

**Supporting Neurodivergent Children and Youth Through Affirming Practices**

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### **Abstract**

The focus of this capstone project explores the application of neurodiversity-affirming practices in counselling and education settings with the goal of providing support to neurodivergent children and youth. A neurodiversity-affirming approach will be discussed through a literature review to address the research question: How does using a neurodiversity-affirming approach help to promote positive mental health and academic performance in neurodivergent children and youth? Traditional views of neurodevelopmental differences have used a deficit-based model which focuses primarily on creating normalcy and behavioural compliance. In contrast, the neurodiversity paradigm conceptualizes neurological variation as a range of natural ways in which humans can function. Additionally, it emphasizes the environmental and systemically based influences on the experiences of neurodivergent individuals. A synthesis of current literature from the fields of counselling and education was done to explore how neuroaffirming practices can be applied in various contexts. Important results of these studies indicated that the establishment of relational safety, strengths-based approaches, epistemological humility and flexible environments were important support for neurodivergent children's self-regulation, identity development, and ability to participate meaningfully. The results of this research propose a neuroaffirming social story that can assist children in learning about what it means to be neurodivergent, and develop supportive environments for them through clinical, academic, and familial settings.

*Keywords:* neurodiversity, neurodiversity-affirming, children, counselling, education

**Dedication**

To my dearest family, whose support made the completion of this capstone possible.

And, especially, to my dearest S - my muse and biggest inspiration.

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## **Chapter One: Introduction**

### **Introduction**

The neurodiversity model is becoming a popular way to look at neurodivergent groups and how we can create supportive environments. Neurodiversity affirms the idea that neurodivergence is a part of human diversity and should be accepted as such. This model rejects deficit-based models of disability that attempt to "cure" or "fix" neurodivergence (Chapman & Botha, 2023).

This project explores how to implement neurodiversity-affirming strategies and practices in education and therapeutic settings for neurodivergent children and youth. Strategies include creating an environment where the individual's difference is celebrated, using their strengths to develop skills and reduce barriers to inclusion (Chapman & Botha, 2023; Pantazakos, 2023). While there is increasing awareness of the neurodiversity paradigm, there are still many gaps in how the tenets of the paradigm are implemented as affirmative, practical strategies for neurodivergent children and youth in everyday settings (Kalisch et al., 2023).

### **Overview of the Topic**

Neurodiversity is described as a way of thinking about differences in brain function that are usually lumped into terms like autism and Attention-Deficit/Hyperactivity Disorder (ADHD) as natural variations rather than deficiencies. It is based on the social model of disability that says challenges come from societal barriers instead of personal traits. The concept of neurodiversity-affirming practice emerged in the 1990s as a grassroots movement led by autistic self-advocates, but now includes other identities that fall under the category of neurodivergent (Chapman & Botha, 2023; Pantazakos, 2023).

The prevalence of neurodivergence emphasizes the importance of affirming practices. In Canada, 9.15% of children between the ages of 4 to 11 have been diagnosed with a condition that makes them neurodivergent, and estimates of the global population show that 15-20% of people have a neurodivergent condition (Cherewick & Matergia, 2024). The National Longitudinal Survey of Children and Youth (NLSCY) in Canada and data from British Columbia show that 1 in 11 children between the ages of 4 and 11 have a neurodisability, which represents 8.3% of children aged 6 to 10 in British Columbia (Kids Brain Health Network, n.d.). Across adults in Canada, there are over 600,000 estimated to be neurodivergent, and those numbers will likely continue to grow. These individuals are at higher risk for mental health issues, with 70% of autistic individuals experiencing co-morbid disorders such as anxiety and depression (Cherewick & Matergia, 2024; Jones et al., 2024). In education, many neurodivergent children face significant barriers such as misdiagnosis, a lack of accommodations, and exclusion due to their “challenging” behaviours which often relate to difficulties regulating themselves and managing their emotions (Goodall et al., 2022; Lucie, 2024). Access to services also has obstacles in the form of long wait times for diagnostics (1-3 years) and funding models that are based on deficit-focused practices, such as Applied Behaviour Analysis (ABA) therapy, limiting the availability of neurodiversity-affirming interventions (Kalisch et al., 2023). This project aims to address these systematic shortcomings by promoting neurodiversity-affirming practices that build upon strengths, foster inclusion and reduce barriers.

### **Purpose Statement**

The focus of this project will be to examine some of the key questions surrounding the implementation of neurodiversity-affirming practice in education and therapy for neurodivergent children and youth. More specifically, the study will focus on the question: How does adopting a

neurodiversity-affirming approach support the mental health and academic experiences of neurodivergent children and youth?

Practitioners who wish to adopt a neurodiversity-affirming approach, as opposed to deficit-focused approaches to working with neurodivergent individuals, must first and foremost, have an appreciation of the strengths, identity and individualized needs of the neurodivergent individuals they support. Practitioners working with neurodivergent children and youth must therefore, move away from deficit-focused models where normalization is prioritized. Instead, they are encouraged to implement inclusive approaches that respect diverse forms of cognitive, sensory and social functioning (Cherewick & Matergia, 2024; Jones et al., 2024). Examples of these include tailoring communication strategies to meet the specific needs of each child or adolescent, providing sensory and environmental flexibility and focusing on the strengths and needs of the individual rather than the perceived deficits (Jones et al., 2024; Kalisch et al., 2023). In addition to developing effective communication strategies and reducing conflict, it is also essential for professionals to establish an environment of respect that promotes the value of having a neurodivergent identity and reduce the stigma associated with being neurodivergent (Chapman & Botha, 2023; Dwyer, 2022).

This issue was selected as the focus for this project due to the belief that there needs to be systemic changes made to support neurodivergent children and youth better than what currently exists in both educational and therapeutic environments. Although our understanding of neurodiversity has grown significantly over recent years, many existing practices still operate based on deficit models and therefore do not help to promote the development of positive outcomes (i.e. positive mental health) and instead can lead to adverse consequences, such as exclusion (Cherewick & Matergia, 2024; Goodall et al., 2022; Pantazakos, 2023). The purpose of

this project is to fill the gap that exists between theory and principles of the neurodiversity paradigm and actual application within daily life. With greater awareness of the concept of neurodiversity in society today, there is an increasing demand for evidence-based frameworks to assist educators, therapists, and policymakers to develop affirming practices consistent with the principles of neurodiversity.

Findings and insights generated by this project are intended for multiple audiences. Counselling professionals will be able to utilize the developed content to facilitate the implementation of interventions related to relational practice, acceptance and affirmation of neurodivergent identities. Educators can utilize the identified strategies to create inclusive classroom environments that support students' self-regulation, emotional regulation, and strengths-based learning (Goodall et al., 2022; Lucie, 2024). Parents and caregivers will obtain knowledge and tools to advocate for affirming practices that promote the mental health and wellbeing of their children. Policymakers and advocates can use the findings to inform funding, decision making, program planning and systemic reform efforts that eliminate barriers to accessing neurodiversity-affirming services (Lucie, 2024). Finally, researchers can expand on this work to contribute to the growing body of literature examining the importance of neurodiversity and the role it plays in developing inclusive and affirming practices (Chapman & Botha, 2023; Pantazakos, 2023).

## **Theoretical/Conceptual Framework**

### ***The Neurodiversity Movement***

Beginning in the late 1990s, the neurodiversity movement was developed as a social justice initiative for individuals with neurodevelopmental disorders and/or cognitive disabilities. The neurodiversity movement was initially started by autistic self-advocates, but has since

included self-advocates from other neurodivergent groups including ADHD, dyslexia, and developmental coordination disorder (Chapman & Botha, 2023). The core belief of this movement is the recognition of neurodivergent individuals as a natural variation of human functioning, thus deserving of rights as anyone else. Therefore, the focus is on the value of all individuals and providing them with the opportunities to participate fully in their communities (Pantazakos, 2023).

### ***The Neurodiversity Paradigm***

The neurodiversity paradigm differs from the medical model as it does not view neurodivergence as a personal or internal deficit but instead views it as a structural mismatch between the needs of the individual and those of society. This can be seen as a reflection of the social model of disability, where society is viewed as the barrier to full participation and engagement of people causing disability. In contrast, the medical model views the disability itself as the barrier to engagement (Chapman & Botha, 2023; Dwyer, 2022).

Acceptance of neurocognitive diversity is also a key tenet of the neurodiversity paradigm, as it recognizes that neurodivergence exists along a continuum of normal human variation, just like race, culture, and gender.. Therefore, the goal is not to "cure" the neurodivergence, but to create environments and systems that allow neurodivergent individuals to thrive. Additionally, the neurodiversity paradigm supports the self-advocacy and identity development of neurodivergent individuals by supporting their self-identity and promoting collective advocacy for systemic change (Chapman & Botha, 2023; Dwyer, 2022; Jones et al., 2024; Pantazakos, 2023).

This paradigm has directly influenced inclusive education and therapy, as both fields have been impacted by the need to recognize and utilize the unique strengths of neurodivergent

individuals, such as creative thinking, pattern recognition, and problem solving, and to address the sensory and social barriers that exist in educational settings (Goodall et al., 2022; Lucie, 2024). As well, therapy informed by the neurodiversity paradigm focuses on developing relational approaches, practicing epistemic humility, and cultivating pride in one's neurodivergent identity (Chapman & Botha, 2023; Kalisch et al., 2023).

