

# Neurodiversity- Affirming Psychological Assessment in Children

Moving from “What’s Wrong” to  
“What’s True”

Dr. Eleonora Sadikova, Ph.D., LCP  
[www.affirm-autism.com](http://www.affirm-autism.com)

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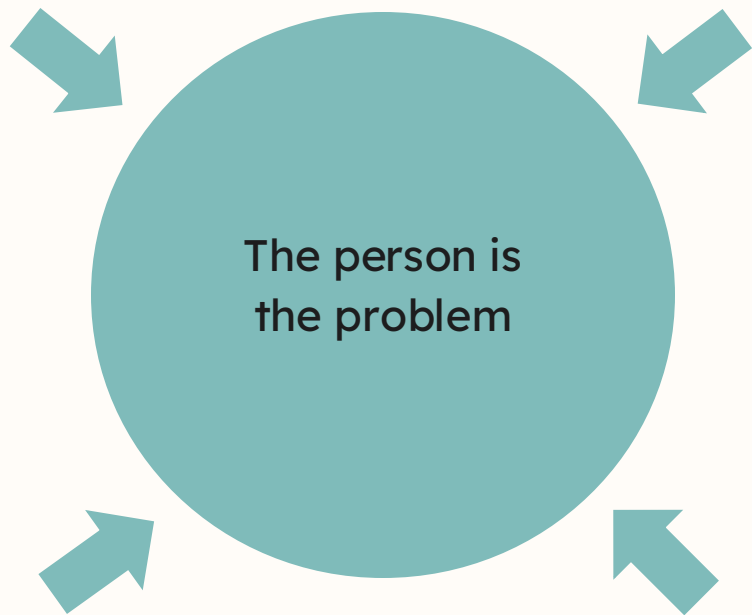
**“The single most important thing that has happened to me in my life.”**



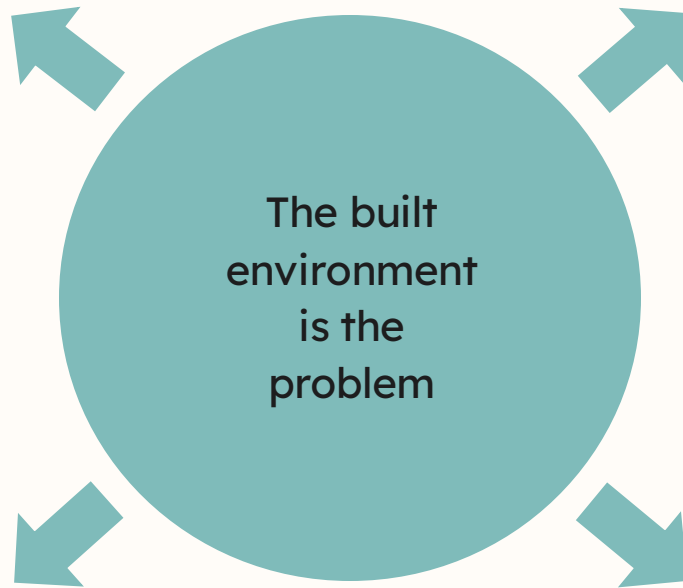
# 01

## **Theoretical Bases**

## Medical Model of Disability

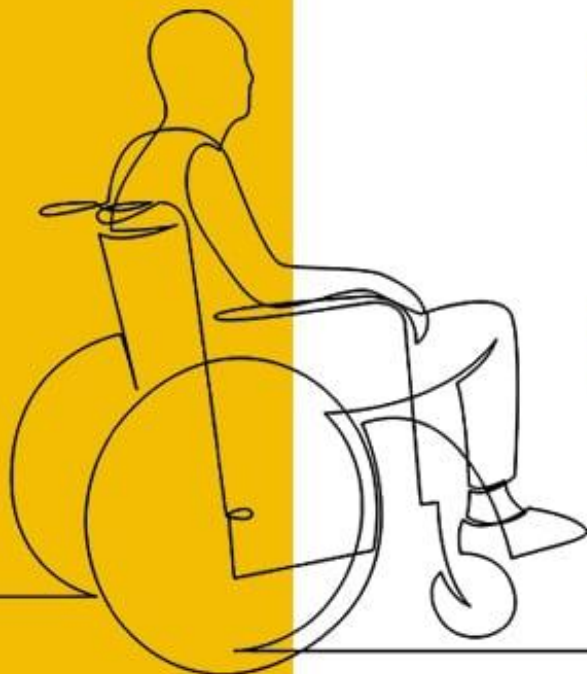


## Social Model of Disability



# Medical Model

- ▶ Can't go to the cinemas because they are Deaf
- ▶ Can't go to a cafe by themselves because they are blind
- ▶ Can't work here because they can't go upstairs



