



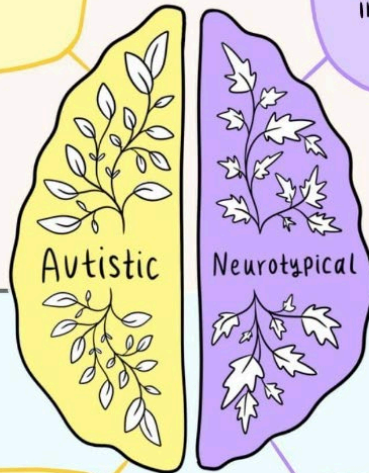
Neurodiversity : Clinical Case Presentations

How do we
communicate?

Social Communication Differences

May interact without frequent eye contact to ↑ focus & comfort

Use frequent eye contact. Infrequent eye contact often interpreted as dishonesty or disinterest.



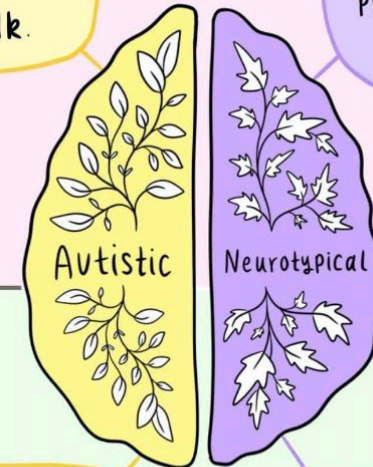
Tend to speak honestly, directly, & without sugar-coating.

Often sugar-coat info. Can be very indirect. Often interpret directness as rudeness.

Social Communication Differences

Often prefer deep, meaningful conversations without small talk.

Often cycle through small talk topics before progressing to deep topics (if at all)



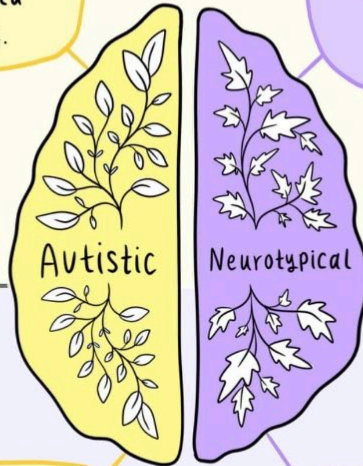
Enjoy spending a long time sharing info about deep interests (info dumping)

Spend short time chatting about each topic, with both people offering info.

Social Communication Differences

Words carry meaning.
Often can't hear/modulate tone.
Tone/inflection not used
to convey meaning.

Tone/inflection conveys
much meaning,
even cancelling out the
meaning of the words.



May interpret words literally
or as absolutes (i.e. figurative
language, sarcasm, instructions.)

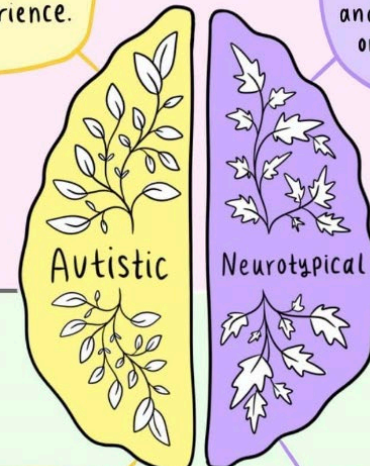
Consider tone + context.
May perceive literal interpretation
of words to be deliberate impertinence.



Social Communication Differences

May show empathy by
telling a personal story that
describes a similar experience.

Show empathy by mirroring
the other person's emotions
and point of view,
and keeping the interaction focused
on the person who is emotional.



May ask numerous questions
to clarify meaning
(in conversations + instructions).
Place value on accuracy.

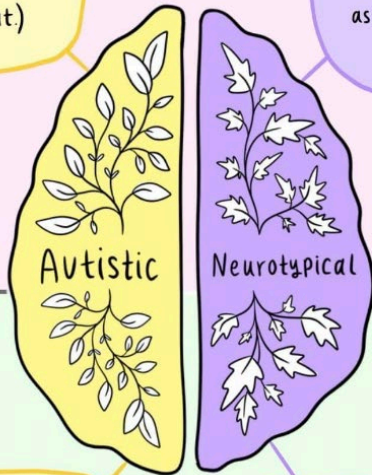
Place value on 'figuring it out
for yourself,' + 'taking initiative.'
Numerous questions often interpreted
as a person being difficult or incompetent.



Social Communication Differences

May not contact/respond to friends promptly (due to Executive Functioning challenges, RSD, or burnout.)

May respond to friends readily. May interpret a lack of response as disinterest, anger or offense.



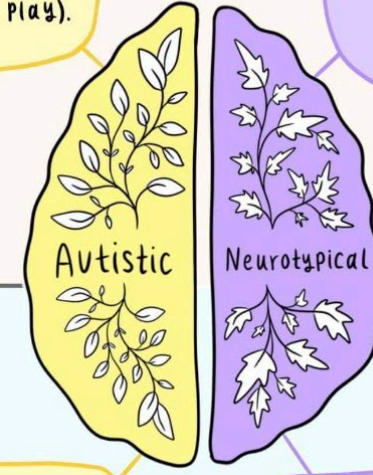
May have deep interests that are intense, long-lasting, & not impacted by social/cultural trends.

Interests may be more casual, & reflect popular opinions of peers.

Social Communication Differences

Enjoy engaging in activity alone or alongside others (independent & Parallel play).

Enjoy engaging in activities with other people (cooperative play)



Alternative & Augmentative communication may be used. May also communicate using 'chunks' of language, scripts, & echolalia (Gestalt Language Acquisition).