The neurodiversity paradigm will serve as a theoretical basis for this project as it will provide the framework for evaluating and developing affirming practices for neurodivergent children and youth. The neurodiversity paradigm enables critical thinking regarding the ways in which society and institutions create barriers for neurodivergent children and youth. It does so by working towards removing these barriers and providing inclusive experiences for all (Dwyer, 2022; Pantazakos, 2023).

### **Contribution to the Field**

The project provides a critical contribution to the counselling field by developing an understanding and application of neurodiversity-affirming practices that reflect significant gaps in current knowledge and practice. Despite the increasing recognition of the neurodiversity paradigm, most contemporary models remain based upon deficit-focused frameworks. Frameworks like this prioritize normalization rather than address the systemic inequities that produce stigma, exclusion and limited access to affirming care for neurodivergent children and youth (Lucie, 2024; Pantazakos, 2023). In addition, many current systems rely on medicalized frameworks, including ABA therapy, which often promote compliance at the expense of individuality and autonomy (Kalisch et al., 2023). Therefore, this project will discuss evidence-based, neurodiversity-affirming alternatives to challenge the dominant, entrenched systems and provide alternative practices that emphasize inclusion and respect for

neurodivergent identities. Moreover, few studies have examined how counsellors and educators may implement neurodiversity-affirming models in their practice. Therefore, this project aims to fill the existing gaps in the literature and provide information that is directly applicable to counsellors and educators who want to work toward social justice and recognize the dignity and rights of neurodivergent children and youth.

Neurodiversity-affirming methods and subsequent positive identity development, mental health, and self-determination of neurodivergent children represent the transformative value of this project (Chapman & Botha, 2023; Cherewick & Matergia, 2024). The project will also challenge the widespread societal stigma surrounding neurodivergent conditions by promoting awareness of the strength and contributions of neurodivergent individuals as well as the marginalizing narratives that often dominate conversations concerning neurodivergence (Dwyer, 2022; Lucie, 2024). Finally, the project intends to assist practitioners (i.e. counsellors and educators) by providing a practical model for applying neurodiversity-affirming methodologies. The methodology will ensure that all interventions are guided by the principles of inclusion, acceptance, and respect for neurodivergent identities.

This project will contribute significantly to the growing body of research focused on neurodiversity by creating a practical model for counsellors and educators to apply affirming practices in their respective settings. Practitioners from this project will have the ability to create practical strategies based upon the models developed through this project to promote greater inclusivity and support for neurodivergent children and youth in their own environments (Chapman & Botha, 2023; Pantazakos, 2023). Ultimately, this project will provide an empowering and affirming view of neurodiversity (Cherewick & Matergia, 2024; Kalisch et al., 2023). This study will also aid policymakers in implementing policies designed to reduce

inequalities and increase access to neurodiversity-affirming practices in order to create a more inclusive society (Lucie, 2024).

### **Reflexivity and Positionality Statement**

My reflexive position as a mother, developed through this research, is based on my experiences as an ally and supporter of a neurodivergent family member. These roles have provided me with additional insight into the numerous barriers that occur when accessing supports that are both inclusive and affirmative towards neurodiversity. My role as a supportive family member has also created a strong sense of advocacy for utilizing neurodiversity-affirming practices in every possible form. Over time, I have established a network of advocates and supports that utilize a strengths-based model of care that provides a voice for our family's needs.

In addition to establishing a personal perspective, my professional experience as an educator and counsellor has increased my ability to support diverse populations of students and clients. I am particularly passionate about supporting children and families as they navigate the complexities of sensory regulation, emotional wellness, and developmental challenges in a world where the needs of neurotypical individuals are consistently prioritized. I reject behavioural frameworks (e.g. ABA) that are grounded in expectations of compliance and/or the suppression of neurodivergent traits. I support parents, educators, and counsellors advocating for supports that promote acceptance and celebrate the unique neurocognitive diversity of each child while also ensuring the needed accommodations to address specific needs.

During my search for the most effective supports for a neurodivergent family member, I began to seek out the available supports relevant to our family. Through listening to the voices of neurodivergent individuals and connecting with the larger neurodivergent community, I further realized the importance of rejecting pathologizing narratives, and instead, supporting natural

growth and wellbeing. These experiences clearly demonstrated to me that there exists a significant gap in the availability of neurodiversity-affirming therapy options in my community. As a result, many families continue to encounter numerous barriers in attempting to access neurodiversity-affirming care, such as lengthy waiting lists and few options for affirming care.

My positionality influences how I will interact with this research, as I identify as a cisgender, white, privileged, immigrant and colonizer woman. The many facets of my social location have allowed me to gain a broader understanding of the many ways in which systemic inequities can impact neurodivergent experiences. As both a parent and a professional, I am dedicated to identifying and addressing the gaps in supports for neurodivergent children, youth and their families through the promotion of evidence-based, affirming practices. My hope is that this project will contribute towards decreasing systemic barriers and creating a more inclusive and supportive environment for neurodivergent communities.

### **Search Strategy**

This project involved a review of current literature using databases such as Google Scholar and the City University online library to identify relevant peer-reviewed articles published within the last five years. Additional sources were identified through reference lists of selected articles. Canadian statistics were obtained from publicly available sources to support contextual understanding of the topic.

## **Definition of Key Terms**

### ***Deficit-Based Models***

Traditional methods for therapy and education that focus on identifying and correcting deficits that are perceived in neurodivergent people to normalize rather than accept them, often prioritizing normalization over acceptance (Dwyer, 2022).

### ***Epistemic Humility***

A model in therapeutic and educational settings where both parties are aware of their own limitations in regards to their knowledge of neurodivergent experiences, fostering collaboration and mutual respect (Chapman & Botha, 2023).

### ***Identity-First Language***

Refers to a way of speaking about someone's "identity." In terms of how someone refers to themselves as being neurodivergent (and/or as having other disabilities) e.g., "I am autistic," "I am autistic and I have ADHD," etc. This type of communication is typically preferred by many neurodivergent people because it helps to ensure that the focus is on the individual and their experiences, not simply the diagnosis (Sinclair, 2013).

### ***Inclusive Education***

A learning environment where the educational experiences are adapted to support the learning of all students through the use of flexible approaches to teaching and learning. Inclusive education also provides adaptable curriculum and assessment strategies in order to best meet the needs of each student with neurodevelopmental differences (Goodall et al., 2022).

### ***Masking***

The practice by which a neurodivergent person hides their unique behaviours to fit in with society's expectations, which may lead to significant negative impacts on an individual's

mental health, including but not limited to increased anxiety, stress, and burnout (Cage & Troxell-Whitman, 2019).

### ***Neurodivergent (ND)***

A term describing individuals whose neurological functioning diverges from societal norms, including conditions such as autism, ADHD, and dyslexia (Walker, 2014).

### ***Neurodiversity***

The understanding that autism, ADHD, dyslexia and other forms of neurological diversity are part of the normal variation of the human brain, and that they should be acknowledged and valued for their differences as opposed to being treated as abnormalities (Singer, 2020; Walker, 2014).

### ***Neurodiversity-Affirming Practices***

Strategies and approaches in education and therapy that respect and support the strengths and needs of neurodivergent individuals, prioritizing their autonomy, identity, and wellbeing (Cherewick & Matergia, 2023). This capstone will be using the terms neurodiversity-affirming, neurodiversity affirming, and neuroaffirming interchangeably.

### ***Social Model of Disability***

A theoretical framework that attributes disability to societal and environmental barriers rather than individual deficits, emphasizing the need to remove systemic barriers to inclusion (Oliver, 1990).

### ***Strength-Based Approaches***

Practices that help find the strengths of neurodivergent individuals, and use those to improve the individual's life and wellbeing (Schutte & Malouff, 2019).

***Neurominority***

A group of neurodivergent individuals who share an innate form of neurodivergence intrinsic to their identity and often face societal prejudice, misunderstanding, or discrimination. Examples include autistic and dyslexic individuals. Not all neurodivergent people belong to a neurominority (Walker, 2014).

***Neurotype***

An individual's way of processing the world, which includes how they think, feel and perceive through their senses. It is a neutral term for both neurotypical and neurodivergent individuals (Walker, 2021).

***Neurotypical (NT)***

Refers to people who have a brain that works according to society's norms, which can be called "normal." The term states that neurotypicals are the baseline for people who do not function within society's norms as they relate to their brain (neurodivergents) (Walker, 2014).

***Person-First Language***

An approach to speaking and writing about people that puts the person first, and then mentions the characteristic or diagnosis. This linguistic approach is intended to de-stigmatize people diagnosed with conditions and is typically used by professionals and in the medical field. However, this type of language use is not always preferred (Gernsbacher, 2017).

**Outline of the Remainder of the Capstone**

The remainder of the capstone will include an additional two chapters. Chapter two is a literature synthesis discussing supporting neurodivergence within a school counselling context, neuroaffirming top-down and bottom-up theoretical orientations and modalities, and addressing ethical and cultural considerations. Chapter three will summarize the key findings of the paper,

and based on these findings, a neuroaffirming social story will be shared educating the reader on the lived experience of a neurodivergent child (see Appendix: A Neuroaffirming Social Story).

## Chapter Two: Literature Review

### Introduction

The way we think about neurodivergence has changed dramatically in recent years. Traditional medical and deficit-based views of neurodevelopmental differences such as autism and ADHD viewed these conditions as "disorders" which needed to be corrected; whereas, the neurodiversity movement sees neurological variation as simply one of many dimensions of human diversity. This conceptual shift has a significant impact on how counselling practitioners work across all settings, including school counselling, where neurodivergent students may experience educational systems that are based upon neurotypical standards. Given growing recognition of the psychological and systemically damaging effects of normalization-focused practices, counselling practitioners are encouraged to rethink how they apply their theoretical frameworks, interventions and physical spaces in ways that either support or challenge neuronormative expectations.