# Social Model

Cinema hasn't provided closed captions ◀

Cafe hasn't provided braille or electronic menu options ◀

The building doesn't have a lift or a ramp ◀

Medical Model	Social Model
She doesn't make friends because of poor social skills.	She connects best one-on-one or through shared interests; we can help create inclusive play opportunities.
He needs therapy to reduce his stimming.	He needs environments that accept and accommodate stimming as a form of regulation.
Her ADHD makes her disorganized and unproductive.	Her school doesn't provide structure, tools, or flexibility that support different attention styles.
He's noncompliant during transitions.	Transitions are stressful because they happen without warning; visual schedules and preparation help him feel safe.
She's overly rigid.	She thrives with structure and predictability.



# What is neurodiversity?



## Neurodiversity

Natural variation in human neurocognitive function.

## Neurodiversity Paradigm

No one type of brain is “right.” Ideal neurocognitive function is socially constructed, and have the same social dynamics as other forms of human diversity (e.g., culture, gender).

## Neurodiversity Movement

Social movement that seeks civil rights, equality, inclusion, for everyone regardless of neurocognitive function.



# What is a neurodiversity affirming assessment?

“When we assess people, as neurodiversity-affirming providers, we are not looking for differences to identify problems, we are exploring differences to better understand people and help them better understand themselves.”

# Why do this?

- Reduces harm and stigma
- Promotes accurate and holistic understanding
- Empowers clients and families
- Encourages systems change, improving outcomes
- Aligns with emerging research

