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NEURODIVERSITY-AFFIRMING AUTISM ASSESSMENT AND SUPPORT: A SCOPING REVIEW

ABSTRACT

Purpose: *The neurodiversity movement has challenged longstanding medical conceptualizations of autism. This scoping review aims to examine recent literature on neurodiversity-affirming autism research, assessment and support.* ***Study Design:*** *A systematic PubMed search using the term "neurodiversity-affirm*" was conducted in May 2025. The findings were thematically organized to illustrate how neurodiversity-affirming views are currently shaping medical practice.* ***Findings****: The neurodiversity movement is a human rights movement that advocates for the rights and inclusion of neurodivergent individuals. It emphasizes the importance of involving autistic people in research, decision making and service planning. Some of the most prominent advocates of the neurodiversity movement are scientists and health professionals with lived experience of autism. They are uniquely positioned to bridge autistic experience, scientific research and healthcare practices. Recently, many health professionals have embraced the ideas of the neurodiversity movement and integrated them into the concept of neurodiversity-affirming practice. To date, these principles have inspired various health professionals and members of the autistic community to collaborate in improving autism assessment and support. This new approach has led to the development of promising assessment tools and innovative ways of supporting autistic children, youth and adults.* ***Conclusion:*** *For autistic individuals, whose ways of being have historically been framed in terms of deficits, it is essential to create spaces where they can authentically express themselves and be recognized and valued. Such environments are fundamental to enhancing their wellbeing. Healthcare providers are therefore encouraged to rethink autism services and to co-design them with the autistic community to promote true inclusion.*

KEYWORDS: AUTISM SPECTRUM DISORDER, NEURODIVERSITY, NEURODIVERSITY AFFIRMING PRACTICE, INTERVENTIONS

Autism is an umbrella concept for highly heterogeneous individual neurodevelopmental differences in social communication, interaction and behaviour (1). Although these differences are often detected in early childhood, sometimes they become more obvious later in life as social demands increase. Diagnostic criteria for autism have evolved over time, and their evolution will continue with the adoption of the 11th Edition of the International Classification of Diseases (ICD-11) (Supplement 1). There is considerable overlap in features of autism and several other communicational, neurodevelopmental and mental health conditions.

In Finland, the increasing demand for autism assessments has created tensions in mental health services (2). An increase in autism diagnoses has occurred in recent years in many other Western countries (3). In Britain, a similar situation has been addressed by creating a strategic action plan for improving access to autism services (4).

Many of the underlying reasons for the surge in need for autism assessments and services are medically motivated and related to progress in medical research and practice (1). However, the concept of autism has also undergone an evolution because of decades of autistic self-advocacy (5,6).

The neurodiversity movement is a social justice movement that has challenged traditional medical conceptualizations of autism, such as viewing autism as a disorder (5,6). Evolving public understanding and increased representation have changed the public image of autism and fostered greater acceptance and inclusivity (1,7). For this reason, understanding and

actively engaging with the views and goals of the neurodiversity movement is essential for all researchers and clinical practitioners working with autistic people.

PURPOSE OF THIS REVIEW

The purpose of this scoping review is to introduce some key concepts and theories in neurodiversity that underpin the concept of neurodiversity-affirming care. We provide a literature review to discuss how the neurodiversity movement is currently discussed in medical research.

METHODS

This scoping review is based on a systematic PubMed search on the search term neurodiversity-affirm*. The search was conducted in May 2025 and it yielded 41 articles. These were complemented by hand searches. We used thematic analysis to organize the search contents to illustrate how the ideas of the neurodiversity-affirming movement are shaping the present and future of autism assessment and support.

LITERATURE REVIEW

WHAT IS THE NEURODIVERSITY MOVEMENT?

The neurodiversity movement is a human rights movement that is based on decades of autistic activism. The movement advocates for the rights, acceptance and inclusion of autistic and neurodivergent individuals (5,6,8). The central idea of the neurodiversity movement is that all people, regardless of neurocognitive abilities, have inherent value (9). The neurodiversity movement embraces a social model of disability (Table 1). It has had an impact on how the general population and media view autism (10).

Adherents of the neurodiversity movement view autism as a naturally occurring form of human diversity and as a unique and valid way of relating to the world (8). They reject the idea that autistic individuals should conform to the neuronormative ideals of mainstream society and become "less autistic". The ability of people to thrive is not defined by their diagnosis but depends on the match between the individual and their social context (11).

