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Dear Editor,

I was delighted to read Pritchard-Rowe and Gibson's recent paper on professionals' perspectives on neurodiversity-affirmative autism diagnostic assessment practices (Pritchard-Rowe and Gibson, 2024). The study benefits from a strong theoretical basis for the provision of neurodiversity-affirmative autism diagnostic assessments and provides recommendations of how this can be achieved in practice. The work is conducted from a neurodiversity paradigm perspective that explains autism as 'a different way of being, rather than a disorder" (Shakespeare, 2013). This raises important questions around current diagnostic assessment practices that are currenty dominated by a medicalised model approach that frames differences as deficits (Pellicano and den Houting, 2022).

It is important to acknowledge my positionality to contextualise and perhaps explain the position from which I write. I am a university lecturer and teach topics around ADHD and Autism, and my research places the voices of those with lived experiences of autism and/or ADHD at the centre. I was late diagnosed in adulthood with autism and attention deficit hyperactivity disorder (ADHD). I navigated primary, secondary and higher education without formal knowledge of my differences or support for my poor menta health, particularly in adolescence. I always felt I was different from my peers and experienced challenges, for which I blamed myself, including and not limited to making and maintaining friends, poor self-esteem, poor emotion regulation, general and social anxiety. Where I understand and appreciate that the concept of diagnostic labels has been widely debated (Sims et. al., 2021), since gaining my diagnoses, I personally have learned a lot about myself, which has been valuable, empowering and has provided a sense of relief.

I often reflect on how my earlier years didn't need to be as challenging as they were. I reflect on lengthy questions in mathematics lessons that I didn't have the working memory to comprehend and therefore answer, the expectation (and failure) to regulate emotions throughout a school (or working) day, and the anxieties around the unpredictable nature of the school day and more unstructured times such as during lunchbreaks. Reasonable environmental adjustments could have reduced these challenges and my extreme resultant anxieties.

Therefore, regardless of the value of a diagnostic label, the presence of neurodiversity-affirming environments is essential to prevent worse outcomes for autistic individuals. There is no reason why this cannot begin with the diagnostic process and there is no reason why in the modern day that autistic people should be disadvantaged because of their environment. We have the evidence to show what is needed, and there are recommendations for how this can be supported within society in Pritchard-Rowe and Gibson's work that provides concrete ways by which neurodiversity-affirmative assessments can take place.

Findings of Pritchard-Rowe and Gibson's (2024) work supports a plethora of existing evidence that advocates for the communication of positive strengths-based language in relation to neurodiversity to the individual. Such approaches can be beneficial for their wellbeing. This contrasts with more detrimental ableist, or deficit focussed language that is driven by a medical model. Of particular interest was the authors' recommendation that autism assessments should acknowledge the role of the individual's environment, thus taking the onus away from deficits residing within the person. This could refer to recommendations of how reasonable environmental adjustments can be made to accommodate autistic people. This is considered the law under the Equality Act (2010) with regards to education and employment contexts. Therefore, why should this be different during the diagnostic process? Why should such reasonable environmental adjustments not be presented in diagnostic reports that focus on harnessing the strengths of the individual and consequently improving their wellbeing and overall outcomes?

Another point of interest was the transparency or reporting the inclusion of autistic voices in the development of assessment processes. This is essential if we are to improve the currently medicalised approach to autism assessments and make a more consistent shift towards language and recommendations and are strengths based and advocate for harnessing individual strengths. We know that meaningfully placing expert voices of those with lived experiences at the centre of service development is powerful in terms of empowering autistic people and improving outcomes (Pellicano and den Houting, 2022) and this work provides further valuable evidence in favour of this.

Pritchard-Rowe and Gibson’s (2024) work is admirable in terms of its aims and recommendations and has the potential to be generalised to other conditions such as ADHD as noted by the authors, Further, this study was conducted in the context of children and young people. However, it could also have implications for adult services.
I therefore reflect on young people receiving diagnoses of differences such as autism and ADHD and wonder how their lives may be very different if they are empowered through recognition and harnessing of their strengths. I deeply hope that this paper will inspire conversations between clinical professionals around how assessments can be more neurodiversity-affirmative in the short term, and by practitioners who influence diagnostic

and assessment criteria to ensure that this is more deeply embedded in best practice expectations.

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