Counseling and the Neurodiversity Paradigm: A Call to Action

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The counseling profession is rooted in prevention, wellness, mental health, and a critical social justice approach to serving historically marginalized communities, including people with disabilities. The overarching construct of disability comprises subtypes, such as neurodivergence. Given the prevalence of neurodivergent individuals worldwide (approximately 15%–20%), the counseling profession must be prepared to support this community. At the same time, there is a dearth of peer-reviewed literature on neurodiversity specifically for the counseling profession. In this article, we address a timely topic in the profession. We discuss utilizing a critical counseling lens and centering marginalized identities, such as people with disabilities; prominent disability models, including the neurodiversity paradigm; and suggestions to infuse neurodiversity throughout the counseling profession.

Keywords: **neurodiversity paradigm, disabilities, counseling, neurodivergence, disability models**

According to the American Counseling Association (ACA), "counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (Kaplan et al., 2014, p. 92). These ACA priorities are echoed in seminal counseling texts. The Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts et al., 2016) outline the counseling profession as grounded in a culturally affirming, contextual approach to address systemic oppression and intersectionality. The ACA Advocacy Competencies also center context and identities as critical in advocating for systemic change (Toporek & Daniels, 2018). Thus, the counseling profession promotes a strengths-based approach to prevention and mental health, centering equity, social justice, and the use of a critical lens, particularly for those with marginalized intersectional identities (Hays & Singh, 2023; Proctor & Rivera, 2022).

People with disabilities (PWDs) are a historically marginalized identity or culture that includes neurodivergent individuals (Deroche & Mautz, 2024; Long et al., 2024; Roberson et al., 2021). Because of the prevalence of neurodivergence worldwide (15%–20%; Doyle, 2020), allied professions have started incorporating the neurodiversity paradigm into their scholarship, including psychology (Pellicano & den Houting, 2022), occupational therapy (Chen & Patten, 2021; Rajotte et al., 2025), and speech-language pathology (DeThorne & Searsmith, 2021). However, the neurodiversity movement is largely absent from the peer-reviewed counseling literature (Long et al., 2025). In this article, we fill a gap in the literature, noting: (a) a critical counseling lens and the importance of centering marginalized identities, such as PWDs; (b) prominent disability models, including the neurodiversity paradigm; and (c) suggestions to infuse neurodiversity throughout the counseling profession.

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Critical Theories

Overall, critical theories are an overarching paradigm centering the importance of recognizing and changing systemic oppression, advocating for historically marginalized identities, and emphasizing the impact of intersectionality (Hays & Singh, 2023; Proctor & Rivera, 2022). First, critical theorists view the world through the socially constructed dimensions of power, privilege, and marginalization, which suggests that power structures in society were historically developed and are presently maintained to provide power and privilege to some and oppress and marginalize others. These power structures will continue unless identified (i.e., increase critical consciousness) and actively changed (i.e., interrogate and dismantle oppressive systems and move toward more equity and justice). For instance, according to critical theories such as feminism and critical race theory (CRT), dominant established power structures, such as patriarchy and colonialism, should be challenged. Overall, critical theorists prioritize historically marginalized voices and strive to ensure that knowledge is rooted in these communities rather than imposed by dominant outsiders (Hays & Singh, 2023; Proctor & Rivera, 2022).

Next, intersectionality is also central to critical theories (Hays & Singh, 2023; Proctor & Rivera, 2022). Introduced by Kimberlé Crenshaw (1989), intersectionality is a framework that examines how overlapping social identities, such as race, gender, class, and disability, interact to create unique experiences of oppression, privilege, and power. Crenshaw introduced the term to address the ways in which Black women, for example, were often excluded from both feminist and anti-racist discourses, revealing how single-axis analyses failed to capture their experiences. Intersectionality does not simply add identities together. Rather, it highlights how these identities interlock within systems of power and shapes how individuals navigate the world. Therefore, intersectionality accentuates how social activism dismantles systems of oppression and injustice.

Critical Theories and Counseling

Drawing from critical theories, the counseling profession works to expose and uproot oppressive systems that reinforce privilege for some identities while suppressing others (Hays & Singh, 2023; Proctor & Rivera, 2022). Ratts et al. (2016) developed the seminal MSJCC, which underscores the need for counselors to engage in intersectional and social justice practices, as well as acknowledges the impact of marginalized and privileged identities within the counselor–client relationship. Similarly, ACA (2025) has reinforced the crucial need for counselors to support marginalized populations because of the prevalence of systemic injustices.