Rather than viewing autism as a cluster of deficits that need to be addressed or changed, the neurodiversity movement views autism as an inherent and integral part of the autistic person's identity (12,13). According to this view, autism shares social dynamics and stressors with other marginalized identities (13).

WHAT IS NEURODIVERSITY-AFFIRMING PRACTICE?

Neurodiversity-affirming practice is a reform movement that aims to shift how autistic experience is viewed in clinical, research and educational settings (6,8,13). Some of the main ideas of neurodiversity-affirming practice are presented in *Figure 1*.

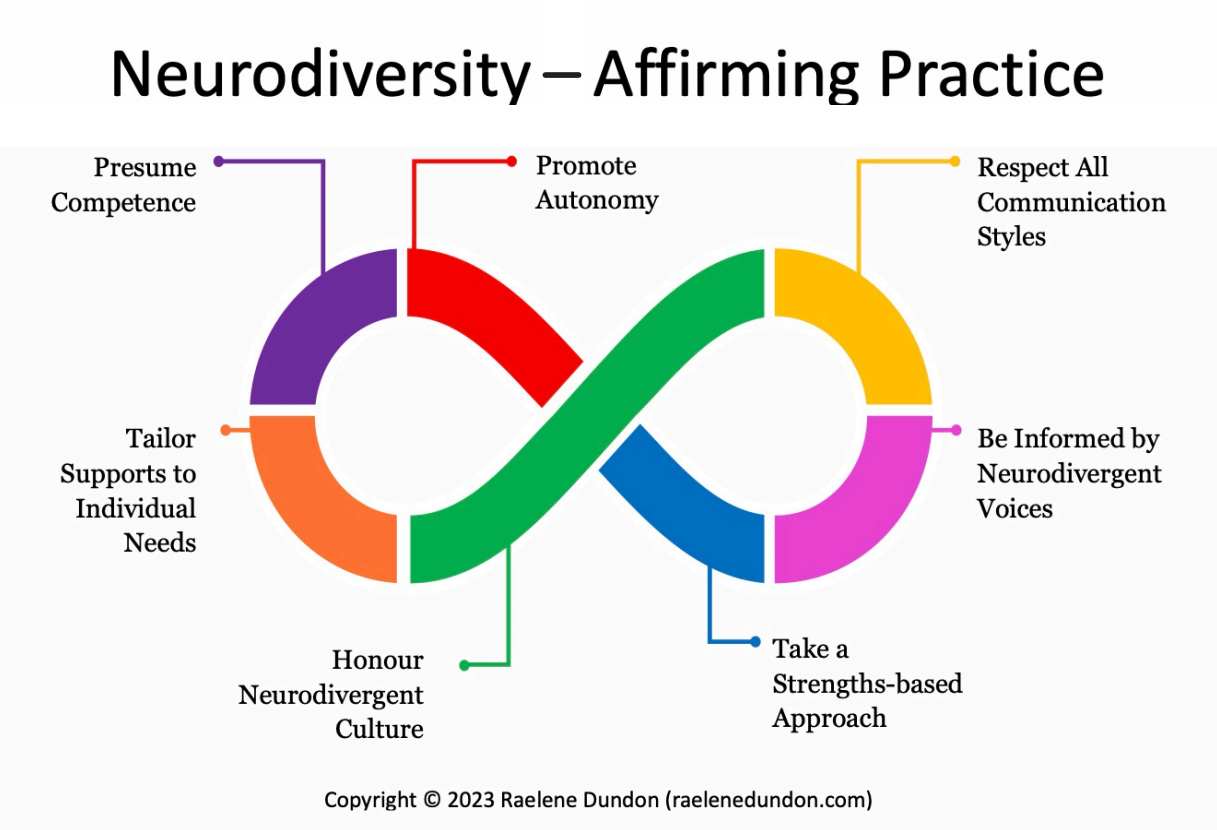
The neurodiversity movement has highlighted that treatment approaches focused on reducing autistic "symptoms"' or "cure" for autism are unlikely to be useful (14). Ideally, autism support is theoretically sound, evidence-based, neurodiversity-affirming and tailored to individual support needs (6,15). The inclusion of autistic people's goals, strengths, interests and perspectives in discussing support needs is crucial (16).

