differences may heighten their vulnerability to stress and anxiety. Polyvagal-informed practices emphasize building safety and co-regulation, which directly address the stress-related vulnerabilities common among neurodivergent children. In tandem, Trauma Informed Approaches (Levine & Kline, 2010) inform this Capstone by reinforcing the importance of emotionally and physically safe environments, recognizing that neurodivergent students frequently experience compounded stressors and emotional dysregulation from things such as sensory overload, bullying, and social exclusion. This approach aligns closely with Polyvagal Theory, advocating for counselling practices centered on safety, trustworthiness, choice, collaboration, and empowerment.

Self-determination Theory (SDT) (Ryan & Deci, 2020) further informs this Capstone, emphasizing the critical role of autonomy, competence, and relatedness in student well-being and academic engagement. In practice, this theory guides counsellors toward interventions that actively involve students in goal setting, self-advocacy, and personal decision-making, thereby enhancing intrinsic motivation and empowerment among neurodivergent learners. This Capstone also employs a Strengths-based Approach (Silvester & Rankine, 2024), encouraging counsellors to recognize and leverage individual students' strengths and interests. Therefore, there is a need to move away from deficit-oriented assessments toward affirming student strengths, and

counsellors must facilitate improved self-esteem, motivation, and positive identity development among neurodivergent students.

Critical theoretical lenses, including Minority Stress Theory and Intersectionality (Crenshaw, 1989; Meyer, 2003), further enrich this framework by recognizing how systemic stigma, discrimination, and intersecting marginalized identities uniquely impact neurodivergent students. These theories compel counsellors toward culturally responsive practices that explicitly address intersectional factors influencing students' educational experiences and outcomes. Critical Disability Theory (Goodley, 2013) is incorporated, critically examining and challenging ableist norms within educational systems. This theory advocates for school counsellors to actively disrupt stigmatizing practices, promote justice, inclusion, and equity, and affirm disability as an essential aspect of human diversity rather than a deficiency.

Finally, the foundation of this Capstone is strengthened by Person-centered Counselling (Rogers, 1959), a therapeutic framework emphasizing student autonomy, unconditional positive regard, and empathic understanding. Person-centered approaches ensure that interventions remain student-focused, respectful, and responsive to individual student preferences and experiences.

Collectively, these theoretical frameworks provide a cohesive, robust, and comprehensive foundation for the development, assessment, and practical application of neuroaffirming school counselling interventions explored throughout this Capstone. These approaches directly address the identified problem and reinforce Capstone's core objective of fostering genuinely inclusive educational environments.

Significance of the Study

This study addresses critical gaps in the professional development of school counsellors, specifically around the effective implementation of neuroaffirming practices. Given the growing

population of neurodivergent students in K-12 educational settings, it is essential that counsellors have specialized knowledge, practical tools, and targeted resources to provide meaningful and affirming support (Giwa Onaiwu, 2020; Mandy, 2019). Currently, the lack of such resources maintains educational inequalities, stigmatization, and negative outcomes for neurodivergent students, highlighting the urgency and significance of this project.

The relevance of this Capstone lies in its direct impact on educational and counselling practices. Drawing on evidence-based research, theoretical insights, and practical interventions, this Capstone offers school counsellors accessible and implementable resources. These include a seven-lesson unit plan, an excel sheet with additional learning resources that can be used directly with students or for professional development. These practical tools can enhance counsellors' confidence and capacity to create neuro-inclusive environments, facilitate affirming interventions, and effectively support neurodivergent students' emotional, social, and academic well-being.

Numerous stakeholders stand to benefit from this research. School counsellors gain clear, actionable guidance, empowering them to shift away from traditional deficit-focused frameworks toward affirming, strengths-based, and trauma-informed approaches. Neurodivergent students, in turn, experience more validating educational interactions, reduced anxiety, improved self-esteem, and greater overall well-being within school settings. Additionally, teachers, school administrators, and families benefit from greater awareness, sensitivity, and practical guidance in supporting neurodivergent learners. Ultimately, this Capstone fosters systemic educational change toward genuine inclusivity, creating environments in where neurodiverse students can thrive academically, emotionally, and socially.

Definition of Terms

Co-regulation: A relational process in which a calm, emotionally attuned adult helps a child manage overwhelming emotions and return to a state of balance and safety. This process involves a supportive presence, steady tone, empathy, and validation, offering cues that soothe the nervous system and foster trust. While co-regulation builds the foundation for self-regulation in children (Hagan, 2024), it is also a biologically grounded interaction between two autonomic nervous systems, where safety is restored not by fixing emotions but by meeting the person where they are with connection and calm (Dana, 2020).

Critical Disability Theory (CDT): An academic framework that critically examines societal norms and systemic structures that create and perpetuate disability as oppression. This theory advocates for social justice, dismantles ableist systems, and promotes inclusive, affirming practices in education and counselling (Goodley, 2013).

Demand Avoidance: The inability to follow through with specific tasks or expectations, often accompanied by strategies like distraction, negotiation, or withdrawal. While it is a natural human trait that varies with context, significant or persistent demand avoidance may stem from factors like stress, mental health, or developmental conditions including, but not limited to, a PDA profile (*What Is Demand Avoidance?*, 2024).

DIR/Floortime (Developmental, Individual Differences, Relationship-Based Model): An evidence-based, child-led therapeutic intervention developed by Stanley Greenspan and Serena Wieder. DIR/Floortime emphasizes engaging children at their current developmental levels through relational interactions and play-based activities to enhance emotional, social,

communication, and cognitive skills, which is particularly beneficial for neurodivergent students (Greenspan & Wieder, 2009).

Double Empathy Theory: This theory suggests that communication challenges between neurotypical and neurodivergent individuals result from mutual differences in social understanding and communication styles, suggesting the need for reciprocal empathy, accommodation, and mutual understanding in social interactions (Milton, 2012).

Intersectionality: A theoretical lens developed by Kimberlé Crenshaw, intersectionality highlights how multiple aspects of identity (such as race, gender, class, and disability/neurodiversity) intersect and compound experiences of discrimination or privilege. It underscores the need for culturally responsive, inclusive counselling practices sensitive to the intersecting identities of neurodivergent students (Crenshaw, 1989).

Masking: A coping strategy where neurodivergent individuals consciously or unconsciously suppress or camouflage their natural behaviours, communication styles, or needs to conform to neurotypical expectations. This may include forcing eye contact, mimicking neurotypical speech patterns, or hiding sensory discomfort. While masking can aid short-term social acceptance, it often leads to emotional exhaustion, identity confusion, and long-term mental health challenges such as anxiety and depression (*Masking*, 2024).

Minority Stress Theory: A theoretical framework that describes chronic stress experienced by individuals who belong to marginalized groups arising from systemic stigma, discrimination, prejudice, and social exclusion. This theory emphasizes that neurodivergent individuals often experience significant stress due to societal stigma and ableism based on being a minority (Meyer, 2003).

Nature-based Therapy (Ecotherapy): Therapeutic interventions leveraging the natural environment and outdoor activities to promote mental health, emotional regulation, sensory

integration, and overall well-being. This approach significantly reduces anxiety, enhances mood, improves attention, and supports social engagement, proving particularly effective for neurodivergent students (Fisher, 2019; Louv, 2008).

Neuroaffirming Practices (NP): Educational and counselling strategies intentionally designed to respect, support, and validate neurodivergent individuals' unique strengths, communication styles, identities, and lived experiences, thereby promoting inclusion, self-determination, and holistic well-being (Roberts, 2022).

Neurodiversity (ND): A paradigm that recognizes neurological differences such as autism, ADHD, dyslexia, and other neurodevelopmental variations as natural and inherent forms of human cognitive diversity rather than deficits or disorders to be corrected (Chapman & Botha, 2022; Singer, 2016).

Neurotypical (NT): A term used to describe individuals whose neurological development and functioning align with dominant societal expectations of "normal." Neurotypical individuals typically do not have neurodevelopmental conditions such as autism, ADHD, or dyslexia. The term highlights the differences in communication, behaviour, and processing styles when contrasted with neurodivergent individuals (Walker, 2021)

Pathological Demand Avoidance (PDA): Within the autism spectrum, PDA is an extreme avoidance of everyday demands and expectations driven by high anxiety and a need to maintain autonomy and control. Unlike oppositional behaviour, PDA responses are often rooted in nervous system dysregulation and a perceived threat to self-agency. Individuals with PDA may use social strategies such as distraction, negotiation, or withdrawal to avoid demands. These

students require support with a reduction of perceived pressure, increased predictability, and choices offerings in low-demand environments to feel safe (O'Nions et al., 2013).

Pathologizing Language: Language that frames natural human differences such as neurodivergent traits as medical disorders or deficits to be treated, fixed, or cured. This type of language reinforces ableist and deficit-based narratives and can contribute to internalized stigma, shame, and the marginalization of neurodivergent individuals. Neuroaffirming practices seek to replace pathologizing language with identity-affirming and strengths-based alternatives (Chapman & Botha, 2022).

Person-centered approach: This therapeutic counselling framework is founded on empathy, unconditional positive regard, genuineness, and active listening. It emphasizes the individual's capacity for growth, autonomy, and self-directed decision-making and places the student's perspective at the center of all interventions (Rogers, 1961; Roberts, 2022).

Polyvagal Theory: This neurophysiological theory, developed by Stephen Porges, emphasizes the role of the autonomic nervous system in emotional regulation, social behaviour, and stress responses. The theory highlights the importance of creating safe and predictable environments that support neurodivergent students' emotional and physiological regulation (Porges, 2011).

Self-Determination Theory (SDT): A motivational theory highlighting the importance of three core psychological needs: autonomy (self-direction and choice), competence (feeling effective and capable), and relatedness (feeling connected to others). SDT advocates that supporting these needs can significantly enhance student engagement, motivation, academic achievement, and overall psychological well-being (Ryan & Deci, 2020).

Social Model of Disability (SMD): A perspective that conceptualizes disability primarily as resulting from societal and environmental barriers rather than individual impairment,

emphasizing systemic change, accessibility, and inclusive environments as critical to supporting disabled and neurodivergent individuals (Oliver, 2013).

Somatic Experiencing (SE): This therapeutic approach developed by Peter Levine focuses on the body's physiological responses to stress and trauma. SE techniques support individuals in gradually releasing trauma-related tension and restoring a regulated, balanced nervous system, which is beneficial in addressing sensory sensitivities, anxiety, and trauma experienced by neurodivergent individuals (Levine, 2010).

Strengths-Based Approach: A counselling and educational method focusing intentionally on identifying, recognizing, and building upon the strengths, interests, and inherent capacities of individuals. This approach contrasts deficit-oriented models, promoting resilience, self-esteem, and motivation among neurodivergent students (Silvester & Rankine, 2024).

Trauma-Informed Approach (also known as Trauma-Informed Care or TIC): An educational and therapeutic framework that prioritizes emotional and physical safety, empowerment, student voice, choice, and collaborative support to minimize trauma's impact. This approach is particularly relevant for neurodivergent individuals who often experience heightened vulnerability to stressors like sensory overload and social exclusion (Levine, 2010; Warner et al., 2014).

Universal Design for Learning (UDL): An educational framework promoting flexible instructional methods and materials to accommodate diverse learners. UDL supports equitable access to curriculum content by reducing learning barriers and maximizing opportunities for all students, including those with neurological differences (CAST, 2018).

