



Neurodiversity-Affirmative Goal Writing

When writing goals, ask yourself:

Does the goal promote or encourage masking?

Masking is linked with poor mental health outcomes for neurodivergent children, teens and adults.

Is the goal client-driven? Does the client value the goal? Are they ready and willing to work on the goal? This may change from session to session.

Whenever possible, ask for the client's input about what they would like to work on in therapy. To the greatest extent possible, include those goals in your treatment planning. For clients who are unable to communicate their goals to you, follow their nonverbal cues to better understand their interest in and readiness to work on goals or objectives in any given session.

What is the underlying basic hope that is underneath the goal? If the goal itself is problematic or you're not sure, can you rewrite the goal so that it still addresses the same basic hope, reframe it?

If a parent wants you to work on initiating conversation, can you reframe that to focus on self-advocacy? Instead of practicing neuronormative social skills, can you practice perspective-taking, or interpreting/understanding neuronormative behavior?

Is the goal building on current strengths and interests? Or is it primarily focused on fixing a deficit?

The majority of the goals and objectives in therapy should focus on developing and nurturing clients' strengths and interests. Goals that are focused on addressing a deficit should have the full support of the client and family. Special care should be taken to make sure the goal is in the client's best interest (not simply to make others more comfortable).

Would you feel comfortable with your client reading your goals and objectives as an adult? What about right now?

If the answer is "no," change it!



Example Goal Areas

Neuro-Affirmative Goal Areas	Problematic Goal Areas
<ul style="list-style-type: none"> • Strengths-based goals • Identification and development of areas of strength • Healthy relationship-building skills • Understanding and interpreting neurotypical behavior • Perspective-taking • Self-advocacy • Total Communication • Mental health and wellness • Sensory needs • Self-regulation and coping strategies • Teamwork and leadership • Fine/gross motor coordination • Academic concepts • Activities of daily living • Problem solving • Identifying, understanding and regulating emotional states • Nurturing (non-harmful) stimming, special interests and/or object attachment 	<ul style="list-style-type: none"> • Compliance without complaint or behavior-based goals • Neuronormative language, conversation and social skills • Eye contact • “Appropriate” body language, quiet hands or whole body listening • Extinguishing (non-harmful) stimming behavior • “Appropriate” or neuronormative play • “Proper” greetings and goodbyes • Appropriate posture (sitting vs. standing vs. moving) • Reducing object attachment and special interests