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Neurodiversity-Affirming Practices are a Moral Imperative for Occupational Therapy

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Neurodiversity-Affirming Practices are a Moral Imperative for Occupational Therapy

Abstract

The term neurodiversity encompasses neurological differences such as clinical labels of autism, learning disabilities, synesthesia, hyperactivity disorders, and more. Proponents of the neurodiversity movement argue that current therapeutic and medical practices often attempt to “normalize” behaviors and ways of participation that originate from these differences in neurology and contribute to an individual’s sense of identity. This paper argues that an ethical and morally just occupational therapy practice should affirm neurodivergent ways of being, and that occupational therapists must be active agents of change by listening to and collaborating with their neurodiverse clientele. We focus the discussion on our work with autistic individuals and consider past and current practice trends, including applied behavioral analysis, in light of various ethical mandates for occupational therapy. We conclude with suggestions for core tenets of neurodiversity-affirming occupational therapy practice with the hope that clinicians can apply these concepts to their clinical work and recognize how meaningful participation can be achieved by creating goals and interventions through a neurodiversity framework.

Comments

The authors declare that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

Keywords

neurodiversity, autism, occupational therapy, ABA

Credentials Display

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The most important aim of occupational therapy is to promote the ability to participate in occupations meaningful to the client ("Scope of Practice," 2014). Therefore, occupational therapists are called to support clients not only to engage in occupations, but also to participate in the ways that are meaningful to them. Variations in neurology, corporeality, and culture drive humans to participate, think, and experience in vastly and beautifully different ways. These lead to a multitude of expressive forms in dance, food, music, art, science, and much more. Ultimately, it is our role as occupational therapists to support our clients in and through these diverse performances.

It has recently been proposed that neurodiversity is a valuable paradigm for occupational therapy practice to support people who have neurological differences (Kornblau & Robertson, 2021). In this paper, we further argue that the shift to neurodiversity-affirming practice is, at its core, an ethical issue for our profession. Using an ethical pragmatist approach (Inguaggiato et al., 2019), we will:

1. Provide background on neurodiversity and its movement.
2. Discuss how neurodiversity-affirming practice aligns with ethical mandates for occupational therapy.
3. Evaluate non-affirming practice trends including applied behavioral analysis.
4. Provide guidance on how occupational therapists can embrace a neurodiversity-affirming approach in their work.

To stay true to the tenets of the neurodiversity movement, we will also prioritize reflecting the voices of self-advocates in an effort to educate occupational therapists toward their priorities based on their lived experiences. While neurodiversity encompasses a wide range of neurologies, we will focus this paper on autism and therapeutic practice with autistic individuals. In addition, we acknowledge our positionality. We are neurodivergent occupational therapists, occupational scientists, and educators.

The Neurodiversity Movement

The term neurodiversity was first coined by Singer (1998) in her undergraduate thesis and later popularized by Blume (1998). While there is no fully agreed on definition of neurodiversity, most agree that at the heart of the neurodiversity movement is the belief that differences in thinking and processing should be considered an integral part of one's personhood (den Houting, 2019). As such, a neurodiversity paradigm necessitates respecting others' traits and behaviors as natural to their neurological makeup. Besides autism, other examples of neurodiversity include attention deficit hyperactivity disorder (ADHD), synesthesia, learning disabilities, and others, all of which have in common the underlying trait of processing and experiencing information differently from "neurotypical" peers.

Neurodiversity and Autism

Autistics have unique ways of thinking, sensing, moving, communicating, and socializing (Autism Self Advocacy Network, n.d.). Autistic self-advocates frequently describe how these differences contribute to a sense of identity in being autistic (Botha et al., 2020), while simultaneously acknowledging that being autistic in a neurotypical society can lead to struggles with sensory overload (Robledo et al., 2012; Smith & Sharp, 2013), autistic burnout from the burden of masking natural ways of being to operate socially in a neurotypical way (Pearson & Rose, 2021), and hiding or refraining from natural forms of self-regulation to avoid stigmatization and alienation (i.e., stimming; Smith & Sharp, 2013). Many use augmentative or alternative communication devices during ongoing or temporary periods of being non-speaking (i.e., non-verbal), and describe incredible sensory experiences from their ability to perceive even the smallest details of their environment (Mottron et al., 2006). Centering autistic people's experiences allows others to understand that autistic people live rich, full, and interesting lives, not in spite of an autism spectrum disorder diagnosis, but because of their embodied autistic experience. Although these are examples from the autism community, there are parallel examples in many other neurodiverse populations (e.g., the creative lives experienced by those with ADHD; Sedgwick et al., 2019).