The aim of this chapter is to provide an overview of some of the most current research in relation to the development of neuroaffirming counselling practices. The chapter draws on research from disability studies, school counselling frameworks, counselling theory, embodied/sensory-informed modalities, environmental design, and cultural critique. In doing so, this chapter seeks to explore how neurodivergence is defined and also how counselling practice can reflect relational safety, identity affirmation, systemic change and social justice. This chapter does not seek to identify a single neuroaffirming modality but instead argues that affirmation develops when there is an integrated approach to therapeutic stance, regulatory understanding, environmental flexibility and ethical reflexivity.

The chapter first outlines key concepts in relation to definitions of neurodivergence and a critique of deficit-based frameworks. Secondly, the chapter identifies and discusses various neuroaffirming counselling approaches including school based applications and broad therapeutic orientations. Thirdly, the chapter reviews bottom-up and sensory-informed modalities and the role that environment plays in promoting participation. Lastly, the chapter explores the cultural and ethical debates present within neurodiversity discourse. Collectively, the literature supports a shift in counselling practice from remediation toward affirmation, contextual understanding, and shared power.

### **Identifying Neurodivergence: Concepts and Context**

Neurodiversity is defined as the understanding that the different ways brains develop and function (i.e. cognitive development, learning, sensory processing, communication, focus, and emotional regulation) represent normal variations of human diversity instead of a deficit that requires correction (Dwyer, 2022; Walker, 2021). As such, those whose neurotypes differ from typical or normative developmental characteristics are generally referred to as neurodivergent (Walker, 2021). Although neurodivergent individuals comprise a minority of the population, the estimated prevalence of neurodevelopmental/neurocognitive conditions across diagnostic categories suggests that a substantial number of children and adolescents exhibit some level of neurodevelopmental difference (Kapp et al., 2013).

It should also be noted that neurodivergent status is not solely dependent on receiving a formal diagnosis. A formal diagnosis can allow for eligibility for accommodations, funding and/or access to professional services; however, the process of obtaining a diagnosis does not determine one's worth or identity. It provides a method of describing an individual's characteristics within a given system (e.g. school, medical). Many individuals identify

themselves as neurodivergent based on their experiences, association with neurodivergent communities, or by virtue of observable and functional patterns, independent of a diagnosis (Botha, 2021; Walker, 2021).

The adoption of a neurodiversity perspective significantly alters the manner in which we conceptualize neurodevelopmental/neurocognitive differences; specifically, the pathologization of these differences is replaced by the recognition that many disabilities arise due to a mismatch between the individual's neurotype and the expectations of the environment (Dwyer, 2022; Robertson, 2010). The application of this conceptual framework has significant implications for how school and other organizations respond to neurodevelopmental differences, how mental health professionals conceptualize and address the needs of neurodivergent individuals, and the role of counsellors in providing ethical support to neurodivergent children and youth and their families (Botha & Frost, 2020; Walker, 2021).

## **Neuroaffirming Counselling**

### ***Introduction***

This section examines how neurodiversity is understood in educational settings and how school counselling approaches can be used to support the work of neuroaffirmative practice when working with neurodivergent students. It first provides a review of the literature relating to neuroaffirmative school counselling and the role of school counsellors as advocates in these systems. It then provides a review of theoretical orientations that support neuroaffirmative practice, including person-centred, strengths-based, relational, psychodynamic and pluralistic frameworks. Collectively, these theoretical orientations emphasise the importance of safety in relationship building, collaboration and identity affirmation in counselling neurodivergent individuals.

### *School Counselling*

Educational systems have historically been designed to accommodate neurotypical development. Therefore, students who develop differently are often seen as problems to be addressed as opposed to being recognized as individuals whose differences should be acknowledged. More recently, there has been a growing number of studies that have challenged this view. These studies have recognized neurodiversity as a social justice issue and have called for a shift in how education is approached, moving away from normalizing individual students, and toward transforming the broader educational system.

Harris et al. (2026) see neurodiversity as a paradigmatic way of understanding cognitive variations (autism, ADHD, dyslexia, dyspraxia, Tourette syndrome, etc.) as natural rather than deficits in need of fixing. They believe that it is not the neurodivergent students themselves that cause harm in the educational setting, but rather, the rigid neuro-normative systems in place. Therefore, the harm caused to neurodivergent students is due to: norm-referenced curricula, inflexible scheduling, sensory-overwhelming education environments, and behaviourally punitive disciplinary procedures. The authors believe that these systems, especially in combination with race, gender identity, language status, and/or socioeconomic status, create barriers to accessing education that result in higher rates of interpersonal trauma, exclusionary disciplinary actions, and the mis/under-identification of neurodivergent students. Thus, rather than alleviating vulnerability, the education systems may actually contribute to increased vulnerability for neurodivergent students.

Silvester and Rankine (2024) build upon the criticism presented in the previous section by distinguishing among three models of disability. A medical model views difficulties as residing with the individual, while a social model views difficulties arising from the environment

in which individuals exist. Lastly, the neurodiversity paradigm views many of the challenges experienced by students in education settings as a consequence of environmental misalignment. A critical component of this view is the “double empathy problem”, proposed by Milton et al. (2022), which frames social misunderstandings as reciprocal (both parties experiencing misunderstanding) and not unidirectional (as would be implied by viewing misunderstanding as solely an autistic deficit). As a result, masking and camouflage are often interpreted as indicators of successful social development, when in fact they are adaptive responses to education environments that require conformity to neurotypical social norms. Furthermore, Silvester and Rankine (2024) reference research demonstrating that chronic masking is associated with anxiety, burnout, and decreased self-concept, which provides additional evidence regarding the ethics of focussing on normalization through therapeutic interventions.

In summary, Silvester and Rankine (2024) argue that school counselling needs to move away from behaviour modification models based on deficit thinking and toward relational identity-affirming models. Rather than placing emphasis on symptom reduction and compliance, neurodiversity-affirming school counselling focuses on promoting student autonomy, identifying strengths, and recognizing students as epistemologically authoritative. Person-centred counselling approaches, including unconditional positive regard, empathy, congruence, and client-led goals, have been identified as particularly supportive of neurodiversity-affirming school counselling. Moreover, these authors acknowledge that neurodiversity-affirming practice is not confined to individual counselling sessions. Harris et al. (2026) describe school counsellors as systemic advocates working across all levels of a Multi-Tiered System of Supports (MTSS) to create a transformative education environment.

There are three levels of support described in the MTSS framework. At the Tier 1 level, universal supports include sensory-aware classrooms, flexible communication approaches, and reframing behaviours as regulatory responses rather than acts of defiance. Group counselling focused on self-advocacy and peer validation at the Tier 2 level is another example of strengths-based support. Finally, at the Tier 3 level, individualized supports such as person-centred counselling, child-centred play therapy, or collaborative consultation with families and other service providers may be necessary to meet student's individual needs.

A good example of a consultative model that aligns with the neurodiversity principles is Collaborative and Proactive Solutions (CPS) developed by Greene and Winkler (2019). In contrast to reward-and-punishment systems, CPS seeks to collaboratively define and solve problems with students and parents, viewing challenging behaviours as an indication of missing skills, rather than oppositional defiant behaviour. This approach encourages adults to respond to children with curiosity and to seek out solutions to problems that arise, rather than to seek to control them.

Additionally, there are common themes that run throughout the literature reviewed above. First, neurodivergent students' dysregulation is typically misinterpreted as disobedience in a neuro-normative system. Second, although masking may provide short-term relief from the pressure of a neuro-normative system, it results in long-term psychological costs. Third, creating relational safety and adapting the education environment to meet the needs of students is a far more effective and ethically sound approach than attempting to make students conform to the standards of neurotypicals. Fifth, school counsellors have a unique opportunity to influence student wellbeing, family systems, and educational policies.

Overall, the research suggests that a fundamental shift in how success is defined for neurodivergent students is needed in order for school counsellors to effectively support them within educational systems designed for neurotypical learners. Instead of asking how students can better fit into the existing structures and processes of educational systems, the question is becoming: how can educators adapt their methods and practices so that they are able to support diverse ways of learning, processing, and relating? This shift in the focus of school counsellors' practice is not simply a matter of adjusting their approaches and techniques; it reflects a deeper change in how students are supported, from an emphasis on fitting in, to one that emphasizes belonging, identity affirmation, and system justice.

### **Neuroaffirming Theoretical Orientations and Approaches**

There have been numerous calls for systemic reform in school settings. There are also, however, calls for the examination of therapeutic orientations themselves, as they too must reflect neuroaffirming values. From across counselling literature, there appears to be growing convergence of principles regarding therapeutic orientations: relational safety, identity affirmation, epistemic humility, strengths-based framing, and flexible collaborative approaches. Rather than specifying one "neuroaffirming modality", the current literature suggests that several theoretical orientations could potentially align with neurodiversity justice, depending upon where they are based on the same principles.

#### ***Person-centred***

An important part of PCT's potential compatibility with neurodiversity-affirming framework is the notion of epistemic justice. According to Silvester and Rankine (2024), epistemic justice refers to the process of acknowledging that individuals with neurodevelopmental disorders possess authority over their internal experiences. Instead of the

therapist assuming responsibility as an interpreter of the client's symptoms, PCT encourages the client to take ownership of defining their distress, successes, and identities.

