SELF ASSESSMENT

NEURODIVERGENT AFFIRMING CARE

This is a self-assessment designed to encourage curiosity and further thought regarding one's ability to engage in neurodiversity affirming care. Read each construct and respond to how you believe you are understanding and implementing neurodiversity affirming care.

An 'Always' response indicates you apply this with every individual.

An 'It Depends' response indicates that you sometimes do and sometimes do not. This response should be followed by examining why it varies and is not an 'Always' response.

A 'Developing' response indicates you are still understanding this construct application, and you may have questions or more learning to acquire. Individuals should be honest when completing this self-assessment with a goal of accurately assessing their current implementation of neurodiversity affirming care.

QUESTIONS:	RATING SCALE: Always	It Depends	Developing
I recognize that there is no "normal" brain and all neurotypes are equally valid.			
I understand neurodivergent individuals are not in therapy to "fix" their neurodivergence.			
I affirm that an important part of accommodation is to support a child's authentic wants, needs, and self-defined goals.			
I honor and incorporate an individual's unique play preferences and special interests.			
I recognize that all play styles are valid and do not force specific types of play.			
I encourage individual's voices in deciding goals and therapy processes.			
I focus on a child's strengths and help them use those strengths to meet their needs.			
I respect an individual's body autonomy (consent, sensory needs, personal space).			
I presume competence in when supporting individuals.			
I value and support multiple methods of communication (speaking and nonspeaking).			

QUESTIONS:	RATING SCALE: Always	It Depends	Developing
I affirm that being different is not wrong, bad, or a problem. I do not aim to make individuals appear neuronormative as a goal.			
I commit to understanding core neurodivergent concepts such as masking, the double empathy problem, monotropism, rejection sensitive dysphoria, and alexithymia.			
I prioritize developing a strong, authentic relationship.			
I view play/leisure as the primary change agent, not as a reward or a compliance tool.			
I advocate for inclusion, accessibility, and accommodations as needed for neurodivergent individuals.			
I actively address systemic ableism and apply the social model of disability.			
I am willing to adapt supportive methods (directive, nondirective, integrative) to each individual's neurotype and needs.			
I create sensory-supportive environments and respect sensory differences.			
I support emotional regulation based on the individual's needs, not neuronormative standards.			
I prioritize self-worth, identity awareness, self-advocacy, and autonomy when planning support.			
I collaborate with others to promote neurodiversity-affirming understanding in other environments.			
I support connections that appear and progresses in uniquely neurodivergent ways that are meaningful and comfortable for the neurodivergent individual.			
I acknowledge the unique trauma experiences that can arise from ableism, exclusion, & neurodivergent invalidation and that many neurodivergent individuals have trauma rooted in being misunderstood, or forced to mask.			
I recognize the impact of minority stress in neurodivergent individuals and their families and understand intersectionality presentations (racial, gender, etc.) in neurodivergence.			
I acknowledge the process of increasing my self-awareness related to cultural humility and application of neurodiversity affirming care is an ongoing, intentional process.			

Adapted by Emily Bennett from:
Autplay Therapy Neurodiversity Constructs
- Dr. Robert Jason Grant

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NEURODIVERGENT AFFIRMING

CONSTRUCTS

1. **Neurodiversity means there is no such thing as a normal brain. Variation in neurology is natural, and none is more right or wrong than another.**

2. **Neurodivergent children (autistic, sensory differences, ADHD, etc.) do not require support/care just because they are neurodivergent. They can and do have needs such as anxiety, regulation challenges, trauma issues, social needs, parent/child relationship issues, etc.**

3. **Understand the child's play preferences and special interests. All neurodivergent children play and there are multiple types and ways to play. Each child's play preferences should be respected and neurodivergent children should not be forced to play a specific way.**

4. **Children's voices should be heard and valued in deciding on processes, needs, and goals. Children should have a say in what needs they want to address.**

5. **Avoid interventions that promote masking and code switching. Instead, focus on strengths and helping children recognize what they already do well. Help them utilize their strengths to address their needs.**

6. **Different is okay, different is not bad, wrong, or a problem, navigating differently is supported. The focus is never on trying to change a neurodivergent child to "look" like a neurotypical standard.**

7. **Relationship development is a core process. Relationship is key to working with neurodivergent children and their families and should begin with first contact and does not end.**

8. **Play is the natural language of children. Play is the change agent and not a manipulative to get to a change agent.**

9. **The supportive process may involve addressing self-worth struggles, understanding identity, the social model of disability, and self-advocacy development.**

10. **Supporting may involve nondirective methods, directive methods, or an integrative or prescriptive approach. It should be individualized to the unique neurotype of each child understanding their spectrum of presentation.**

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