Ethical Mandates of Occupational Therapy

Supporting Well-Being

There is no universal set of behaviors, capacities, or situations that comprise well-being; rather, each individual situation must be understood in light of the person's present circumstances (Aldrich, 2011). In other words, well-being does not constitute the absence of certain behaviors, but instead consists of behaviors that support participation in one's unique configuration between their needs and preferences and their environment. Health care in general has a long history of mis-conceptualizing well-being (Wood & Davidson, 2020), often pathologizing behaviors and personal identities that are now welcomed (e.g., homosexuality; Wood & Davidson, 2020). These mistakes highlight why any effort to enhance well-being must be understood as a moral issue (Wood & Davidson, 2020). Reducing neurodiverse behaviors, whether explicitly included as a therapeutic goal or as a micro-aggression practiced in therapy (see discussion below), could be considered morally unjust occupational therapy practice if it has the effect of discounting autistic identity and/or does not align with the support needs dictated by the autistic community. As such, occupational therapists must consistently consider who is defining well-being (Aldrich, 2011) and how autistic stakeholders are involved in that process.

Promoting Capabilities

Occupational therapists provide direct interventions at the individual, group, and community levels. However, it is also imperative that therapists work toward reducing systemic barriers that prevent recipients from receiving those services in respectful and affirming ways. The capabilities approach suggests that a just society is one where individuals have the capability (i.e., the option) to participate as they see fit (Hammell, 2015). This theoretical lens proposes that all humans are entitled to live a life with dignity, and a life with dignity can only be achieved when an individual has the freedom to pursue their own personal projects (Paletta, 2013). A society cannot be just if individuals do not have the freedom to participate in occupations that promote the pursuit of their own internally-driven goals.

Autistics have identified a number of barriers to achieving their goals, including distressing sensory environments (Danker et al., 2019); bullying and non-empathetic peers (Danker et al., 2019); mismatch in autistic learning styles and common pedagogical styles used in education (Danker et al., 2019); problematic procedures in higher education, such as the requirement of acquiring a diagnosis to receive adjustments to their educational program (MacLeod et al., 2018); and others. Occupational therapists have a clear role in helping to alleviate these barriers and thus promoting the capabilities of autistics and other neurodivergent groups.

Creating Meaning

Meaning is a central dimension of occupational therapy practice (Christiansen, 1999). Individuals act on their social and physical environment in ways that create meaning for them, whether for enjoyment, work, safety, satiety, self-expression, and more. Creating meaning is contextual, resulting from individual-environment transactions in the moment and driven by the society and cultures in which we live (Rowles, 2008). How we conceptualize and experience meaning depends, in part, on our bodies (i.e., our corporeality; Imrie, 2004) and our minds (i.e., our neurology). Ultimately, people with disabilities and/or neurodiverse people will create, experience, and express meaning in different, but no less valuable, ways.

Therapists should recognize that there is growing consensus that autistics do not want to be cured (Leadbitter et al., 2021) or to have their autistic behaviors reduced or replaced (Kapp et al., 2019). Efforts to replace these behaviors are actively reducing autistics' ability to have intrinsically meaningful experiences with the social and physical environment in the ways that are natural to them. It is our imperative as therapists to listen to those who have grown angry over the seeming constant effort to cure or override their natural passions (e.g., *Whose Planet Is It Anyway?*, n.d.) and to root out those efforts in our practices. For example, just as we validate the experiences of non-autistic clients when they indicate that a particular exercise is unpleasant or unenjoyable (those receiving hand therapy, for example), we must also recognize those signs in clients with a different communication style (e.g., gestures, crying, throwing objects). Refusal to honor these signs of neurodivergent communication because it differs

from a therapist's own preferred style actively reinforces an oppressive system that fails to recognize the value in autistic expressions and center autistic clients as the arbiters of their own experience.