As such, several scholars have discussed the importance of CRT and anti-racism within counseling. Holcomb-McCoy (2022) called for the counseling profession to utilize an anti-racist lens to interrogate and change inequitable systems that disproportionately harm those with marginalized racial/ethnic identities. Similarly, Mayes and Byrd (2022) proposed a framework for anti-racist school counseling emphasizing critical consciousness, evidence-based practices, and strategies to interrupt harmful school policies. Haskins and Singh (2015) recommended pedagogical strategies for incorporating CRT into counseling programs to promote counselor trainees' racial awareness.

In a similar vein, scholars like Sharma and Hipolito-Delgado (2021) and Locke (2021) reflected on the role of feminist and Latino CRT, respectively, in fostering critical consciousness and anti-racism in counselor training, particularly for students from marginalized groups. LaMantia et al. (2015) also applied feminist pedagogy to counselor education, promoting student ally behaviors. Further, Shavers and Moore (2019) incorporated Black Feminist Thought to explore the experiences of Black female doctoral students at predominantly White institutions.

Finally, several scholars have utilized a critical lens when discussing LGBTQ+ communities. Moe et al. (2020) brought post-colonial theory to the fore in their exploration of working with LGBTQI+ youth internationally by advocating for culturally aware counseling practices that address Eurocentric biases. Also, Moe et al. (2017) applied queer theory to support queer and genderqueer clients through emphasizing the importance of acknowledging intersectional identities and the unique needs of queer people of color. Similarly, Smith (2013) applied critical theory to LGBTQ+ youth in schools and addressed the capability of the American School Counselor Association's National Model (2025) to reinforce or dismantle heteronormativity practices. Overall, counseling scholars have applied a critical lens (e.g., CRT, anti-racism, feminism, queer theory) to serve several historically marginalized identities. However, a focus on PWDs and critical disability theory (CDT) is absent from this body of critical counseling scholarship.

Disabilities

Those who identify as PWDs are part of one of the largest historically marginalized groups in the United States, with a population of over 70 million (Centers for Disease Control and Prevention [CDC], 2024). Though the construct of disability can be understood in a variety of ways, we utilize the definition from the U.S. Census Bureau (n.d.): "Disability is a complex process between an individual's physical, emotional, and mental health, and the environment in which they live, work, and play. . . . individuals may experience disability if they have difficulty with certain daily tasks due to a physical, mental, or emotional condition" (p. 1).

In *Multicultural and Social Justice Counseling* (2024), authors Deroche and Mautz organized disabilities into three primary categories: (a) physical disabilities, such as paralysis, chronic illness, or blindness; (b) cognitive or neurodivergent disabilities, such as learning, developmental, or intellectual disabilities, including autism spectrum disorder or dyslexia; and (c) psychiatric disabilities, including mental health disorders such as anxiety, depression, and substance use, among others. Further, these authors also relayed that disability is an overarching term to represent diverse, varied, intersecting identities and experiences that are shaped by factors such as disability onset, symptom progression and impact, degree of visibility, and disability models.

Disability Models Historically

The construct of disabilities must be understood within its historical context. U.S. society has utilized several models of disability that have evolved over time (Brown, 2015; Deroche & Mautz, 2024; Olkin, 2002). The moral model is one of the oldest and is closely tied to religion; this perspective holds that disabilities are inherently negative and result from one's lack of faith or as punishment for immoral behaviors (Deroche & Mautz, 2024; Olkin, 2002). The moral model is seen as problematic because it views disabilities adversely and places responsibility on the PWD for their condition, fostering stigma and shame rather than understanding or support.

More recently, disabilities have been conceptualized by two opposing perspectives: the medical model and the social model. Per the medical model, conditions or disorders are classified by the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*; American Psychiatric Association, 2022), and pathologized as impairments or deficits that deviate from a set standard and need to be treated (Brown, 2015; Chen & Patten, 2021; Long et al., 2024; Olkin, 2002). Thus, the medical model recommends that PWDs receive intervention and accommodations to help them operate more closely to a culturally constructed standard of typical. The medical model is currently the most widely utilized disability

model, including in the counseling profession. However, this model is critiqued as being deficit-focused and needing greater consideration for both culture and context (Chen & Patten, 2021; Deroche & Mautz, 2024; Olkin, 2002). Further, privileging and encouraging assimilation to a socially constructed norm has been related to adverse mental health for PWDs, such as anxiety and depression from masking or hiding aspects of oneself from others (DeThorne & Searsmith, 2021).