INCLUDING AUTISTIC EXPERIENCE IN RESEARCH AND TREATMENT PLANNING

Traditionally, autistic individuals have not had much chance to influence which kind of support they receive and what kind of goals they will pursue (17). The neurodiversity movement has questioned this approach and emphasized that it is important to seek input from autistic individuals and the autistic community. Neurodiversity-affirming practice encourages participatory research and involving neurodivergent individuals and communities in research and service design, decision making and priority setting (18).

Although many of the activists of the neurodiversity movement are cognitively able individuals who are capable of independent living, they highlight the importance of also addressing the needs of autistic people with high support needs (7). Some autistic individuals, as well as parents of autistic children, have expressed that they feel the neurodiversity movement overlooks their struggles and needs (1). The movement has also been criticized for being predominantly supported by individuals who are relatively well-functioning in their daily lives and are often described as having "high-functioning autism." In particular, parents of severely disabled children, as well as some autistic people themselves, report that they tend to favour a more traditional, pathologized view of autism, as they feel they are not "high-functioning" enough to benefit from a depathologizing perspective (1). However, recently, a group of non-speaking autistic individuals and autistic people with intellectual disabilities have expressed support for the goals of the neurodiversity movement (19).

Figure 1. Principles of neurodiversity-affirming practice. Raelene Dundon has kindly permitted the use of this figure in this publication.



MANY PROFESSIONALS ARE EMBRACING NEURODIVERSITY-AFFIRMING PRACTICE

Some of the most prominent advocates of the neurodiversity movement are scientists and health professionals with lived experience of autism (20-22). They are uniquely positioned in their ability to bridge autistic experience, scientific research and healthcare practices. As a result, many health professionals have reconsidered their autism-related attitudes. Doctors (23), psychologists (21), occupational therapists (24,25) and speech and language professionals (26) describe how neurodiversity-affirming principles have influenced their views of autism and impacted their professional practice. They call for a more balanced model of evidence-based practice that is informed by neurodivergent values (21,23,27).

NEURODIVERSITY-RELATED ATTITUDES CAN BE RELIABLY MEASURED

Psychologists have developed and validated the 17-item Autism and Neurodiversity Attitudes Scale to measure how much a person agrees with the neurodiversity view of autism (28). This instrument also addresses autism-related stigma. Researchers found that autistic individuals were more likely to endorse the neurodiversity view of autism compared to non-autistic individuals. Individuals who embraced the neurodiversity view were also less likely to have negative feelings against people with other disabilities and more likely to engage in various forms of activism (28).

A similar instrument has also been developed and validated for parents of autistic children (29). Its goal is to increase the parents' understanding and acceptance of unique characteristics of their child (29).

NEURODIVERSITY-AFFIRMING THEORIES CHALLENGE IDEAS ABOUT AUTISTIC COMMUNICATION

Neurodiversity-affirming practitioners view autistic communication as a two-way problem through the double empathy theory (30) (Table 1). Autistic people lack "social insight" into non-autistic culture and communication, but

non-autistic people lack "social insight" into autistic culture and communication preferences. Based on double empathy theory, communication between two autistic individuals is often more successful than communication between autistic and non-autistic individuals (30).

Recent experimental research has lent initial support to the double empathy theory (31). In communication experiments, autistic pairs were significantly more accurate in their communication than mixed neurotype pairs (31).

Based on these new ideas, the focus of autism conceptualization and assessment should shift from social communication as an individual skill to social communication as an interpersonal and interactional achievement (32). Conversation analysis can provide a non-pathologizing framework for understanding autistic communication (32).

The concept of monotropism, or intense attention on a limited number of interests (*Table 1*), is also useful for understanding autistic experience (33) and for moving away from a deficit-based view of autistic communication (34). Monotropism is thought to underlie the ability of many autistic individuals to immerse themselves in a specific subject of interest and develop deep expertise in that area. The Māori word for autism, takiwatanga, meaning "in their own time and space," also illustrates this ability.

Neurodiversity-affirming concepts and terminology could also be used to describe the experience of individuals with developmental language disorder (35).

Table 1. Some important neurodiversity-affirming theoretical concepts.