Non-Affirming Trends and Practices in Occupational Therapy

As we hope to move forward in ethical practice, it is important to take stock of past and current occupational therapy treatment approaches for neurodiverse populations and consider if they are in accordance with these mandates, particularly those that aim to "normalize" behavior and regulate participation. Moreover, it is imperative that occupational therapists consider the indirect effects of our therapies. It has been suggested that there has not been enough attention paid to the long-term consequences of autism treatments (Dawson & Fletcher-Watson, 2021) or the impact of behavioral techniques, in particular, on increased rates of stress disorders and compromised mental health of autistic people (Kupferstein, 2018).

Past Therapeutic Practice with Autistic People

Health disciplines, including occupational therapy, have a problematic history in the care for autistic individuals. Early therapeutic approaches focused on alleviating autistics from their "autistic shell" (Leadbitter et al., 2021) to mimic behavioral norms as perceived by society and therapy organizations without consideration of an autistic neurology in the formation of self-identity. As aptly voiced in 1993 by Sinclair (2012):

> This is important, so take a moment to consider it: Autism is a way of being. It is not possible to separate the person from the autism. Therefore, when parents say, I wish my child did not have autism, what they're really saying is, I wish the autistic child I have did not exist, and I had a different (non-autistic) child instead. (p. 1).

This curative perspective still pervades some current therapy mindsets that are based on neurotypical assumptions about proper functioning and purport the idea that autistic behaviors should not exist. Therapeutic intervention may aim to reduce or change autistic ways of moving and interacting with the environment without considering their function for self-regulation, emotional expression, or enjoyment (Sandoval-Norton & Shkedy, 2019). Conversely, the absence of "necessary" behaviors, such as eye contact, are targets for intervention based on neurotypical values for social interaction. Emotionally, autistic people and other neurodiverse populations may be taught to learn how to display appropriate affect and identify emotions based on neurotypical facial expressions (e.g., Evatt et al., 2016). In addition, verbal expression is often prioritized as the most valued method of communication over other options that individuals may benefit from having access to, such as sign language or augmentative or alternative communication.

Micro-Aggressions in Occupational Therapy Practice

Similar to how increased cultural awareness in the workplace has become a priority for many medical and therapeutic organizations (Turner et al., 2021), blatant and outright disregard for a client's beliefs is often more easily identified and addressed while smaller, less-intentional acts remain commonplace. These micro-aggressions transcend ethnically diverse and racial minority groups as they are routinely committed against neurodivergent individuals. For instance, non-speaking autistics are often at a sociocultural disadvantage as many non-autistics do not recognize adaptive communication or other preferred gestures (e.g., jumping when excited) as valuable forms of interpersonal communication. These micro-aggressions lead to a power imbalance, especially in therapeutic circumstances, in which the unique strengths of neurodivergent people are overshadowed by the therapist's personal biases and the inability to differentiate between hegemonic, norm-based improvements and meaningful, client-centered care. It then becomes the autistic's responsibility to adapt to social norms to communicate their needs, wants, and ideas (Mitchell et al., 2021) to learn appropriate ways of communication (e.g., pressing "I'm excited!" on a communication board). For example, reinforcing eye contact, even subconsciously, can be a microaggression by way of offering greater returned attention in classrooms, therapies, and social situations. Microaggressions such

as these prevent neurodivergent individuals from living a life with dignity and achieving their personal optimal well-being, because they impose a system that prevents opportunities for individuals to pursue their own personal good (Paletta, 2013).