Outline of the Remainder of the Paper

Chapter Two presents a comprehensive literature review that provides this Capstone's theoretical and contextual foundation. It begins with examining the current challenges faced by

neurodivergent students in K-12 educational settings, including how deficit-based models, masking, compliance-focused discipline, and environmental barriers negatively impact student well-being and learning. The chapter then introduces the neurodiversity paradigm as an alternative framework, exploring its origins, key principles, and implications for children in school contexts. The Neurodiversity Paradigm includes various theories such as the Social Model of Disability, Double Empathy Theory, Polyvagal Theory, and Self Determination Theory. These theories are reviewed to show how they support a shift toward strengths-based and identity-affirming school counselling practices.

Chapter Three explores the implementation of neuroaffirming interventions in school counselling practice, drawing from current research and evidence-informed strategies. Furthermore, this chapter outlines practical, school-based approaches that promote emotional regulation, autonomy, and belonging for neurodivergent students. Interventions include environmental and sensory adaptations, play and movement-based therapies, somatic and trauma-informed practices, nature-based interventions, and collaborative, student-centered planning. This chapter also examines how school counsellors can advocate for inclusive practices school-wide, including Universal Design for Learning (UDL), peer support models, and culturally responsive family engagement.

Chapter Four revisits the research question and provides a summary of the Capstone's key findings. This chapter discusses the practical implications for school counsellors, identifies limitations of the current research, and offers recommendations for future inquiry and professional development. The Capstone concludes by reaffirming the importance of shifting from deficit-based frameworks to neuroaffirming approaches. It emphasizes the school

counsellor's vital role in co-creating inclusive, healing-centered educational environments where neurodivergent students can thrive.

Chapter 2: Literature Review

Introduction

In this chapter, I explore the theoretical foundations and applied practices of neurodiversity-affirming care within the context of school counselling. To begin, I examine the current challenges faced by neurodivergent students in K-12 education, including how traditional school systems and counselling practices often shaped by deficit-based, compliance-driven models fail to meet their unique needs. This section highlights how ableist assumptions embedded in educational frameworks contribute to exclusion, stigmatization, and emotional harm.

Next, the neurodiversity paradigm is explored along with a range of intersecting theories that reframe how neurodivergence is understood and supported. This section outlines key frameworks such as the Social Model of Disability, Double Empathy Theory, Minority Stress Theory, Self Determination Theory, Polyvagal Theory, and others that emphasize identity, context, and co-regulation rather than pathologization or control. These models advocate for relational, inclusive approaches that recognize neurodivergent strengths and honour lived experience.

The chapter explores neuroaffirming interventions that school counsellors can implement to foster psychological safety, empowerment, and belonging. Drawing on evidence-based practices, including DIR/Floortime, AutPlay Therapy, play and movement-based counselling, somatic and trauma-informed care, nature-based interventions, and school-wide collaboration, this section outlines how counsellors can move beyond traditional behaviourist or compliance-based strategies toward affirming, developmentally attuned support. Through this literature

review, I aim to establish a foundation for transforming school counselling into a healing, inclusive practice that celebrates neurodiversity and centers student voice.

- Theme A: Current Challenges
- Theme B: Neurodiversity Paradigm Theory Implications for Children
- Chapter 3: Neuroaffirming Interventions in School Counselling

Theme A: Current Challenges

Traditional school counselling has been shaped by medical and behavioural models that pathologize neurodivergence, framing it as a disorder to be corrected rather than a natural variation in human cognition (Chapman, 2021; Mandy, 2019). This deficit-based perspective has resulted in interventions that prioritize compliance, normalization, and behavioral control, rather than fostering student autonomy and well-being. As a result, neurodivergent students face significant disparities, with research indicating they are twice as likely to be excluded from school compared to their neurotypical counterparts (Guldberg et al., 2022). As a result, many neurodivergent students experience heightened anxiety, emotional dysregulation, and burnout due to systemic misunderstanding and inadequate support (Botha & Frost, 2020; O'Nions et al., 2015). Research has shown that neurodivergent adolescents may be up to ten times more at risk of mental health difficulties compared with their neurotypical peers (McDougal, 2023).

Pathologization of Neurodivergence in Education and Counselling

Deficit-based educational and counselling practices often reinforce ableist narratives that stigmatize neurodivergent traits. Botha and Frost (2020) found that autistic individuals experience significant mental health challenges due to societal invalidation, with schools being primary sites of stress. According to Mandy (2019), the lack of neuroaffirming approaches results in increased school avoidance, particularly for students with autism and ADHD. In

England, school absence reached a record high, with more than 170,000 children being 'severely absent' and over 1.49 million being 'persistently absent' during the 2023-24 academic year (Nadeem Badshah, 2025). Many absences are attributed to neurodivergent students struggling with mainstream school environments (Nadeem Badshah, 2025, Adams, 2024). Instead of fostering an inclusive environment, many interventions rely on punitive measures such as detentions, suspensions, and exclusion from classroom activities, disproportionately targeting neurodivergent students (Botha & Frost, 2020). Students with Pathological Demand Avoidance (PDA) face particular challenges, as their need for autonomy and low-demand environments is frequently misinterpreted as oppositional defiance rather than a legitimate self-regulation strategy (O'Nions et al., 2014). Research by O'Nions et al. (2015) demonstrated that standard behavioural interventions, which rely on compliance-driven strategies, often exacerbate distress in PDA students, making traditional discipline ineffective and even harmful. Gore Langton and Frederickson (2016) found that PDA students experience higher rates of school exclusion and disengagement due to misunderstandings of their needs. Additionally, Newson et al. (2003) identified PDA as a distinct profile, arguing that educators and counsellors must abandon conventional behaviourist interventions in favour of low-demand, autonomy-supportive strategies.

Milton's (2012) double empathy problem challenges the assumption that social and communication difficulties are intrinsic to neurodivergent individuals. Milton suggests that the challenges stem from a mutual lack of understanding between neurodivergent and neurotypical individuals. Another way to understand this is to think of it like trying to communicate in different languages when people have fundamentally different ways of experiencing and interpreting the world, it becomes difficult for both sides to empathize with one another (Milton, 2018). This viewpoint shifts the focus away from neurodivergent students needing to adapt to

neurotypical social norms. Instead, it emphasizes that schools should promote mutual understanding and acceptance in social interactions. However, conventional counselling strategies rarely reflect this paradigm shift, continuing to frame neurodivergent students as needing "social skills training" rather than adapting school environments to accommodate diverse communication styles.

Misalignment Between Conventional Behavioral Strategies and Neurodivergent Needs

Many school-based interventions rely on behavioural models such as positive reinforcement systems, token economies, and behaviour charts, assuming that external rewards will shape student behaviour. However, these methods are often ineffective and even harmful for neurodivergent students, who may struggle with sensory processing, executive functioning, and emotional regulation (Botha & Frost, 2020).

Research on PDA suggests that behaviour modification techniques, such as Applied Behavior Analysis (ABA) based interventions, are particularly problematic (O'Nions et al., 2014). These interventions, which emphasize reward-based compliance, have been widely criticized for prioritizing obedience over autonomy, leading to long-term consequences such as increased masking, trauma, and loss of self-identity (Milton, 2012). Kirkham (2017) critiques ABA-based interventions, arguing that these approaches reinforce compliance at the expense of student agency and increase the risk of long-term mental health difficulties. Traditional approaches assume that noncompliance is a behavioural issue rather than a stress response, overlooking the fundamental need for autonomy in neurodivergent students.

Moreover, rigid behaviour modification techniques can cause an emotional shutdown in students with high sensory sensitivity or social anxiety (O'Nions et al., 2015). While these interventions aim to promote self-regulation, they often force students to suppress their natural coping mechanisms, reinforcing masking behaviours that have been linked to burnout, anxiety,

and dissociation (Mandy, 2019). For example, students are repeatedly rewarded for suppressing stimming behaviours or maintaining eye contact actions that may cause them distress and internalize the expectation that they must conform to neurotypical norms at the expense of their well-being.

Additionally, school-wide behavioural expectations are rarely designed with neurodivergent students in mind, leading to unintentional exclusion. Many school policies emphasize compliance without recognizing sensory overload, processing delays, or the need for movement breaks as valid accommodations. Without adjustments, neurodivergent students are more likely to be viewed as "non-compliant," leading to disciplinary actions rather than meaningful support (O'Nions et al., 2014).

Emotional Regulation, Masking, and Burnout in Neurodivergent Students

One of the most pressing challenges in school counselling is understanding emotional regulation in neurodivergent students. Neurodivergence-informed theory emphasizes that dysregulation is often a response to environmental overwhelm such as sensory overload, executive functioning demands, or social exhaustion rather than intentional misconduct (Chapman & Botha, 2022). However, many school-based interventions still fail to address the environmental factors that undermine students' capacity for self-regulation.

Students with neurodevelopmental differences are at increased risk of anxiety, depression, and school-related trauma due to repeated experiences of being misunderstood or disciplined for behaviours outside of their control (Botha & Frost, 2020; O'Nions et al., 2014). An Australian study found that 48.8% of school-aged children with one neurodevelopmental disability had co-occurring mental health conditions. In comparison, 71.3% of children with two or more neurodevelopmental disabilities had co-occurring mental health conditions (Boulton et al., 2023). Furthermore, students with PDA often experience heightened anxiety due to rigid

school structures that fail to accommodate their need for autonomy and flexible learning environments (O'Nions et al., 2015). Schools that rely on punitive approaches, such as seclusion, restraint, or exclusionary discipline, further exacerbate mental health challenges instead of integrating trauma-informed strategies such as sensory-supportive or co-regulation techniques (Centre for Mental Health, n.d., 2024; NAMI, n.d., Platt & Perera).

Hull et al. (2017) highlight the long-term consequences of masking, where neurodivergent students consciously or unconsciously suppress their natural behaviours to fit neurotypical expectations. This survival strategy is especially common in school settings but places immense psychological strain on students, contributing to chronic anxiety, depression, identity confusion, and even dissociative symptoms (Mandy, 2019). Research shows that students who engage in frequent masking are at a higher risk for suicidal ideation, particularly among autistic youth (Cage & Troxell-Whitman, 2019; Mandy, 2019).

Summary

Given these challenges, research suggests that school counsellors should shift away from compliance-based models and toward regulation first, autonomy-supportive interventions that prioritize student agency and self-advocacy (Botha & Frost, 2020). This shift requires school-wide cultural changes, including sensory-friendly spaces, flexible learning structures, and trauma-informed mental health support (Chapman & Botha, 2022). Research suggests that environments inclusive of neurodiversity benefit everyone, leading to lower rates of absenteeism and higher graduation rates among neurodivergent students (Morin & Kircher Morris, 2023). By validating neurodivergent experiences and adopting neuroaffirming counselling approaches, schools can reduce mental health risks, increase engagement, and create inclusive environments where all students can thrive.

Theme B: Neurodiversity Paradigm Theory: Implications for Children

A Framework for Understanding Neurodivergence

The neurodiversity paradigm has emerged as a revolutionary framework in the understanding of human brain differences, offering an alternative to traditional deficit-based models that view neurological conditions as disorders needing to be fixed. Rooted in the social model of disability, this paradigm asserts that conditions such as autism, ADHD, dyslexia, and other neurodevelopmental differences are part of the natural variation in human cognitive and neurological development (Walker, 2021). This shift is essential not only for psychological understanding but also for the ways we design educational systems, social structures, and therapeutic practices (Chapman & Botha, 2022). Moreover, by embracing neurodiversity, we validate neurodivergent experiences as equal to those of neurotypical individuals, with their own unique strengths, challenges, and ways of being (Singer, 2016).

