



Communication Skills for Asking About Neurodivergent Parents' Strengths and Experiences

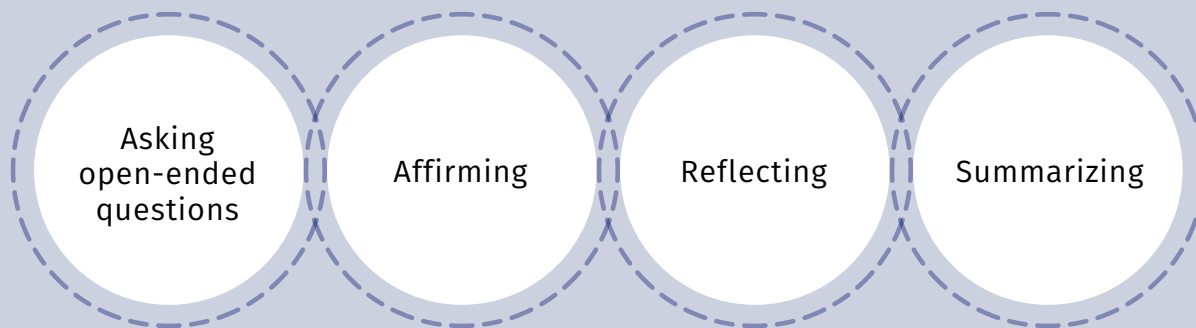
This resource provides nurses with guidance on assessing neurodivergent caregivers' strengths, challenges, and experiences using motivational interviewing principles. This resource also outlines some more commonly reported cognitive differences associated with specific neurodivergent profiles and strategies for tailoring parenting support as needed.

Neurodiversity is DIVERSE.

No two people are alike, so it is important not to make assumptions based on clinical diagnoses (e.g., autism, ADHD, intellectual disability) or even self-identified diagnoses or profiles.

EXPLORING AND UNDERSTANDING NEURODIVERGENT PARENTS' UNIQUE EXPERIENCES

The **OARS** approach used in motivational interviewing^{1,2} can be helpful to explore your client's unique experience and to promote supportive dialogue about change.



1 **Ask Open-ended Questions** to explore your client's experience, goals, and concerns. Many neurodivergent parents report feeling stigmatized and worried that they will not be taken seriously by health professionals. The **Elicit-Provide-Elicit** approach can be helpful here. For example, if a client identifies difficulty with a particular skill or cognitive ability, explore supportively what this is like for them as a parent.

- Elicit first what your client already knows about a given topic or perceived need.
- Ask if you can provide some teaching/support/guidance.
- Elicit the caregiver's thoughts about the teaching/support you provided.

"You mentioned that you sometimes find it hard to read others' emotions. How have you found this with your son Jonathon?"

"That's a worry a lot of us can have with our first child.. Can I share a tip?"

"What would it be like for you to try this with Jonathon?"



2 **Affirm** the effort and change your caregiver client may be undertaking. Neurodivergent parents may experience and worry that healthcare providers see them as deficient parents. Ask about past and current efforts, strengths, and successes, and inquire about how being a neurodivergent parent supports their child.

"You learned, sometimes the hard way, about "camouflaging" as an autistic person... and you want to help your kids be proud of their uniqueness."

"You reached out for help, even though that has been hard for you in the past."

"I appreciate that you are willing to meet with me today. That took some real trust given your past experiences. "

"You are clearly connecting with Jeremy's need to be his own person! "



3 Reflect with empathy your sense of what your client is experiencing or telling you. Use this carefully. Especially early in a relationship with your client, you may want to use “It sounds like you’re feeling/ thinking/experiencing” to avoid misjudging or miscommunicating.

- For example, “It sounds like you’re wanting your mother to recognize your independence and authority as a mom”, rather than, “You’re wanting your mother to recognize your ...”



4 Summarize what you are hearing and discussing with your client regularly to check in you are hearing them correctly. You may want to write this down on a white board or paper, or in an email to them afterward. Support agency and autonomy by inquiring about how they would like to move forward, including how they would like to communicate and work with you.



Specific Cognitive Domains Related to Neurodivergent Profiles

Some cognitive domains are closely associated as core features of particular conditions or profiles such as autism or attention-deficit/hyperactivity disorder (ADHD), however there is significant overlap. **The following are some key domains that can be important to understand in supporting neurodivergent parents/caregivers and families.**

However, always remember to: (1) **assess mental health** – as mental health problems co-occur at high rates in neurodivergent people (up to 70%); (2) **take into account the context of people’s lives** – their families, schools/work, neighbourhoods, sense of safety and inclusion, experience of discrimination or support, the intersection of neurodivergence and other identities such as racial/ethnic/gender/sexual orientation/community.



