

IS MY PROVIDER ND-AFFIRMING?

Check the following boxes if yes, ex if not. You can also use these as a framework to explore a provider's practice philosophy.

- Do they say they are neurodiversity-affirming?
- What efforts have they made to learn about neurodiversity-affirming practice?
- What is their stance on hand-over-hand prompting?
- Do they use PECS?
- Do they believe there are firm prerequisites to high tech AAC?
- Is all behavior communication?
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- Do they use planned ignoring to facilitate communication?
- Do they allow children to access preferred activities/toys?
- Do they use primary or secondary reinforcers to work on skill development?

Neurodiversity-affirming practice defined, with step-by-step responses to the above prompts.

Definition: Service provision that is strengths-based, relationship based, and seeks to help an individual thrive without assumption of limitations. it is based in the social model of disability rather than the medical model of disability.

1. This is a start and can broach the conversation. Providers will typically tell you if they are aware of this philosophy.
2. This is important. They may be able to list courses, specific experiences, or other factors that have allowed them to make their practice more affirming.
3. Hand-over-hand prompting is the most invasive kind of prompt, as it involves an adult physically guiding a child to perform a task with their hands. This is different than tactile prompting for speech sounds.
4. PECS is a communication system that primarily focuses on requesting before moving to other communication functions, which significantly limits a person's language opportunities and growth. It does not allow for motor planning, and involves the exchange of picture cards for an item. Preventing the establishment of a motor plan can actively hinder ease of communication as well, which is important to note.
5. Although the development of certain communication skills, such as the ability to imitate or sustain attention to task are helpful in using AAC, we have no idea what an individual is capable of doing until we actually give them an opportunity to acquire language skills. Additionally, these skills can be established through use of AAC. Research has also shown that AAC can also help, rather than hinder, the development of verbal speech.
6. Communication is not a behavior in the traditional sense. Things that look like behaviors on the surface often can be attempts to communicate something, and a provider should recognize this rather than trying to extinguish behaviors, unless they are actively harming the individual or others.
7. Planned ignoring can show an individual that their communicative attempts do not matter. We know that kids do well when they can, and that emotional arousal and distress actively impede language acquisition. Consider how effective your communication might be if you are getting ready to flee a dangerous situation, and were then told to give a speech on something you knew well.
8. Allowing children to access preferred activities, toys, and experiences facilitates greater therapeutic rapport and allows for natural growth opportunities to take place. Alternate play options can be offered, but neurodivergent play is not inherently inferior or wrong when compared to neurotypical play.
9. Language is not something that can be truly generative if acquired through the principles of operant conditioning. Other skills function similarly. Using primary or secondary reinforcers creates situations where individuals become prompt-dependent and are less likely to communicate or perform a skill independently.