1.	*Social model of disability.* Disability is not an inherent characteristic of the individual but a product of individual characteristics and societal barriers. Neurodiversity-affirming practitioners critically examine and address these societal barriers.
2.	*The double empathy theory* is a theory proposed by the social scientist and autism rights advocate Damian Milton (30) who views autism-related communication difficulties as a two-way problem. Autistic people lack "social insight" into non-autistic culture and communication, but non-autistic people lack "social insight" into autistic culture and communication preferences. The resulting empathy gap explains why communication between autistic and non-autistic people is often not productive.
3.	*Monotropism* is a theory of autistic experience that was initially developed by autism advocates Dinah Murray and Wenn Lawson (33). According to this theory, autistic and non-autistic individuals have different attention styles. Autistic people tend to have a monotropic style of attention that allows an intense focus of attention on a limited number of interests, and strong preferences for routine, consistency and sameness.
4.	*Stimming* involves motor or vocal self-soothing by repetitive, rhythmic body movements. Stimming can involve skin picking, hand flapping, finger flicking, hair pulling or letting out sounds. Autistic adults say that stimming helps them to resolve stress and communicate intense emotions or thoughts. Some treatment approaches in the past have been based on trying to teach autistic individuals to suppress stimming, but these should be reconsidered (60).
5.	*Stigma*. Autistic individuals are often stigmatized. Sometimes autistic communication and behaviour, such as stimming, is also stigmatized in healthcare contexts. Autistic individuals commonly experience social isolation, bullying and various other forms of victimization. Even caregivers of autistic people can experience stigma by association (7).
6.	*Camouflaging* or masking means using conscious or unconscious strategies to appear as non-autistic or non-neurodivergent to "pass" in social situations. This may involve suppressing stimming. Camouflaging is often driven by stigma avoidance and can have both positive and negative consequences for the individual. It is associated with poor mental health and can sometimes result in autistic burnout.

SENSORY ACCESSIBILITY IS IMPORTANT FOR AUTISTIC PEOPLE

Sensory needs are often very important for autistic individuals (36). Sensory accessibility refers to environments that are designed to help manage sensory overload (see *Table 2*). Sensory accessibility is an important consideration for autistic clients (37). When designing healthcare and education facilities, it is important to take sensory accessibility into account.

NEURODIVERSITY-AFFIRMING VIEWS INFLUENCE

Table 2. Sensory accommodations for neurodiversity-affirming practice.

Sight	• Make sure that there are not bright lights • Minimize reflected light (for example, sunlight from the mirror) • Keep curtains or blinds closed if it is bright outside • Minimize visual clutter as much as possible
Sound	• Minimize background noise, turn off radio and television • Make sure that adequate sound absorbing materials are used in environments that are typically noisy • Minimize sudden noises • Reduce equipment noise by turning off machines that are not needed
Smell	• Aim for a scent-free environment. • Avoid scented detergents, cleaning products, air fresheners and perfumes.

AUTISM ASSESSMENT

Timely diagnosis and identification of support needs is vital for establishing a positive autistic identity. However, current diagnostic classifications and evaluations of autism often focus exclusively on problems (11).

Autistic adults and health professionals have noted that many autism assessment instruments are not age or gender appropriate, do not consider sensory preferences, and do not align with neurodiversity-affirming principles (24,38). Neurodiversity-affirming ideas have influenced many health professionals to reconsider how autism assessment is conducted (11,38-40).

To make a more balanced assessment and develop better support plans, healthcare professionals should pay greater attention to the autistic experience, respect the insights and wishes of the autistic community and evaluate autistic strengths (11). Some common autistic strengths include honesty, the ability to focus on specific interests and develop in-depth expertise in them, attention to detail, systemic and logical thinking and the ability to think outside the box (11).

In some countries, neurodiversity-affirming views are changing how autism assessments are conducted. In Scotland, The National Autism Implementation Team realized that some commonly used autism evaluations, such as the Autism Diagnostic Observation Schedule-2 (ADOS-2), do not always reflect the experience or preferences of their clients (38). To make diagnostic assessment more effective and respectful, they suggest adopting a neurodiversity-affirming stance. The diagnosis of autism should never be based on the outcome of one assessment tool, one part of the process or a score. Alternatives that respect the client's communication preferences and sensory preferences should be offered, and the focus of the assessment should be on identifying support needs (38).