Countering the medical model, the social model considers disability as a social construct, which places the onus on the environment and larger culture, with the aim of removing socially created barriers hindering PWDs from fully accessing societal institutions and spaces (Chen & Patten, 2021; Long et al., 2024; Olkin, 2002). In other words, according to the social model, PWDs are impacted not by their specific disability, but because of how society has structured the world to be unaligned with the unique needs and experiences of PWDs. Scholars have also suggested that the social model is too concrete (Meekosha & Shuttleworth, 2009) and that disabilities must be considered comprehensively, beyond environmental and cultural factors (Dwyer, 2022).

Contemporary Disability Paradigms

Overall, disability models have been shaped by societal beliefs and historical events, evolving with time, as described by Brown (2015) and Deroche and Mautz (2024). Beginning in the mid-1900s, the larger civil rights movement opened doors for federal protections around disabilities and was crucial in securing legal protections and advancing social inclusion for PWDs. Specifically, the disability rights movement initially addressed workplace discrimination, striving for equitable access to employment and work accommodations; this has since progressed to include advocating for more disability inclusive education, health care, and intersectional identities. Hence, the confluence of these factors—evolving disability models, increased civil rights, activism, and centering diversity—have led to the emergence of the present-day neurodiversity paradigm, a contemporary model of disability rooted in critical theories, such as CDT (Brown, 2015; Deroche & Mautz, 2024).

Critical Disability Theory

Expanding upon the social model, CDT explores the broader systems and structures that influence disability (Botha & Gillespie-Lynch, 2022; Hays & Singh, 2023). In alignment with the overarching lens of critical theories, CDT is a framework that challenges previous models of disability to instead espouse the complex experience of PWDs, centering the voices of this marginalized identity or cultural group (Gillies, 2014; Meekosha & Shuttleworth, 2009). Gaining momentum in the 2000s, CDT explores how society constructs, defines, and responds to disabled bodies and minds within the context of systemic power, privilege, and marginalization (Meekosha & Shuttleworth, 2009). Rather than defining disability as abnormal or a medical condition requiring treatment, CDT challenges these prevailing views. Mainly, scholars who subscribe to this paradigm recognize disability as a natural aspect of society, with the need to transform public policies and perceptions, as well as redistribute power, control, and autonomy (Deroche & Mautz, 2024; Long et al., 2024). As such, supporters of CDT advocate to ensure that PWDs can fully participate in all aspects of society such as employment and social and educational dimensions, as well as having equitable access to rights, opportunities, and resources. Thus, the CDT paradigm, grounded in social justice, activism, and the disability rights movement, calls for viewing disability as a unique culture, a dimension of diversity, and through the lens of historically marginalized, intersectional identities or cultures.

The Neurodiversity Movement

While CDT is a critical theory applied toward disabilities, it has also been a driving force in the neurodiversity movement (Roberson et al., 2021). Chapman and Botha (2023) stated:

> The neurodiversity movement is a social justice and civil rights movement led by and for people with neurocognitive, developmental, and psychological disabilities. Neurodiversity theory proposes that divergence from expected functioning (such as autism, attention-deficit/hyperactivity disorder [ADHD], developmental coordination disorder, or dyslexia) are natural variations of human minds, and those who diverge from the norm (neurominorities) are equally deserving of dignity, respect, and accommodation. . . . with the acknowledgement of neurocognitive diversity as natural, valuable, and in need of support. (p. 310)

While neurodivergence is considered to be a type of cognitive disability (e.g., autism, ADHD, dyslexia) impacting approximately nearly one in five individuals worldwide (Doyle, 2020), the neurodiversity paradigm is a larger movement rooted in social justice and civil rights, countering earlier deficit-based disability models, such as the medical model (Deroche & Mautz, 2024; Long et al., 2024; Sonuga-Barke & Thapar, 2021). As a result, neurodiversity is seen as a movement or paradigm influenced by CDT, in addition to being a type of disability.