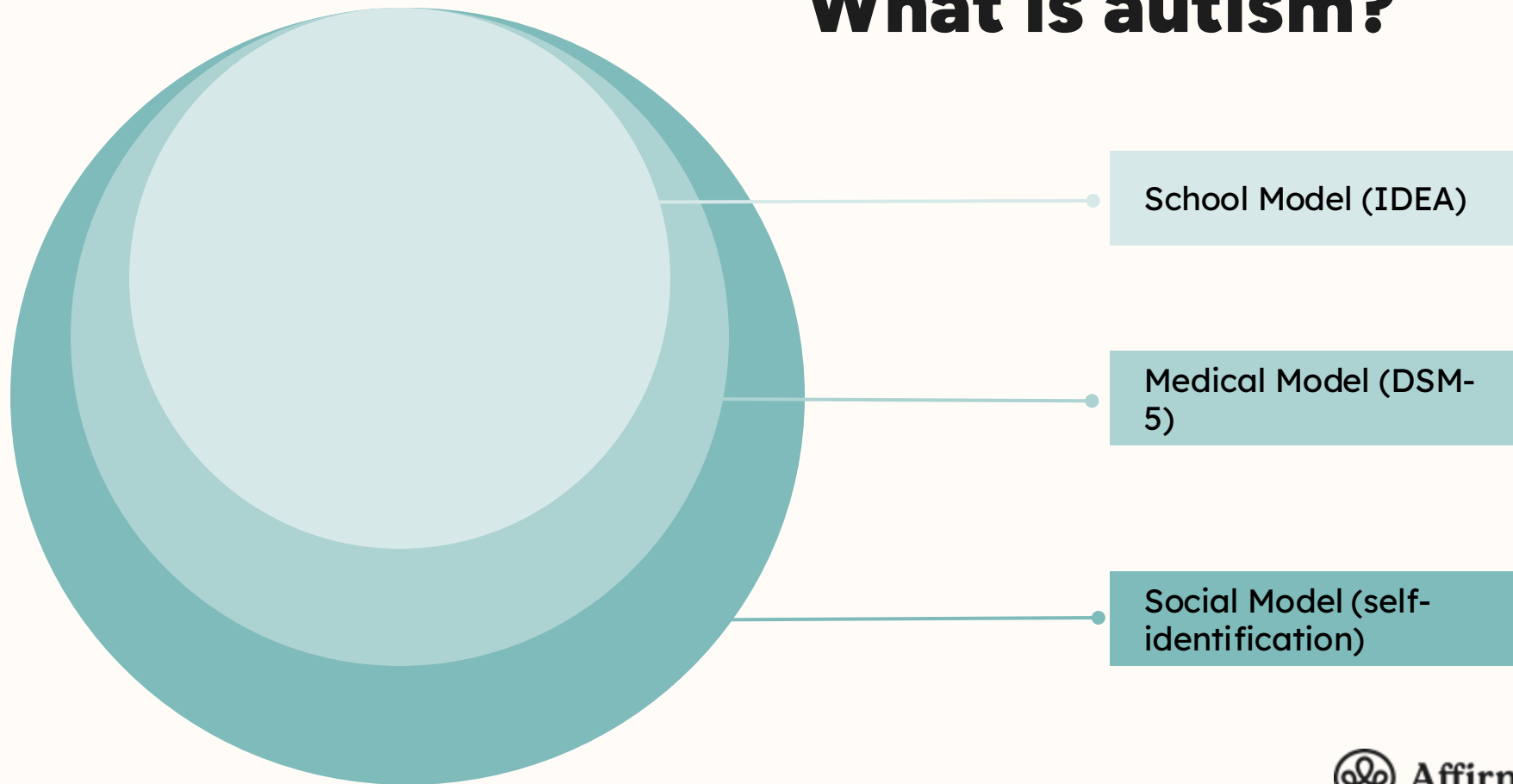


# 02

## Training

# What is autism?

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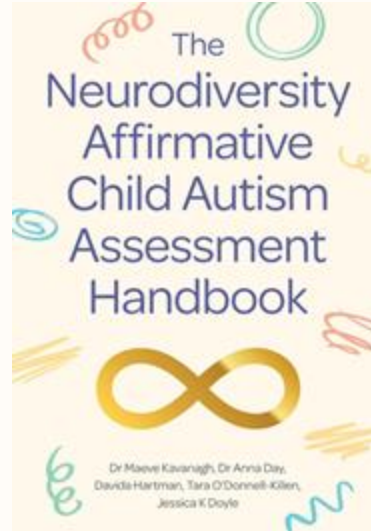
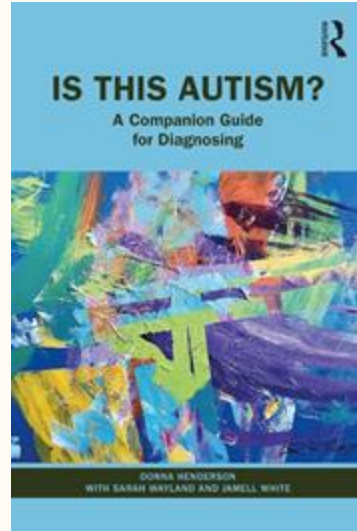
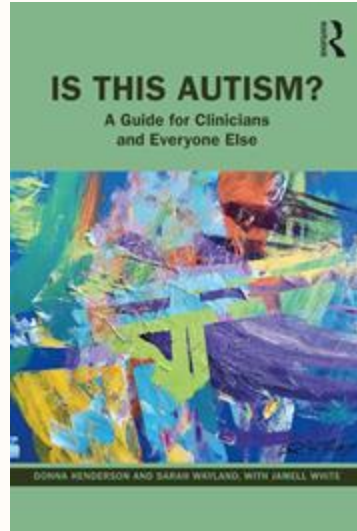
*Significant* advancements have been made in autism identification in the 5-10 years.

- Internal experience
- Masking
- Identifying subtle profiles

Medical Model (DSM-5)

Training and supervision are *critical* to providing ethical and quality care.

# Training Resources



# Training Resources

- Explaining Brains
  - [explainingbrains.com](https://www.explainingbrains.com)
- Dr. Donna Henderson
  - <https://www.drdonnahenderson.com/event-list>







# 03

## Booking

# Before the appointment

- Accessibility
- Marketing
- Website navigation
- Multiple methods of reaching out
- Informed consent and informed assent

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- Accessibility
- Marketing
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- Multiple methods of reaching out
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## Case example:

Jake (Age 4)

Mom reached out via website form.

Shared that she is autistic, and had a “horrible” experience with her own evaluation. Was looking something affirming for her son.



# 04

## Intake

# Intake

- Feedback starts at intake
- Collaboration - key ingredient!
- What to expect, what to tell your child
- What to bring
  - Comfort objects, snacks, water

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## Case example:

Jake's mom preferred to complete an intake form with a preview of all the questions, and a virtual meeting to ask follow up questions. In-home evaluation.

Before evaluation: Sent picture of me and what my car looks like to show Jake, and sent a visual schedule.