Social Communication

Domain Description	Tips for Nurses/Clinicians Providing Care & Support
<p>Social Communication</p> <ul style="list-style-type: none"> • Social reciprocity (“back and forth”) • Nonverbal communication • Initiating and sustaining relationships 	<p>ELICIT/ASK ABOUT:</p> <ul style="list-style-type: none"> • How they prefer to interact and communicate with other adults, including care providers • Past therapeutic relationships – what went well, what didn’t? • How they assert themselves and express when they need help from others • How they express their feelings – emotions are not always outwardly expressed in the same way by neurodivergent people • Their strengths and challenges in engaging in back-and-forth play, “baby talk” or conversation with their infants, toddlers or children • If they would like to enlist preferred support people to help them practise caregiver-child interactions <p>PROVIDE as Appropriate and in a Tailored Fashion:</p> <ul style="list-style-type: none"> • A clear rationale for parenting skills that are very social-communication-focused so caregivers can prioritize and allocate daily energy and focus • Help, if needed in decoding others’ emotions by review of scenarios, role-play • Practice and coaching of social-communication skills (as requested/appropriate) with infants and children • Practice and role-play/coaching around assertiveness or advocating for own/child’s needs with other adults • Help to schedule time and energy for face-to-face time
<p>Co-Occurrence with Diagnoses</p> <ul style="list-style-type: none"> • Core challenges related to autism/autism spectrum disorder (ASD) • Can co-occur with other neurodivergent or mental health profiles, e.g., ADHD, intellectual disability, communication disorders 	
<p>Challenges Individuals Experience</p> <ul style="list-style-type: none"> • Understanding others’ thoughts and intentions; engaging in back-and-forth conversation; Use of eye contact • Use of gestures and body language; demonstrating a wide range of emotions through facial expressions; reading others’ facial expressions • Initiating social interactions; ease in taking steps to maintain friendships or other relationships; Effectively asking for help, articulating needs 	
<p>Evaluation of Client’s Understanding/Outcomes</p>	
<ul style="list-style-type: none"> • When expressing empathic statements, check in with caregivers for accuracy and adjust if a misunderstanding occurs • Check in the following session to ask about between-session practice and experience 	

Sensory Hypo- or Hyper-Sensitivity

Domain Description	Tips for Nurses/Clinicians Providing Care & Support
Often intense differences in over- or under-sensitivity to sensory stimuli	<p>ELICIT/ASK ABOUT:</p> <ul style="list-style-type: none"> • Sensory sensitivity and its impact and potential changes in perinatal or parenting period • Preferences around touch during greetings or coaching (e.g., breastfeeding, positioning baby) <p>PROVIDE as Appropriate and in a Tailored Fashion:</p> <ul style="list-style-type: none"> • Rationale and pros and cons of parenting activities that require sensory demands, (e.g., breastfeeding), for informed decisions • Discussion and practice for sensory overwhelm and self-regulation in parent-child interactions – safety plan, communication, asking for help • Support through providing anticipatory guidance on how they might best navigate sensory interactions with other caregivers, (e.g., nurses, physicians, midwives)
Co-Occurrence with Diagnoses	
Most commonly associated with autism, but can also co-occur with ADHD and anxiety	
Challenges Individuals Experience	
Hypersensitivity to sound, visual input (e.g., lights) or touch; strong affinity for particular sensory inputs such as flashing lights, or certain textures; this may change in peripartum period, e.g., onset of new sensitivity to smell	
Evaluation of Client’s Understanding/Outcomes	
<ul style="list-style-type: none"> • Check in often with clients to ask about sensory sensitivities and whether any strategies you’ve discussed to help manage them are working 	



Repetitive or Self-Stimulatory Behaviours

Domain Description	Tips for Nurses/Clinicians Providing Care & Support
<ul style="list-style-type: none"> • Repetitive or self-stimulatory behaviours • Intense interest or focus • Challenges with being flexible/ needing to adhere to routine <p>* Not necessarily a challenge or cause of distress</p>	<p>ELICIT/ASK ABOUT:</p> <ul style="list-style-type: none"> • What routines or self-soothing/stimulating behaviours do they engage in, how are they experienced by the client? • How do the demands of the infant/child affect their ability to adhere to their preferred routines? • How might they consider their preferences or habits to be strengths to leverage as teachable to kids – e.g., acceptance of differences; learning from others <p>PROVIDE as Appropriate and in a Tailored Fashion:</p> <ul style="list-style-type: none"> • Tips about anticipating disruption to routine – “coping ahead”, • Normalization of stress related to putting children’s needs first • Planning downtime, rest and self-care • Building in respite and supports to manage stress related to loss of routine
<p>Co-Occurrence with Diagnoses</p>	
<p>Most commonly associated with autism, also intellectual disability and sometimes with mental health diagnoses such as obsessive-compulsive disorder or anxiety</p>	
<p>Challenges Individuals Experience</p>	
<ul style="list-style-type: none"> • Compulsive behaviours that are more anxiety-provoking or distressing • Need to adhere to a strict routine or schedule throughout day • Strong interest and/or a very long time spent immersed in less typical topics or areas of focus • Important: Stimming is a repetitive movement that is soothing or self-stimulating and can help decrease anxiety. It is not typically considered to be a challenge, but may indicate that a person is feeling anxious or stressed. It can also be a pleasurable or preferred movement for other reasons and not an indicator of stress or distress 	
<p>Evaluation of Client’s Understanding/Outcomes</p>	
<ul style="list-style-type: none"> • Check in to see how changes to routine and implementation of tips is going • Work with client to adjust routine 	