The neurodiversity movement began in the 1990s with sociologist Judy Singer drawing on Crenshaw's lens of intersectionality (Botha & Gillespie-Lynch, 2022; Chapman, 2021). Though originally conceptualized for autism, this paradigm has since expanded (Chapman, 2021; Dwyer, 2022). Rather than perpetuating a continuum of typical and atypical neurological functioning, the neurodiversity paradigm reinforces normal diversity in human neurology instead of pathologizing neurological variations (Chapman, 2021; Chen & Patten, 2021; Olkin, 2002).

Because it is aligned with critical theories such as CDT (Hays & Singh, 2023; Roberson et al., 2021), neurological diversity should be viewed through the lens of culture (Long et al., 2025), as well as through societal and historical systems of power and oppression. Thus, like other historically marginalized groups (e.g., cultural, ethnic, and sexual minorities; Chapman & Botha, 2023), proponents of the neurodiversity movement describe unique aspects of a shared culture, pride, and identity (Brown, 2015). One such example is identifying as neurominorities (Chapman & Botha, 2023).

For instance, Roberson and colleagues (2021) posited that, historically, neurodivergent individuals have been viewed through an ableist lens that judged them based on their ability to conform to neurotypical standards. A CDT approach denounces this deficit-based historical framing and instead highlights the positive cognitive traits and leadership of neurodivergent individuals. Rather than emphasizing the obstacles they face in meeting conventional norms, CDT and the neurodiversity paradigm redefine neurodivergence as a valuable and distinctive strength and skill set that can be used for enhancement (Roberson et al., 2021).

Furthermore, scholars have examined the confluence of neurodiversity and intersectionality (e.g., Mallipeddi & VanDaalen, 2022). Botha and Gillespie-Lynch (2022) made the case for including the neurodiversity paradigm within the intersectionality conversation, specifically focusing on autistic individuals. Namely, they highlighted the systemic barriers and inequities disproportionately impacting the Autistic community. This includes restricted access to gender-affirming care for autistic transgender people, which can correspond to increased odds of mental health challenges such as depression and suicidality (Tordoff et al., 2022). Furthermore, these risk factors may be compounded when additional identities are incorporated, such as when persons of color are also economically disadvantaged individuals (Botha & Gillespie-Lynch, 2022). Thus, taking an intersectional lens to the neurodiversity paradigm is not only aligned with CDT, but also exemplifies a more nuanced understanding of how multiple layers of identity or culture (e.g., race, gender, socioeconomic status) interact with neurodivergence in order to address the compounded barriers and inequities faced by marginalized groups. As such, intersectionality has been interwoven into CDT to highlight the layered identities and aspects of power, privilege, and oppression within the neurodiversity movement (Botha & Gillespie-Lynch, 2022).

Counseling, Disabilities, and the Neurodiversity Movement

Despite the prevalence of those with disabilities (CDC, 2024), PWDs are often not seen as an underrepresented group or a culture, leading to misconceptions and often a lack of resources and support (Brown, 2015; Olkin, 2002; Pierce, 2024). Within the counseling profession, Degeneffe and colleagues (2021) studied how disability is addressed in ACA's flagship journal, the *Journal of Counseling & Development* (*JCD*). Their results mirrored previous research, noting "limited scope of disability content in *JCD* . . . [and that] disability is largely neglected in *JCD* and other counseling-related journals" (Degeneffe et al., 2021, p. 118).

While counseling scholars have focused on critical theories, the literature on CDT is sparse. Öksüz and Brubaker (2020) discussed the historical lens of counseling PWDs and advocated for CDT to shape counseling training. Aligned with CDT, Pierce (2024) outlined the richness of disability culture, recommending that the counseling profession incorporate greater disability justice.

To our knowledge, there has been one peer-reviewed, U.S.-based journal article discussing the neurodiversity paradigm within the counseling profession. Long and colleagues (2025) conducted a qualitative content analysis, examining 21 peer-reviewed counseling journals published between 2013 and 2022. They searched for what they defined as neurodiversity constructs, or content they conceptualized as relating to neurodiversity. Examples of the most frequent terms, or neurodiversity constructs, that they found include autism, ADHD, and twice exceptional, with the most common word/phrase being neurotypical. Thus, while scholars found counseling scholarship demonstrating neurodiversity constructs, these phrases did not include the actual word or a derivative of neurodiversity. Rather, Long et al. (2025) found content more generally related to the construct. These findings underscore the lack of neurodiversity content within counseling. Though the counseling profession centers critical theories with an emerging focus on CDT, the neurodiversity paradigm is absent from the peer-reviewed counseling literature.