In addition, the neurodiversity paradigm marks a shift in how society views neurodivergence. This inclusive approach presents possibilities for empowerment and greater participation for neurodivergent individuals in all spheres of life. However, alongside these promising possibilities, the neurodiversity paradigm also faces substantial challenges and critiques, particularly regarding its implementation in practical settings such as school counselling. These concerns underscore the need for ongoing discussions about the strengths and limitations of this paradigm in educational and therapeutic contexts.

Origins of the Neurodiversity Paradigm: A Historical Perspective

The term neurodiversity was first introduced by Judy Singer, an Australian sociologist in the late 1990s. As an autistic individual, Singer was motivated by the prevailing medical model of disability, which pathologized neurodivergent traits and framed conditions as deficits in need of remediation. In response, she introduced the term neurodiversity to reframe conditions such as

autism, ADHD, and dyslexia as natural and valuable forms of human cognitive variation, not as disorders (Singer, 2016).

In addition to Singer's work, Harvey Blume, a journalist, also played a key role in popularizing the concept. In a 1998 article in *The Atlantic*, Blume emphasized the unique contributions that neurodivergent individuals make to society and argued for the acceptance of neurological differences as part of biodiversity. Blume highlighted how traits associated with autism, ADHD, and other neurological differences contribute to human diversity in meaningful ways, urging society to recognize these traits as assets rather than deficiencies (Blume, 1998). These early contributions laid the groundwork for the neurodiversity movement, which now advocates for the acceptance, inclusion, and empowerment of neurodivergent individuals in all aspects of life.

Theoretical Foundations of the Neurodiversity Paradigm

Several key theories have shaped the neurodiversity paradigm and guided its application in educational and therapeutic settings. These include the Social Model of Disability, Minority Stress Theory, Double Empathy Theory, and the Strengths Based Approach.

1. The Social Model of Disability

The Social Model of Disability (Oliver, 1990) has been instrumental in shaping the neurodiversity paradigm. This model argues that disability is not an inherent flaw or abnormality within an individual but a result of societal barriers that exclude individuals from full participation. In the context of neurodivergent individuals, society's failure to accommodate cognitive and sensory differences, whether through inaccessible educational systems or inadequate social infrastructures, creates disability (Milton, 2017). The social model emphasizes that the challenge lies not in the individual's brain but in the societal structures that do not

support neurological diversity. Furthermore, the social model contrasts with the medical model, which views disability as an inherent flaw or abnormality in the individual.

For neurodivergent children, the social model advocates for systemic changes in education, healthcare, and the workplace. It calls for creating environments that accommodate and celebrate neurodivergent traits rather than attempting to normalize or erase them. The goal is to enable neurodivergent individuals to thrive in society without the pressure to conform to neurotypical norms (Chapman & Botha, 2022; Milton, 2017).

2. Minority Stress Theory

Minority Stress Theory (Meyer, 2003) applies to neurodivergent individuals by addressing the social stressors they face due to societal stigma and discrimination. According to this theory, the chronic stress caused by external prejudice and exclusion can negatively affect the mental health of individuals from marginalized groups. For neurodivergent individuals, societal stigma surrounding their neurological differences often results in heightened stress, anxiety, and even depression (Botha & Frost, 2020).

For example, neurodivergent children who are placed in educational environments that do not accommodate their needs may experience social isolation, bullying, and difficulties with learning, all of which contribute to minority stress (Guldberg et al., 2022). Creating supportive, inclusive environments that recognize neurodivergent traits as valuable rather than problematic is essential to reducing this stress and improving mental health outcomes (Meyer, 2003).

3. Double Empathy Theory

Double Empathy Theory, introduced by Damian Milton in 2012, offers a new perspective on communication difficulties between neurodivergent (ND) and neurotypical (NT) individuals. Traditionally, communication challenges between these groups have been seen as arising from deficits in the neurodivergent individual's ability to understand or interact with the world.

However, Double Empathy Theory shifts this view by suggesting that communication difficulties are bidirectional, and they result from mutual misunderstandings between both groups.

Neurodivergent individuals are often perceived as struggling to engage with neurotypical communication norms (e.g., eye contact, social cues, verbal interaction), but neurotypical individuals also struggle to understand the unique communication styles of neurodivergent individuals, leading to mutual misunderstandings. Both groups experience challenges in communication, and these challenges can contribute to social exclusion, emotional dysregulation, and frustration.

A powerful example that supports Double Empathy Theory comes from a study by Catherine Crompton and peers. The researchers conducted an experiment using the game of "telephone", where a message is whispered from one person to the next, with the goal of seeing how well the original message is maintained as it is passed along. The experiment involved three groups: one group of eight autistic people, one group of eight non-autistic people, and a mixed group of autistic and non-autistic people. The results revealed that both the autistic only group and the non-autistic only group were able to maintain the fidelity of the message very well, with little distortion. However, in the mixed group of autistic and non-autistic people, the message quickly degraded, with many inaccuracies introduced as the message was passed along (Crompton et al., 2021).

In educational and counselling contexts, this research highlights the importance of mutual empathy. Teachers, counsellors, and peers need to actively work to understand neurodivergent communication styles and adjust their approaches to foster better communication and social interactions (Crompton et al., 2021; Hummerstone & Parsons, 2022). This could involve teacher training, social stories, and peer interaction strategies that promote understanding between

neurodivergent and neurotypical individuals, thereby reducing the communication breakdowns observed in mixed group interactions (Crompton et al., 2021).

By fostering mutual understanding and respect, school counsellors can help create more inclusive and empathetic environments, encouraging both neurodivergent and neurotypical individuals to navigate communication challenges together. This improved communication and can create more inclusive interactions from better recognizing and accommodating these differences (Milton, 2012).

4. Strengths Based Approach

The Strengths Based Approach (Seligman & Csikszentmihalyi, 2001) is integral to the neurodiversity paradigm. This approach emphasizes identifying and building on individuals' strengths, rather than focusing on perceived deficits. For neurodivergent children, recognizing their unique cognitive abilities whether in creativity, pattern recognition, or problem solving helps to boost self-esteem and engagement (Botha & Frost, 2020; Armstrong, 2010).

In practice, a strengths-based approach means recognizing that traits such as hyper focus or exceptional attention to detail can be assets, especially in areas like STEM (science, technology, engineering, and mathematics) education (Grandin, 2006). Schools that emphasize the strengths of neurodivergent children provide them with the tools they need to succeed and flourish, both academically and socially.

5. Polyvagal Theory and the Neurodiversity Paradigm

Polyvagal Theory, developed by Stephen Porges (2007), provides an essential physiological foundation for understanding the behavior and emotional responses of neurodivergent individuals. The theory focuses on the autonomic nervous system, specifically the vagus nerve, which plays a central role in regulating responses to stress and emotional

experiences. According to Polyvagal Theory, the vagus nerve is responsible for helping individuals feel safe and connected, which is crucial for social engagement and learning.

For neurodivergent children, particularly those with autism or ADHD, sensory overload or social stressors often trigger fight, flight, or freeze responses physiological states that inhibit learning and interaction (Dana, 2020). These reactions are not personal failings but biological responses to overwhelming stimuli (Porges, 2007). By understanding these reactions, educators and counsellors can create environments that help regulate the nervous system, promoting calmness, social engagement, and learning readiness (Berger et al., 2021).

Polyvagal Theory aligns with the neurodiversity paradigm by emphasizing that emotional and behavioral difficulties in neurodivergent children are not signs of pathology but responses to their environments. Educators and counsellors can use this understanding to reduce stressors, provide predictability, and create safe spaces where neurodivergent children can thrive without fear of judgment or rejection (Dana, 2020).

6. Critical Disability Theory

Critical Disability Theory extends the Social Model by highlighting disability as a socially constructed experience shaped by institutionalized ableism and discrimination. It emphasizes that barriers to participation are not inherent to individuals, but created through exclusionary norms, policies, and practices (Goodley, 2017). This framework is particularly relevant for neurodivergent students, whose differences are often pathologized within school systems. Incorporating Critical Disability Theory into school counselling supports advocacy for

inclusive policies and pushes for structural change, challenging ableist assumptions that limit neurodivergent learners' full participation (Silvester & Rankine, 2024; Haight, 2024).

7. Person-Centered Theory

Person-Centered Theory, developed by Carl Rogers (1959), emphasizes empathy, unconditional positive regard, and authenticity in therapeutic relationships. This approach respects the autonomy and lived experience of each individual, encouraging counsellors to view neurodivergent students as experts on their own internal worlds. In contrast to traditional compliance-based or pathologizing frameworks, person-centered counselling fosters empowerment, trust, and psychological safety core elements of neurodiversity-affirming practice (Silvester & Rankine, 2024). By centering empathy and student voice, this approach reinforces the strengths-based foundation of the neurodiversity paradigm and supports the development of inclusive, student-led support plans.

8. Intersectional Approach

Intersectionality, a term introduced by Kimberlé Crenshaw (1989), recognizes how overlapping social identities such as race, gender, socioeconomic status, and disability shape individuals' experiences of privilege and discrimination. For neurodivergent students from marginalized backgrounds, an intersectional lens reveals how multiple systems of oppression can compound, leading to disproportionate disciplinary actions, misdiagnosis, or barriers to culturally responsive support (Botha & Frost, 2020; Brown et al., 2017). Adopting an intersectional approach in school counselling means advocating for inclusive practices that recognize these layered experiences and working to dismantle systemic inequities in education.

9. Self-Determination Theory

Self-Determination Theory (Deci & Ryan, 2000) emphasizes intrinsic motivation as fostered through autonomy, competence, and relatedness. For neurodivergent students,

supporting self-determined behaviors such as offering meaningful choices, recognizing individual strengths, and fostering supportive relationships enhances motivation, engagement, and a sense of control (Diaz, 2023). These practices align closely with person-centered counselling approaches, which prioritize student voice and agency. In educational settings, applying SDT can lead to greater student empowerment, reduced compliance pressure, and more inclusive learning environments that honor neurodivergent ways of being.

10. Trauma-Informed Care

Trauma-Informed Care (Harris & Fallot, 2001) involves understanding, recognizing, and responding sensitively to the impact of trauma on individuals. Given neurodivergent students' increased vulnerability to bullying, isolation, sensory overwhelm, and invalidation, trauma-informed principles are essential in school counselling. These include creating emotionally safe relationships, using consistent and predictable routines, and supporting emotional regulation without punitive responses (Bath, 2008; Berger et al., 2021). When applied through a neuroaffirming lens, Trauma-Informed Care fosters not just protection from harm but also conditions for long-term psychological resilience and well-being.

Criticism of the Neurodiversity Paradigm

Despite its many strengths, the neurodiversity paradigm has faced significant criticism, particularly from disability advocates and scholars who argue that it oversimplifies the complexities of neurodivergent experiences and may downplay the challenges faced by some individuals. These critiques are centered on the following key concerns:

1. Downplaying Disability and Needs

One of the most significant criticisms of the neurodiversity paradigm is that it minimizes the difficulties faced by individuals with more severe disabilities. While the neurodiversity movement seeks to highlight the value of neurodivergence and promote inclusivity, some critics

argue that by framing conditions such as autism and ADHD as mere variations rather than disabilities, the paradigm risks ignoring the real needs for support, interventions, and accommodations for individuals who experience significant challenges (Dwyer et al., 2024).