By doing so, PCT directly challenges deficit-based interpretations of neurodevelopmental disorders that assume that all neurodivergent behaviours are inherently maladaptive. For instance, a preference for solitude, deep focus on special interests, or alternative forms of communication may be reframed as legitimate manifestations of neurotype, rather than as social deficits that need to be corrected. Within the context of schooling, this model provides a counterpoint to the deficit-based pathology of neurodivergent behaviour and focuses instead on relational attunement and student autonomy.

A recent study by Paynter et al. (2025), using surveys completed by autistic adults, found that nearly every possible therapeutic modification that were intended to be neurodiversity-affirming (i.e. acceptance of neurological differences, affirmation of autistic identity, and lack of deficit framing) were rated as either extremely helpful or unhelpful by autistic adults. Perhaps more importantly, their results suggest that virtually all adaptations will have variable ratings (e.g. some will find them extremely helpful, while others will find them unhelpful). Therefore, the application of neuroaffirming therapeutic modifications must be done collaboratively with the client.

Overall, the collective literature indicates that collaboration and humility represent the foundation of neuroaffirming therapy. Furthermore, this model begins with the therapist's stance rather than technique.

### ***Strengths-based: Highlighting Resilience***

In addition to the relational and collaborative stance necessary for neuroaffirming therapy, this model of therapy must also redefine what constitutes resilience. Through an analysis

of 176 studies mapped onto the World Health Organization's international Classification of Functioning (WHO ICF), Black et al. (2024) demonstrated that the greatest predictor of successful outcomes for neurodivergent individuals is the presence of supportive caregiver relationships, affirming peer relationships, engagement in school, and involvement in supportive communities.

The ecological perspective on resilience is consistent with strengths-based school counselling practices advocated by Harris et al. (2026). The authors argue that instead of developing deficit-based narratives about neurodivergent students, school counsellors should develop narratives that position the adaptive behaviours of neurodivergent students (e.g., masking, stimming, special interest) as valid expressions of their cognitive strengths (e.g., pattern recognition, creativity, hyperfocus, visual-spatial reasoning).

Therefore, while the development of strategies to enhance the resilience of neurodivergent students represents an important goal of school counselling, the primary goal of school counselling should be to create environments that support the advocacy skills, emotional regulation abilities, and positive identity formations of neurodivergent students. Consequently, school counsellor interventions should extend well beyond symptom reduction to include the creation of environments in which neurodivergent identities can thrive.

### ***Relational and Psychodynamic Perspectives: Identity and Minority Stress***

Although the PCT and strengths-based perspectives discussed previously provide important foundations for accepting and collaborating with neurodivergent clients, relational and psychodynamic perspectives offer additional depth in working with internalized stigma and minority stress. Fuld and McKelvie (2024) critiqued behavioural therapies that place emphasis

on normalization rather than subjective experience, suggesting that such therapies may inadvertently promote ableism and intensify shame.

Unlike behavioural therapies, relational and psychodynamic perspectives encourage the exploration of past experiences with systems like schools and healthcare, providing opportunities for clients to externalize experiences of oppression and to separate their identities from deficit narratives. Similar to the minority stress frameworks employed in affirmative care for LGBTQIA+ individuals, these relational and psychodynamic models recognize that chronic stigma, concealment, and rejection increase the risk of poor mental health outcomes among neurodivergent individuals.

Levy (2024) extended this line of research to adolescent populations, identifying that autistic adolescents experience both typical developmental challenges (e.g. identity formation, autonomy, belonging) and sensory/social overload. Levy proposed adapted psychoanalytic approaches (including pacing, attending to the client's overwhelm, and collaboration with caregivers) to facilitate the gradual navigation of developmental challenges rather than applying neurotypical standards for independence or social competence. Through the application of relational and psychodynamic perspectives, the neuroaffirming practice is strengthened by addressing not only the environmental misalignment experienced by many neurodivergent individuals but also the internalized effects of repeated invalidation.

### ***Integrative: Neurodiversity Justice and Pluralism***

Mills (2023) outlines neuroaffirming principles through a pluralistic counselling approach, emphasizing collaborative decision-making, transparency, and flexibility as a necessity for what they refer to as “neurodiversity justice.” The commonalities in the interviews with therapists who work with neurodivergent individuals were themes of shared decision-making,

metacommunicating, using accessible language, and adapting to the sensory needs of their clients.

Pluralism, then, reframes a therapist's use of different modalities of therapy as a resource rather than an example of hierarchy. Rather than asking "what modality is best," the therapist considers the client's preferences, collaboratively establishes expectations for the session, and remains flexible in modifying the structure and pace based on the client's needs. This means that the client does not have to carry the burden of making accommodations in the therapy process - it becomes a shared responsibility between the two parties.

Importantly, when therapists engage in a pluralistic form of therapy, there is no "one size fits all" solution. Therefore, each time a therapist is seeking to create a neuro-affirmative experience for their client, the need for feedback, flexibility and the willingness to continually adjust the assumptions that drive their therapeutic practices is a necessary component of that experience. Thus, by encouraging a pluralistic approach to therapy, Mills' (2023) approach represents an operationalization of epistemological humility at the level of methodology, and not just at the level of the stance taken by a therapist. Neurodiversity justice can be understood as a relational and ecological practice, requiring attention to the broader conditions that either enable or constrain neurodivergent individuals' ability to participate, regulate and experience themselves as understood (Chapman & Botha, 2023).

### ***Summary***

Neuroaffirmative education and counselling, as reflected in the literature discussed above, call for a re-examination of both school systems and counselling models that support students with neurodevelopmental differences. Instead of seeing these students' behaviours as deficits to be "fixed", the relational safety, person-centred, and strengths-based frameworks

recognize students' inherent value and worth regardless of their differences. In addition to being individual practitioners, school counsellors can serve as system-level advocates to create supportive environments for neurodivergent students in schools, families, and institutions. Across the theoretical orientations discussed, there exist similarities between them all, including an openness to other ways of knowing, collaboration, and respect for the identity of neurodivergent students. These similarities indicate that affirmative counselling is more about taking a relational approach that acknowledges the dignity of neurodivergent students while providing flexible and collaborative counselling experience. When combining these ideas, it creates a strong base for counselling experiences that promote the wellbeing and sense of belonging for neurodivergent students.

### **Neuroaffirming Bottom-up Modalities**

#### ***Introduction***

While a shift in relational and systemic practices has taken place in counselling, there is growing interest in the way we can influence and address the physiological aspects of how a neurodivergent individual experiences and responds to their environment. This section reviews the literature on neuroaffirming-bottom up approaches, including research on interoception, play therapy models, symbolic and non-speaking therapies, and environmental design that support participation. Bottom-up neuroaffirming approaches provide direct support for nervous system regulation, and environmental design supports the sensory and developmental needs of children.

Creating educational and therapeutic environments that affirm neurodivergent individuals necessitates moving away from predominantly cognitive and behavioural based interventions toward bottom-up modalities that support nervous system regulation and access to how individuals process and experience the world. Research on neurodivergent children has

established that dysregulation is not due to defiance or rebellion, but is a result of interoceptive difference, sensory overload or a narrow window of tolerance. Bottom-up modalities provide ways to support the development of regulation skills that do not require the child to conform to neurotypical behavioural expectations and norms.

### ***Understanding Interoception***

Goodall et al. (2022) state that many students who are labeled as “highly dysregulated” are punished for behaviours that stem from the atypical interoceptive awareness of these students rather than the intentional refusal to comply. Interoception, the ability to be aware of one’s own internal bodily signals (such as hunger, tension, fatigue or escalating arousal), is the foundation of self-regulation. When children have underdeveloped or atypical interoceptive awareness, they may fail to recognize early signs of distress leading to increased behavioural symptoms that are interpreted as oppositional.

By changing the focus of the intervention from punitive to developing skills in a supportive environment, educators and counsellors are able to reframe how they understand a student’s decision to “misbehave” by considering what internal cues were missed and what level of scaffolding is needed. Regulation is framed as a developmental and relational process instead of a discipline.

### ***Play Therapy***

Synergetic Play Therapy (SPT) provides a model for applying this regulatory perspective to clinical practice. Dion and Gray (2014) demonstrated that when therapists express their own congruent emotional and physiological responses to a child’s play during SPT, children develop greater emotional tolerance after only a few sessions. Children develop their window of tolerance

(the range of stimuli they can tolerate before becoming dysregulated) through co-regulated responses to their emotional expressions.

Townsend et al. (2021) clarified that while Child-Centred Play Therapy (CCPT) focuses on unconditional positive regard and the child-led exploration of the play room, SPT incorporates interpersonal neurobiology and polyvagal theory into the therapeutic relationship to specifically focus on regulating the child's nervous system. While SPT also maintains relational warmth and the child's autonomy, therapists more proactively support co-regulation using mindfulness, embodied presence and naming emotional states in addition to their relational support.

Both CCPT and SPT place relational safety at the centre of their therapeutic models. The mechanism of change is not behavioural modification, but the therapist's supportive presence that allows the child to experience difficult emotions without feeling overwhelmed. This reflects the larger neuroaffirming principles that emphasize the child's need to feel safe and connected, rather than to simply comply.

### *Symbolic and Non-Verbal Therapies*

Language-based therapies often do not adequately represent the inner lives of many neurodivergent children. Symbolic and sensory pathways for emotional processing provided by modalities such as sandtray and art therapy allow children to process their emotions without requiring them to verbally articulate abstract representations of their experiences.