Despite the limited counseling scholarship on the neurodiversity paradigm, a different trend exists within allied professions, and scholars have recommended that clinicians utilize the neurodiversity approach in their work (Chapman & Botha, 2023; Sonuga-Barke & Thapar, 2021). Furthermore, the neurodiversity paradigm is being covered in psychology (Pellicano & den Houting, 2022), occupational

therapy (Chen & Patten, 2021; Rajotte et al., 2025), and speech-language pathology (DeThorne & Searsmith, 2021). In terms of therapeutic clinicians across disciplines, Sonuga-Barke and Thapar (2021) described the importance of clinicians moving beyond the deficit-based medical model to instead center the perspectives of neurodivergent individuals. Similarly, Chapman and Botha (2023) stated that the need exists for clinical therapeutic approaches to include practical strategies for supporting neurodiversity, including multidisciplinary work across disciplines.

Incorporating the Neurodiversity Movement Into Counseling: A Call to Action

As Long and colleagues (2025) relayed, "counselors across practice settings encounter neurodivergent clients and are responsible for understanding neurodivergence and its impact on client well-being . . . [and] the social, political, and cultural considerations" (p. 57). As approximately 15–20% of the population is neurodivergent (Doyle, 2020), it is likely that counselors will work with this population. As such, counselors must be informed of the neurodiversity paradigm and how to utilize neuro-affirming practices across counseling specialties and the profession as a whole. Next, we provide a call to action, recommending steps for infusing the neurodiversity paradigm throughout the profession: awareness and introspection; guiding documents; professional organizations; research; clinical practice; and pre-service preparation, supervision, and training. It is important to note that these suggestions are preliminary recommendations acting as a springboard for a litany of additional efforts. More depth and focus are warranted across each of the following topics.

Awareness and Introspection

Neuro-affirming counseling begins by looking at the foundational values guiding our profession. In alignment with critical theories (Hays & Singh, 2023; Proctor & Rivera, 2022), the MSJCC (Ratts et al., 2016), and the ACA Advocacy Competencies (Toporek & Daniels, 2018), we must interrogate and dismantle how the counseling profession and greater society privileges certain abilities and neurological existences while oppressing and marginalizing others. This requires both a paradigm shift and heightened critical consciousness as counselors, as a profession, and for the systems we work within (e.g., schools, agencies, private practices, counselor education programs). The following sample questions guide this introspection: How can the counseling profession challenge the historically deficit-laden conceptualization of disabilities that requires assimilating to a socially constructed norm of typicality? How can counselors advocate for systemic changes that increase access and opportunities for all, rather than placing the onus of change primarily on individuals? How can the profession celebrate and affirm the benefits of diverse ability levels and neurological functioning? How are we incorporating intersectionality within neuro-affirming counseling? How are we ensuring that neurodivergent individuals are leading and integral in the application of the neurodiversity movement within the counseling profession? How can we learn from and collaborate with allied professions engaged in neuro-affirming practices?

Guiding Documents

The counseling profession would benefit from integrating the neurodiversity movement into its core frameworks. For example, though ACA *Code of Ethics* (2014) standards C.5., E.8., and H.5.d. explicitly reference disability, they make no direct mention of neurodiversity. Furthermore, H.5.d. is the only standard that addresses accessibility, and it is within the context of website creation. While this inclusion is valuable, there remains an opportunity to expand considerations of accessibility, flexibility, and inclusivity to better support neurodivergent clients within the counseling relationship.

Next, the MSJCC (Ratts et al., 2016) provides a conceptual framework that highlights ways in which counselors can incorporate advocacy within their work with a range of individuals who experience marginalization. Mainly, competency area III.1. indicates that competent counselors "are aware of how client and counselor worldviews, assumptions, attitudes, values, beliefs, biases, social identities, social group statuses, and experiences with power, privilege, and oppression influence the counseling relationship" (Ratts et al., 2016, p. 9). Overall, the MSJCC is a broad framework designed for application to counselors and clients who identify with a range of identities and cultures, within the context of the many systems that impact them individually and in their interactions with one another. However, as there is no research specifically exploring disability or neurodiversity through the lens of the MSJCC framework, we recommend that disability and neurodiversity should be discussed and investigated as cultural variables.

