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A Quick Comparison Tool for Recognizing When Symptoms May Stem from Substance Use, Neurodivergence, or Other Clinical Conditions

“WHAT’S OVERLOOKED?” - SYMPTOM OVERLAP GUIDE

SHARED SYMPTOM PRESENTATION

Behavior / Symptom	Could Indicate Substance Use	Could Also Be Related To...
Slurred or slow speech	Intoxication, CNS depressant use	Auditory processing disorder, neurological delay
Avoidance or withdrawal	Shame, using in isolation	Sensory overload, social anxiety, PTSD
Repetitive movements (“stimming”)	Methamphetamine use, restlessness	Autism, self-regulation in neurodivergence
Missed appointments / poor follow-up	Low motivation, unstable lifestyle	Chronic pain, mobility barriers, communication gaps
Flat affect or low energy	Depression, sedative use	Traumatic brain injury, medication side effects
Delayed response time	THC, benzodiazepines	Cognitive disability, stroke recovery
Disorganized thoughts	Could indicate: Stimulant-induced psychosis	Traumatic brain injury, expressive language disorder

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WHAT CLINICIANS SHOULD ASK

Instead of assuming, ask:

- “How long have you noticed this symptom?”
- “Does anything make it better or worse?”
- “Has this behavior changed recently?”
- “Is there a medical or developmental explanation we should consider?”

COMMON CLINICAL PITFALLS

- Labeling neurodivergent shutdowns as “noncompliance”
- Attributing fatigue solely to depression when a physical disability exists
- Assuming poor eye contact = dishonesty or avoidance
- Overlooking pain or medication interactions in clients with chronic conditions

**SYMPTOMS DON'T EXIST IN A VACUUM.
ETHICAL, INCLUSIVE CARE MEANS ASKING
-NOT ASSUMING.**

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