Is there a more neuroaffirming framework than evidence-based practice?

How can we amplify lived experience?

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Evidence-Based Practice (EBP)

Evidence-based practice refers to approaches grounded in rigorous, often standardised research, typically prioritising systematic reviews, meta-analyses, randomised controlled trials (RCTs), and other rigorous empirical evidence.

EBP consists of 3 elements. They are: The best available research evidence (usually empirical evidence), clinical expertise, and the incorporation of the client's values and preferences within the context of their care.

In reality, systems (like healthcare and funding bodies) often privilege the first element, research evidence, above other forms of evidence. The emphasis is on “proven” interventions, standardised protocols, and empirical data. Often linked to funding, policy, and legitimacy. This can exclude or underrepresent marginalised groups.

And the knock-on effect in therapy rooms can be detrimental to the client; research may be prioritised over clinical evidence and the client's values and preferences for therapy.

Autistic people have historically been excluded from shaping research priorities, meaning that interventions are designed for them, not with them

Change is emerging with more autistic-led research, but it takes time to filter into mainstream psychology. And the recent discourse surrounding late-identified autistic people suggests we have a little further to go before qualitative evidence is considered valid.

What's the alternative?

Evidence-Informed Practice (EIP) is used in disability and community/human services sectors. EIP encompasses moving away from science as the primary source of evidence to using numerous sources of evidence to inform practice. It also suggests context is important, like culture, environment and power dynamics. The framework recommends integrating context with the best available evidence and lived experience for a more holistic practice.

EIP is adaptable and responsive. It values complexity over standardisation, is more open to emerging or under-researched approaches, and is often more aligned with trauma-informed and neuroaffirming work.

Many people, particularly neurodivergent humans and trauma survivors, have historically been insufficiently represented in traditional research samples. This means: “Evidence-based” doesn’t always mean relevant or safe. Some widely endorsed therapies may not account for sensory needs, communication differences, or trauma histories.

Some fields (especially social work, disability, and community services) use EIP and explicitly include: lived experience, practice wisdom, and cultural knowledge **as legitimate forms of evidence.**

EIP is an alternative, affirming framework that honours the voices of lived experience.

Disclaimer: Within some professions, like psychology, evidence-based practice is a core professional obligation, not just optional guidance.

This means using EIP isn't an option for some professionals.

References:

EBP

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