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Neuroaffirming Practice: Practical Tips for Social Workers & Therapists

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For Z & Q

I love you.

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Introduction

The fact that you're reading this already shows a level of commitment to neuroaffirming practice, and that's truly significant. Engaging with these ideas demonstrates a dedication to creating more inclusive, respectful, and effective support for neurodiverse individuals—something that makes a real difference in the lives of folks we work with and support through their journeys.

Historically, traditional mental health approaches have often centered on “fixing” or “normalizing” neurodiverse individuals rather than recognizing and valuing their unique ways of thinking, feeling, and interacting with the world.

BUT - things are shifting because of committed people like you!

Neuroaffirming practice shifts this paradigm by honoring neurodiverse identity, prioritizing autonomy, and fostering therapeutic spaces rooted in genuine understanding and respect. Phew. Is that all?

As social workers and therapists, we can have a crucial role in ensuring that neurodiverse individuals feel truly seen, supported, and empowered.

Here's the catch: there isn't a “how-to” or checklist about how to do this - and there shouldn't be! Why? Because true neuroaffirming practice takes more than that. It's a way of being as a therapist. It takes intention. Critical thinking. It's not the same every time. It takes commitment to learning, unlearning, relearning, forever learning from the people we work with and each other.

So instead of a how-to, this guide is designed to support you by offering insights and some practical strategies. These approaches are grounded in research, informed by lived experience, and structured to be reflective, accessible and actionable. Whether you're new to neuroaffirming care or looking to deepen your practice, this resource will help you strengthen your therapeutic relationships and enhance the impact of your work.

Introduction

Preliminary research findings (Stubbs, 2024) suggest that a strong connection to the neurodiversity community is a key factor in fostering understanding, increasing engagement in ongoing learning, and promoting continued training. This connection enables a shift away from models that suppress neurodiversity and toward the creation of inclusive environments where neurodiverse individuals can thrive and where we, as professionals, can advocate for meaningful systemic change.

As you move through this resource, consider how your own connections—whether personal, professional, or both—to the neurodiversity community shape and strengthen your approach. Your commitment to this work matters, and by engaging in ongoing reflection and intentional practice, you are helping to build a future where neurodiverse individuals are truly valued and supported.

Shifting from a Deficit-Based to a Strengths-Based Approach

“Autistic people do not have a ‘broken’ neurobiology but rather a differently tuned system that offers unique strengths and challenges.”

— Milton (2012), The Double Empathy Problem

Most social work and therapeutic frameworks today operate from a strengths-based perspective, recognizing and building on the inherent capabilities of individuals rather than focusing solely on deficits. While this approach is widely accepted and practiced, what truly makes it meaningful is the reflection and intentionality behind it. A strengths-based lens is not just about shifting language—it’s about continuously examining how we assess, support, and engage with neurodiversity in a way that truly aligns with these principles.

This section exists not because strengths-based practice isn’t happening, but because we know it is. The goal is to provide additional tools and insights that support the excellent work you’re already doing. By intentionally reflecting on how strengths-based approaches apply specifically to neurodiverse individuals, we can deepen our practice, challenge implicit biases, and create environments where neurodivergence is not only accepted but genuinely valued.

Shifting from a Deficit-Based to a Strengths-Based Approach

Practical Implementations

Reframing Language:

- Instead of: "This client struggles with social skills."
 - Try: "This client has a unique way of socializing that works best in certain environments."
- Instead of: "They are rigid in their routines."
 - Try: "They thrive with structure and predictability."

Integrating Strengths into Assessment & Practice:

- During intake assessments, ask:
 - What environments help you feel most comfortable?
 - What are your interests and passions?
 - What does success look like for you?

Adjust interventions to align with strengths:

For example:

- If a client is highly interested in video games, use game-based therapy approaches.
- If a client communicates best through writing rather than speech, incorporate written strategies in sessions.

Using Neuroaffirming Language in Sessions:

- Shift from: "What's wrong?" → to → "What works best for you?"
- Instead of focusing on "fixing behaviors," explore: "What does this behavior communicate?"

Shifting from a Deficit-Based to a Strengths-Based Approach

Interactive Reflection & Role-Play

Scenario 1: Intake Session

A new client, Jordan, is meeting with you for the first time. Jordan is seeking meaningful social connections and support in navigating relationships. He shares that he struggles to maintain friendships and often experiences people leaving.

◆ Reflection Questions:

- How can you recognize and highlight Jordan's unique ways of forming and maintaining connections in a strengths-based way?
- What questions could you ask to understand Jordan's perspective on friendship, including what feels fulfilling and meaningful to him?
- How might you validate and affirm Jordan's social style, honoring his needs and preferences without imposing neurotypical expectations of friendship? What ARE neurotypical expectations of friendship?