# 05

## Evaluation

# Conducting a sensory audit

“What may be harmless or unnoticable sensory stimuli for neurotypical people can profoundly affect accessibility, inclusion, interaction, and well being for Autistic people”



# Sensory Audit



## Auditory

Repetitive noises, unexpected noises.

Control level of noise or input.



## Olfactory/Gustatory

Scented product usage, odor management, space design, ventilation, availability of snacks/water



## Vestibular

Navigation and space design, designated movement areas, space accessibility



## Visual

Brightness/flickering of lights, visual clutter, navigational clarity, furniture positioning, visual navigation, biophilic design



## Tactile & Proprioceptive

Furniture options. navigation of space, fidgets, textures,



## Interoceptive

Signage, check-ins, climate control, hydration, communication and reminders

# Communication Audit

- Advance notice, reminders
- Advance information about the space, photo/video tour
- Keeping continuity when possible
- Introducing the process - name, photographs of clinicians, what will happen, who will be involved, where it will happen, how long will the session last
- Expectations, including flexibility - sometimes at table, other times around room, comfortable clothing, preferred items and snacks brought from home, breaks incorporated
- Virtual sessions
- Accessibility

# Evaluation

- Evaluation should be comfortable, enjoyable, and fun!
- Toys - lots of different kinds
- Spend time with the child, clinical interview - your job is to amplify their voice
- Express permission to get up, lay down, pace, etc.

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## Case example:

Provided visual schedule, input into existing schedule app on iPad

Administered WPPSI-IV, ADOS-2, and MIGDAS, play session (very clinically relevant!)

Did not push when refusal - collaboration

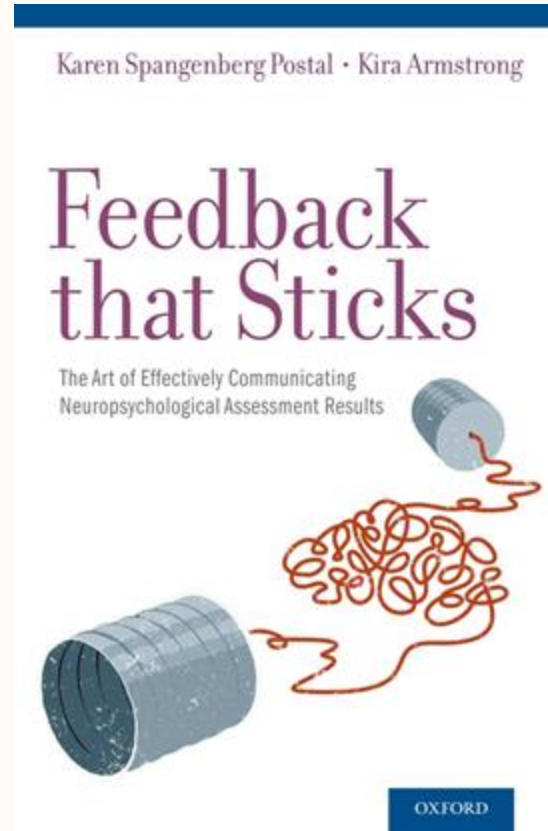


# 06

## Feedback

# Feedback

- **Should not be a surprise**
- Collaborative
- Information that answers *their* questions, not yours
- Use Metaphors
- Use Visuals
- Feedback with child





# 07

## Report

# Language

Avoid deficit-based language *without* underplaying difficulties.



“Eye-contact did not come naturally to Jake, and he tended to avoid it”



“Engaged in body rocking when excited, while waiting for the Play-Doh. Waved arms in the air while running.”



“Finds comfort and predictability in routines. Experiences significant distress when routines change unexpectedly.”



# Readability

- Start with what you want people to read: Summary and Recommendations
- Mindful of language, jargon (accessibility)
- Short letters stating the outcome
- Short letters for children

# Recommendations

- Connect with other neurodivergent peers!
- Connect with resources, books, websites
- School supports - even if there are no “issues” in school
  - Sensory
  - Emotion regulation
  - Executive functioning
- Individualized - supports their goals

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## Case example:

Recommendations for Jake:

OT (specialization in autism)  
Kindergarten Transition Plan  
Parental Supports, preferably for neurodivergent parents

It was a very positive experience. Having the assessment in our home was wonderful. I appreciated your patience and flexibility with [Jake]. The final report was very respectful of his strengths and areas he needs support. I also really appreciate you asking about us as his parents.



# 08

## Questions?



# Thank You

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