

# Neurodiversity-Affirming Practice in Occupational Therapy: An Introduction

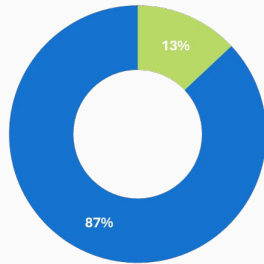
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## Course Objectives

1. Participants will define neurodiversity and articulate the value of acknowledging variation in the way humans think, learn, and behave.
2. Participants will identify the origins of the neurodiversity movement and its development over time, including a history of disability models.
3. Apply knowledge to practice. Participants will discuss shifts they can make in their clinical practice by reviewing practical scenarios.

# Language Use

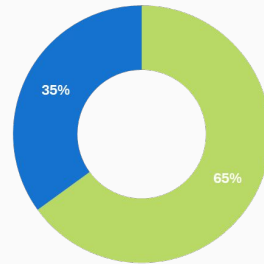
**AUTISTIC ADULT LANGUAGE PREFERENCES**



■ Person-First Language  
■ Identify-First Language

(Taboas et al., 2022)

**PROFESSIONAL LANGUAGE PREFERENCES**



■ Person-First Language  
■ Identify-First Language

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# Neurodiversity, Defined

Neurodiversity describes the idea that people experience and interact with the world in many different ways; there is no “right” way of thinking, learning, or behaving. Under the neurodiversity model, differences are *not* viewed as deficits.

**Harvard Health**

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# Key Terms

**Neurodiversity** (noun) - the variation of neurotypes occurring in humans

- Ex: Allowing attendees in a Zoom meeting to keep their cameras turned off or use the chat to communicate accommodates for the *neurodiversity* in the crowd.

**Neurodivergent**, abbreviated as ND (adjective) -

- Ex: The teacher stocked her classroom shelf with books featuring *neurodivergent* children.

**Neurodivergence** (noun) -

- Ex: Various types of seating options were available in the classroom due to the *neurodivergence* of the class.

**Neurotypical**, abbreviated as NT (adjective) -

- Ex: *Neurotypical* individuals are often unbothered by background noises in the environment.

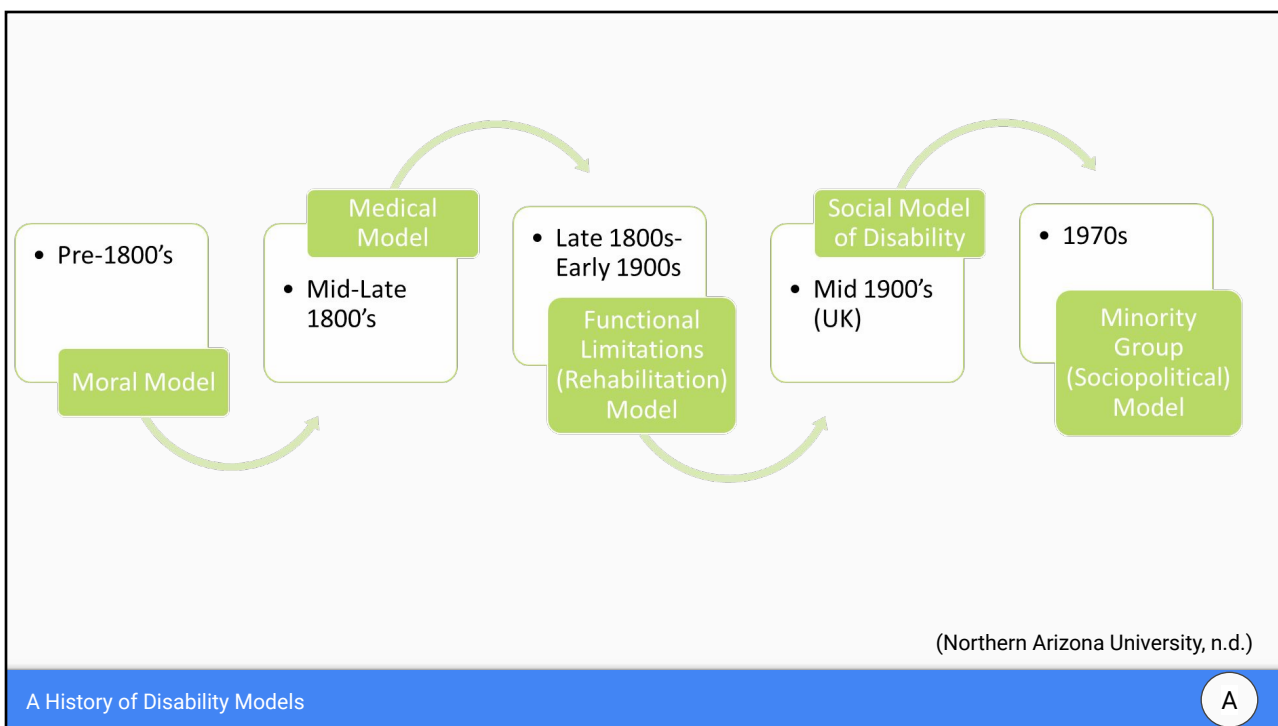
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# Neurodivergent, An Umbrella Term