Like the MSJCC, the ACA's Advocacy Competencies (Toporek & Daniels, 2018) outline guidelines for advocacy work. These competencies could be expanded to include neurodiversity and disability by addressing ability status as a key contextual factor. Historically, disability and neurodiversity have been omitted from diversity and social justice conversations, often being overlooked as cultural variables. To affect social change, explicit inclusion of these groups or factors is necessary.

Professional Organizations

ACA is the flagship counseling organization, comprised of subgroups, such as divisions representing specialty areas (e.g., substance abuse, veterans, multicultural counseling, child and adolescent counseling). The American Rehabilitation Counseling Association (ARCA) is often viewed as the primary organization relevant to disability within the counseling profession. According to the organization's website, ARCA is an association of professionals, educators, and students in rehabilitation counseling who are committed to enhancing the well-being of individuals with disabilities. Its goal is to support the growth of PWDs throughout their lives and to advance the quality of the rehabilitation counseling profession (Dunlap, 2024). While the mission is impactful, both the mission and messaging from the organization as a whole often frame disability in terms of rehabilitation or correction. This perspective is discordant with the strengths-based perspective of neurodiversity, affirming the benefits of diverse abilities. Next, we acknowledge ARCA's commitment to inclusivity and advocacy, which aligns with key principles of the neurodiversity paradigm. However, instead of viewing it as a supplementary task driven by legal requirements, ARCA could benefit from recognizing neurodiversity as an essential aspect of diversity that enriches both the counseling profession and society at large.

Next, the Association for Multicultural Counseling and Development (AMCD; 2025) is the primary organization for multicultural counseling representation within ACA. Notably, the group includes a variety of subgroups (e.g., Native American, Multiracial-Multiethnic, Latinx, International, Asian American-Pacific Islander, African American, Women's Concerns). Proponents of the disability rights movement, and the neurodiversity movement in particular, consider disabilities and neurodiversity to be both a unique culture with elements of shared identity and a population that represents an element of diversity and multiculturalism (Brown, 2015; Chapman & Botha, 2023). Hence, the AMCD's mission of connecting, advocating for, and empowering people across multicultural identities makes it ideal for incorporating a neurodiversity or disability subgroup. This is especially fitting as both CDT and the neurodiversity paradigm emphasize intersectionality, wholeness, and cross-movement solidarity as essential to the advocacy and liberation of people with multiple marginalized identities.

Finally, the Association for Counselor Education and Supervision (ACES; 2021) has several interest networks, including Disability Justice and Accessibility in Counseling. This group seems most aligned

with the neurodiversity movement because it prioritizes disability justice, intersectionality, and anti-oppression, and addresses neurodiversity. However, as ACES serves counselor education and supervision, additional counseling organizations can share this focus.

Research

Future research in counseling must intentionally center neurodivergent individuals and their lived experiences with attention to affirming and identity-conscious practices. This research should focus not only on clients, but also on neurodivergent counselors, supervisors, leaders, graduate students, and scholars. Scholars have increasingly called for more rigorous research within counseling and related clinical professions (Botha & Gillespie-Lynch, 2022; Dwyer, 2022; Long et al., 2025), yet the counseling profession continues to lag in fully integrating neuro-affirming approaches. A promising starting point is the development of a conceptual theoretical framework for neuro-affirming counseling, which can be tailored to specific counseling specialty areas. Grounded theory, rooted in the voices and narratives of neurodivergent individuals, may serve as a powerful methodology to generate such a framework. Follow-up studies could include Delphi panels with expert practitioners and neurodivergent partners; concept mapping to refine theoretical constructs; and the development and validation of instruments to assess counselor competence and client outcomes. In addition, researchers should explore the lived experiences of neurodivergent individuals across various counseling settings to better understand barriers to care, perceptions of counselor responsiveness, and markers of affirming practice.

Participatory action research and other inclusive methods should be prioritized to ensure that research is not only about neurodivergent communities but is created with them. Lastly, as the MSJCC offers a meaningful lens through which to examine how counselors engage with clients who identify as neurodivergent and/or PWDs, researchers could explore how the MSJCC framework supports (or falls short in) guiding counselors' development of awareness, knowledge, and skills in working with this population. These research directions offer rich, essential opportunities to bridge gaps in the literature and advance counseling equity.