Scenario 2: Realization of Neurodiversity

A new client, Alex, has recently realized they are autistic as an adult and is struggling with this discovery. They share feelings of confusion, grief, and uncertainty about what this means for their identity and past experiences. Alex wonders how this new understanding might change their relationships and sense of self.

◆ Reflection Questions:

- How can you validate and affirm Alex's experience, recognizing both the challenges and the strengths that come with this realization?
- What questions could you ask to help Alex explore what this discovery means to them in a way that feels empowering?
- How might you support Alex in reframing their past experiences through a neuroaffirming lens, helping them recognize ways they have always adapted and thrived in their own way?

Creating a Sensory-Friendly Therapy Environment: Beyond the Obvious

**"Sensory needs are not problems to be fixed; they are experiences to be understood." — Unknown*

A truly sensory-friendly therapy environment goes beyond simply offering fidget toys or noise-canceling headphones. It involves an intentional awareness of how different sensory inputs—light, sound, movement, space, and even therapist behaviors—affect clients differently. Since each person's sensory needs vary, therapists must adopt a flexible, individualized approach rather than assuming a one-size-fits-all solution.

This next chapter will explore how therapists can create a welcoming, sensory-considerate space that supports regulation and engagement. It will also provide practical strategies, real-life examples, and interactive exercises to help therapists implement these ideas in their practice.

Creating a Sensory-Friendly Therapy Environment: Beyond the Obvious

Rethinking the Sensory Environment: A Holistic Approach

Instead of viewing sensory-friendly therapy as a set of accommodations, think of it as a universal design approach that benefits all clients, whether neurodiverse or neurotypical. Small, intentional choices in the environment and your therapeutic approach can reduce stress and enhance engagement.

Environment Considerations

1. Lighting Adjustments

- Overhead fluorescent lights can be overstimulating. Consider soft, warm lighting, lamps, or dimmable lights.
- Offer the option to lower lights during sessions or let clients sit near/away from windows as they prefer.
- For clients with light sensitivity, provide sunglasses or wide-brimmed hats as options.

2. Sound Sensitivity Awareness

- White noise machines can mask unpredictable environmental sounds.
- Avoid background music unless a client requests it—some find it soothing, while others find it distracting.
- Be mindful of shuffling papers, tapping pens, or clicking keyboards during sessions.

3. Seating & Spatial Design

- Offer different seating options (soft chairs, firm chairs, floor cushions, rocking chairs).
- Avoid overly stimulating wall décor; opt for neutral or nature-inspired designs.
- Give clients control over personal space—some may prefer a cozy, enclosed feel, while others need open space to avoid feeling trapped.

Creating a Sensory-Friendly Therapy Environment: Beyond the Obvious

Sensory Regulation Tools for Sessions and Beyond

Subtle Sensory Tools for Adults

- Weighted lap pads or shoulder wraps (provide deep pressure without being distracting).
- Textured bracelets or rings (allow subtle tactile stimulation).
- Therapeutic putty or stress balls (discreet and adaptable for different pressure preferences).
- Essential oils or scent rollers (optional, for those who find scent grounding rather than overwhelming).
- Compression clothing or wrist weights (for clients who benefit from deep pressure without using a weighted blanket).
- Chewable jewelry (chewelry) for discreet oral sensory regulation.
- Soft fabric swatches or small tactile objects that can be kept in a pocket or on a keychain.

Encouraging Movement-Based Regulation

- Not all sensory regulation happens through objects—movement can also play a key role.
- Offer standing options or therapy balls as seating choices.
- Allow pacing, stretching, or small movement breaks during sessions.
- Consider ‘walk-and-talk’ sessions for clients who regulate better while in motion.

Creating a Sensory-Friendly Therapy Environment: Beyond the Obvious

Interactive Reflection & Role-Play Exercises

Reflection Questions for Therapists

1. Think about your therapy space. If you were highly sensitive to light, sound, or movement, what aspects might be overwhelming?
2. How do you typically respond when a client appears restless or distracted? Could this be a sensory regulation need rather than disengagement?
3. What subtle ways could you invite clients to communicate their sensory preferences without making them feel singled out?

Role-Play Scenarios

Scenario 1: The Restless Client

A client frequently taps their leg or looks away during sessions. You assume they're distracted or not engaged. How might you reframe your perspective and respond in a way that supports their sensory needs?