In a randomized controlled trial of individually adapted sandtray therapy for autistic children, Guo and Li (2021) found significant improvement in the areas of life satisfaction and affect when compared to children receiving standard rehabilitation. Sandtray provides a safe and protected space in which children can create a symbolic representation of their internal world.

The therapeutic process involved observing the child's creation, containing their creation, and gently reflecting on the creation without attempting to shape the child's behaviour.

Boyle et al. (2025) also described neuroinclusive art therapy models that modify the environment, pace and position of the practitioner to support the sensory and communicative needs of the child. Art therapy provides children with a means of emotionally processing grief in an embodied, tactile and visually accessible manner while reducing the arousal demands of discussing grief verbally. Practitioners can modify the environment (i.e. lighting, sound, temperature) and the pace of the session to provide support for the child's regulation in conjunction with their emotional expression. Non-verbal expression is used as a means of both regulation and integration across all of these modalities. Children's emotional processing occurs through the use of sensory engagement and relational commitment rather than just cognitive insight.

Research on music therapy further supports the regulatory significance of predictability. Kim et al. (2024) found listening to live classical music reduced anxiety in children with sensory sensitivities. Additionally, children enjoyed music with internal repetition more than music that did not contain internal repetition. The authors suggested that the internally repetitive structure of the music may serve as a form of self-stimulation, providing the children with predictable sensory stimulation that helps to regulate their internal state. It is important to note that the authors of this study did not view repetitive engagement as something to be eliminated, but rather as a preference for regulation that should be respected. Predictable sensory experiences become a source of support for the child's regulation, rather than a symptom of it.

### **Neuroaffirming Spaces**

Neuroaffirming affirmative practices involve not just the ways therapists relate to their clients nor the techniques they use, but also the design of their physical and social environments, and the activities and choices they offer to them. A common argument across design literature related to schools and occupational therapy is that participation improves when environments are adapted to meet the sensory, communicative, and cognitive needs of neurodivergent individuals. This framework does not view the environment as merely background; instead, the environment is seen as a central component of intervention, as it directly shapes access to participation, regulation, and engagement. Research has increasingly demonstrated that sensory environments can act as barriers or supports to learning and wellbeing depending on how they align with individual sensory profiles (Silva, 2023; Clément et al., 2022).

Therefore, Rajotte et al. (2025) have made this argument based upon the development of a neuroinclusive model for schools using Person-Environment-Occupation (PEO) framework. As opposed to attempting to remediate deficits in neurodivergent children, this model focuses on adapting environmental conditions and activity structures to promote meaningful participation. Three interrelated domains that are identified as supporting the participation of neurodivergent students in the neuroinclusive model are the social and physical environment, and the design of activities. This aligns with broader research suggesting that participation is not simply determined by ability, but by the degree to which environments are accessible, tolerable, and responsive to sensory and relational needs (Clément et al., 2022).

In the social environment, inclusion is viewed as a sense of belonging in a community rather than simply being present in one. The authors of this article suggest that schools should take an active role in promoting the value of neurodiversity as a legitimate form of human

diversity, reducing stigma, and increasing awareness about the different communication and regulatory patterns of peers and staff. This perspective on inclusion aligns with the double empathy framework discussed earlier, as communication breakdowns are reciprocal and require neurotypical and neurodivergent adaptations. Importantly, research suggests that sensory and social experiences are deeply interconnected, as sensory overwhelm can directly impact communication, engagement, and relational interactions, often leading to behaviours that are misinterpreted within neurotypical frameworks (Clément et al., 2022).

For the physical environment, the emphasis is placed on the need for environments to be designed in a manner that is aware of the sensory needs of individuals who experience sensory overload, including lessening visual and auditory overload, providing predictable spatial arrangements, and providing visually accessible information. Sensory design literature further emphasizes the importance of intentionally structuring environmental elements such as lighting, acoustics and spatial organization to reduce overstimulation and support regulation (Silva, 2023). Environment designs that are responsive to the sensory needs of students may provide support for self-regulation and reduce cognitive load, especially for students with sensory processing differences or those with executive functioning challenges. In this way, environmental adaptations function as sensory-friendly zones, supporting both access to and sustained participation with learning environments (Clément et al., 2022).

Lastly, in activity design, the central theme of the activity domain is flexibility and choice. Students' interests and strengths are integrated into daily routines as opposed to students being required to participate routinely or typically. Activities are structured to accommodate a variety of paces of participation, ways of engaging, and communication preferences. This

reflects a broader shift toward recognizing that engagement is optimized when environments allow for multiple ways of participating rather than enforcing a single normative standard.

Boyle et al. (2025), like Rajotte et al. (2025), emphasize the need for environment modification that supports the needs of neurodivergent children in therapeutic settings. Boyle et al. describe environmental modifications such as low-stimuli environments, variable lighting and sound levels, variable pacing, and access to environments for regulation. Like Rajotte et al., the adjustments were also defined under the inclusive design principles which provides access to a wide range of students. For example, as opposed to being seen as isolative, providing spaces for withdrawing or calming down are seen as proactive interventions to support self-regulation. This aligns with research suggesting that behaviours such as withdrawal or movement are often adaptive strategies for managing sensory input (Clément et al., 2022).

These models are examples of a fundamental shift in thinking paradigmatically, as the responsibility of adapting to overwhelming environments is shifted from the learner to the system. Therefore, the literature has started to examine how to modify and adapt the physical environments so as to reduce unnecessary stressors for learners. The paradigm has shifted away from examining how neurodivergent children will tolerate overwhelming, stressful learning environments; rather, the focus has moved toward how the learning environment itself may create feelings of safety, autonomy and belonging.

Designing changes to the physical environment also relates to relational aspects. If students perceive their educational staff anticipate and respect their sensory and communicative needs, then a relationship may be built. Students' perceived belonging shifts from symbolic to becoming physically felt. Henceforth, designing the physical environment for neurodivergent learners is becoming increasingly aligned with creating therapeutically supportive environments

where students can learn about themselves independently and safely. In this way, neuroaffirming spaces are about creating environments in which neurodivergent children and youth can participate, regulate, and experience themselves authentically.

### ***Summary***

In summary, according to this chapter's findings, when developing supports for neurodivergent individuals, it is important to consider regulation, sensory processing, and environmental design. The bottom-up approaches to modalities have transformed the focus from changing behaviour, to supporting the physiological processes of the nervous system that underlie both emotional and behavioural responses. Modalities such as synergetic play therapy, sandtray therapy, art therapy and music therapy provide alternatives for students to express themselves, regulate their emotions, and receive developmentally appropriate right-brain interventions. Additionally, research concerning neuroaffirming environments demonstrates that students' participation may increase when intentional efforts are placed into creating sensory, social and activity structures which support neurodiversity. Taken collectively, the research presented provides evidence that there are relational and environmental elements required to successfully implement neuroaffirming practice. By emphasizing sensory awareness, co-regulation, and environmental flexibility, bottom-up approaches support neurodivergent children with respect to their needs, and in doing so, support meaningful engagement.

### **Cultural and Ethical Debates in Neuroaffirming Counselling Practice**

The neurodiversity model has provided a significant alternative to the traditional deficit-oriented and medicalized models; however, the neurodiversity model is not without criticism (Pellicano et al., 2021). In recent years, there has been growing scholarly literature calling for the acknowledgement of whose voices are influencing the direction of neurodiversity,

how power is operating within the affirming space, and if “neuroaffirming” counselling can provide structural changes as well as support for neurodivergent individuals (Botha, 2021; Chapman, 2022; Nair et al., 2024).

According to Nair et al. (2024), the current neurodiversity paradigm has developed primarily in Global North, white led academic and advocacy spaces. While the neurodiversity paradigm has been influential in promoting a strengths-based understanding of autism and other neurotypes, the risk of epistemological exclusion exists when the focus remains on Western frameworks. The authors emphasize the Indigenous, Global South and community-based knowledge systems have long recognized cognitive and bodily variations as a result of relational and interdependent ontologies. These perspectives are frequently absent in mainstream neurodiversity discourse (Botha, 2021; Nair et al., 2024).

From a decolonial position, neurodiversity should not be viewed as a new Western innovation, but as one expression in a much larger continuum of knowledge traditions that view difference as a natural component of community life rather than a pathological condition of the individual (Chapman, 2022; Nair et al., 2024). Without purposeful intersectionality, the neurodiversity discussion could unintentionally further marginalize Black, Brown, Indigenous, multilingual and economically disadvantaged neurodivergent individuals whose experiences of oppression are influenced by multiple systems of power (Botha & Frost, 2020).

These critiques present significant complexities to the implementation of neuroaffirming counselling practice. When neurodiversity-affirming counselling practice fails to acknowledge issues related to race, colonial history, language, and socioeconomic status, it runs the risk of diluting deficit-based frameworks without changing the structure of inequalities (Botha & Frost, 2020; Chapman, 2022). For example, masking can be viewed differently in different cultural

settings, behavioural expectations in schools are typically raced, and access to diagnosis, funding and therapeutic services continue to be divided along lines of privilege (Harris et al., 2026; Zeidan et al., 2022). As such, neuroaffirming counsellors must incorporate disability justice with anti-racist and decolonial practice.