For example, neurodivergent individuals with autism spectrum disorder (ASD) and intellectual disabilities often require targeted, individualized interventions to meet their unique needs. These individuals may struggle with basic self-care, communication, and social skills, and may require ongoing support throughout their lives. By promoting the idea that autism is simply a natural variation, rather than a disability that may necessitate specialized care, the neurodiversity paradigm may unintentionally neglect those who need the most intensive support (Dillenburger & Keenan, 2009). This could lead to a lack of funding for necessary therapies or accommodations that could greatly improve the quality of life for these individuals.

Real World Example: Consider the case of non-speaking autistic children who rely on augmentative and alternative communication (AAC) devices to interact with others. For these children, an exclusive focus on neurodivergent “strengths” may inadvertently overshadow the urgent need for individualized communication support, leaving them without essential tools for basic interaction and learning. Critics of the neurodiversity paradigm argue that celebrating difference, while important, must not come at the expense of recognizing and addressing complex support needs. As Dwyer et al. (2024) note, “embracing neurodiversity without acknowledging the needs for intervention could result in unmet support needs, particularly for

individuals with higher support requirements such as those who are non-speaking or have intellectual disabilities”.

These critiques do not reject the neurodiversity paradigm entirely but call for a more nuanced application one that celebrates difference while also advocating for robust individualized supports for those with significant needs (Brown et al., 2017).

2. Potential for Harmful Language and Practices

Critics of the neurodiversity paradigm have raised concerns about the language used within the movement, particularly terms like "neurotypical" and "neurodivergent." While these terms aim to promote inclusivity, they can inadvertently create a binary distinction that oversimplifies the diverse spectrum of neurological experiences. Individuals identified as neurodivergent encompass a broad array of conditions, including ADHD, autism, dyslexia, and dyspraxia, each presenting unique challenges and strengths. The binary framework may fail to capture the full complexity and intersectionality of these conditions, especially for those with comorbidities or who do not fit neatly into either category (Rosqvist, Chown, & Stenning, 2020).

In addition, the identity-first language promoted by many in the neurodiversity movement (e.g., "autistic person" instead of "person with autism") may not resonate with all neurodivergent individuals. Some individuals, particularly those with severe disabilities, may prefer person-first language (e.g., "person with autism") because it emphasizes their humanity before their diagnosis. Person-first language has been endorsed by many advocacy groups, including the Autism Society and other organizations, to ensure that the individual is not defined solely by their disability. As noted by the Canadian Autism Spectrum Disorders Alliance (2020), "Many prefer identity first language ('Autistic'), while others would rather use person first ('Person with

Autism')". The push for identity first language risks alienating these individuals, suggesting that neurodivergent identities should be prioritized over the recognition of individual preferences.

Language preferences also vary across cultural, generational, and functional lines; for example, nonspeaking autistic individuals or those with intellectual disabilities may not identify with the term "autistic person," while many self-advocates strongly embrace it. Recognizing and respecting individual language choices is a core tenet of neurodiversity-affirming practice (Botha, Hanlon, & Williams, 2021).

3. Focus on Individual Differences vs. Systemic Issues

Another significant critique of the neurodiversity paradigm is that it places too much focus on individual differences and too little emphasis on systemic barriers. While the neurodiversity movement rightly celebrates the value of neurodivergent traits, critics argue that the real challenge is not just changing individuals to fit societal norms but rather removing the societal barriers that prevent neurodivergent individuals from fully participating in society. These barriers include inaccessibility in education, the lack of appropriate accommodations in workplaces, and widespread social stigma (Russell, 2019).

For example, in educational settings, there is often a lack of accessible materials for neurodivergent students especially those with autism or learning disabilities which can make it difficult for them to engage in the same curriculum as their neurotypical peers. Moreover, many educational systems are built around one-size that fits all approaches that do not account for the unique learning styles of neurodivergent students. A focus on the individual may inadvertently overlook the importance of addressing these systemic barriers and advocating for broader policy

changes that would make education more inclusive and equitable for neurodivergent individuals (Milton, 2017).

Furthermore, critics emphasize that acknowledging neurodivergent identity must be coupled with efforts to dismantle institutional ableism whether in curriculum design, testing standards, or disciplinary policies. Without this, the movement risks being reduced to celebration without transformation (Chapman & Botha, 2022).

Real World Example: A neurodivergent child with ADHD may struggle in a traditional classroom setting that requires sustained focus and minimal movement. Without accommodations such as flexible seating, break times, or individualized learning strategies, this child's ability to succeed in school is limited, and the focus on the child's individual adaptation may prevent attention from being directed at necessary systemic reforms in the educational structure.

4. Lack of Representation and Intersectionality

The neurodiversity movement has also faced criticism for its lack of representation of marginalized neurodivergent individuals, particularly those from racially and socioeconomically disadvantaged backgrounds. Critics argue that the movement has primarily been driven by white, middle-class voices, with insufficient attention given to the challenges faced by neurodivergent people of color (Brown, Ashkenazy, & Onaiwu, 2017). For neurodivergent individuals who are also from minority racial or socioeconomic groups, the experience of discrimination and marginalization is compounded, leading to unique challenges that are often overlooked within the neurodiversity framework.

For example, neurodivergent students of color may not only struggle with the challenges of being neurodivergent in a neurotypical world but may also face racial biases and systemic racism in education, healthcare, and employment. The neurodiversity movement has been

criticized for not adequately addressing how race, class, gender, and neurodivergence intersect to shape individuals' experiences. Advocates for a more intersectional approach argue that it is essential to understand how these factors converge to create unique challenges for neurodivergent individuals of color (Brown et al., 2017). Additionally, Giwa Onaiwu (2020) argues that any inclusive neurodiversity framework must actively account for how race, disability, and class converge to impact access, visibility, and belonging in both advocacy and care systems.

Summary

The neurodiversity paradigm provides a transformative approach to understanding and supporting neurodivergent children. It challenges traditional views that pathologize neurodivergence and instead celebrates the natural diversity in human cognition. By embracing strengths-based approaches, inclusive educational practices, and understanding the physiological underpinnings of behavior through Polyvagal Theory, we can create environments where neurodivergent children are supported to thrive.

However, it is crucial to recognize the critiques of this paradigm, particularly around minimizing challenges and the need for systemic change. A balanced approach is necessary one that celebrates diversity while also acknowledging the real needs and challenges faced by neurodivergent individuals. Only through comprehensive, nuanced understanding can we create a truly inclusive society that supports all individuals, neurodivergent and neurotypical alike.

Chapter 3: Neuroaffirming Interventions in School Counselling

Environmental Adjustments in Neuroaffirming School Counselling

Introduction

Environmental adjustments involve purposeful modifications to educational and counselling settings designed to support neurodivergent students, such as those with autism, ADHD, anxiety disorders, and sensory processing differences (Botha & Frost, 2020). These adaptations recognize that challenges experienced by neurodivergent students often arise from inaccessible or overstimulating environments rather than individual deficits, aligning closely with the Social Model of Disability (Oliver, 2013). Additionally, environmental adjustments are deeply connected to Polyvagal Theory, emphasizing the physiological need for safety and reduced sensory overwhelm (Porges & Dana, 2018), and Trauma Informed Care principles, prioritizing physical and emotional safety as fundamental for learning and therapeutic success (Bath, 2008).

Furthermore, by creating sensory friendly spaces, implementing flexible schedules, and using alternative communication supports, schools can significantly reduce anxiety, enhance student participation, and facilitate more effective therapeutic and educational outcomes. Empirical research has demonstrated that sensory processing difficulties in children with autism spectrum disorder (ASD) are closely linked to emotional and behavioral challenges in classroom settings, which can hinder learning and engagement. Sensory friendly accommodations such as reducing noise levels, providing movement breaks, and using visual communication tools have

been shown to support emotional regulation and improve educational performance (Ashburner et al., 2008).

Sensory-Friendly Environments

Sensory-friendly environments are thoughtfully designed spaces that reduce sensory overload and support emotional regulation by offering predictable, comforting stimuli (Goodman Scott & Lambert, 2015; Unwin, Powell, & Jones, 2022). Elements commonly used include adjustable lighting, comfortable and flexible seating options, and readily accessible sensory regulation tools such as fidgets or calming visuals. Quantitative research consistently supports sensory friendly interventions. For example, Grandin (2006) observed that many autistic students experience improved focus, reduced anxiety, and fewer behavioral disruptions when learning in sensory-friendly spaces. Similarly, Goodman Scott and Lambert (2015) emphasize that sensory accommodations significantly increase emotional safety, allowing students to access counselling interventions more effectively and consistently.

Practically, school counsellors can integrate sensory friendly practices into their office by incorporating low glare lighting, calming colors, soft seating, and readily available sensory tools, supporting immediate student regulation and engagement during brief counselling sessions.

Flexible Scheduling and Reduced Demands

Flexible scheduling, including frequent breaks, shorter academic periods, and low demand environments, has shown significant effectiveness, particularly for students diagnosed with Pathological Demand Avoidance (PDA) and anxiety related challenges (O’Nions et al., 2013). Research demonstrates that rigid schedules and excessive demands often exacerbate

anxiety driven behaviors, while flexibility markedly reduces anxiety and improves student participation.

O’Nions et al. (2014) highlight that students with PDA show heightened anxiety in response to high-demand environments and that flexibility and autonomy-supportive strategies are essential for reducing avoidance behaviors. Hanscom (2016) similarly notes substantial improvements in attention, behavior, and emotional regulation when elementary classrooms adopted structured flexibility including movement breaks, quiet sensory breaks, and reduced academic demands during high stress periods of the day.

School counsellors practically facilitate flexibility by advocating for brief counselling check ins throughout the school day, embedding planned sensory or movement breaks within student schedules, and working with teachers to negotiate reduced workload or alternative task formats for students facing high anxiety or sensory sensitivity.

Alternative Communication Supports

Using visuals or AAC in counselling not only supports communication but also affirms the student's neurotype and validates alternative expressive modalities core tenets of neurodiversity-affirming practice (Brown et al., 2017). Alternative communication methods, including visual supports, augmentative and alternative communication (AAC) devices, and structured visual schedules, significantly reduce frustration and enhance self-expression among neurodivergent students, particularly those with communication difficulties (Mirenda, 2014). Research consistently highlights that the use of visuals and AAC devices promotes autonomy, reduces anxiety, and fosters clearer communication between students and adults (Goodman Scott & Lambert, 2015).

Mirenda (2014) emphasized that visual supports are highly effective in promoting communication and reducing behavioral challenges for students with autism spectrum disorder,

contributing to greater participation and reduced anxiety in classroom and counselling settings. Additionally, Cafiero (2005) indicates that AAC interventions empower autistic students, significantly increasing their engagement and self-advocacy in educational contexts.

School counsellors can easily integrate alternative communication supports in their practice, such as visual choice boards during counselling sessions, or visual emotion charts to facilitate students' emotional self-awareness and expression. These simple accommodations help counsellors quickly address student needs within brief sessions, enhancing student engagement and communication effectiveness.

Summary

Environmental adjustments and sensory friendly spaces are foundational to neuroaffirming school counselling. Studies support that sensory-friendly environments, flexible scheduling, and alternative communication supports as effective strategies for reducing anxiety, improving student engagement, and enhancing emotional and social outcomes among neurodivergent students. These practices align closely with the Social Model of Disability, Polyvagal Theory, and Trauma Informed Care, fostering inclusive and accessible school environments that respect neurological differences.