Behaviorism and Applied Behavioral Analysis

The most common treatment approach for autistic individuals is applied behavioral analysis (ABA; Sandoval-Norton & Shkedy, 2019; Spreckley & Boyd, 2009). While ABA is a broad psychological theory rooted in behaviorism, the perspective has spun a variety of applied behavioral analysis interventions (ABAIs; Spreckley & Boyd, 2009) and is marketed as the "gold standard" of treatment for even very young autistic children in early stages of development. ABAIs have evolved somewhat since their inception, as they no longer endorse the use of aversive stimuli (e.g., electroshock, spraying water) to extinguish non-desirable behaviors and now primarily use positive reinforcement (see the Judge Rotenberg Center for a notable exception to this shift) (Hunziker, 2018). However, some argue for the inability to conceptually separate rewards from punishments even when using a positive approach (Kohn, 1994). Ultimately, ABAIs prioritize, and aim to maximize, compliance of the individual to the therapist's top-down imposed agenda during therapy sessions to achieve pre-determined behavioral goals.

ABAI techniques are commonly integrated into occupational therapy practice. Approaches such as reward systems, first/then charts for more preferred/less preferred activities, seeking compliance through hand over hand/body manipulation/blocking movement, planned ignoring, and other behavioral approaches rely on the therapist to develop the targeted behavior while de-valuing the child's internal experience of that intervention. ABAIs have historically been used to address neuro-normative goals, such as increasing eye contact, reducing self-stimulatory behaviors (i.e., stimming), increasing functional play skills, keeping one's body still in a chair or at a table, or completing activities of daily living in the same manner as neurotypical people without considering the communication, sensory, or movement differences that accompany an autistic neurology (De Jaegher, 2013; Donnellan et al., 2013). Autistics have widely spoken out in opposition to behavioral practices that include conformation to normative societal practices and value compliance about all else (McGill & Robinson, 2020; Rosa, 2020). Over time, these repeated actions result in feelings of learned helplessness in which the individual's perceived lack of control leads to reluctant conformity that diminishes their self-esteem, motivation, and autonomy (Sandoval-Norton & Shkedy, 2019), as well as can trigger sensory overload and autistic shutdown (McGill & Robinson, 2020).

Although it has been suggested that ABA principles are evidence-based, can be client-centered, and should be even more integrated into occupational therapy practice (Welch & Polatajko, 2016), we argue that occupational therapists should shift away from these practices as they are highly controversial in the autistic community (Rosa, 2020), have been questioned by bioethicists for possible violations of human rights (Wilkenfeld & McCarthy, 2020), and do not reflect the core mandates of occupational therapy. Instead, such therapies prioritize compliance and "normalization" over individual meaningfulness, well-being, and promoting capabilities. Below, we propose alternative intervention approaches that are more respectful and affirming toward autistic clients (see Table 1). Later, we also discuss broader neurodiversity-affirming tenets for practice in the hopes that they will help dismantle the previously discussed injustices aired by the autistic community. In addition, we acknowledge that this table and the tenets offered are not comprehensive. We welcome critiques from autistic individuals.

Neurodiversity-Affirming Practice in Occupational Therapy

Neurodiversity implies that autistic and non-autistic individuals think differently. Assuming that a well-meaning occupational therapist will design therapeutic intervention aligned with autistic priorities without directly seeking those priorities from autistic people is misguided at best. Neurodiversity-affirming occupational therapists must critically question whether their goals are targeting reducing or changing diverse behaviors that are central to their client's personhood and important for their well-being. As an autistic self-advocate said, this lens is not about denying disability (Ne'eman, 2010). Rather, the

movement is about denying disability as being those who look or act differently. From this lens, we affirm that being autistic is not in and of itself problematic or a reason for seeking therapeutic services, nor should targeting autistic behaviors be therapeutic objectives. We celebrate neurodiversity by welcoming autistic styles of behavior, expression, and communication as valid, and therefore important, aspects of their personhood. By doing so, therapists have returned to the core spirit of occupational therapy to promote individualized conceptualizations of well-being, honor differences in meaningful participation, and promote these capabilities for autistic people. As previously mentioned, autistics do face many challenges throughout their occupational performances and these are worthy targets for occupational therapy. However, the discipline must remain vigilant not to fall back on medical assumptions of disability, and instead focus our goals and priority setting on listening to autistic voices and collaborating with our clients to understand the goals that are meaningful for them. Further education and training in working with autistic individuals should come from autistic people themselves (e.g., *AUsome Autism Training | Challenging Your Thinking on Autism*, n.d.), and peer-reviewed articles that amplify autistic perspectives (Walker & Raymaker, 2021). There is also a strong need for like-minded occupational therapists and those in other supportive disciplines (speech and language therapists, licensed mental health counselors, social workers, psychologists, etc.) to support autistic people and their families from a united interdisciplinary approach that addresses barriers to participation from the same philosophical foundation.