Assessment methods that place greater focus on the autistic sensory experience and autistic strengths, and that guide a detailed evaluation of support needs, such as the Monteiro Interview Guidelines for Diagnosing the Autism Spectrum, Second Edition (MIGDAS-2)(40), can be used to complement other autism assessment methods.

WHAT TYPE OF SUPPORT IS APPROPRIATE FOR AUTISTIC CHILDREN?

In a participatory study, autistic adults, parents of autistic individuals and health professionals were asked what the best way to support autistic children would be (41). Participants were highly divided on the topic of early support for autistic children (41). About half of the participants indicated that it was appropriate to provide early support services for children, while the other half indicated that it depended on the nature of those support services. Autistic participants emphasized the importance of preserving childhood experiences and involving children in decision making. They also welcomed support services that align with neurodiversity-affirming principles. Some participants were hopeful for the positive impact that early, individualized support services could provide for autistic children (41).

Autistic adults, parents and health professionals also rated their views on what types of professional autism support should be a priority for autistic children (42). In their view, the highest priority outcome was the child's mental wellbeing. In contrast, about half of the participants thought that attempting to make the child appear more neurotypical was inappropriate. The participants were critical of social skills training. They also gave low priority ratings for trying to change sensory or avoidant behaviours and trying to reduce time spent on focused interests (42).

There is some initial research on how to provide neurodiversity-affirming early support for children. In Britain, researchers, neurodivergent parents and autistic adults co-designed a toddler-parent group intervention (43). The goal of the 12-week intervention is to support the children's attention, regulation and thinking skills and to foster their development through play and everyday activities. The programme also aims to create a welcoming and accessible space for their parents (43).

SUPPORT INCLUDES REMOVING BARRIERS TO PARTICIPATION IN SOCIETY

Autistic children face many barriers to fully participating in activities at home, school and in the community. These challenges are often not by choice, but are instead due to various limiting factors, including cognitive, sensory and environmental issues (44). Parents of autistic children wanted their children to participate in a variety of activities, but they reported that low environmental support was a major limiting factor (44).

Addressing obstacles to full participation in society is consistent with the principles of neurodiversity-affirming care (44). Parents of autistic children have an important role in their child's wellbeing. Early parenting interventions for autistic children often rely on behavioural approaches that seek to modify the child's behaviour, but this does not align with autistic community priorities. Parents of autistic children report clinically significant and higher parenting stress than other parents. For this reason, providing support that reduces parent or caregiver stress is important (45).

WHAT TYPE OF SUPPORT IS APPROPRIATE FOR AUTISTIC ADOLESCENTS AND ADULTS?

Because autism services are often designed for children, autistic adolescents and adults often have a hard time finding appropriate support. Autistic adults often experience that their words, facial expressions, sensory needs or emotions are misinterpreted (25,36).

Providing appropriate support is also not always straightforward for health professionals (16,17). Supporting daily living skills and communication are complex issues, as they often involve questioning and challenging neuronormativity (17). A neurodiversity-affirming approach involves appreciating the diversity of autistic experiences and communication styles, and eliminating practices that promote camouflaging or masking (see *Table 1*) (17). Instead, activities that incorporate preferred areas of interest and communication style, for example, video gaming, may be more effective (46). Autistic adults also ask for support for their sensory needs (36) and for assistance with navigating complex emotional experiences (25).

Some promising ways to provide support for autistic youth and adults that are consistent with a neurodiversity-affirming view of autism include the following:

The Welcome Pack is a self-guided, neurodiversity-affirming resource aimed at helping newly diagnosed autistic adults navigate their autistic identity (47). The Welcome Pack was evaluated by 11 autistic adults. They viewed it as an important and validating resource, but also asked for peer support and practical guidance (47).

The Programme for the Education and Enrichment of Relational Skills (PEERS) is an intervention developed for autistic individuals to support social communication, peer interactions, independence and interpersonal relationships. Autistic experts by experience were involved in adapting PEERS for middle-aged and older adults and to make the programme more neurodiversity-affirming (48).

CBT-DAY is a 12-week outpatient group intervention for addressing depression in autistic young people. The intervention has been designed in collaboration with autistic youth to combine cognitive behavioural and neurodiversity-affirming approaches. The group addresses emotional reactivity, self-esteem and depression. The intervention has been tested by 24 autistic youth, who generally found it acceptable (49).

