A Guide to Neurodiversity Affirming Therapy

A Practical Introduction for Charity Staff and Volunteers

Neurodiversity affirming therapy is an approach that treats autism, ADHD and other forms of neurodivergence as natural variations of human experience rather than disorders to be cured or corrected.

Rooted in the social and neurodiversity models of disability, it focuses on supporting the person to live well as themselves, not on making them appear more neurotypical.

This guide gives you a working understanding of the approach so you can recognise it, talk about it with confidence, and signpost the people you support to therapists and services that practise it.

Key Terms in Plain English

- **Neurodiversity:** the natural variation in how human brains work. Everyone is part of the diversity.
- **Neurodivergent:** a person whose brain works differently from the majority of people, for example, autistic people, ADHDers, dyslexic people.
- **Neurotypical:** a person whose brain works in the way most people's do.
- **Affirming:** supportive of someone's identity. The opposite is pathologising, treating the identity itself as the problem.
- **Masking:** consciously or unconsciously hiding neurodivergent traits to fit in. It is exhausting and linked to burnout and poor mental health.

Core Principles of an Affirming Approach

Affirming therapy is defined by what the therapist holds as true about the client. Six principles run through the work:

- The client is the expert on their own experience. The therapist's job is to be curious, not to correct.
- Neurodivergence is a difference, not a deficit. Traits are described in neutral or strengths-based language.
- Distress is usually a response to the environment, expectations or past invalidation, not a symptom of the neurotype itself.
- Identity-first language is used by default ("autistic person", "ADHDer"), and the client's own preference is followed.
- Goals are set by the client. Reducing masking, building self-understanding and self-advocacy often matter more than "normalising" behaviour.
- The therapy room is sensorily and communicatively accessible, with lighting, noise, written or visual options, breaks, and clarity all matter.

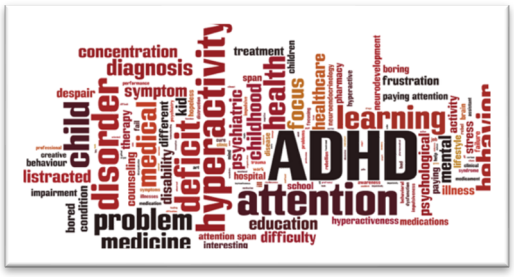
Working with Autistic Clients

Affirming work with autistic people centres their sensory, social and communication profile rather than trying to change it.

- Treat sensory needs as real and legitimate. Adjust the room or let the client take the lead on lighting, sound and seating.
- Expect and welcome direct communication. Drop hints, sarcasm and tests of "social intuition".
- Honour special interests and routines as sources of regulation, joy and meaning, not as symptoms.
- Recognise stimming (rocking, fidgeting, repetition) as self-regulation, not something to suppress.
- Replace "social skills training" with mutual understanding: help the client navigate a neurotypical world without asking them to perform neurotypically.
- Screen carefully for trauma, burnout and co-occurring conditions; many autistic adults arrive having been previously misunderstood by services.

Working with ADHD Clients

Affirming work with ADHDers is collaborative, externalises strategies, and works with the brain in front of you rather than against it.



- Frame ADHD as a difference in attention regulation, motivation and executive function, not a willpower or character flaw.
- Co-design structure: visual schedules, body doubling, timers, and very small first steps.
- Plan for variable energy and attention. A flexible cancellation policy and shorter or more frequent sessions can be genuinely accessible.
- Validate rejection sensitivity and emotional intensity as part of the profile, not as overreaction.
- Be honest about medication: it is the client's decision, but make sure they have accurate information and access to a prescriber if they want it.
- Notice strengths, creativity, hyperfocus, and novel thinking and build them into goals.

Affirming vs Pathologising Language

Affirming	Pathologising
"Autistic person" or "ADHDer" (or the client's preference).	"Person with autism / suffering from ADHD."
"Different way of processing."	"Disorder / deficit / abnormality."
"Sensory needs."	"Sensory issues / problems."
"Stimming helps you regulate."	"Let's reduce that behaviour."
"Masking has a cost we can work on safety to unmask."	"You just need to make more eye contact."
"Your environment isn't meeting your needs."	"You need to cope better with normal life."

What Affirming Therapy Avoids

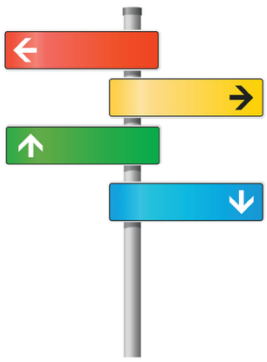
- Compliance-based interventions whose primary aim is to make the client appear less autistic or less ADHD.
- Cure-focused framing, including "fixing" or "recovering from" being neurodivergent.
- Treating a meltdown or shutdown as bad behaviour rather than a response to overload.
- Goals set without the client (or, for under-18s, without genuine involvement).
- Generic Cognitive Behavioural Therapy (CBT) or talking therapy delivered without adaptations to pace, format, sensory environment, or homework usually needs adjustment.

Signposting: What Good Looks Like

When you are helping someone find a therapist, encourage them to ask:

- "Are you neurodiversity affirming, and what does that mean in your practice?"
- "What training have you done on autism and ADHD specifically?"
- "Can we adjust the sensory environment, session length and communication style?"
- "Whose goals will we be working on, and how do we agree on them?"
- "How do you handle masking, burnout and rejection sensitivity?"

A good therapist will welcome these questions. A defensive or dismissive answer is itself useful information.



Reflection for Staff and Volunteers

Before your next conversation with a neurodivergent person you support, consider:

- Whose comfort am I prioritising, theirs, or my own habit of how a conversation "should" feel?
- Which of the affirming principles do I find easiest, and which feel like a stretch?
- What small environmental adjustment could I offer by default (lighting, written follow-up, breaks, written agenda)?
- Whose voices am I learning from, autistic and ADHD practitioners and writers, and not only neurotypical professionals?

Further Reading and Resources

"Neurodivergent Affirming Therapy": Rethinking Approaches for Autistic and ADHD Clients by Amy Peters (published by Jessica Kingsley Publishers, UK). (2026).

"I Will Die On This Hill" offers practical, invaluable guidance, interwoven with wisdom, humour, and raw honesty, to emphasise how critical it is for autistic adults and non-autistic parents to cultivate mutual respect and find "common ground" despite differing, and sometimes seemingly parallel, perspectives. Meghan Ashburn and Jules Edwards (2023).

National Autistic Society guidance for professionals: www.autism.org.uk

ADHD UK was founded in 2020 with a mission to help those affected by ADHD https://adhduk.co.uk

ADHDadultUK is a UK-based charity run by adults with ADHD for adults with ADHD https://www.adhdadult.uk

For training in Neurodiversity Awareness for your team, please contact LaPD Solutions on 03000 303 007.