Future research should explore long term educational and emotional outcomes associated with environmental adjustments, particularly through longitudinal studies and randomized controlled trials across diverse neurodivergent populations. Nevertheless, existing robust

evidence supports the immediate implementation of these strategies, emphasizing their critical role in neuroaffirming and inclusive school counselling practices.

Collaborative and Student-Centered Approaches in Neuroaffirming School Counselling

Introduction

Collaborative and student-centered approaches in neuroaffirming school counselling emphasize involving students actively in decision making processes and intervention planning. Rather than imposing externally generated goals and strategies, these approaches highlight the importance of student autonomy, self-advocacy, and personalized interventions (Botha & Frost, 2020; Mandy, 2019). For neurodivergent students including those with autism, ADHD, anxiety disorders, and Pathological Demand Avoidance (PDA) traditional interventions characterized by rigid, adult led structures often exacerbate distress and avoidance (O’Nions et al., 2013). In contrast, collaborative strategies promote meaningful engagement, reduce anxiety, and empower students by validating their perspectives and preferences.

For example, school counsellors might co-create visual regulation plans with students, incorporate student choice in session activities, or include student voice in developing classroom accommodations. These practices affirm autonomy and foster trust two key conditions for effective therapeutic engagement in neurodivergent populations (Wehmeyer et al., 2012).

These approaches align closely with Self Determination Theory (SDT), which underscores autonomy, competence, and relatedness as essential psychological needs (Ryan & Deci, 2020). Person-Centered approaches similarly emphasize authentic listening, empathy, and responsiveness to students expressed needs (Rogers, 1986). Moreover, Double Empathy Theory reinforces the need for reciprocal communication in counselling, emphasizing that collaborative goal setting and co-created interventions can bridge mutual misunderstandings between

neurodivergent and neurotypical individuals (Milton, 2012; Hummerstone & Parsons, 2022). Moreover, when school counsellors involve students as active participants in the planning process, they create space for mutual understanding and build relational trust. This is particularly essential for neurodivergent students, who may have often felt misunderstood or labelled within traditional educational systems.

Co-creation of Intervention Plans

Collaborative intervention planning involves students expressing their preferences, strengths, and areas of concern, allowing counsellors and students to jointly formulate attainable and meaningful goals. Again, actively involving students in co-creating intervention plans, counsellors can significantly increase their engagement, motivation, and overall emotional regulation (Botha & Frost, 2020). Creating personalized supports also reduces pressure to mask or camouflage, a strategy linked to emotional exhaustion and distress in neurodivergent youth (Mandy, 2019).

Hummerstone and Parsons (2022) found that when students are invited to share their lived experiences and take part in co-designing learning activities, it helps educators gain a deeper understanding of those experiences. With the support of teachers who are open to listening and learning, this process builds what Milton (2014) refers to as “interactional expertise.” This kind of collaboration leads to co-creation, where teaching and support strategies can be more meaningfully personalized to meet each student’s unique needs. Similarly, person-centered planning (PCP), which emphasizes collaboration and co-creation of meaningful goals, has been associated with improvements in emotional regulation, self-determination, and social engagement in neurodivergent individuals (Claes et al., 2010; Robertson et al., 2005; Kapp et al.,

2013). These findings underscore the importance of affirming autonomy and tailoring interventions to the lived experiences and preferences of autistic students.

For instance, a student with PDA may co-design a low-demand start-of-day routine with their counsellor, incorporating quiet arrival time, limited verbal demands, and a transition plan to class. Such strategies promote autonomy and reduce anxiety by honoring the student's regulatory needs (Silvester & Rankine, 2024).

Implementing co-creation might involve student generated "goal sheets" or "personalized action plans" in counselling sessions, where students document their aspirations, perceived obstacles, and support strategies. These collaboratively developed documents serve as practical, empowering tools, improving student buy in and intrinsic motivation by honoring their autonomy (Ryan & Deci, 2020).

Student Led Problem Solving and Goal Setting

Student led problem solving interventions, including Collaborative & Proactive Solutions (CPS) and Solution Focused Brief Therapy (SFBT), enable neurodivergent students to actively resolve challenges, reducing anxiety and enhancing problem solving skills. CPS specifically promotes dialogue between counsellor and student, focusing on collaboratively addressing unsolved problems rather than imposing adult-driven solutions. Greene's CPS model has been widely studied, with consistent findings of reduced disciplinary referrals, decreased anxiety, and improved emotional self-regulation among students with ADHD, autism, and other neurodivergences (Greene & Winkler, 2019).

Similarly, Solution Focused Brief Therapy (SFBT), which emphasizes student generated solutions and strengths-based questioning, effectively promotes positive behavioral change in brief counselling sessions. Kim and Franklin's (2009) meta-analysis found that school-based Solution-Focused Brief Therapy (SFBT) is an effective intervention for students, particularly

when delivered in group and classroom settings. Students showed meaningful improvements in emotional well-being, academic success, and overall psychological functioning, highlighting the value of SFBT in educational environments. This therapeutic approach empowers students by highlighting their inherent problem-solving capabilities and reinforcing their autonomy in managing school related difficulties.

Practical applications for counsellors include using structured questions such as, "What strategies have helped you overcome similar challenges before?" or "How would you know if things improved?" Such approaches shift the counselling dynamic toward greater student empowerment and self-directed goal attainment. Another example is when a school counsellor facilitates a CPS conversation where a student identifies hallway transitions as stressful. Together, they problem-solve possible solutions, like wearing noise-reducing headphones or asking for a buddy to help make transitions more manageable.

Self-Advocacy Training in IEP and Counselling

Training neurodivergent students to self-advocate during Individualized Education Plan (IEP) meetings and counselling sessions significantly enhances their autonomy and future independence. Research consistently demonstrates that students who actively participate in their IEP meetings experience improved academic outcomes and increased confidence in advocating for their needs (Wehmeyer et al, 2012). For instance, the "I'm Determined" program, which empowers students to lead their IEP meetings, has been associated with improvements in goal setting, self-awareness, and communication skills in participating students (Wehmeyer et al., 2012).

Within counselling contexts, teaching student's explicit self-advocacy skills such as articulating their sensory needs, requesting breaks, or explaining their perspectives on accommodations reinforces their sense of control. While not directly measuring self-advocacy,

Mandy (2019) emphasizes how neurodivergent students benefit from environments that respect autonomy, reducing the need for masking and promoting self-esteem. Qualitative research, including findings by Botha and Frost (2020), highlights enhanced self-esteem and reduced feelings of helplessness when neurodivergent individuals are empowered to advocate for their educational and emotional needs.

School counsellors can practically implement self-advocacy training by rehearsing scenarios, role playing advocacy conversations, or using visual supports (e.g., scripts, prompt cards) to prepare students for real world advocacy. Such explicit instruction significantly enhances student self-efficacy, reducing anxiety and improving their overall school experience (Wehmeyer et al., 2012).

Summary

Collaborative and student-centered approaches represent critical neuroaffirming strategies in school counselling, emphasizing student autonomy, active participation, and empowerment. A growing body of qualitative and quantitative empirical evidence demonstrates the positive outcomes associated with involving neurodivergent students in intervention planning, goal setting, and self-advocacy. Such practices align closely with theoretical frameworks including Self-Determination Theory, Person-Centered Approaches, and Double Empathy Theory.

Despite the research supporting co-creation and collaborative work, many gaps remain. Future studies should explore long-term outcomes of these interventions, particularly in diverse neurodivergent populations beyond autism. Larger-scale studies employing randomized controlled trials (RCTs) and longitudinal methods could further solidify the evidence base for collaborative and student-centered practices. Overall, existing findings robustly support

incorporating student voice and choice into counselling interventions, rather than traditional adult-led approaches into genuinely collaborative partnerships (Wehmeyer et al., 2012).

Strengths Based and Interest Driven Interventions in Neuroaffirming School Counselling

Introduction

Strengths-based and interest-driven interventions emphasize identifying, affirming, and utilizing students' inherent strengths, special interests, and talents as central elements in counselling and educational practices (Armstrong, 2010; Botha & Frost, 2020). Traditional deficit-oriented interventions often overlook the unique capabilities of neurodivergent students, inadvertently reinforcing self-stigma and reducing motivation by promoting masking behaviors. Research has associated these behaviors with diminished well-being and self-esteem (Mandy, 2019). In contrast, strengths-based interventions proactively acknowledge and leverage individual interests and skills, significantly enhancing motivation, self-esteem, and emotional resilience (Silvester & Rankine, 2024).

This approach aligns closely with Strengths-Based Theory, Person-Centered Counselling, and Self-Determination Theory (SDT). Strengths-Based Theory posits that recognizing and building upon individual strengths fosters well-being and positive outcomes (Saleebey, 2012). Person-Centered Counselling similarly prioritizes students' perspectives, emphasizing genuine affirmation of their experiences and interests (Rogers, 1986). Similarly, SDT recognizes that motivation flourishes when students engage in activities aligned with their personal strengths and intrinsic interests, promoting autonomy, competence, and relatedness (Ryan & Deci, 2020).

Strengths Based Counselling Techniques

Strengths-based counselling techniques enhance students' psychological well-being and educational engagement by reframing perceived deficits into recognized strengths (Armstrong,

2010). Moreover, when counsellors consistently validate and amplify students' strengths, students are more likely to internalize positive self-concepts and build resilience. Silvester and Rankine (2024) highlight that person-centered therapy, which emphasizes client agency and strengths, holds significant potential in supporting the well-being of neurodivergent students within school counselling settings. Their study underscores the importance of adopting neurodiversity-affirming practices to foster emotional well-being to reduce anxiety and avoidance behaviors among neurodivergent students.

To effectively embed this approach in daily counselling practice, school counsellors can utilize a range of practical strategies grounded in students' strengths. These include, but are not limited to, the deliberate use of affirmations, strengths inventories, and reframing techniques. Also, counsellors can ask students questions like, "What skills helped you succeed at this task?" or use tools such as the VIA Character Strengths Inventory to collaboratively identify and highlight key strengths. Therefore, the counsellor learns to reframe perceived challenges for the student. For example, viewing a student's intense focus on details as meticulousness rather than rigidity helps the student foster self-acceptance and motivation (Armstrong, 2010).

Interest-Based Activities

Incorporating special interests into counselling interventions significantly improves engagement, communication, and learning outcomes among neurodivergent students (Grant, 2021). Research consistently supports leveraging students' special interests ranging from technology and gaming to arts and creative expression as powerful tools for connection and emotional regulation. Integrating the special interests of autistic students into educational and counseling interventions has been shown to enhance social engagement and academic performance. For example, Koegel et al. (2012) implemented lunchtime clubs centered around shared interests, resulting in significant increases in peer interactions and verbal initiations

among autistic students in inclusive settings. Similarly, Koegel et al. (2013) found that incorporating students' preferred interests into social activities led to improved socialization for high school students with autism. These studies suggest that leveraging students' interests can create more engaging and effective educational experiences.