Table 1

Examples for Moving from Behavioral to Neurodiversity-Affirming Therapy

Examples of behavioral targets in therapy practice*	Common behavioral approach(es)	Neurodiversity-affirming approach
Reducing meltdowns, aggressions, or other "challenging" behaviors	Planned ignoring, redirection, rewards/punishments/token economies	Supporting the individual via co-regulation or identifying environmental triggers, identifying these as fight/flight behaviors and the role of the automatic nervous system, determining sensory strategies to support client's ability to return to calm state, supporting the client in identifying their own emotions (recognizing that autistics may experience their emotions differently).
Stimming (i.e., self-stimulation)	Redirecting to a more "desired" or "on task" behavior; allowing time to stim only within the structured therapy agenda	Self-stimulation is a necessary and valuable neurological behavior for autistic people. It serves a variety of functional purposes that may or may not be determinable by the therapist, but it is the job of the therapist to support the client in engaging in non-harmful stims for enjoyment, information processing, self-regulation, or other reasons. The therapist also determines if stimming is related to sensory discomfort or overwhelm, in which case environmental modifications are made.
Functional play	Hand over hand	Valuing client's right to consent and bodily autonomy and social agency; understanding play as self-expression and not imposing value on what type of play is "functional" over another; supporting autistic play styles which may look different than non-autistic play. Acknowledging that all play does not need to be social in nature and that social communication varies (see below).
Valuing compliance	Using prompts and rewards to ensure compliance in activities, particularly those "non-preferred"	"Buy-in" based on child-driven enjoyment and meaningfulness; therapy activities are adjusted/discontinued based on engagement; rewards, reinforcements, withholding "preferred" items are not practiced. Refusals for participation are valued and accepted.
Social skills/ Communication	Responding only to appropriate communication. Asking people to look at your eyes when talking with you.	Responding positively to and recognizing all forms of communication which may include stereotypical movements/speech. Adapting one's own communication style to better align with the autistic modes of communication. Teaching others (family members, teachers, friends) about how one can empathetically interact with the autistic individual.

Further Tenets of Neurodiversity-Affirming Practice

In addition to those presented in Table 1, the following tenets may serve as a starting point for enumerating a neurodiversity-affirming perspective that we feel is a more ethical and aware approach to supporting autistic clients.

1. First and foremost, a neurodiversity-affirming perspective necessitates that occupational therapists respect their clients as having a unique style of neurological processing that leads to phenomenological differences in sensing and operating in their environment. As a result, goals and interventions do not seek to reduce, alter, or replace behaviors simply because they are considered "autistic" and instead these behaviors are respected as central to the client's way of being and meaningfulness as it is personally defined.
2. Therapists must listen to and consult with neurodivergent individuals to determine the meaning of their behaviors and occupations. If it is not possible to ask the client directly about their experience, identify sources from other members of the community to provide insight into the possible meaning of a particular way of being or occupation.
3. Behaviors are framed as being natural and valid responses to a specific situation given the skills, abilities, and preferences of the individual. This shift in the lexicon and understanding does not frame behaviors as "desirable/undesirable" (or "challenging") or the autistic individual as being "compliant/non-compliant" (or "manipulative").
4. Goals and interventions prioritize emotional well-being and positive engagement over compliance in therapy sessions. A therapeutic alliance is formed in working toward therapy goals based on client-driven enjoyment and meaningfulness, as opposed to imposing a top-down agenda without regard for the client's experience. The therapist recognizes that motivation and participation are manifested intrinsically, and therapy activities are adjusted or discontinued by the therapist accordingly based on an individual's interest, energy level, etc.
5. Autistic individuals have the right to physically engage with a task, or move their bodies during a session, to the extent that they see fit.
6. Autistic individuals should be guaranteed social agency and the right to socially engage in ways and to the extent that it is comfortable for them. Non-autistic occupational therapists should seek out understanding of autistic social rules and norms and styles of communication to best support autistic clients.
7. All forms of communication, both verbal and non-verbal, are valid and should be encouraged and honored.
8. Therapists must be reflexive and acknowledge how their own understanding of behavioral norms aligns or differs from our clients' ways of being.

