

Between Barriers and Possibilities: The Medical Experience in Communication with Non-Verbal Autistic Children

João Pedro Rodrigues Brandão¹, Marcos Venicio Esper²
Medical Student at the State University of Minas Gerais (UEMG)¹
Professor at the State University of Minas Gerais (UEMG)²

INTRODUCTION & AIM

Autism Spectrum Disorder (ASD) involves deficits in communication and social interaction. In non-verbal children, the absence of speech hinders the expression of symptoms and emotions, making diagnosis and treatment adherence challenging. Thus, physician-patient communication relies on family mediation and alternative strategies.

Objectives: To analyze the perceptions of child neurologists and psychiatrists regarding challenges and strategies in communicating with non-verbal autistic children, highlighting structural barriers and therapeutic bonding.

METHOD

A qualitative study was conducted through semi-structured interviews with three physicians (two child neurologists and one psychiatry resident) who treat non-verbal autistic patients. The script addressed clinical routines, communication challenges, strategies, formal training, and institutional barriers.

RESULTS & DISCUSSION

Participants reported daily contact with non-verbal patients, citing agitated behavior, low frustration tolerance, and a lack of standardized protocols as primary obstacles. Neurologists emphasized parental mediation and clinical observation, while the psychiatrist noted that emergency environments and limited time hinder bonding. Strategies included using the Picture Exchange Communication System (PECS), clear communication, and toys to calm the environment. All participants identified a lack of formal training and the need for adapted clinical spaces. Despite barriers, empathy, patience, and parental presence were deemed essential for humanized care.

CONCLUSION

Communication with non-verbal autistic children is restricted by limited resources and insufficient training. However, parental mediation and an empathetic clinical approach can strengthen the physician-family bond.

FUTURE WORK / REFERENCES

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