Clinical Practice

In alignment with the ACA *Code of Ethics* (2014), which emphasizes honoring diversity and embracing a multicultural approach, practicing counselors must recognize neurodiversity as a vital aspect of human diversity. As Long et al. (2025) noted, this has historically been overlooked in multicultural counseling, despite the growing advocacy of the neurodiversity movement. Clinicians are called to adopt a neuro-affirming framework that acknowledges and respects neurological differences as natural human variations rather than deficits. This approach aligns with ethical principles of dignity, potential, and uniqueness, and encourages counselors to critically examine their own biases, clinical language, and treatment paradigms. Counselors should broach the topic of neurodivergence with clients when appropriate; tailor treatment planning to reflect clients' sensory, communication, and identity needs; and shift from symptom-reduction models to those centered in self-advocacy, autonomy, and strengths.

Meaningful application of a neuro-affirming approach requires attention to all stages of the clinical process, from treatment to diagnosis, as well as to the cultural identities and needs of each counselor and client both independently and within the counseling relationship. Counselors should assess how the physical space, documentation practices, and session structures either promote or inhibit accessibility and inclusion. For example, using flexible communication methods or creating low sensory environments may significantly improve comfort and therapeutic rapport. These shifts are especially important given that many counselors practice in systems governed by the medical model (e.g., *DSM*-driven environments), which can conflict with neuro-affirming values. Clinicians must grapple with

this tension, asking: *Can we hold space for both DSM-informed practice and neuro-affirming care?* Though diagnoses may be necessary for access to care, counselors have an ethical responsibility to advocate for affirming practices, consult with allied professionals, and frame client experiences in ways that empower rather than pathologize. Ultimately, neuro-affirming counseling must be rooted in intersectionality, accessibility, and cultural humility, core values of an inclusive, socially just counseling practice.

Pre-Service Preparation, Supervision, and Training

Counselor preparation plays a critical role in shaping how future professionals engage with neurodivergent individuals. However, current training models often fall short in addressing this population through an affirming, socially just lens. Although the Council for the Accreditation of Counseling and Related Educational Programs (CACREP; 2023) sets the standards for counselor education, its integration of disability, and more specifically, neurodiversity, remains limited and inconsistent. For example, though Standard 3.A.4. encourages the removal of systemic, institutional, architectural, and attitudinal barriers that hinder equity and access, it does not explicitly frame neurodiversity as an element of human diversity. Additionally, Section 3.B., which focuses on social and cultural identities and experiences, omits reference to neurodivergence, disability culture, and ability status as meaningful sociocultural identities. This exclusion reinforces a medicalized view of disability and misses the opportunity to promote a strengths-based, identity-affirming framework that aligns with the neurodiversity paradigm.

To address these gaps, counselor education programs should intentionally integrate disability and neurodiversity content across the curriculum. Courses such as human development, multicultural counseling, ethics, and diagnosis can provide students with information about the neurodiversity movement and CDT, as well as suggest counseling strategies that are strengths-based, utilize a critical systemic lens, and acknowledge disabilities as unique cultural identities. Supervision and training for practicing counselors should do the same by utilizing a neuro-affirming approach and encouraging critical reflection on ableism, diagnostic language, and counselor attitudes toward disability. Moreover, the MSJCC can serve as a guiding framework for both counselor education and clinical supervision to teach awareness, knowledge, skills, and advocacy specific to neurodivergent clients and normalize the perspectives of neurodivergent counseling professionals. Infusing disability culture and neurodiversity into preparation, supervision, and training not only equips pre-service and practicing counselors with the tools to work competently and compassionately but also creates space for neurodivergent individuals within the profession to thrive as students, educators, supervisors, clinicians, and leaders.

Conclusion

According to Kaplan and colleagues (2014), counseling organizations and leaders have come together to clarify a shared professional identity: to strengthen the profession and ensure high-quality practices toward those we serve. The counseling profession has a history of evolving, changing, and improving, incorporating knowledge and new trends as they develop. The neurodiversity paradigm has been increasingly discussed across society, such as in allied professions like psychology (Pellicano & den Houting, 2022). The counseling profession must also evolve to stay relevant. This includes expanding the profession to integrate the neurodiversity paradigm and neuro-affirming practices. Utilizing and embracing neurodiversity in counseling strengthens the profession by better equipping scholars, practitioners, leaders, supervisors, and professional organizations. Incorporating a neuro-affirming lens also contributes to a societal shift of increasing awareness, reducing stigma, and advocating for systemic change, particularly for identities who have been historically marginalized. These are fundamental goals at the root of both the neurodiversity movement and the counseling profession.

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