Verbal communication is expected, and any other forms of communication are often seen as less valid & less desirable.

Executive Functioning Supports



PROVIDE INFORMATION
IN WRITING



MULTIPLE REMINDERS



HELP BREAK DOWN
LARGER
OVERWHELMING TASKS



RECORD OR PROVIDE
WRITTEN TRANSCRIPTS
OF CLASSES

Communication

1

Be direct

2

Don't rely on
neurotypical
nonverbal
communication

3

Allow longer
processing time
before
responding

4

Welcome
questions

5

Offer other
communication
options in
addition to verbal

Neurohumility

People don't call Corgis
'disordered Huskies'!



Similarly, Autistic brains are not
disordered Neurotypical brains.

Autistic. Not ASD. Thanks.



The Language of Neurohumility



Validate



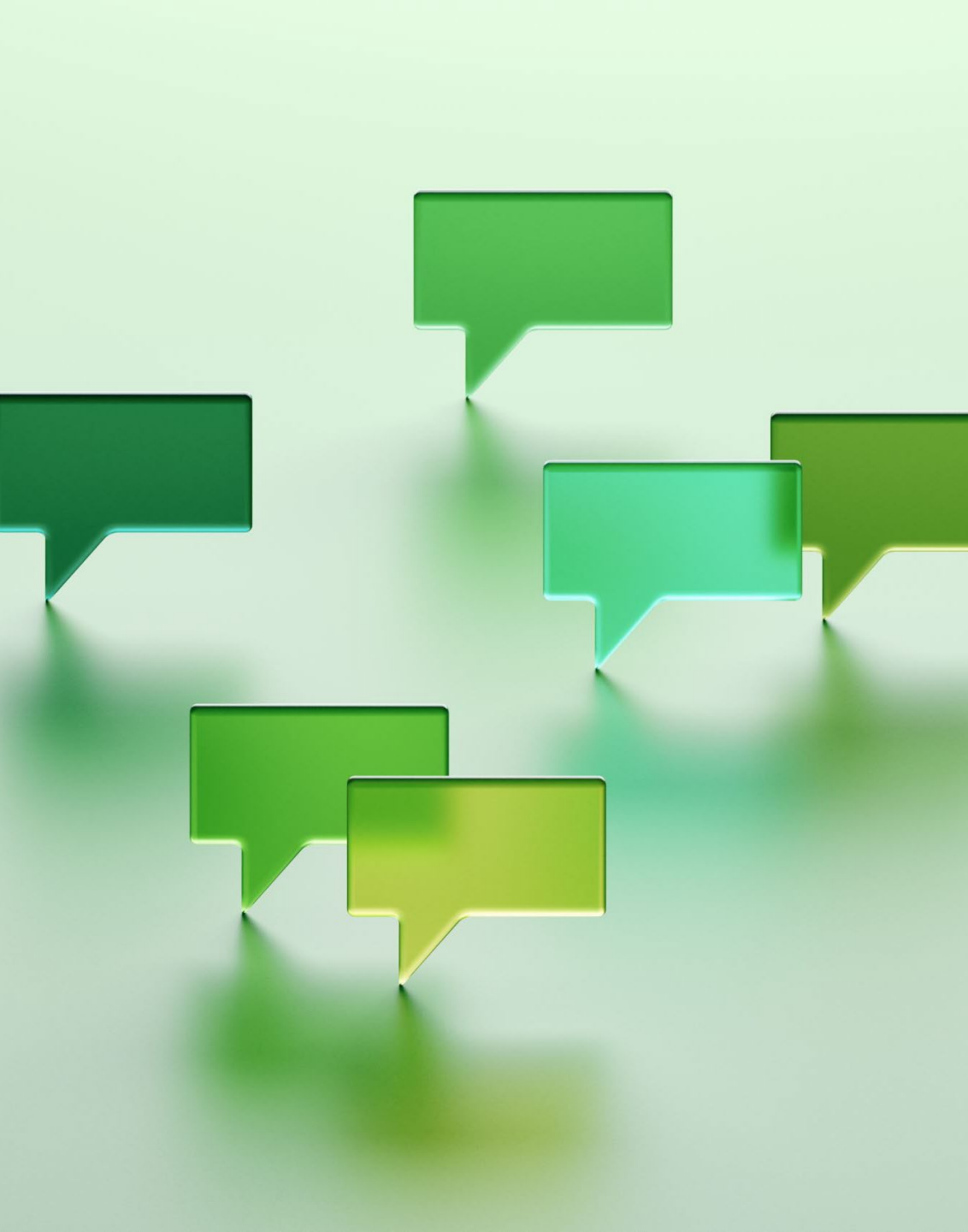
Listen for message not
tone



Ask: Check for
understanding and your
assumptions



Partner with them to
center their goals



Remember:

- Communication is different not disordered
- Misunderstandings happen because of mismatch in communication styles not lacking in social skills

Case Study 1

- Alice is a 19 year old student studying abroad in Paris. She only has an official diagnosis of ADHD. You have noticed that she gets frustrated easily when she is unable to sign up for a trip, has received complaints about her “odd” behaviors from her homestay family and that she’s been falling asleep in class. She is usually sitting alone on her phone or laptop on campus and does not seem to have any friends. How would you proceed with this case?

Case Study 2

- Joe is a 20 year old student studying abroad in Paris. He has been diagnosed with Autism Spectrum Disorder, PTSD and ADHD. This is his first time leaving home and living abroad. During class, Joe often makes clicking sounds, at times stands up to walk around the class and sits back down. He will also talk for long periods and disclose personal information that make other students uncomfortable. You are meeting with Joe during office hours to discuss his behaviors in class