Practical examples of interest driven interventions include using a student's interest in technology as a starting point for social skills development, or integrating creative arts activities (drawing, music, storytelling) into counselling sessions to facilitate emotional expression. Grant (2021) describes AutPlay Therapy as an integrative play-based intervention that centers neurodivergent children's strengths, interests, and sensory profiles to build regulation, connection, and emotional resilience. Grounded in a neurodiversity-affirming framework, AutPlay incorporates structured play, sensory activities, and caregiver involvement, allowing children to engage through preferred modalities rather than expected norms. While most evidence comes from practitioner-reported outcomes, reports indicate that participants frequently demonstrate increased social engagement, improved emotional regulation, and reductions in anxiety-related behaviors when their special interests are incorporated as therapeutic tools. Rather than treating neurodivergent traits as deficits, AutPlay positions these traits as meaningful expressions that can be supported through affirming and playful intervention.

Additionally, counsellors incorporating student selected games or technology-based interventions reported increased motivation, reduced resistance, and improved student counsellor rapport (Jenkins, 2022).

Recognizing and Affirming Neurodivergent Strengths

Explicit recognition and affirmation of neurodivergent strengths significantly impact students' academic and emotional outcomes, fostering self-acceptance and increased intrinsic motivation. Thomas Armstrong (2012) emphasizes that adopting a neurodiversity perspective in

education focusing on students' strengths rather than deficits can create learning environments where all students flourish. This approach shifts the narrative from one centered on limitations to a balanced acknowledgment of diverse cognitive styles and capacities, promoting psychological safety and greater academic engagement. While specific studies detailing improvements in self-esteem and school engagement through strength-based counseling for students with ADHD are limited, the broader literature supports the positive impact of such approaches on student well-being and academic performance.

Counsellors can explicitly affirm neurodivergent strengths by regularly identifying and discussing them with students, families, and teachers. For example, a student's intense focus on specific interests (often pathologized as a fixation) can be reframed and celebrated as deep expertise, valuable in peer tutoring or classroom leadership roles. Highlighting successes and competencies in counselling sessions, school meetings, and daily interactions also reinforces positive self-identity and reduces stigma, promoting a more inclusive school culture (Mandy, 2019).

Summary

Strengths-based and interest-driven interventions represent essential neuroaffirming strategies within school counselling, significantly improving student motivation, emotional well-being, and educational outcomes. Empirical evidence consistently supports integrating students' special interests and explicit affirmation of strengths into counselling practices. This approach aligns well with theoretical frameworks emphasizing autonomy, competence, and relatedness, thereby fostering holistic development and student empowerment.

While research strongly supports these interventions, opportunities remain for further exploration. Future studies could explore the long-term impact of strengths-based interventions across different neurodivergent populations. Additional rigorous evaluations, particularly

randomized controlled trials, could clarify the precise mechanisms driving the effectiveness of strength based and interest driven approaches. Despite these gaps, existing research convincingly demonstrates the immediate and practical benefits of adopting strengths-based perspectives, underscoring their value in creating inclusive and supportive school environments.

Play and Movement-based Interventions in Neuroaffirming School Counselling

Introduction

Play and movement-based interventions encompass therapeutic practices utilizing play, creativity, and physical movement to facilitate emotional regulation, cognitive development, and social skills in neurodivergent children (Grant, 2021; Landreth, 2012). These approaches provide engaging and low-pressure alternatives to traditional verbal-based therapies, particularly beneficial for children with autism, ADHD, and anxiety, who may face challenges with language-based interventions (Bratton et al., 2005). Play and movement therapies align closely with Polyvagal Theory, emphasizing physiological states and emotional safety (Porges & Dana, 2018), Trauma-Informed Care principles by prioritizing emotional safety and relationship building (Bath, 2008), and Developmental, Individual differences, Relationship-based (DIR) approaches (Greenspan & Wieder, 2009).

Play and movement interventions support neurodivergent students by facilitating safe, relationship-based interactions, and by offering sensory and motor experiences that help regulate the nervous system, reduce anxiety, and foster emotional connection (Landreth, 2012; Levine, 2010).

Play Therapy Approaches

Play therapy, including evidence-based models such as AutPlay Therapy, utilizes structured and unstructured play to address emotional, behavioural, and developmental concerns

in neurodivergent children (Grant, 2021; Landreth, 2012). Bratton et al. (2005) found that play therapy significantly improved emotional and social functioning in diverse child populations. Landreth (2012) emphasizes that play therapy allows children to symbolically express complex feelings and process experiences, offering a therapeutic language that is particularly accessible to neurodivergent learners. More recently, Ray et al. (2021) conducted a meta-analysis of over 100 play therapy studies, finding a large effect size in improving emotional, behavioural, and social outcomes in children, particularly when using child-centered and integrative models such as AutPlay Therapy. In addition to AutPlay, several other evidence-based play therapy approaches have demonstrated strong outcomes for neurodivergent students. Child-Centered Play Therapy (CCPT), for example, has been shown to significantly improve emotional expression and behavioral regulation (Ray et al., 2021). Cognitive-Behavioural Play Therapy (CBPT) offers developmentally appropriate, structured interventions for children experiencing anxiety or attentional difficulties. Although less commonly used in schools, Theraplay® emphasizes structured relational play to strengthen emotional connection and co-regulation, particularly in children with early trauma or attachment challenges (Booth & Jernberg, 2010).

AutPlay Therapy is an integrative family play therapy framework tailored to support the mental health needs of neurodivergent children. It combines play therapy, behavioral strategies, and relationship-based techniques to enhance social skills, emotional regulation, and reduce anxiety-related behaviors. While peer-reviewed quantitative data is limited, Grant (2021) describes consistent practitioner-reported improvements in social communication, emotional regulation, and relational connection when AutPlay is adapted to students' special interests and sensory needs.

For school counsellors, practical applications of play therapy include therapeutic games, storytelling, role-playing, and sensory-integrative activities to facilitate emotional exploration

and self-regulation. Counsellors can use brief, playful interactions tailored to each student's sensory profile and special interests, making sessions more engaging and impactful for neurodivergent learners (Grant, 2021).

Movement-based Strategies

Movement-based interventions, including structured physical activities, yoga, dance/movement therapy (DMT), and sensory integrative exercises, significantly reduce anxiety, enhance self-regulation, and improve academic and social outcomes among neurodivergent students (Koenig et al, 2005; O'Nions et al., 2013). Movement activities directly support physiological regulation by providing sensory motor input essential for emotional stabilization, aligning with Polyvagal Theory's principles of nervous system regulation (Porges & Dana, 2018).

Empirical evidence supports the use of yoga-based interventions for students with ADHD and autism. Koenig et al. (2012) found that boys with ADHD who participated in yoga sessions exhibited improvements in hyperactivity and impulsivity, suggesting yoga as a beneficial complementary treatment. Additionally, Wilkin et al. (2024) conducted a meta-analysis revealing that school-based yoga interventions led to significant improvements in executive functioning skills, such as working memory and inhibitory control, among young children.

Dance/movement therapy (DMT) has demonstrated substantial potential in supporting neurodivergent learners. Aithal, Moula, Karkou, and Powell's (2021) systematic review found that DMT interventions contributed to improvements in motor coordination, social communication, and anxiety management in autistic children. While outcomes varied, the review highlights the therapeutic value of movement-based interventions in enhancing emotional and relational skills. School counsellors can incorporate brief movement-based strategies such as

mindful yoga breaks or rhythmic movement games into sessions to provide accessible, regulating support for neurodivergent students.

Integration of DIR/Floortime Principles

DIR/Floortime, a Developmental, Individual-differences, Relationship-based approach, emphasizes building emotional connections through play and relationship-driven interactions. It promotes emotional and social development by meeting children at their developmental level and focusing on shared experiences, reciprocal interactions, and sensitivity to sensory processing differences.

Evidence supporting DIR/Floortime highlights substantial benefits for autistic children's emotional and communicative development. Greenspan and Wieder (2005) documented significant improvements in social-emotional skills and communication abilities among children who received DIR interventions. Additionally, a systematic review by Boshoff et al. (2020) reported increased socio-emotional development in children with autism following DIR/Floortime interventions, though it emphasized the need for more rigorous research.

In educational settings, the application of DIR/Floortime principles has been associated with enhanced emotional engagement, reciprocal interactions, and participation in peer activities among autistic students. Educators implementing this approach have observed positive outcomes in students' social and emotional functioning.

School counsellors can incorporate DIR principles by using child led, responsive play sessions to build trust, emotional safety, and communication skills. Counsellors can facilitate

brief Floortime sessions by joining students' activities, following their lead, and gently extending interactions to encourage social reciprocity and emotional expression.

Summary

Play and movement-based interventions represent essential neuroaffirming strategies for school counsellors, strongly supported by empirical research in evidence-based child therapy. Through structured play therapy approaches like AutPlay, evidence consistently demonstrates positive impacts on emotional regulation, social skills, and behavioural outcomes. Movement-based interventions, particularly yoga and DMT, offer support in anxiety reduction, self-regulation, and enhanced attention, aligning with neurodivergent students' physiological and emotional needs. Integrating DIR/Floortime principles further enriches counselling practice by fostering meaningful relationships and supporting emotional development.

Future research should address longitudinal impacts of play and movement interventions, particularly within diverse neurodivergent populations and school settings. Larger scale randomized controlled trials (RCTs) and expanded meta-analyses would further strengthen the existing robust evidence base (Ray et al., 2021). Nevertheless, current literature strongly validates incorporating play and movement interventions into neuroaffirming school counselling, underscoring their effectiveness in creating inclusive, supportive, and emotionally safe therapeutic environments.

Nature-based and Ecotherapy Approaches in Neuroaffirming School Counselling

Introduction

Nature-based therapy (also known as ecotherapy) integrates elements of the natural environment into therapeutic practices, promoting mental health, emotional regulation, and cognitive functioning (Fisher, 2019; Louv, 2008). In neuroaffirming school counselling, these

approaches offer calming, sensory-rich experiences that foster emotional expression, regulation, and a sense of safety especially for students with autism, ADHD, anxiety, or sensory sensitivities (Crews & Besthorn, 2016; Louv, 2012). Nature's capacity to support co-regulation aligns closely with both Polyvagal Theory and Trauma-Informed Care, which emphasize the importance of physiological safety, predictability, and relational attunement (Porges & Dana, 2018; Bath, 2008).

Therapeutic Benefits of Nature Exposure for Neurodivergent Students

Exposure to natural environments has been shown to significantly reduce anxiety, improve mood, and enhance attention and executive functioning in neurodivergent children (Capaldi et al., 2015; Jimenez et al., 2021; Liu & Green, 2023; Taylor & Kuo, 2011). For example, Taylor and Kuo (2009) found that children with ADHD demonstrated improved concentration after just 20 minutes in a natural setting compared to an urban one.

Richard Louv (2008) introduced the concept of "nature-deficit disorder," arguing that reduced access to green spaces contributes to emotional, cognitive, and behavioral challenges in children. Angela Hanscom (2016), a pediatric occupational therapist, similarly emphasizes that unstructured outdoor play helps children recalibrate their sensory systems and build emotional resilience core goals in trauma-informed and neuroaffirming school counselling.

These findings support the growing recognition that nature is not just a setting for wellness, but a co-regulator in the therapeutic process, offering a powerful, accessible tool for supporting neurodivergent students in school-based interventions.

Implementing Nature-Based Strategies in Counselling Environments

School counsellors can incorporate natural elements into both indoor and outdoor counselling practices to support sensory regulation, engagement, and student well-being. Indoors, adding low-allergen plants, using nature-themed visuals, or offering grounding tools

like sand trays or smooth stones can promote calmness and emotional safety (Capaldi et al., 2015; Liu & Green, 2023). McGeeney (2016) found that students reported increases in relaxation and engagement when counselling sessions included natural materials and sensory-friendly nature elements.

