



VS



NEURO-AFFIRMATIVE APPROACHES

Collaborative and Proactive Solutions (CPS) and general approaches that focus on developmentally and neurotype appropriate assessment, goals, and resources.

Presumes competence while not making assumptions based on how 'neurotypical' an individual behaves.

Uses Identify First Language (unless the neurodivergent individual states preference for person first language), e.g. autistic person.

Builds on individual strengths with a focus on reducing social and environmental barriers.

Provides barrier-free access to all modes of authentic communication (speaking, non-speaking, Augmentative and alternative communication - AAC).

Honours neurodiverse typical traits, e.g. diverse non-verbal language such as eye contact and voice tone, conversational patterns such as interest-driven conversations or quick topic changes.

Respects neurodiverse sensory processing and optimises physical environments and teaching styles to suit divergent sensory profiles.

Focuses on joint perspective-taking, self-regulation, self-awareness, and problem-solving, self-advocacy, and body autonomy.

Respects preferences, including intense interests and play / sensory preferences.

Therapeutic and/or educational support is given as/when needed to benefit the individual, with collaboration in mind.

NON-AFFIRMATIVE APPROACHES

Applied Behavioural Analysis (ABA), Exposure therapy, Early Intensive Behavioural Intervention (EIBI), and Verbal Behaviour Intervention (VBI).

Uses labels such as high functioning or low functioning, which can lead to assumptions on competence.

Uses Person First Language, e.g. person with autism, person with high-functioning ASD.

Focuses on areas that are seen as deficits when compared to the neurotypical population with the aim to 'cure', 'fix', or 'reduce' them.

Encourages oral communication above all other forms of communication and/or uses approaches such as PECS, which depend on compliance training.

Goals shaped by compliance training with a focus on decreasing or eliminating neurodiverse behaviours, e.g. forced eye contact, social chit chat and rigid turn-taking, often within a reward and consequence framework.

Encourages Whole Body Listening and extinction of stimming. Sensory differences are termed inappropriate, maladaptive and/or disruptive.

Focuses on 'social skills training' where neurotypical social communication traits are prioritised and expected to be copied.

Encourages neurotypical play, e.g. playing with someone rather than alongside and playing with specific toys / games.

Recommendations of 'intensive intervention' up to 40 hours weekly by professionals who profess to work across all areas of development.