- Autism Spectrum Disorder
- Attention-Deficit Hyperactivity Disorder
- Dyscalculia
- Dysgraphia
- Dyslexia
- Tourette Syndrome
- Dyspraxia
- And more...



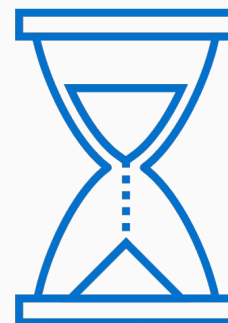
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# A History of Disability Models

## Trends through Time

- Shifts in thought of *why* disability occurs
- Shifts in goals of addressing disability
- Shifts in responsibility/reaction to disability
- Shifts in who is leading change in the disability realm
  - “Nothing for us, without us.”



# The Neurodiversity Movement

We can see those trends carry through time to help us understand how we arrived at the neurodiversity movement.

- Neurodivergent voices emerging as leaders and guiding force to drive change
- Societal shift in how we view the different ways people think, learn, and behave
- Willingness to accommodate for those differences (not change them)



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Why should occupational therapy practitioners be paying attention to this?

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# OTPF-4, Domain & Process

"Achieving health, well-being, and participation in life through engagement in occupation."

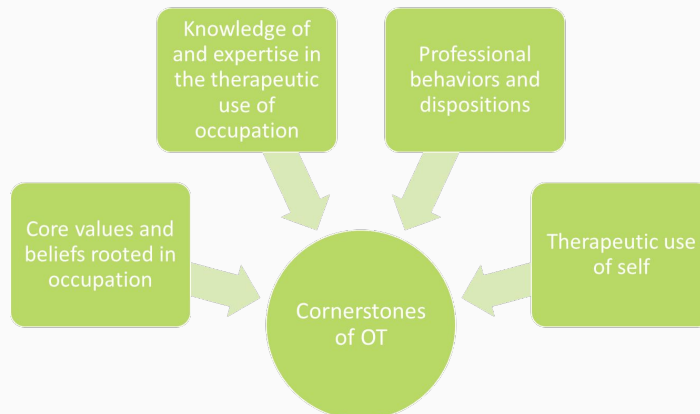
"Well-Being: A general term encompassing the total universe of human life domains that make up what can be called a *good life*."

"Participation: involvement in a life situation; occurs naturally when clients are carrying out occupations or daily activities that are purposeful and meaningful."

(AJOT, 2020)



# OTPF-4, Domain & Process



(AJOT, 2020)



## It aligns with our roots!

“Occupational therapy pioneers challenged asserted that engagement in purposeful activities was essential for healing and well-being.”

