UNDERSTANDING THE RANGE

A Conversation with Neurodivergent Adults

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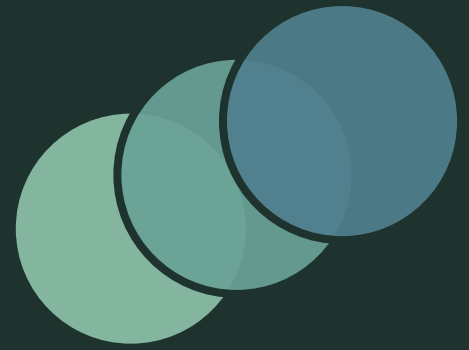
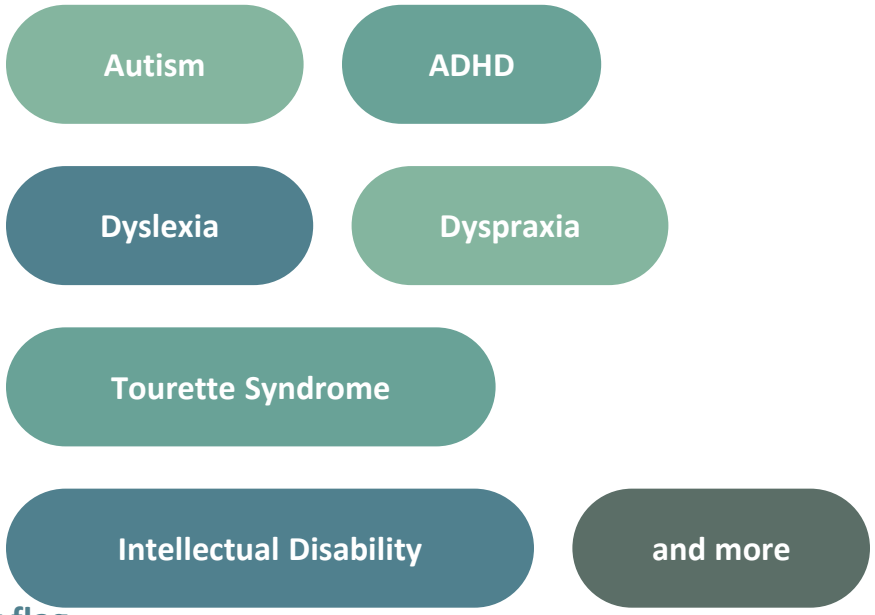


What Is Neurodivergence?

A non-medical term for natural variation in how brains develop and work — people whose cognitive style differs from what's considered typical, with their own strengths and challenges.

"Neurodiversity" — the idea that brain variation is natural, not a deficit to correct — was coined by sociologist Judy Singer in 1998. There is no single medical definition of "normal" brain function.



Neurodivergent adults show up in every family medicine panel — often without a chart flag.

A Spectrum, Not a Scale

“Spectrum” doesn't mean a line from mild to severe. Support needs vary by domain — and by context.

Even DSM-5 severity levels (“requiring support” → “requiring very substantial support”) describe support needs, not a fixed ceiling on ability — and needs can shift with stress, environment, or familiarity. Evidence increasingly favors describing a person's actual support needs by domain over broad “high-functioning / low-functioning” labels.

From Judgment to Clinical Language

Language shapes the differential. A judgment label tends to end inquiry — a barrier-focused question opens one.

“Noncompliant”	→	**What barrier is preventing the plan?**
“Poor historian”	→	**Which communication method or collateral source improves accuracy?**
“Behavioral”	→	**What changed — medically, environmentally, or emotionally?**
“High-functioning”	→	**What support does this person need, in this setting, for this task?**

Evidence-Based Strategies for the Clinical Encounter

Drawn from primary care research on autistic adults — and echoed in adult ADHD care guidelines.

Communication

Slow the pace

Allow processing time; avoid rapid-fire questions.

Be clear and literal

Minimize idiom, metaphor, and sarcasm.

Put it in writing

Give instructions and follow-up in writing, not just verbally.

Ask, don't assume

Ask directly about symptoms, understanding, and preferences.

Environment & Structure

Reduce sensory load

Offer a quiet waiting space; minimize bright light and noise.

Offer first or last slot

Less crowded waiting room, more predictable timing.

Aim for continuity

A familiar clinician reduces anxiety over time.

Preview what's next

Explain what to expect before and during exams.

The First Two Minutes

Four questions build predictability before anything else happens — ask directly, even when a support person is in the room.

1

"What would make this visit easier?"

2

"Do you prefer spoken information, written information, or both?"

3

"Would you like me to tell you before I change topics or examine you?"

4

"Who would you like involved — and what role should they have?"

Then set the agenda out loud: "Today we'll cover A, B, and C. If we need to change course, I'll tell you."

The Caregiver in the Room Is a Clinical Resource

A 2026 emergency-care systematic review found caregiver involvement to be one of the strongest predictors of a good encounter.

What they bring

Baseline behavior, individual triggers, and coping strategies that already work — information the patient may not be able to produce in the moment.

What happens when they're included

Clearer staff–patient communication, lower patient anxiety, and higher satisfaction with the care received.

The documented gap

Many caregivers report being excluded from care decisions, with their input dismissed — a recognized pattern in the literature, not an isolated complaint.

Recommendation: treat caregiver involvement as standard practice — a partnership to build into every visit — not an optional courtesy.

Including the Caregiver Well

Caregiver involvement adds information — it doesn't replace the patient as the person you're treating.

Address the patient first

Ask the patient directly; invite the caregiver to add or clarify, not answer for them.

Ask for the specifics

Baseline presentation, known triggers, and what's helped (or backfired) before.

Clarify the role

A caregiver can support communication — capacity is decision-specific, not automatically theirs to hold.

Capture it for next time

Written summaries or passports can carry this information forward, though evidence on the tools themselves is still developing.

Meeting Each Person Where They Are

Support needs vary widely across neurodivergent adults. Communication should adapt to the individual — not the diagnosis.

Energy

Matching pace and tone to what the room signals

Eye Contact & Body Language

Reading comfort, not compliance

Comfort Level

Adjusting structure and pacing in real time

This is how I try to walk into any room — reading energy, eye contact, and comfort level, then adjusting. It's the same lens I'll invite you to use today.

Today's Conversations

Three guests, three very different experiences — to help you see the range you'll encounter when caring for neurodivergent patients.

1 → 2 → 3

Connor

Independent, employed, manages his own care

Samantha

Social and direct, with her mom Kim alongside

Matthew

Someone I know well

Starting with Connor is intentional — as an independent, high-functioning adult, he's a reminder that support needs vary widely across the spectrum.

C

Connor

Lives independently, works, and manages most of his own healthcare.

TAKEAWAY A diagnosis doesn't define capability.

In conversation now — questions welcome from the room.

S

Samantha

Social and likely to jump right in — her mom Kim is here too.

TAKEAWAY Talk with the person, and include the caregiver.

In conversation now — questions welcome from the room.

M

Matthew

A conversation, not a demonstration.

TAKEAWAY Respect the person, not the performance.

In conversation now — questions welcome from the room.

What We Hope You Take With You

1

Support needs vary widely — even within one diagnosis.

2

Communication should adapt to the person, not the label.

3

Individuals and caregivers both deserve a voice in the room.

Thank you to Connor, Samantha, and Matthew — and to Kim and Tish — for sharing their experiences with us today.

Thank You