Future Directions for the Profession

There are many reasons why an autistic person may be in occupational therapy services, and occupational therapists are well-suited to support this population in ways that they may need support to participate in their meaningful occupations (Case-Smith & Arbesman, 2008). Again, the autistic community has acknowledged that having an autistic neurology can often be disabling in a neurotypical society (Pearson & Rose, 2021) and that there are frequently sensory, motor, and other challenges that reach the level of requiring professional assistance. Health care professionals must seek the experiences of the targeted population when aiming to improve the lives of that population. Ableist assumptions that occupational therapists know what is required to participate in society must be removed in favor of active collaboration and listening of neurodivergent voices. In particular, autistics have spoken out in opposition to therapeutic practices guided by behaviorism (Gardiner, 2017). It is time the field starts listening.

In addition, there are many less-common goals that we can address as occupational therapists that are in line with neurodiversity-affirming practices. For example, therapists can support a client in self-advocacy or a greater awareness of how their neurology shapes their experiences in both positive and negative ways. Creating social stories to teach siblings or classmates about autistic ways of processing sensory information, moving their bodies, or engaging socially helps to promote inclusion and understanding. Referring clients to neurodiversity-

affirming mental health practitioners or older autistic mentors can also be helpful for emotional support and/or promoting self-esteem and self-efficacy.

There is also much to be done in the work of diversity-affirming research for occupational therapy and occupational science. Researchers should seek to describe the meaning that behaviors have for autistic people in certain contexts or activities from a phenomenological or ethnographic approach (Bagatell, 2012). Autistic styles of play, for example, have long been the target of early intervention without regard for their meaningfulness to the child and the way in which an autistic child's natural play choices reflect their exploration of visual spatial qualities of their environment, symmetry and order, or preferred methods of relaxation. These types of studies are needed to inform therapists on how to best support autistic children and decide on appropriate goals and interventions. Secondly, throughout this paper, we have focused our discussion on neurodiversity, one important aspect of human variation. However, it is clear from our examples and the stories of autistics highlighted here that corpo-diversity, or the diversity of human bodies and human movements, must also be celebrated and understood. Researchers may benefit from literature on participatory research (Cornwall & Jewkes, 1995), participatory action research (Wallerstein & Duran, 2010), and examples from other corpo-diverse communities such as those with hearing differences (e.g., Wright, 2020), different body systems (e.g., García-Sanjuán et al., 2018), and others to achieve this imperative.

Conclusion

In this paper we have argued that an ethical and morally just occupational therapy practice must affirm neurodivergent ways of being. Occupational therapists and all health care professionals must listen to their clients, seek to understand their experiences, and aim to celebrate neuro- and corpo-diversity. Valuing the perspective that autism is a form of neurodiversity and that autistic people themselves have a rich and meaningful existence are not in themselves new ideas in occupational therapy (Bagatell, 2010). Now, it is time for all occupational therapists to embrace a neurodiversity framework that celebrates diversity in the what, how, and why of occupational performance. As we step on these uncertain grounds, we must be continuously reflective, actively seeking the feedback from our stakeholders to ensure our practices affirm and celebrate their identities. We must continually reflect on how we define potential for each individual. An ongoing conversation between neurodivergent people and their providers must occur to establish meaningful goals and interventions that promote quality of life in accordance with an ethical practice that reflects the core beliefs of our profession. Once therapists shift their ideas of progress away from striving toward a hegemonic normal, we can gain insight into the value of neurodiverse thoughts, ideas, and identities. We suggest that occupational therapy must never practice to reify neuro-normative ways of being passed down from the dominant culture while suppressing diverse presentations of participation. Rather, they must be active agents of change to promote acceptance, understanding, and support for the unique and valuable expressions autistic and neurodivergent people have to offer.

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