Practice:

- Instead of saying, "Let's try to focus," try, "Would it help if we took a movement break or adjusted your seating?"
- Offer an alternative, such as a resistance band under their chair or allowing them to hold a small textured object.

Scenario 2: The Client Who Cancels Often

A client frequently cancels last-minute, citing headaches or exhaustion. Instead of assuming avoidance, consider whether sensory overload might be a factor.

Practice:

- During a session, ask, "Are there aspects of coming here that feel challenging for you?"
- Offer alternative scheduling or remote sessions if that would be more accessible.
- Check if environmental adjustments (e.g., softer lighting, shorter session duration) could make attending easier.

Communication

"Forcing eye contact or neurotypical modes of communication can increase anxiety and inhibit authentic connection rather than foster it."
— Jaswal & Akhtar (2019), *Eye Contact and Social Interaction in Autism*

Understanding Communication Differences

Traditional therapy models often emphasize neurotypical styles of communication, such as direct eye contact, quick verbal responses, and structured dialogue. However, neurodiverse clients may express themselves in ways that differ from these expectations, including using alternative communication methods, needing more processing time, or avoiding eye contact. A neuroaffirming approach recognizes these differences as valid and valuable, rather than something to be corrected. When we honor each client's natural communication style, we foster an environment of safety and authenticity, allowing clients to engage in therapy in a way that feels most comfortable and effective for them.

Rethinking Masking: Exploring Autonomy, Safety, and Authenticity in Communication

When discussing masking, it's important to recognize that unmasking is not inherently the most neuroaffirming goal—it depends on the individual, their needs, and the context. Masking can be a survival strategy, a way to navigate social environments, or a tool for self-expression, and it is neither inherently good nor bad. Instead of assuming that supporting someone to unmask is always the best approach, it's more meaningful to explore the why behind their masking. Is it driven by safety concerns, personal comfort, or external pressure? Does it help them connect with others, or does it feel exhausting and inauthentic? By having open conversations about these nuances, we can help people make informed, self-directed choices about when, where, and how they want to mask—if at all—without imposing an expectation that unmasking is the ultimate goal. True neuroaffirming support means centering the person's needs and autonomy, recognizing that both masking and unmasking can serve important roles depending on the situation.

Communication

1. Offer Multiple Communication Modalities

Not all clients will feel comfortable expressing themselves through spoken words. Providing options such as writing, typing, drawing, or using AAC (Augmentative and Alternative Communication) devices can support clients in sharing their thoughts and emotions. Do you offer virtual therapy? There are many interactive ways to communicate on a virtual platform such as writing, a shared white board, and more.

- *Example:* A client who struggles with verbal processing may prefer to type responses during a session or send written reflections between appointments.

2. Normalize Pauses and Processing Time

Many neurodiverse individuals require additional time to process and formulate their thoughts before responding. Rushing or filling silences can create unnecessary pressure.

- *Example:* Instead of prompting an immediate answer, say, "Take your time; I'm here when you're ready."
- *Reflection:* Notice when you feel uncomfortable with silence—what assumptions are you making about how communication “should” look?

Tip: Offer to send clients notes after the session that include what you talked about and any between-session thoughts.

Tip: It may be helpful to send out an agenda prior to the session. What did we talk about last time? What will we be talking about this time? Let the client add to this or provide pre-session thoughts to provide some predictability and agency.

Communication

3. *Decrease Eye Contact Pressure*

Eye contact is often mistakenly equated with engagement and honesty. For many neurodiverse individuals, forced eye contact can be distressing and inhibit genuine connection.

- *Example:* Allowing a client to look away, focus on an object, or engage in fidgeting can actually enhance their ability to communicate comfortably.
- *Reflection:* How often do you equate eye contact with attentiveness? Challenge this assumption in your own interactions.

4. *Utilize Asynchronous Communication When Needed*

Real-time conversations can be overwhelming for some clients. Offering email or text-based check-ins between sessions can provide a lower-pressure alternative.

- *Example:* A client may find it easier to send a message about a difficult topic before discussing it in session, giving them time to organize their thoughts.

5. *Validate All Forms of Expression*

Rather than focusing on **how** a client communicates, focus on **what** they are communicating. Avoid correcting language, tone, or style unless the client explicitly asks for support in these areas.

- *Example:* Instead of saying “Use your words,” try “I hear you” or “I see that this is important to you.”
- *Reflection:* How can you ensure that your therapeutic space accommodates a variety of communication styles?

Recognize and Address Trauma Without Pathologizing

"Many neurodiverse individuals experience trauma not only from singular distressing events but from repeated experiences of invalidation, social exclusion, and sensory overwhelm. When these lived experiences are misunderstood, they often lead to misdiagnoses or treatment approaches that fail to recognize their true impact."