School counsellors can incorporate nature through simple adaptations, such as adding low-allergen plants, using sand trays or smooth stones for grounding, or displaying nature-themed artwork. These strategies help foster calm, connection, and sensory regulation key goals when supporting neurodivergent learners.

Outdoor activities can offer additional benefits. For example, mindful walks on the school field, collecting leaves or flowers, and touching natural textures like bark or rocks provide accessible ways to promote grounding and connection. Hanscom (2016) describes these unstructured sensory experiences as essential for supporting emotional regulation in neurodivergent learners. Furthermore, therapeutic play in green spaces, such as gardening or quiet time under a tree can also help reduce anxiety and support therapeutic rapport.

Research supports these accessible nature-based practices as effective in improving attention, reducing behavioral disruptions, and supporting social-emotional growth in neurodivergent students (Jimenez et al., 2021; Liu & Green, 2023; Kuo, 2015). Integrating such strategies into regular school counselling practice affirms neurodivergent sensory needs and creates inclusive, emotionally responsive environments.

Summary

Nature-based and ecotherapy interventions represent powerful neuroaffirming strategies within school counselling, supported by robust quantitative and qualitative evidence. Research consistently demonstrates significant improvements in anxiety management, emotional regulation, mood enhancement, and behavioral outcomes among neurodivergent students

exposed to natural elements and structured outdoor activities. Aligning with Polyvagal Theory, Trauma Informed Care, and environmental approaches, ecotherapy provides accessible, effective therapeutic interventions deeply respectful of neurodiversity and sensory differences.

Future research should examine the long-term benefits of ecotherapy for diverse neurodivergent populations across school contexts. Nonetheless, existing evidence strongly supports the immediate implementation of nature-based strategies as part of a comprehensive, neuroaffirming school counselling framework.

Somatic and Trauma Informed Practices in Neuroaffirming School Counselling

Introduction

Somatic and trauma-informed practices in school counselling emphasize the deep connection between bodily awareness, emotional experiences, and the impact of trauma on the nervous system (Levine, 2010; Porges & Dana, 2018). These interventions prioritize bodily regulation and emotional safety, particularly beneficial for neurodivergent students who frequently experience heightened sensory sensitivity, anxiety, and traumatic stress from environmental demands or social interactions (Bath, 2008; Gates, 2019). Moreover, Somatic Experiencing (SE) focuses on how trauma is stored in the body, supporting students in restoring balance through awareness of physical sensations (Levine, 2010). In parallel, Trauma-Informed Care (TIC), informed by Polyvagal Theory, emphasizes relational safety, choice, collaboration, and empowerment as foundational components for healing (Bath, 2008; Porges & Dana, 2018).

For neurodivergent students such as autistic youth, those with ADHD, or sensory processing challenges trauma informed and somatic practices offer critical pathways to understanding bodily cues, reducing sensory overload, and fostering emotional regulation, all

vital to enhancing therapeutic outcomes and educational engagement (Gates, 2019; Levine, 2010).

Somatic Experiencing (SE) and Bodily Regulation

Somatic Experiencing (SE), developed by Peter Levine, is a trauma therapy that emphasizes body awareness as a means to release traumatic stress (Levine, 2010). The approach encourages individuals to gently notice, and process physical sensations associated with trauma or anxiety, fostering emotional resilience without overwhelming the nervous system. SE incorporates grounding techniques, mindful breathing, and gentle movement to support physiological regulation skills especially beneficial for students experiencing stress or sensory dysregulation.

Empirical research supports SE's effectiveness in treating posttraumatic stress disorder (PTSD). In a randomized controlled trial, participants receiving SE demonstrated significant reductions in PTSD symptom severity and depression compared to a waitlist control group (Brom et al., 2017). While most SE research focuses on clinical or outpatient populations, its core principles such as interoceptive awareness and gradual exposure can be adapted effectively for school counselling settings. Additional support for somatic approaches comes from school-based studies. Warner et al. (2014) found that somatic interventions led to measurable improvements in emotional regulation and reductions in PTSD-related symptoms among traumatized youth. These findings show strong value of somatic techniques in supporting emotional and physiological regulation, particularly for children affected by trauma.

Practically, school counsellors can integrate SE-informed strategies by introducing simple, brief grounding practices such as mindful breathing, body scans, or sensory-based

grounding within counselling sessions. These approaches offer immediate support for neurodivergent students' emotional regulation and nervous system balance.

Implementing Trauma Informed Practices in Schools

Trauma-informed care (TIC) in educational settings acknowledges the widespread effects of trauma and emphasizes emotional safety, relational trust, empowerment, collaboration, and choice (Bath, 2008; Gates, 2019). These approaches are particularly vital for neurodivergent students, who may experience trauma not only from acute events but also from chronic stress related to misattunement, masking expectations, or punitive discipline practices. Implementing TIC requires a cultural and systemic shift within schools, including adapting classroom practices to reduce trauma triggers and promote resilience. This approach is especially relevant for neurodivergent students, who may be more vulnerable to the effects of trauma due to experiences such as bullying, social exclusion, or sensory overstimulation.

Research supports the benefits of trauma-informed practices in schools. Dorado et al. (2016) examined a trauma-informed intervention in urban elementary schools and found improvements in school climate and reductions in disciplinary referrals after implementation. Similarly, the National Child Traumatic Stress Network (2018) describes trauma-sensitive schools as environments that promote a sense of safety and belonging, which is critical for students with disabilities. These environments foster improved social-emotional competence and coping skills, leading to better behavioral and educational outcomes.

School counsellors play a vital role in implementing TIC by helping educators understand that student behaviors may be expressions of underlying trauma. They support staff in adopting

restorative discipline practices and establishing predictable, calming routines that enhance emotional safety and prevent retraumatization.

Addressing Trauma and Sensory Overload in Neurodivergent Students

Addressing trauma explicitly connected to sensory overload is particularly critical in neuroaffirming counselling. Neurodivergent students, especially autistic children or those with sensory processing disorders, experience sensory sensitivities that can be intensely traumatic, leading to repeated exposure to distress and cumulative trauma (Gates, 2019; Goodman Scott & Lambert, 2015). In addition, cumulative sensory trauma may resemble complex PTSD in how it manifests physiologically and behaviorally (Goodman-Scott & Lambert, 2015), reinforcing the need for school counsellors to view behavioral "outbursts" or shutdowns as stress responses, not misbehavior.

Research-informed practice highlights important links between sensory processing difficulties and trauma responses, particularly in children with neurodevelopmental differences. Goodman-Scott and Lambert (2015) emphasize that children with Sensory Processing Disorder (SPD) often present with symptoms commonly associated with trauma, such as anxiety, emotional dysregulation, and hypervigilance. They argue that trauma-informed counselling approaches are essential when working with this population. Similarly, Joseph et al. (2021) discuss how sensory-based interventions such as sensory modulation strategies, gentle movement exercises, and sensory-friendly environments may help regulate the nervous system and reduce trauma-related distress. While specific outcomes vary, these strategies have been associated with improved emotional regulation, decreased stress responses, and greater readiness to engage in therapeutic and educational activities.

Practically, school counsellors can address sensory trauma by incorporating sensory-informed counselling strategies such as grounding techniques, sensory awareness exercises,

predictable sensory-safe routines, and clear communication about environmental changes. Additionally, educating teachers and staff on recognizing sensory-triggered trauma responses reduces inadvertent retraumatization and enhances students' overall emotional safety.

Summary

Somatic and trauma-informed practices are essential components of neuroaffirming school counselling. These evidence-based approaches reduce trauma-related symptoms, support emotional regulation, and create safe, responsive environments. Together, they shift the counselling relationship from managing behaviors to co-regulating distress, validating the student's bodily and emotional experience. Furthermore, both qualitative and quantitative evidence consistently demonstrate these interventions' effectiveness in reducing anxiety, trauma symptoms, and sensory overload experiences among neurodivergent students.

Future research should explore further long-term outcomes of integrating these practices systematically across diverse neurodivergent student populations. Nevertheless, existing literature clearly demonstrates the immediate, practical benefits of adopting somatic and trauma informed approaches in school counselling, underscoring their essential role in fostering emotional safety, sensory regulation, and overall well-being among neurodivergent youth.

Collaboration with Teachers, Staff, and Families

Introduction

School-wide collaboration and advocacy involve intentional partnerships among school counsellors, educators, administrators, families, and students to create inclusive, accessible, and affirming educational environments for neurodivergent learners (Goodman et al 2019). Through these collaborative efforts, schools can implement discipline practices that respect neurodivergent students' needs, offer meaningful classroom accommodations using Universal

Design for Learning (UDL), strengthen family school partnerships, and foster peer support programs promoting social inclusion. Such collaboration aligns closely with the Social Model of Disability, emphasizing environmental adjustments and systemic advocacy rather than individual remediation (Oliver, 2013).

Educating Teachers on Neuroaffirming Discipline

Effective collaboration begins with educating teachers on neuroaffirming, trauma-informed discipline practices that prioritize relational repair, emotional safety, and respectful behavioral supports over punitive or exclusionary measures (Better-Bubon et al., 2016). Traditional punitive practices disproportionately affect neurodivergent students, often intensifying anxiety, social withdrawal, and disengagement. In contrast, evidence-based models such as Collaborative Proactive Solutions (CPS), restorative approaches, and Positive Behavioural Interventions and Supports (PBIS) are associated with reductions in exclusionary discipline and improvements in engagement.

Schools implementing PBIS reported improvements in school climate, SEL outcomes, and reductions in suspensions among students with disabilities (Simonsen et al., 2022). Moreover, professional development that reframes behavior as communication rather than defiance helps educators implement trauma-informed approaches more effectively. For example, Goodman-Scott et al. (2019) found that after restorative practice training, educators felt more competent managing behavioral challenges and described better relationships with neurodivergent students.

Classroom Accommodations and Universal Design for Learning (UDL)

Classroom accommodations and Universal Design for Learning (UDL) provide instructional frameworks that promote multiple means of engagement, representation, and expression, significantly enhancing accessibility for neurodivergent students (Meyer, Rose, &

Gordon, 2014). Research indicates that implementing UDL principles fosters greater student participation and reduces behavioral issues, particularly among students with ADHD and autism (Katz & Sokal, 2016).

School counsellors play a pivotal role in advocating for and implementing UDL by assisting educators in applying visual schedules, offering alternative assignment formats (e.g., oral presentations, video projects), and establishing sensory-friendly learning environments. Such accommodations promote autonomy, academic success, and meaningful participation for neurodivergent students. Counsellors also support teachers through training and coaching to embed UDL principles into daily classroom practices, enhancing inclusion and achievement for all learners.

Strengthening Family School Partnerships

Family–school partnerships involve ongoing, reciprocal communication and collaboration between educators and families, which are crucial for supporting neurodivergent students comprehensively. Effective partnerships ensure consistency of supports across home and school, thereby enhancing educational outcomes, emotional well-being, and behavioral regulation among neurodivergent learners (Christenson & Sheridan, 2001; Garbacz et al., 2016).

In addition, meta-analytic findings confirm the effectiveness of family–school interventions. For instance, Sheridan et al. (2019) found that collaborative family involvement enhanced children's social competence and mental health. Moreover, qualitative research highlights that when parents feel their perspectives are genuinely respected, trust in school staff increases and collaborative efforts result in more individualized, effective interventions (Garbacz et al., 2016).