A second area of tension relates to the use of the term “neuroaffirming.” Because neuroaffirming practice is unregulated, and there is no governing body that regulates the use of the term, practitioners may describe themselves as neuroaffirming, yet continue to promote normalization, compliance or subtle behavioural modification (Bottema-Beutel et al., 2021; Leaf et al., 2022). Therefore, the lack of regulation creates a need for ongoing professional self-reflection among therapists and school counsellors to determine if their practices actually distribute power and reduce harm or simply rebrand traditional approaches in a more compassionate manner (Botha, 2021; Chapman, 2022).

While neurodiversity supports affirmation, the debate continues about how to address co-occurring mental health diagnoses, severe impairment or high needs support. Some critics warn that a strictly identity-based framework minimizes real suffering or practical problems experienced by individuals and families (Botha & Frost, 2020; Pellicano et al., 2021). Therefore, ethical neuroaffirming counselling practice is about finding a balance: affirming identity while acknowledging suffering, supporting autonomy while acknowledging interdependence, and affirming difference without idealizing hardship (Kapp, 2020; Paynter et al., 2025).

Through all of these debates, a common theme arises: Who defines what constitutes support, inclusion and wellness? Neuroaffirming counselling demands epistemological humility within both the therapeutic relationship and within the counselling profession itself (Botha, 2021; Chapman, 2022). Furthermore, it demands centring neurodivergent voices, particularly those

from historically marginalized communities, as creators of knowledge rather than simply receivers of care (Botha & Frost, 2020; Kapp, 2020; Nair et al., 2024).

### **Conclusion**

Consistent with findings across educational policy, school counselling frameworks, therapeutic orientations, environmental design models, bottom-up modalities, and cultural critiques, the challenges that neurodivergent children face are largely based on structures in place for the benefit of neurotypicals. A paradigm shift is evident among these authors; effective support for children who are neurodivergent involves system adaptations, relational attunements, and affirmations of their identities rather than behavioural normalizations.

When working in schools, neurodiversity-affirming counselling provides a new way of viewing dysregulation as developmental and neurobiological rather than oppositional. This type of counselling also encourages discipline to focus on collaborative problem solving, the child's strengths rather than deficits, and contests rigid neuronormative expectations that are embedded in the organizational structure of institutions. Person-centred, relational, strengths-based, psychodynamic, and pluralistic theoretical orientations share similar ethical principles; epistemological humility, co-constructing goals, validating neurodivergent identity, and sharing power in the therapeutic relationship.

Additionally, bottom-up modalities provide evidence that there is a need to consider embodiment when developing interventions. Developing interoception, co-regulation, symbolic self-expression, sensory-aware environmental adaptations, and predictable engagement all increase children's windows of tolerance while promoting emotional integration. Thus, bottom-up modalities offer additional avenues of intervention to address regulation (nervous system and relationship) in addition to cognitive and behavioural regulation.

The literature on environmental design expands upon this foundation by conceptualizing the environment as an active form of intervention. When environments are intentionally created to reduce unnecessary barriers related to both the physical and social environments, participation increases for neurodivergent children. Therefore, inclusion does not mean placing children who are neurodivergent into systems that were designed for neurotypical children; inclusion means creating systems that reflect neurological diversity.

Simultaneously, the literature on culture and ethics reminds counsellors that they must be aware of their own potential for bias and the need to incorporate an intersectional lens. Affirmation without consideration of race, colonial history, socioeconomic status, and power dynamics may result in shallow forms of affirmation. Furthermore, neurodivergent individuals, especially those from historically marginalized groups, should be viewed not only as receivers of care, but as contributors to the development of practice.

Collectively, the literature supports the development of a comprehensive, integrated model of neuroaffirming counselling. A model that is relational, systemic, sensory aware, and ethically informed. Such a model promotes a sense of belonging, regulation, autonomy, and fit within the children's context, while avoiding the normalization of their experiences. As a critical position, counsellors, located as the nexus of developmental support, family systems, and institutional policies, have the opportunity to lead a significant transformation in the field.

Neuroaffirming counselling presents a fundamental shift in perspective. Rather than asking how children who are neurodivergent can better adapt to the systems already in existence, it asks how systems can become malleable enough to accommodate different ways of thinking, perceiving, communicating, and being. Counselling can move away from the remediation and

toward justice, providing a space where neurodivergent children and youth can be supported to develop in environments where they are understood, valued, and empowered to thrive.

### **Chapter Three: Summary, Discussion, Recommendations, and Conclusion**

#### **Summary of Findings**

Chapter two examines the paradigmatic shift in conceptualizing neurodiversity in counselling and educational settings. Historically, neurodevelopmental differences, including autism and ADHD, have been constructed through medical and deficit based frameworks. This led to the idea that these differences needed to be fixed or normalized. However, the neurodiversity paradigm has begun to frame differences in cognitive function and neurological structure as simply natural variations in human thought and function (Botha & Chapman, 2023; Dwyer, 2022). The neurodiversity paradigm suggests that many of the challenges faced by neurodivergent children and youth are due to the mismatch between the child's neurotype and the expectation of the environment that was structured based upon the norms of neurotypicals.

Specifically, much of the literature on schools suggests that most school environments continue to use neuronormative assumptions for structuring education. Neuronormative assumptions emphasize the need for standardization, behavioural conformity, and narrow definitions of what constitutes "success" (Harris et al., 2026; Silvester & Rankine, 2024). These assumptions often view dysregulation or alternative modes of communication as behavioural problems rather than expressions of unmet sensory, emotional, and environmental needs. Consequently, many neurodivergent students experience misinterpretation, disciplinary responses and pressure to mask their true behaviours to meet the expectations of society. The research has shown that masking contributes to increased levels of anxiety, burnout, and decreased self-concept among neurodivergent individuals (Silvester & Rankine, 2024).

The literature has illustrated numerous counselling theories and techniques that support the principles of neurodiversity. While there is no one way to approach counselling from a

neurodiversity-affirming perspective, common elements across all theoretical approaches - person-centred, relational, strengths-based, psychodynamic, and pluralistic - include relational safety, collaboration, epistemological humility, and the acceptance of neurodivergent identity (Fuld & McKelvie, 2024; Harris et al., 2026; Levy, 2024; Mills, 2023; Silvester & Rankine, 2024). Neuroaffirming counselling focuses on understanding the individual's experiences within their relational and environmental contexts rather than focussing on modifying behaviour or reducing symptoms.

Research on bottom-up modalities and environmental adaptations has emphasized the importance of supporting the neurophysiological and sensory experiences of neurodivergent children. For example, modalities like synergetic play therapy, sandtray therapy, art therapy, and music-based interventions allow children to express their emotional experiences through embodiment and symbolism rather than relying on solely verbal communication (Dion & Gray, 2014; Guo & Li, 2021; Kim et al., 2024). Design models for creating adaptive and inclusive environments illustrate that participation and wellbeing increases when environments are intentionally designed to accommodate and support the sensory, social, and cognitive differences of neurodivergent children (Rajotte et al., 2025). Overall, the literature provides strong support for the development of counselling practices that support relational safety, sensory awareness, environmental flexibility, and the acceptance of neurodivergent identities.

## **Discussion and Implications**

### ***Implications for Counsellors***

In light of these research findings, counsellors working with neurodivergent children and youth are urged to rethink and challenge traditional therapeutic models. Traditional models have historically emphasized a focus on normalizing behaviour, but neuroaffirmative counselling

challenges this by encouraging counsellors to see behaviour as an individual's response to the environment (sensory, relational etc.) rather than simply a problem to be corrected (Chapman & Botha, 2023; Mills, 2023). Therefore, it is necessary for counsellors to engage in their practice with an attitude of “epistemological humility” to recognize that neurodivergent children are experts in their own internal world (Silvester & Rankine, 2024).

Effective relational safety is also a key element in creating a safe and supportive relationship with a child or adolescent. Relational safety is created when there is a strong emphasis on empathy, acceptance (unconditional positive regard), and collaboration, and therefore person-centred models are highly compatible with neuroaffirmative counselling (Silvester & Rankine, 2024). When a child or adolescent feels relational safety, they will feel comfortable exploring and developing their identity without fear of judgement or pressure to conform to typical neurodevelopmental patterns.

Additionally, the literature emphasizes the importance of using bottom-up and sensory-aware counselling techniques. Many neurodivergent children experience atypical interoceptive and sensory processing, and therefore may have difficulty regulating their emotions and responding to the environment (Goodall et al., 2022). Synergetic play therapy, sandtray therapy, art therapy, and music based therapies offer opportunities for children to express their emotions and regulate them in non-verbal ways (Boyle et al., 2025; Dion & Gray, 2014; Guo & Li 2021; Kim et al., 2024; Townsend et al., 2021). Furthermore, by engaging in co-regulation and sensory activities, counsellors can help increase a child's window of tolerance, and promote feelings of safety and attachment.

### *Implications for Schools and Educators*

In addition to implications for practitioners, research has indicated that the education system is an essential environment in which the experiences of neurodivergent children are shaped. The typical traditional school setting places emphasis on neurotypical standards or expectations with respect to communication, behaviour, and learning preference. This could significantly hinder a child's ability to access their education when their neurotype diverges from the developmental norms (Harris et al., 2026).

Neurodiversity affirming school counselling promotes an approach where educators and school counsellors can recognize that the most effective way to support their students is by sifting the focus from attempting to change the student to understanding how the school can best adapt its environment to support their students. Environmental adaptations can include; adapting the school environment to reduce the amount of sensory stimuli a student is exposed to, adapting the way the student communicates, and using the student's interests and strengths as part of the teaching and learning process (Rajotte et al., 2025). Many students beyond those that identify as neurodivergent can be supported through adapting a more flexible and inclusive school environment.

