

MISUNDERSTOOD AND OVERLOOKED

When Symptoms Get Attributed to the Disability

WHEN SILENCE IS MISREAD

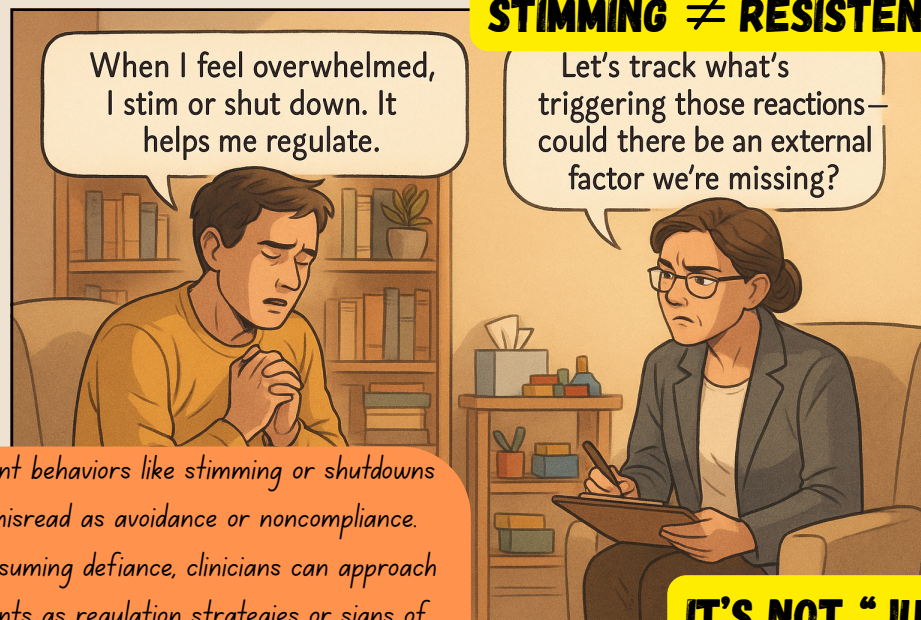
MISSED CUES – DEAF CLIENT OVERLOOKED

Client canceled
three sessions
last month.

Hm. Sounds like
poor engagement.
Maybe not ready
for treatment.

I was overwhelmed
and needed space. No
one asked why I
stopped coming.

Decreased attendance isn't always disinterest—especially for Deaf clients who face systemic communication barriers. Before labeling behavior as "poor engagement," ask what might be getting in the way of access or trust.



When I feel overwhelmed,
I stim or shut down. It
helps me regulate.

Let's track what's
triggering those reactions—
could there be an external
factor we're missing?

Neurodivergent behaviors like stimming or shutdowns are often misread as avoidance or noncompliance. Instead of assuming defiance, clinicians can approach these moments as regulation strategies or signs of overwhelm.

IT'S NOT "JUST DEPRESSION"

Lately I've been
exhausted. My
body's just not
cooperating.

Consider fatigue from
mobility issues—
monitor for
overmedication or
depressive symptoms.



Clients with physical disabilities often report exhaustion—and it's too easily pathologized. While screening for depression is valid, don't ignore physical causes like mobility strain, medication effects, or inaccessible environments.