Counsellors can foster family partnerships through consistent communication, co-facilitating IEP meetings, and offering workshops on neuroaffirming strategies. These practices

help ensure that families are informed and empowered participants in their child's educational journey.

Peer Support Programs and Social Inclusion

Peer support programs including peer mentoring, buddy systems, and interest-based clubs can enhance social inclusion and reduce isolation among neurodivergent students (Locke et al., 2015). These initiatives foster authentic connections and improve peer acceptance, self-esteem, and emotional well-being.

Systematic reviews have confirmed the effectiveness of peer-mediated interventions for autistic students. For instance, Watkins et al. (2015) found these strategies significantly improved social initiations and reciprocal interactions. In addition, Deckers et al. (2017) reported reduced bullying and loneliness among neurodivergent youth engaged in structured peer support activities.

School counsellors can lead these initiatives by matching students with trained peer mentors, establishing inclusive social clubs (e.g., gaming or arts-based groups), and training peers to support neurodivergent classmates respectfully and effectively. These strategies build positive peer networks and cultivate inclusive school cultures.

Summary

School-wide collaboration and advocacy are essential to building inclusive, emotionally safe environments for neurodivergent learners. Evidence supports the effectiveness of training educators in neuroaffirming discipline, embedding UDL in classrooms, strengthening family-school partnerships, and facilitating peer-based inclusion programs. These strategies collectively promote student engagement, well-being, and academic success.

Future research should examine the long-term effects of these collaborative efforts and explore how variables such as race, language, and socioeconomic status shape their impact.

Nonetheless, current literature provides strong support for school counsellors to lead these partnerships in fostering neurodiversity-affirming, supportive learning communities.

Chapter 4: Summary, Recommendations and Conclusions

Summary

This Capstone examined the integration of neuroaffirming practices within school counselling, presenting a comprehensive review of current challenges, theoretical frameworks, and practical interventions. Theme A: Current Challenges highlighted the significant barriers faced by neurodivergent students in school environments, including sensory overstimulation, misunderstanding behaviors as intentional defiance, punitive disciplinary practices, insufficient teacher training, weak family school partnerships, and systemic ableism (Botha & Frost, 2020; Milton, 2012). Theme B: Neurodiversity Paradigm Theory introduced a shift from deficit focused views toward embracing neurological differences as valuable aspects of human diversity. Frameworks discussed included the Social Model of Disability, Double Empathy Theory, Self Determination Theory, Polyvagal Theory, Minority Stress Theory, Intersectionality, Critical Disability Theory, and Person Centered, Strengths Based approaches, each emphasizing empowerment, self-advocacy, and systemic advocacy (Chapman, 2021; Ryan & Deci, 2020; Rogers, 1986; Saleebey, 2012). Theme C: Neuroaffirming Interventions detailed practical school-based counselling strategies such as environmental adjustments, collaborative interventions, sensory informed practices, play and movement-based therapies, trauma informed approaches, ecotherapy, and school wide advocacy. These interventions were shown to significantly improve academic performance, emotional regulation, social inclusion, and overall mental health (Grant, 2021; Levine, 2010; Louv, 2008; Goodman-Scott & Grothaus, 2017; Silvester & Rankine, 2024).

Recommendations

Based on the reviewed literature, several key recommendations emerge for practicing school counsellors. First, counsellors should advocate for environmental and sensory

accommodations, including sensory friendly spaces, visual schedules, flexible seating, and reduced sensory demands, to mitigate anxiety and sensory overload among neurodivergent students (Botha & Frost, 2020). Additionally, counsellors must prioritize collaborative, strengths-based approaches, explicitly integrating student voices and emphasizing strengths during counselling goal setting, fostering self-advocacy and active student engagement (Silvester & Rankine, 2024).

School counsellors are also encouraged to incorporate trauma informed and somatic practices, utilizing techniques such as grounding, mindful breathing, and sensory awareness in individual and group counselling sessions. These approaches effectively enhance bodily regulation and emotional safety, particularly addressing sensory sensitivities and trauma related stress (Levine, 2010; Warner et al., 2014). Furthermore, incorporating brief nature-based interventions, including nature walks, gardening, or outdoor sensory breaks, has been demonstrated to significantly reduce anxiety, improve mood, and enhance attention among neurodivergent students (Fisher, 2019; Louv, 2008).

At the systemic level, school counsellors should proactively educate and advocate school wide, delivering professional development on neuroaffirming discipline practices, Universal Design for Learning (UDL), and inclusive accommodations. Such advocacy promotes restorative, non-punitive strategies, substantially reducing behavioral incidents and increasing inclusive educational practices (Goodman Scott & Grothaus, 2017). Additionally, counsellors should focus on strengthening family school partnerships, ensuring consistent communication and collaborative decision making with families to develop cohesive, culturally responsive, individualized support plans (Sheridan et al., 2019). Finally, facilitating peer support programs

such as peer mentoring, affinity groups, and neurodiversity clubs significantly enhances social inclusion, peer acceptance, and understanding among students (Locke et al., 2015).

Capstone Limitations

This Capstone project acknowledges several limitations. The first involves the project's extensive scope and breadth; covering numerous theories and interventions limited the depth and nuanced exploration possible for each individual practice. Second, despite substantial literature support, there remains a notable lack of extensive randomized controlled trials or meta-analyses explicitly focused on neuroaffirming counselling interventions, highlighting a critical area for future empirical development. Another limitation is the lack of direct field implementation data. While recommendations provided are evidence-based, their practical application in authentic school settings was beyond this project's scope, underscoring the need for applied, field-based research. Finally, the Capstone noted limitations in intersectional data, with insufficient empirical studies specifically examining intersectionality in neuroaffirming interventions, leaving gaps in understanding the unique experiences of multiply marginalized neurodivergent students.

Conclusions

In conclusion, transitioning toward neuroaffirming school counselling practices is essential and demonstrably beneficial for neurodivergent students. This Capstone clearly establishes that shifting from deficit focused frameworks toward neurodiversity affirming practices significantly enhances students' academic, emotional, social, and overall mental health outcomes. By integrating theoretical frameworks such as the Social Model of Disability, Double Empathy Theory, Self Determination Theory, Polyvagal Theory, and strengths-based

approaches, school counsellors can effectively create inclusive, affirming educational environments.

It is vital for school counsellors, educators, families, and researchers to collaboratively advocate for systemic change and sustained professional development. Despite the challenges and limitations identified, existing evidence overwhelmingly supports immediate adoption and consistent implementation of neuroaffirming practices. Overall, these approaches empower neurodivergent students and help create school environments where all learners feel safe, seen, and supported.

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Appendix A: 10 Neurodiversity Affirming Principles for Therapists

10 Neurodiversity Affirming Principles for Therapists***
Julie Roberts, M.S. CCC-SLP, © 2018 - 2022
It's not about compliance, control, normalization, or fixing perceived "deficits"

- 1** Abandon ABA, IBI, NDBI & all other behavioral, compliance-based, restrictive & controlling approaches.
Authentic, robust, self-determined communication
- 2** Advocate, validate, accept autistic & neurodivergent diversity in social intelligence.
Meet sensory & environmental needs
- 3** Advocate for & train autistic acceptance (play, perspectives, behavior & social communication differences, sensory needs).
Authentic play is purposeful play!
- 4** Seek to understand behaviors, & make sure these needs are met, communication, sensory environment, supports, barriers.
Safe vs Unsafe, Harmful vs Helpful
- 5** "Therapy vs cure" means self-determined quality of life vs hide / change / eliminate neurodivergent characteristics.
Remove barriers! Equitable inclusion!
- 6** Reject normalization goals that induce trauma, autistic masking, loss of autonomy, personal agency, authenticity.
Friend vs Friendly vs "not a friend"
- 7** Abandon social skills training goals that shame & lead to autistic masking & poor mental health outcomes.
Boundaries & Consent
- 8** Replace SST with neurodiversity-affirming social communication assessment and therapy***.
Autistic masking & camouflage
- 9** Conduct respectful, informed assessments; write evidence-based, strength-based reports & empowering goals.
Problem-solving, meeting needs, achieving personal goals
- 10** Focus on communication, self-advocacy, boundaries & consent, safe vs unsafe, harmful vs helpful & acceptance of authenticity.
Accommodations, modifications, supports!

*** The Neurodiversity-Affirming Conceptual Practice Framework for Social Communication (Roberts, J. © 2019-2022)

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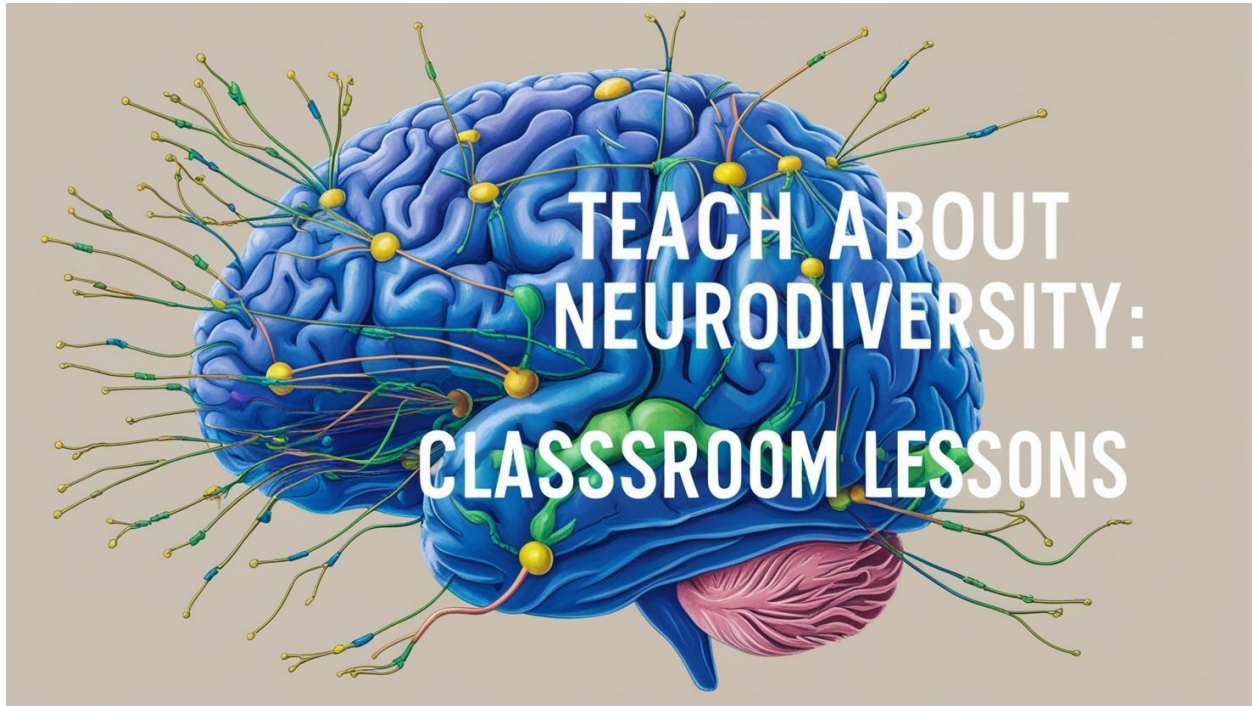
Click here for the link to the above [Poster](#).

Appendix B: Neurodiversity Resources for Counsellors



Click here for the link to [Resources](#).

Appendix C: Sample Neurodiversity Lessons for Intermediate Classes



Click here for the link to the [Lessons](#).