

# span.toolkit

**communicate with me**  
fact sheet

OTARC | La Trobe University



### **“I have a unique communication style”**

Autistic people use many different forms of communication. Some may be non-speaking in particular contexts, or never use verbal communication. Others may be unable to access verbal communication in times of distress. Recognising differences in social communication as a central feature of autism helps in anticipating what type of communication supports may be required.

### **“The ‘Double Empathy Problem’ is real”**

Communication differences between autistic and non-autistic people can result in mutual misunderstanding. Difficulties often arise from a mismatch between communication styles rather than a lack of ability or effort on the part of autistic people.

### **“My communication profile is unique”**

Each autistic person has their own communication needs, preferences, and challenges. Communication capacity may fluctuate depending on factors such as stress, sensory environment, health, or fatigue.

### **“Societal communication expectations may be unsuitable”**

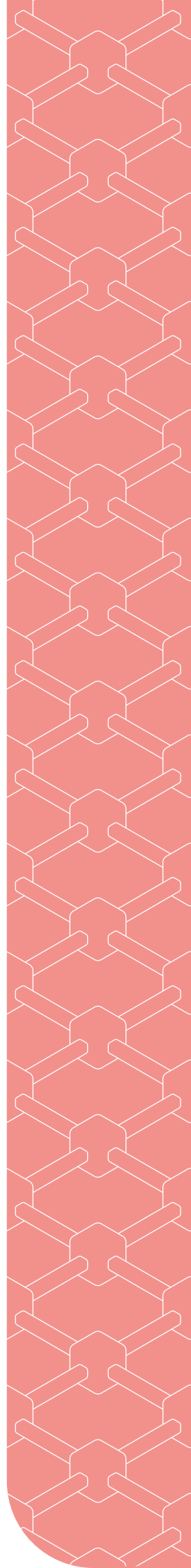
Autistic communication is often interpreted through non-autistic social norms, which can lead to misunderstanding and incorrect assumptions about intent, engagement, or respect.

### **“You can help bridge the communication gap”**

Communication outcomes are influenced by how well different communication styles are recognised and accommodated. Effective communication often depends on flexibility, mutual understanding, and adapting expectations rather than expecting autistic people to conform.

### **“I may prefer an autistic therapist”**

Some autistic people feel more comfortable working with autistic professionals who share similar communication styles and understand autistic experiences. This preference can reduce pressure to mask or conform to social norms and support more effective engagement in care



# Autistic Communication

*This information is based on current literature and research, as well as interviews and focus groups with autistic adults and healthcare professionals who co-produced the span.toolkit.*

## Communication is Highly Individual

Autistic adults describe wide variation in how they communicate, including differences in how they express themselves and how they understand others. Communication styles and capacity can also fluctuate within the same person depending on stress, fatigue, sensory environment, and emotional state. Reduced or changed communication should not be assumed to reflect disengagement or lack of insight.

## Non-Speaking and Alternative Communication are Often Misunderstood

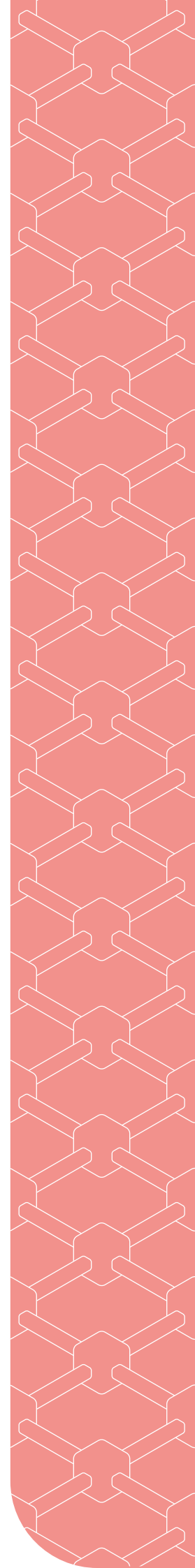
Alternative communication methods such as typing, writing, or augmentative and alternative communication (AAC) systems are frequently misinterpreted as lack of understanding or cognitive ability. Many autistic adults emphasise that their receptive language and comprehension are much stronger than their expressive language. It is also not uncommon to see the opposite profile, where expressive language is stronger than receptive language levels. Indeed, language in autism is often characterised as discrepant and fluid over the lifespan.