School counsellors are in a unique position of authority within the educational system as both direct service providers (counselling) and systemic advocates (advocating for change) (Silvester & Rankine, 2024). School counsellors can use person-centred framework, psychoeducation, and collaborative problem solving strategies (such as Collaborative and Proactive Solutions) as ways to help students at the individual level (Greene & Winkler, 2019; Harris et al., 2026). School counsellors can use their position of influence to promote policy

changes that are inclusive, create classrooms that are aware of and adaptable to sensory needs, and develop a strengths-based approach to supporting students' overall wellbeing.

### ***Implications for Families***

Families play a central role in the wellbeing and identity development of neurodivergent children. Many caregivers experience confusion and stigma while also being limited by the lack of supportive and affirming resources when seeking support for their children. Cherewick and Matergia (2024) found that psychoeducation and accessible resources are two ways that families can gain understanding of how to view neurodivergence from a strengths-based perspective.

Educational and healthcare systems are much easier for families to navigate when they are given tools such as affirmative language and practical strategies that help advocate for their children. Creating affirmative and supportive environments for children's families can support the positive identity formation of children and support children in rejecting the negative societal messages regarding neurodivergence.

### ***Implications for Policy and Systems***

Beyond family and individual level counselling, systemic barriers also limit the access to neurodiversity-affirming supports. Diagnostic waitlists, funding structures and service delivery models often provide deficit-based interventions instead of strengths-based approaches (Kalisch et al., 2023). These structural barriers slow down access to properly supported services for many families.

Therefore, the literature highlights the need for wider policy changes to promote inclusive education, equitable access to services and financial models that prefer neurodiversity-affirming methods. By dealing with these systemic barriers, decision makers and

institutions can contribute to create environments which promote the wellbeing and participation of neurodivergent individuals.

### **Recommendation: A Neuroaffirming Social Story**

#### ***Rationale for the Social Story***

Based on the findings of this capstone, one practical application for neurodiversity-affirming counselling practice is the creation of a social story which addresses the double empathy problem from the perspective of the neurodivergent child. The social story can be found under the heading Appendix: A Neuroaffirming Social Story. While originally developed to assist children in understanding social situations, social stories were primarily used as a tool to instruct neurodivergent children on how to behave in accordance with neurotypical standards. Social stories are frequently used as a form of conformity and to reinforce the idea that neurodivergent thinking, communication and regulation needs to be corrected.

In order to create a space that honours and affirms neurodivergent individuals, social stories must be critically evaluated. Instead of using social stories to educate neurodivergent children on how to fit into a neurotypical world, social stories can be used to normalize neurodivergent experiences and facilitate understanding among all neurotypes. By reclaiming the social story in this manner, there is a transfer of power. The social story is no longer used to correct the neurodivergent child's experience, but rather affirm it. Creating social stories that introduce neurotypical children, educators and caregivers to neurodivergent ways offers an opportunity to share the responsibility of understanding and adapting to different ways of being. This is consistent with the larger body of research that has moved away from normalizing individuals and towards systemic and relational change.

Therefore, social stories can serve as a bridge between education and the development of a neurodivergent child's identity when utilized in a neurodiversity-affirming counselling framework. When used in this context, social stories may support children in finding words to describe their experiences and foster empathy and understanding in the environments in which they exist. Social stories do not position neurodivergence as something to be cured or changed; instead, social stories highlight differences in sensory processing, communication and regulation as unique aspects of the human experience. Social stories will further support the development of more inclusive spaces where neurodivergent children can feel a sense of belonging and not feel the need to hide or mask their true selves.

### *Application to Clinical Practice*

This neuroaffirming social story was developed to help children understand the many different ways brains could function. The story will focus on helping children feel a sense of belonging, become aware of how different senses respond, and introduce the spectrum of human diversity. As a counsellor, the social story could be a useful psychoeducational tool when counselling neurodivergent children and their families and can be effectively delivered within a single counselling session. A counsellor may introduce the social story through some form of play or conversation that helps the child think about their identity, feelings and regulating themselves. This process can also provide an opportunity for the child to talk about their own experiences and find words to describe what they need. This can also help neurotypical children understand a neurodivergent family member, friend, or anyone associated with them. In a family counselling setting, with the child's consent, the social story can be used to help family members better understand and respond to the child's neurodivergent needs. The social story can also be used to teach a neurodivergent child how to advocate for their needs.

### ***Application in Schools***

School counsellors and teachers may also use the social story as an educational tool to teach their students about neurodiversity. The social story is intended for a Grade 2-3 audience and may be included in classroom discussions, small groups counselling, or school wide assemblies and programs promoting acceptance and inclusion of neurologically diverse students. Using a social story in schools may help create a more inclusive environment by educating students that differences in how people communicate, learn and experience their senses are all normal parts of human diversity. The social story aims to start the conversation on how a neurodivergent peer can best be supported, and encourage neurotypical peers to ask questions on how they can support them.

### ***Application for Families***

The social story can be an entry point for family discussions on neurodivergence, self-advocacy, and identity. Caregivers will have opportunities to read these stories with their children and explore how the concepts represented within them connect to their child's life. This social story may be particularly helpful in supporting conversations about a diagnosis in a way that is light, accessible, and affirming for both the child and their family members. These conversations may centre around the child's unique sensory profile and what supports their nervous system. Caregivers can be supported in understanding how to respond to their child's needs, while also guiding their child in communicating those needs to others (e.g. peers, friends and trusted adults). In reading and discussing this social story, opportunities can be provided for children to develop a strong and positive sense of self and support communication regarding feelings, managing regulation, and accommodations.

### **Limitations of the Capstone**

While the literature that was reviewed in this capstone has been helpful to understand neurodiversity affirming counselling practice, several limitations exist. Firstly, most of the existing research on neuroaffirming counselling practices has developed recently. As such, it is important to note that there is limited empirical research examining the long-term effects of neuroaffirmative interventions used in counselling or educational settings.

Furthermore, a majority of the research currently available has focused on autism, as opposed to other forms of neurodivergence. While some of the principles of the counselling practices discussed in the literature can be applied across neurodivergent populations, additional research is required to identify whether neuroaffirming counselling practices can be adapted to accommodate the diverse experiences of neurodivergent individuals.

Lastly, structural barriers such as funding models, diagnostic waitlists and organizational policy restrictions may prevent counsellors from providing neuroaffirming counselling in all possible environments. Therefore, future research and policy development must address these structural barriers.

### **Intersection Consideration**

Another important limitation relates to the current cultural scope of most research on neurodiversity. In Chapter two, it was shown that most of the neurodiversity discourse is located in Western academic and advocacy contexts (Nair et al., 2024). Although the neurodiversity paradigm has been successful at critiquing and challenging deficit-based disability models, the perspectives of many Indigenous, Global South and marginalized communities have been largely absent in the literature.

An intersectional approach to neurodiversity recognizes that, like all other social categories, people's experiences with neurodivergence are shaped by their multiple social identities (i.e. race, culture, language, gender, socioeconomic status) (Botha & Frost, 2020). Thus, for example, access to diagnostic services, therapeutic supports and education accommodations will vary greatly among people based on their social location.

Therefore, future research and practice should focus on developing culturally responsive approaches to working with neurodivergent individuals which include diverse perspectives on both neurodivergence and disability. Through focusing on the voices of neurodivergent individuals from a variety of backgrounds, counselling practice can begin to develop an increasingly inclusive and equitable view of neurodiversity.

## **Conclusions**

This capstone project evaluated how counselling practices that incorporate principles of neurodiversity can help facilitate the counselling process for neurodivergent children and youth. The capstone project reviewed current literature regarding how schooling systems, therapeutic interventions and the general societal structure affect the lives of neurodivergent people.

The review found that if counselling is to be successful for neurodivergent children, it will need to move away from deficit-based models toward an approach that creates relational safety, sensory awareness, environmental flexibility, and identity affirmation. Families, counsellors, educators and policy makers are each able to create environments that promote wellness and engagement of neurodivergent people. The neuroaffirming social story developed in this chapter exemplifies how the findings of this review can be applied to practice. Developing social stories for children using accessible language that affirms neurodivergent identity may enhance a child's self-understanding and overall emotional wellbeing.

Completing the capstone has furthered my knowledge of the necessity of affirming neurodivergent identities as part of the counselling process. As a counsellor, educator and parent, this research has strengthened my advocacy to create environments that support neurodivergent children in ways that respect their uniqueness, strengths, and way of experiencing life. In my future work as a counsellor, I wish to continue to assist in developing counselling approaches that include promoting a sense of belonging, dignity and inclusion for neurodivergent children and youth.

