

# NEURODIVERSITY

## 10 Tips for Service Providers

1

### LEARN ABOUT NEURODIVERSITY

All providers work with neurodiverse communities, but provider training almost never includes neurodiversity. Look for resources that centre the voices and priorities of the community that you are working with.

2

### USE THE LANGUAGE PEOPLE PREFER

Many providers were taught to use person-first language (e.g. “a person with disabilities”) but many people prefer identity-first language (e.g. “a disabled person”). Some people also use the term “neurodivergent” to describe themselves. Identity-first language can be a way of expressing pride, comfort, and community connection.

3

### CHALLENGE NORMATIVE GOALS

Move away from goals that are about blending in or seeming “normal”. Too often providers focus on individual goals that are mostly for other people’s comfort (e.g. making eye contact). How can we create classrooms, workplaces, and communities where everyone is supported and respected?

4

### GET RID OF FUNCTIONING LABELS

“Low/high functioning” are vague and insulting terms. “Mental age” descriptions are even worse! Say what you mean without creating harmful hierarchies. Does a person use alternative communication (e.g. typing)? Do they require a support person to attend appointments with them? Say this instead.

5

### LISTEN TO PEOPLE’S EXPERIENCES

Too often providers tell service users that they “can’t be dyslexic”, “don’t seem to have ADHD”, etc. based on stereotypes. Neurodivergent women and girls are especially likely to be dismissed. Some providers minimize people’s accounts of discrimination or exclusion. Start from the assumption that people know their own experiences better than anyone else does.

6

### BE MINDFUL OF DIAGNOSIS

When people share their diagnosis with you, don’t assume that you know what it means for them. Some people are relieved to find a term for their experiences. Some people experience discrimination on the basis of diagnosis. Many people have difficulty getting access to a diagnosis, particularly if they are marginalized in terms of gender, race, and class. Some people are self-diagnosed, or object to diagnosis altogether.

7

### ENCOURAGE CONNECTION

Everyone can benefit from finding other people who have shared experiences. Online spaces are a great starting point for finding a neurodiversity community; this can also happen through activist and mutual-support groups, books, films, talks, and art shows. Parents can also benefit from engaging with adults who share the same diagnosis/ identity as their child.

8

### QUESTION YOUR OWN PRACTICES

Are you assuming that people “should” all respond to the same kinds of approaches in the same ways? Do you ask people to do things (e.g. homework sheets, support groups) that could pose a barrier for some?

9

### BE WILLING TO CHANGE

Many providers do things that neurodiversity advocates critique. For example, Applied Behavioural Analysis has been a core part of autism services, especially for children, but many people are now arguing that it is harmful. As providers, we need to listen and respond to community feedback as a part of ethical practice.

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### SUPPORT NEURODIVERGENT/ NEURODIVERSE PROVIDERS

Many individuals prefer to work with providers who also identify with neurodiversity; these providers offer important knowledge about effective practices, everyday strategies, and community resources. But many neurodivergent service providers have had to hide their own experiences, and others have lost/ failed to find employment due to discriminatory beliefs about who a provider should be. Challenge your organization to include neurodiversity as a part of its own culture!