— Kerns et al. (2015), *Autism and PTSD Overlap*

Understanding Trauma in Neurodiverse Clients

Trauma-informed care is essential in all therapeutic settings, regardless of whether a practitioner specializes in trauma therapy. Neurodiverse individuals often experience trauma differently, sometimes in ways that are not immediately recognized in traditional diagnostic frameworks. Repeated experiences of being misunderstood, forced into compliance, or having sensory and communication needs disregarded can lead to cumulative trauma, sometimes referred to as "minority stress" (Botha & Frost, 2020).

Additionally, neurodiverse clients may present trauma responses that differ from neurotypical expectations. Shutdowns, meltdowns, dissociation, or even what may appear as "rigid" behaviors can be adaptive responses to ongoing distress. Traditional therapy models, which often emphasize cognitive processing of trauma through talk-based reflection, may not always be accessible or appropriate for neurodiverse individuals who process experiences differently.

Recognize and Address Trauma Without Pathologizing

Practical Implementation

- *Reframe Traits as Adaptations, Not Deficits*
 - Instead of viewing sensory sensitivities, routine-based preferences, or communication styles as obstacles, acknowledge them as protective mechanisms that have helped the individual navigate their world.
 - *Example:* Instead of saying, “Let’s work on reducing your need for headphones in public,” reframe it as, “How can we support your sensory needs so you feel safe?”
- *Use Body-Based Regulation Tools Rather Than Compliance-Based Strategies*
 - Behavior charts and rigid emotional regulation techniques may not align with neurodiverse experiences of trauma. Instead, incorporate grounding techniques that prioritize bodily autonomy and safety.
 - *Example:* Offer multiple sensory-friendly regulation strategies like weighted blankets, fidget tools, or movement breaks rather than requiring verbal processing in the moment.

Recognize and Address Trauma Without Pathologizing

Practical Implementation

- *Provide Control Over Trauma Conversations*
 - Many neurodiverse individuals struggle with interoception (the ability to sense internal body states) and may need additional time to process distress. Allow for autonomy in when and how trauma is discussed.
 - *Example:* Instead of asking, “Can you tell me more about what happened?” offer options such as, “Would you like to explore this today, or do you need more time?”
- *Recognize and Normalize Nonlinear Processing*
 - *Trauma work does not always follow a predictable path, especially for neurodiverse individuals who may process memories in fragmented or sensory-based ways. Avoid pressuring clients into standard trauma recovery timelines.*
 - *Example:* If a client returns to a past experience unexpectedly, validate it: “It makes sense that this is coming up again—your brain is working through it at its own pace.”

Recognize and Address Trauma Without Pathologizing

Self-Reflection Questions

1. Do I unconsciously view certain neurodiverse traits as problems to be fixed rather than responses to lived experiences?
2. How do I respond when a client shuts down or disengages? Do I view it as defiance, or do I explore what support they may need?
3. Am I creating an environment where clients feel they have control over their therapeutic process?
4. How do I incorporate sensory and body-based regulation tools into my sessions, beyond traditional talk therapy?

Final Thoughts

Being trauma-informed is not just about recognizing overt trauma but also about understanding the everyday experiences of invalidation and distress that neurodiverse clients may face. The fact that you are engaging with this material shows a commitment to deepening your practice in a meaningful way.

By shifting away from pathologizing frameworks and toward neuroaffirming approaches, we create spaces where healing is not about conformity but about genuine self-acceptance and empowerment.

Advocate for Systemic Change

“Inclusion is not about placing neurodiverse individuals into pre-existing spaces; it’s about reshaping those spaces so everyone can thrive.”

— Adapted from the principles of the Social Model of Disability

Understanding Systemic Barriers

Many neurodiverse individuals navigate a world that was not built with them in mind. Rather than viewing neurodiversity as an individual deficit, a systemic perspective recognizes that challenges arise when environments are inaccessible or unaccommodating. Social structures, workplace policies, educational systems, and healthcare models often prioritize neurotypical norms, making it difficult for neurodiverse individuals to fully participate. Ableism—both overt and subtle—reinforces these barriers by expecting conformity rather than adaptation. As therapists, even if we are not directly engaged in advocacy work, we have a role in fostering systemic change. We can help clients navigate and challenge these systems, ensuring that therapy itself does not reinforce ableism but instead empowers clients to advocate for themselves while we work toward broader accessibility.