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**Appendix: A Neuroaffirming Social Story**

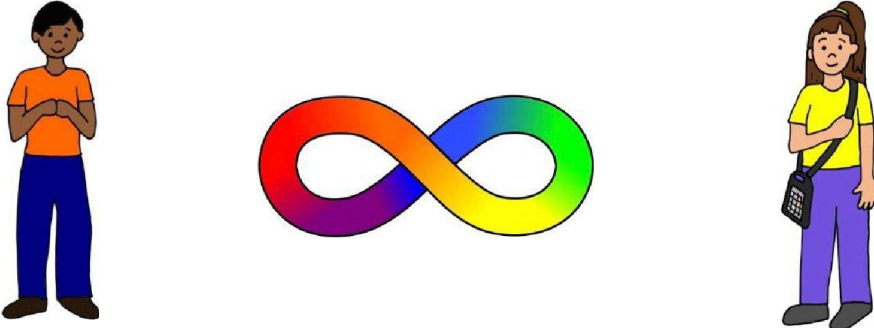
# Two Brains, One Classroom

*A Social Story About Understanding Different Brains*


Written by Anastasia Zdravkovic  
Clip Art by LessonPix



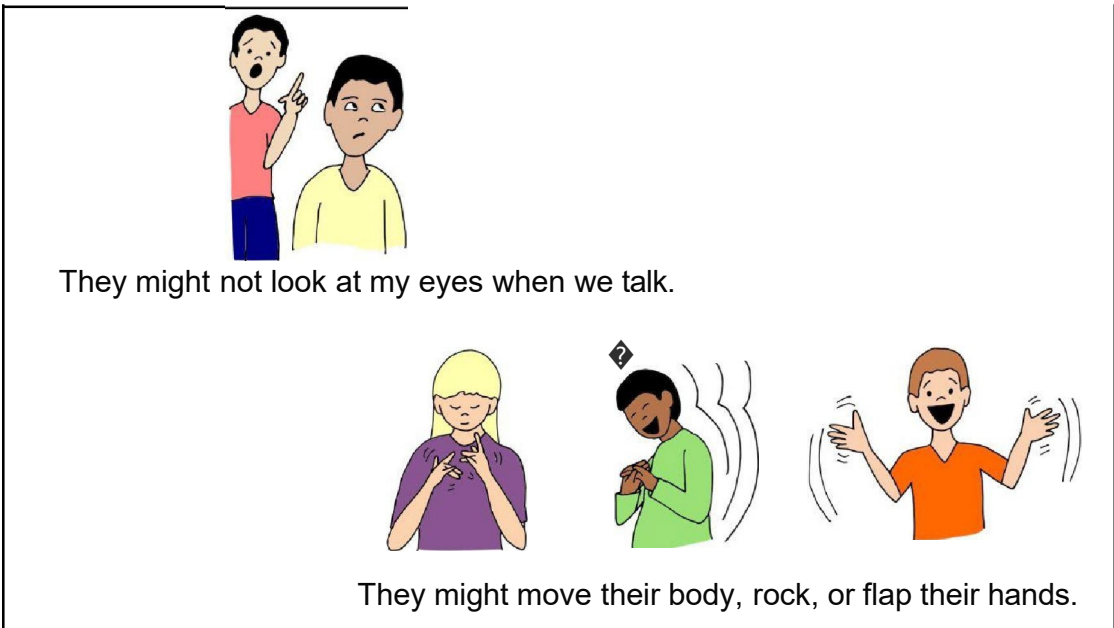
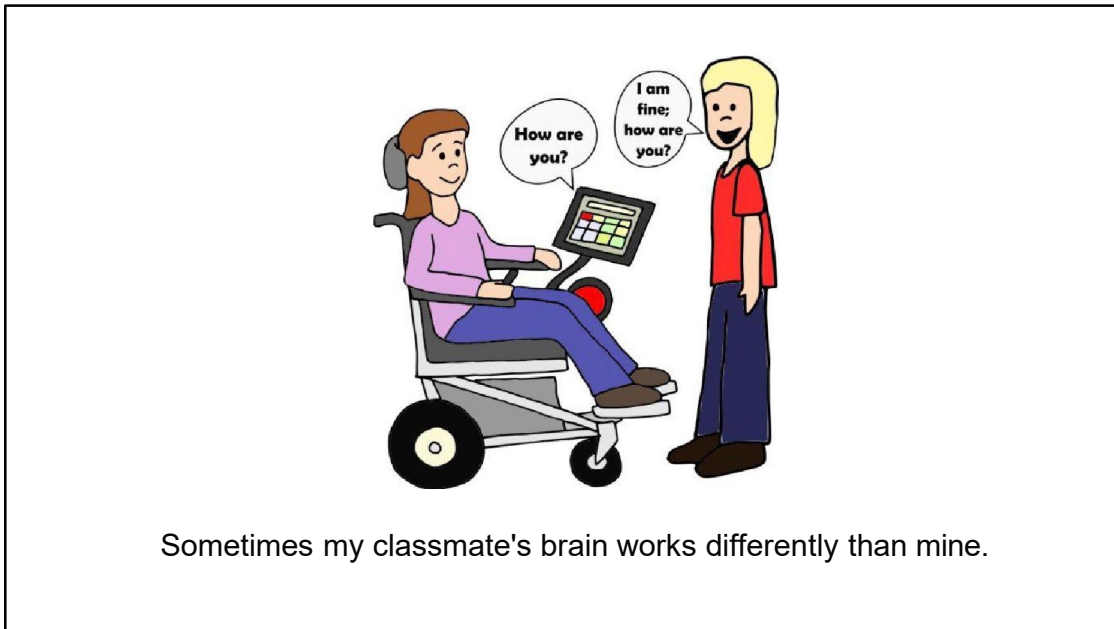
My classroom has many different kinds of brains.

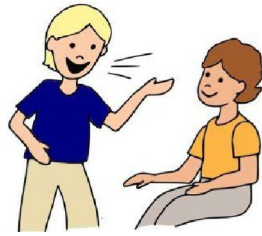


Some brains are called **neurodivergent**.  
Neurodivergent brains may learn, feel,  
and communicate in different ways.



Different does not mean bad or wrong. Different brains  
help make our classroom interesting and strong.





They might talk a lot about their favourite thing.



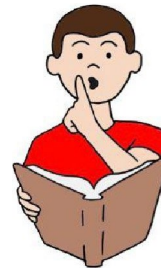
Or they might not talk a lot at all.



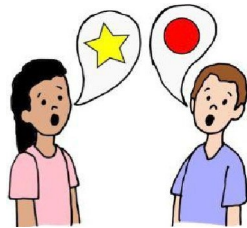
They might need quiet time or a break.



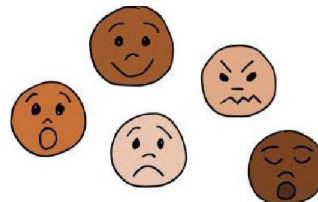
These things help their brain feel safe and calm.



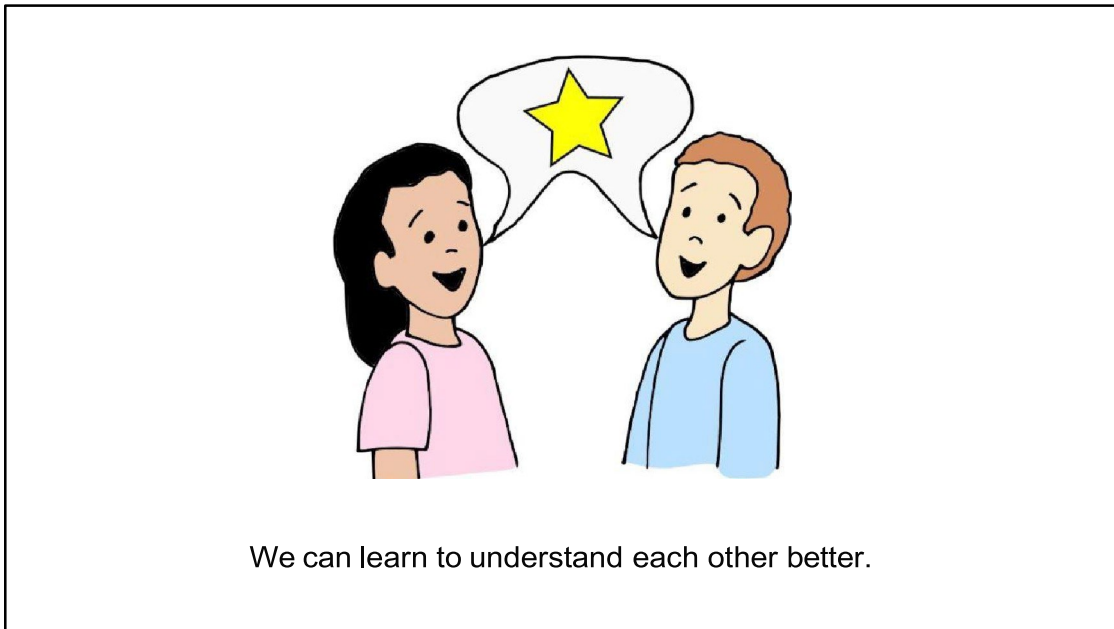
It does not mean they are being rude.  
It just means their brain works differently.

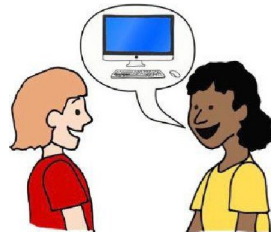


Sometimes two people do not understand each other.



This can happen when our brains work in different ways.





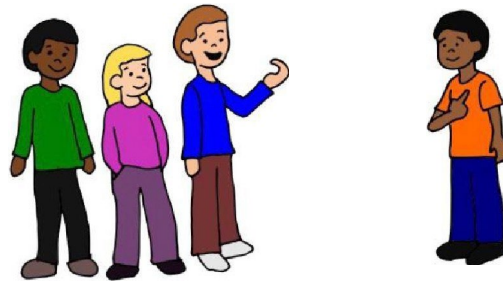
When they talk about their favourite thing, I can listen.



If I am unsure, I can ask kindly.



Everyone's brain deserves kindness and respect.



In our classroom, we make space for different brains.



When we understand each other, everyone belongs!