NEURODIVERSITY AFFIRMING LANGUAGE GUIDE

Non-Affirming Language	Neurodivergent Preferred Language	Perspective & Rationale
Autism Spectrum Disorder, Autism Spectrum Condition	Autism, Autistic, Autistic neurotype	'Disorder' and 'condition' are terms embedded in medical terminology and reinforce the idea that Autism needs to be fixed or cued.
Asperger's, Aspie	Autism, Autistic, Autistic neurotype	This term is no longer used diagnostically. The term Asperger's and Aspie are also used less in recent times due to Hans Asperger's history of collaborating with the Nazis. Use of this term can reflect an ableist attitude.
Attention Seeking	Seeking connection	Seeking connection frames the behaviour as a need and encourages empathy and a support response over needing to manage a behaviour.
Challenging Behaviour, Problem Behaviour	Unmet Needs	Challenging Behaviour and Problem Behaviour have a negative connotation, blame the chid and imply a behaviour needs to be managed. Unmet needs promotes empathy and support and focus on what is needed.
Co-morbidity, Co-morbid conditions	Co-occurring conditions	This term stems from a disease/medical model. Neurodivergence is not a disease. Co-occurring is a neutral term.
Cure, treatment, intervention	Support or service	These terms imply neurodivergence can be cured, treated or modified. Neurodivergence cannot be cured, treated or modified.
Delayed milestones/Behind Peers	Developing on their own timeline. Developing differently from peers.	The preferred language centres the child as an individual rather than comparing them to a standardized. The terms delayed and behind carry negative connotations that may label the child as having a deficit.
Diagnosis	Formal Identification	Formal identification recognises autism as a neurotype not a 'disease'. It moves away from the medical model and implying that something is 'wrong' or needs to be 'fixed'
Disruptive	Seeking Regulation	Seeking Regulation recognises the child's needs not the behaviour and highlights the underlying unmet emotional or sensory needs.
Doesn't make eye contact	Connects in a ways that feel comfortable	The preferred language affirms diverse communication styles and values connection over conformity.
Functioning Labels: • High Functioning • Low Functioning	Describe specific support needs (High Support/Low Support), individual strengths and differences. "Requires significant support"	Functioning labels make overall assumptions about how people perform. Neurodivergence is dynamic as it changes in different settings/contexts and support needs change over time.
Inappropriate behaviour	Unexpected behaviour in context.	Unexpected behaviour in context promotes guidance and support for the individual over blame.
Lacks empathy or low affect	May express empathy differently	The preferred language respects diverse emotional expression and highlights difference not deficit. It honours how empathy can look different not less.

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Lacks social awareness	Navigates social situations differently	The preferred term emphasises difference not deficit and recognises and honours different social communication styles.
Manipulative	Trying to meet needs with available tools.	Trying to meet needs with available tools recognises unmet needs not bad behaviour and sees a child seeking help not control.
'Non-verbal' and 'verbal'	Non-speaking or describe how they communicate (communicates using ...)	The term 'non-verbal' implies a person communicates without using words and the term 'verbal' implies a person communicates with words. Rather a person may communicate using words or language representation in a variety of ways (AAC). For example a person could use sign language, written language, or a device to communicate.
Non-Compliant	Expressing autonomy.	Expressing autonomy respects the child's voice and agency and shifts the focus from control to collaboration. It also encourages understanding of the child rather than assuming defiance.
PDA (Pathological Demand Avoidance)	Pervasive Drive for Autonomy (PDA)	PDA is an acronym used by the DSM-5 for Pathological Demand Avoidance. The Neurodivergent community have reclaimed PDA as an acronym for 'Pervasive Drive for Autonomy'.
Person with autism or person with ADHD	Autistic person, ADHDer/ADHD'er, PDA'er	Some neurodivergent people continue to prefer first-person language however identify first language is now preferred as it emphasizes neurodivergence as an important part of identify and inseparable from the person.
Puzzle pieces, images of people suffering, 'Light it up Blue'	Rainbow Infinity Symbol or Light up Gold or Red Instead	The puzzle piece was created in 1963 by Gerald Gasson, a board member for the National Autistic Society, as they believed autistic people "suffered from a puzzle condition" and adopted a puzzle piece with a weeping child.
Rigid Thinking	Prefers predictability and routine.	Prefers predictability and routine supports understanding of comfort and safety needs
Red Flags, symptoms, deficits	Characteristics or traits of neurodivergence	Red Flags implies negativity and fear. Symptoms is a medical term and implies disorder or disease. The terms characteristics and traits are neutral terms that can be used to describe a person's neurodivergence.
Restricted interests, Special Interests, Fixations, Obsessions, Obsessive interests.	Passion/s or 'Spln's' or hobbies or passionate or focused interests.	This is deficit-based language that does not celebrate neurodivergent strengths. The Autistic Community have moved away from the term 'special interest' as the word 'special' has an infantizing tone. It should be noted that passions can have significant positive mental health benefits. The 'Spln' term has been reclaimed by neurodivergent people to reflect their deep passions and interests.
School Refusal	School Can't	School can't recognises the barriers to a child attending school and shifts focus to support and understanding rather than defiance.
Selective Mute	Situationally mute or Situational Mutism	The word 'selective' implies the person is choosing to become 'mute'. Rather the silence is

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		an involuntary reaction triggered caused by the stress of the situation.
Sensory Processing Disorder	Sensory Processing Differences/preferences	Disorder stems from the medical model of disability and implies that there is a wrong neurotype and the problem is inherent with the individual.
Stakeholders	Support Team	Support team emphasises building connection and collaboration and not formality.
Tantrums	Emotional Outbursts/dysregulation/unmet needs Distress Response Emotional Regulation Need	A tantrum is used to control others using behaviour/s. Whereas a meltdown is an involuntary response that a person does not have control over.
Unusual body movements	Self-regulatory or expressive movements.	Avoids labelling behaviours as negative or wrong and identifies the movements as regulation.

REPORT WRITING- QUESTIONS TO ASK YOURSELF

- If this report was describing myself or my child/family member, how would I feel about the language used?
- If my client or the child read this would they feel comfortable with how I described them?
- Does the report describe the supports the person needs?
- Does the language assign judgement or make assumptions? Is it shaming? Pathologising? De-humanising?
- Does the report accurately describe their strengths and difficulties? Has sufficient attention been given to their strengths as well as their needs?
- Am I describing differences, not deficits?

DISCLAIMER EXAMPLE

"……(business name)……follows a neurodiversity affirming approach and acknowledges that the following report may contain deficit based and non-neurodiversity affirming language. We regret that this may cause or contribute to trauma or feelings of shame. To align with funding models that continue to use a deficit-based approach this report has been written to ensure our client can receive every support they may be eligible for. ……(business name)…… strive to be affirming in all other areas of practice."

WHEN MAKING RECOMMENDATIONS- ENVIRONMENT FIRST APPROACH

- When making recommendations, consider adaptations to be made to the environment or supports to support participation rather than suggesting that a neurodivergent person should adapt their behaviour and skills to meet others' needs/wishes
- This may mean changing physical, sensory, communication, educational and social aspects of the environment, or modification of the task itself.

AFFIRMING GOAL SETTING- QUESTIONS TO ASK YOURSELF

- Is this goal expecting neurotypical behaviours?
- Does this goal put responsibility for change solely on the child?
- Am I using an environment first approach?
- Does this goal benefit the child's well-being or only those who care for them or support them?
- Is this goal achievable for the child?
- Does this goal encourage masking?

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