Eating Disorder Initiatives involve mapping the experience of eating disorders in neurodivergent individuals (37). The PEACE Pathway (50) takes into account neurodivergent sensory and communicational differences, as well as the need for predictability, to provide better eating disorder treatment.

Gender care. Autistic transgender and gender-diverse individuals face unique communication challenges that are compounded by minority stressors. Autism should not be an obstacle to gender care and autistic people should be viewed as experts of their own gender experience and identity (51). Providing neurodiversity-affirming strategies, such as visual aids and multiple communication options, might also be helpful (51,52).

HOW TO MAKE PSYCHOTHERAPY MORE HELPFUL FOR AUTISTIC CLIENTS?

Much of psychotherapy is based on neurotypical communication styles. For autistic clients, a good therapeutic relationship may require a different approach (53).

To better understand how to make psychotherapy more helpful for autistic adults, researchers sought input from 130 autistic adults (53). In general, the autistic adults asked for a wide range of highly individual adaptations. However, neurodiversity-

affirming adaptations received broad overall support. Autistic adults preferred having a therapist who embraces autism as a difference and affirms their client's neurodivergent identity. They also mentioned many other important factors as vital for successful therapy. These included the therapist's general good practice, the cost of therapy, and various practical, sensory and environmental considerations (53).

Two autistic psychologists have offered their insights on how to improve the psychotherapy experience of autistic clients (21). They encourage psychologists working with autistic clients to approach their practice with cultural humility. To be successful, psychotherapists need to learn about autistic culture and communication. They should continually work towards understanding their clients' experiences and communication so that they do not misread and misinterpret their client's cues and experiences. Some assumptions that have previously been fundamental to the formation of a therapeutic relationship, such as the importance of eye contact, need to be reconsidered with autistic clients (21).

AUTISTIC PEOPLE NEED SUPPORT DURING LIFE TRANSITIONS

Research on the support needs of autistic individuals often focuses on young people. However, many researchers and clinical practitioners emphasize that support needs continue throughout life and vary in different situations. In particular, additional support may be needed during highly stressful life events and transitions, such as hospitalization (54), pregnancy and childbirth (54), pregnancy loss (55), becoming a parent (55) and breastfeeding (56).

CONCLUSION

Neurodiversity-affirming principles have matured from a set of ideas and theories to a vibrant new field of research. However, it is too early to say whether these practices improve care.

There is some initial empirical evidence that a positive autistic identity is associated with improved mental wellbeing (12). Autistic people develop a more positive autistic identity if they receive support for autism acceptance (12) and connect with autistic peers (57). However, more longitudinal studies are needed to investigate whether integrating neurodiversity-affirming concepts into healthcare will improve the quality of life and health outcomes of autistic individuals.

The goals and claims of the neurodiversity movement have also been criticized. Some supporters of the neurodiversity movement have self-identified as autistic without a formal diagnosis (1). Some formally diagnosed autistic individuals and parents of autistic children prefer more traditional views of autism (1). They fear that if autism is viewed solely from a depathologizing perspective, they might be left without support and services that are vital for them (1). The neurodiversity movement can provide understanding and contribute to autistic wellbeing, but it remains essential to acknowledge and respect the diversity of individual experiences, perspectives and needs.

Adopting a neurodiversity-affirming approach places substantial demands on mental health professionals. The neurodiversity movement, as a lay-led human rights initiative, integrates diverse theories, concepts and terminology. Many psychiatrists and psychologists prefer diagnostic frameworks and terms that have traditionally defined and specific meanings (2). In contrast, scholars from the social sciences and humanities may critique the human rights movement for its reliance on reductionist and medicalized "neuro" discourses (5). These differing perspectives have at times polarized discussions about autism, resulting in tensions between professionals and advocates of the neurodiversity movement (5).

Neurodiversity-affirming practice involves a new language (58,59) and new cultural competencies (21). If neurodiversity-affirming views are held consistently, autism-related terminology, diagnostic labels and classification systems will also need to change. In some countries, these changes are already underway (4).

Autistic individuals have often been viewed through a lens of deficits. Creating spaces where autistic people can express their authentic selves and be valued can greatly improve their wellbeing, and this can also be a deeply meaningful experience for the healthcare provider. We also believe that neurodiversity-affirming practice can encourage more inclusive research and revitalize clinical and therapeutic practice.

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Supplementary Material

Supplementary data are available at Psychiatria Fennica online.

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