(Spielman, 2024)

“This ethos of empowerment and advocacy for meaningful occupation aligns closely with the principles of neurodiversity-affirming practice, which prioritize recognizing and celebrating the unique strengths and perspectives of neurodivergent individuals.”

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## “Neurodiversity” as a social theory - it’s trending!

- Social label of “neurodivergence” challenges us to consider how we engage with each other across a wide variety of individual experiences
- People gravitate towards this framework, because it is:
  - A supportive framework
  - Maintains individual integrity and preserves self-esteem under the lens of “disability”
  - Encourages adaptive flexibility, environmental modifications, and universal design
  - Allows a language that is person and not treatment focused
    - Since it is not a diagnoses, there are no treatments for it
    - Treatments for certain conditions neurodivergent people may have continue to be specific to diagnosis

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## What It Is

- How someone is “wired”
- A dynamic social theory
- A way to describe people using words other than “normal” and “abnormal”
- Shift away from “disease” model of treatment
- Inclusive of all differences
- Non-Ableist; Non-problematic
- A movement towards strength-based (or at least neutral) terms
- A dynamic, working definition

## What It Isn't

- Medical term
- Mental health diagnosis
- A choice
- A list of strengths and/or struggles
- An intervention or treatment
- Something “we all have”
- A static concept

“Neurodivergence is...  
Superpowers, Not Symptoms.”  
-Wendy Ringie

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## Clinical Implications

- Use of strengths-based approaches
  - Therapeutic activities and outcomes should be personalized to the interests and strengths of the client
- Appreciating differences in how clients think, learn, and behave
  - Valuing *all* forms of communication (verbal, AAC, emotion/behavior, etc.)
  - Valuing the effort, not just the *end product*
- Self-reflection on therapeutic approach and therapeutic use of self
  - *Why* are you targeting what you are targeting?
- Focus on advocacy and education to support authentic participation in occupations for neurodivergent individuals

*Exceptions to these clinical implications should only be made for health/safety*

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# Shift in Practice: Applying Clinical Implications

## Incorporating Special Interests

- Special interests should be used *within* your therapeutic approach, not withheld to promote compliance (e.g. first-then boards, token economies, etc.)
- Utilizing intrinsic vs. extrinsic motivation for increased self-efficacy and generalization of skills

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# Shift in Practice: Applying Clinical Implications

## Valuing ALL Play

- Play: activities that are intrinsically motivated, internally controlled, and freely chosen; may include suspension of reality (OTPF-4)
- Critical thinking of your therapeutic process - what makes *functional* play, *functional*?
- Caregiver education on different types of play schemes and the importance of free play
- Leisure/play exploration

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# Shift in Practice: Applying Clinical Implications

## Valuing *ALL* Communication

- Vocal communication is not the ideal goal; respect all forms of communication and ensure access to language at all times
- Affirm emotions when they are used as a way of communicating
- Honor all protest - promote bodily autonomy and boundaries

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# Shift in Practice: Applying Clinical Implications

## Valuing *ALL* Communication

### Trigger Warning: SA and Sexual Violence

I want to highlight the importance of bodily autonomy and respecting protest. We **NEED** to be teaching our kiddos how to self-advocate and teaching them that when they say “no,” people listen.

- 60% of autistic adults reported experiences of sexual violence (compared to 8.2% of NT adults).
- 9 in 10 autistic females report having experienced sexual violence in their lifetime, the majority of those reports occurring in childhood.

(Autism Research Institute, 2022)

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# Goal Writing Workshop

What could we do to make the following goal neurodiversity-affirming?

*“Johnny will attend to non-preferred task while seated at table for 3 minutes with <3 verbal redirections to increase attention to task in 3 of 4 trials.”*

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# Treatment Activity Workshop

What could we do to make the following treatment activity more neurodiversity-affirming?

A 5 y/o autistic female is in her OT session and is lining up cars in a row and demonstrating joy with this task (evidenced by stimming and smiling), the OTP uses HOHA to run the car down a ramp to address functional play.

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## References

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