Advocate for Systemic Change

Practical Implementation

1. Educate Systems on Neuroaffirming Practices

- Offer psychoeducation to schools, workplaces, and caregivers on neuroaffirming approaches, emphasizing accommodations that reduce distress rather than force compliance.
- Provide consultation or referrals to organizations that specialize in neurodiverse advocacy and accessibility.
- Encourage workplaces and institutions to move beyond compliance and embrace truly inclusive practices, such as flexible scheduling or alternative communication methods.

2. Advocate for Accessibility in Therapy Spaces

- Ensure therapy offices are sensory-friendly by offering options such as soft lighting, noise-reducing tools, or alternative seating.
- Provide multiple modes of access, such as virtual sessions, asynchronous communication, or text-based therapy for clients who struggle with in-person or verbal processing.
- Use clear and direct communication about expectations, avoiding unnecessary ambiguity that may create anxiety.

Advocate for Systemic Change

Practical Implementation

3. Model Inclusivity in Language and Documentation

- Use identity-affirming language in session notes, reports, and conversations. Instead of framing traits as deficits (e.g., “client struggles with eye contact”), reframe them neutrally or positively (e.g., “client prefers alternative forms of communication”).
- Challenge pathologizing language when discussing neurodiverse clients with other professionals and within multidisciplinary teams.
- Empower clients by ensuring they have access to their own documentation and the ability to provide input on how their experiences are described.

4. Connect Clients to Affirming Resources and Communities

- Provide clients with information about neurodiverse-led advocacy organizations, online communities, and peer support networks.
- Encourage self-advocacy by helping clients draft accommodation requests or scripts for difficult conversations with employers, educators, or medical professionals.
- Recognize that self-advocacy can be exhausting, and work with clients to set realistic goals for engagement while also identifying when external advocacy support may be needed.

Advocate for Systemic Change

Self-Reflection for Practitioners

- How do my own biases or assumptions about neurodiversity influence the way I approach advocacy in therapy?
- Am I unintentionally reinforcing ableism by encouraging clients to adapt to inaccessible environments rather than pushing for systemic change?
- What steps can I take in my own practice or organization to create a more neuroaffirming and accessible space?

Final Thoughts

Advocacy is not just about big policy changes—it happens in everyday moments, in the language we use, the accommodations we provide, and the ways we empower neurodiverse individuals to be heard and respected. The fact that you are engaging with this material already demonstrates a commitment to meaningful change. By integrating these neuroaffirming advocacy strategies, we can help create a world where neurodiverse individuals are not just accommodated but truly valued.

Final Thoughts & Next Steps

Neuroaffirming care is not about having all the answers—it's about being willing to shift perspectives, challenge outdated models, and create spaces where neurodiverse individuals feel genuinely seen and valued. By moving beyond deficit-based frameworks and embracing a more inclusive, strengths-based approach, we can transform not only our therapeutic relationships but also the broader systems in which our clients exist.

Throughout this guide, we have explored key principles of neuroaffirming practice: respecting diverse communication styles, recognizing the impact of trauma without pathologizing, prioritizing sensory needs, and advocating for systemic change. Each of these components is vital, but the real power lies in how they come together. When we integrate these practices into our work, we help build a world where neurodiverse individuals do not just survive—they thrive.

Where to Go from Here

- *Self-Reflection*: Take time to examine your own biases and assumptions about neurodiversity. How might they shape your interactions with clients? What shifts can you make to become more neuroaffirming in your practice?
- *Continuous Learning*: Neuroaffirming care is an ongoing process, not a one-time training. Stay engaged with lived-experience perspectives, research, and evolving best practices. Seek out neurodiverse voices through books, blogs, podcasts, and professional development opportunities.
- *Audit Your Practice*: Look critically at the ways your therapy space, intake forms, communication styles, and intervention methods may inadvertently exclude or harm neurodiverse clients. Small changes—like offering alternative communication methods, using affirming language, and respecting sensory needs—can make a big impact.
- *Advocate for Change*: Neuroaffirming care does not stop at the therapy room door. Challenge ableism in workplaces, schools, and community settings. Educate colleagues, supervisors, and institutions on the importance of accessibility and inclusion. Remember, systemic change starts with individual action.

Most importantly, know that the fact you have read this guide already shows your commitment to creating a more inclusive and affirming therapeutic space. That alone is powerful. Neuroaffirming work is not about perfection—it is about presence, intention, and the willingness to grow alongside your clients.

True healing happens when people feel safe enough to be fully themselves. By showing up as neuroaffirming practitioners, we are not just supporting neurodiverse clients—we are reshaping the landscape of mental health care for the better. And that is work worth doing.



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