Intellectual Ability and Adaptive Functioning

Domain Description	Tips for Nurses/Clinicians Providing Care & Support
<p>Neurodevelopmental challenges characterized by childhood-onset challenges with reasoning, problem-solving, planning, abstract thinking, judgment, academic learning and learning from experience confirmed by clinical evaluation and standard IQ testing as well as difficulties in conceptual, social and practical areas of living</p>	<p>ELICIT/ASK ABOUT:</p> <ul style="list-style-type: none"> • Gather information needed to tailor to level of support needed (e.g., literacy, communication preferences, adaptive living skills) • See “Social-Communication” section above – ask about preferences for inclusion of support network, preferences for how to receive information <p>PROVIDE as Appropriate and in a Tailored Fashion:</p> <ul style="list-style-type: none"> • Provide a clear rationale that is grounded in the client’s lived experience with examples from their life • Use frequent and tailored role-playing to practice • Give specific examples to minimize need for generalization by caregiver • Incorporate effective videos and visuals • Keep sessions brief – 20-30 minutes and more frequent if needed • Simplify language • Avoid relying too much on reading • Incorporate advocacy for your caregiver-client into clinical role • Leverage caregiver’s preferred support network (e.g., grandparent, friend) and invite to appointments if desired by caregiver • Provide material support to parents where possible (e.g., meal support, home management support)
Co-Occurrence with Diagnoses	
<ul style="list-style-type: none"> • 30-40% of people diagnosed with autism during childhood experience co-occurring intellectual disability • People with complex learning disabilities may struggle with similar challenges 	
Challenges Individuals Experience	
<ul style="list-style-type: none"> • Can lead to challenges with literacy, problem-solving, engagement in back-and-forth conversation • Adaptive skills include competencies related to day-to-day engagement with others, self-management and completion of tasks (e.g., making meals, taking public transportation) 	
Evaluation of Client’s Understanding/Outcomes	
<ul style="list-style-type: none"> • Anticipate follow-up questions that come later but try not to pre-empt • Give time to formulate responses • Use role play and practice of different scenarios to understand client’s capacity to generalize 	

Executive Functioning and Self-Regulation

Domain Description	Tips for Nurses/Clinicians Providing Care & Support
<ul style="list-style-type: none"> Modulating attention (sustaining, shifting), planning, working memory and organization Impulsivity and emotional regulation 	<p>ELICIT/ASK ABOUT:</p> <ul style="list-style-type: none"> Client’s experience of emotional self-regulation, in a supportive and non-stigmatizing way, across different settings as well as impact at home, work, social relationships Vulnerable times and triggers for dysregulation Sleep hygiene, self-care, support systems, stressors Signals that they are feeling dysregulated for themselves and for others to know <p>PROVIDE as Appropriate and in a Tailored Fashion:</p> <ul style="list-style-type: none"> Review strategies for safe and effective limit-setting with children, if age-appropriate Plan self-soothing strategies and co-develop a “toolkit” for calming and co-regulation Plan and practise safety strategies when there is a history of aggression or conflict in the home Practice role-play, emphasizing engagement and humour Ask about best methods for scheduling, communicating, sending reminders Use of shorter sessions, visual schedules, reminders in keeping with above recommendations, as needed
<p>Co-Occurrence with Diagnoses</p> <p>Commonly co-occurs with varying degrees of impairment among autistic people, those with ADHD, and neurodivergent and “neurotypical” people who have experienced trauma and/or mental illness</p>	
<p>Challenges Individuals Experience</p> <ul style="list-style-type: none"> Easy distractibility Difficulty with focus Difficulty “sticking with work” Mood lability Talking or acting without thinking things through Impatience, difficulty waiting 	
<p>Evaluation of Client’s Understanding/Outcomes</p>	
<ul style="list-style-type: none"> Check in about emotional responses and harm reduction regularly Spend time as needed on this domain with regular check-ins, review and practice 	

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References:

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