## Communication Between Autistic and Non-Autistic People is Often Mismatched

Autistic people commonly describe being misunderstood because their communication styles do not align with or meet non-autistic expectations. Differences in eye contact, tone, response time, emotional expression, and directness may be interpreted as rudeness, lack of interest, or resistance. These mismatches can contribute to breakdowns in trust and inaccurate clinical assumptions.

## The Double Empathy Problem Affects Clinical Interactions

The Double Empathy theory posits that communication differences are mutual rather than one-sided. Autistic people describe situations where both they and professionals struggle to understand each other's perspectives, intentions, or



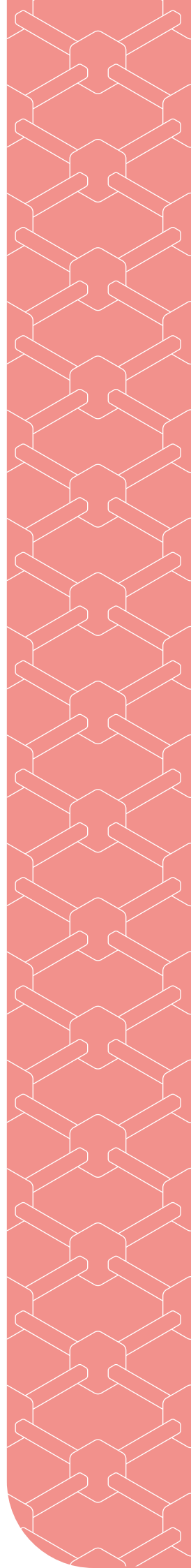
communication styles. As such, misunderstandings can be attributed to different social experiences and expectations, rather than individual deficits.

## **Communication Capacity Can Change in Distress or Crisis**

It is not unusual for autistic people to describe losing access to speech or experiencing significant changes in communication during periods of overwhelm, burnout, or crisis. These changes may be situational and time-limited. The risk is that they can be misinterpreted by professionals as deterioration, avoidance, or disengagement.

## **Misinterpretation Can Increase Risk**

When autistic communication is judged through non-autistic norms, important information can be lost. Misunderstanding during assessments can lead to minimisation of distress or being viewed as uncooperative, resulting in unsafe decisions or escalation of distress.



# Guidance for Healthcare Professionals

## Learn Each Person's Communication Profile

- Ask how the person prefers to communicate (e.g., spoken, written, typed, AAC, or a mix).
- Ask what helps or makes communication harder, especially when distressed.
- Do not assume one autistic person's needs apply to others.

## Presume Competence

- Do not equate speech with understanding or intelligence.
- Direct your communication to the individual, not their support person (unless this is explicitly requested).
- Assume the person understands you, while seeking confirmation of comprehension where possible. Offering opportunities for clarification isn't patronising, it supports two-way communication.

## Adapt Your Communication Style

- Use clear, direct, concrete language. Information often doesn't need to be simplified, just communicated without metaphors, idioms, and unnecessary jargon.
- Explain processes, terms, and expectations explicitly.

## Allow Time and Reduce Pressure

- Give extra time for responses and avoid rushing, interrupting, or filling silences.
- Rephrase or repeat information when needed.

## Use Multiple Communication Methods

- Offer writing, typing, chat functions, visuals, or drawing where feasible.
- Provide key information in writing, especially instructions and next steps.

- Send brief summaries after sessions where possible.

## **Be Transparent and Predictable**

- Explain the purpose of questions, assessments, and activities.
- Outline what will happen in the session and what is expected.
- Make roles, responsibilities, and next steps clear.

## **Check for Understanding**

- Reflect back what you think the person has said and ask if your interpretation is correct.
- Invite clarification and feedback.

## **Avoid Assumptions**

- Ask questions rather than inferring meaning from behaviour.
- Do not interpret reduced communication as lack of engagement or motivation.

## **Recognise Communication Changes as Meaningful**

- Sudden changes in usual communication styles may signal overload, distress, or crisis.
- Consider sensory, emotional, and environmental factors before drawing conclusions.
- Reduce pressure to perform socially or communicate in specific ways, particularly when interacting with multiple healthcare or administrative staff is required.

