

# Embracing the Language of Neurodiversity



## *A Guide to Inclusive Language and Values*

*“Do the best you can until you know better. Then when you know better, do better.”* **Maya Angelou**

**Neurodiversity** describes the differences in the way that brains work. There is no ‘correct’ way for the brain to work and instead, there is a wide range of ways that people perceive and respond to the world.

The term ‘*neurodiversity*’ was coined to help fight the stigma faced by neurodivergent individuals. It is a movement (a human rights, social and disability movement) that focuses upon developing individual strengths and recognising that everyone has a unique brain and therefore different needs and abilities.

Language plays a crucial role in shaping perceptions and attitudes towards neurodiversity. This guide is designed to help foster respect and appreciation for neurodivergent individuals. By embracing neuro-affirmative language, we can create an environment that is more inclusive of every brain type.

**What does it mean to be neuro-affirmative?** Moving away from an approach which talks about deficits or impairments and instead, recognising and respecting evolving neurodivergent culture and identities, supporting needs and challenges and not pathologising neurodivergent ways of being.

As language around neurodiversity continues to evolve, it is important to recognise the dynamic nature of how individuals and communities choose to identify. Establishing how individuals prefer to describe themselves is essential in honouring their identities and lived experiences. This guide emphasises the importance of using language that respects and affirms neurodivergent individuals' self-identification. It acknowledges that terminology may vary among individuals and communities, and encourages open communication to establish preferred language. Additionally, this guide is committed to staying up to date, to reflect neuro-affirming language and values, ensuring inclusivity and respect for all.

## **Recognise that there is immense value in diversity**

There is inherent value in diversity in and of itself. We need all kinds of people and minds in order to flourish as worldwide societies. Being neurodiversity affirmative is to see and celebrate the value of this diversity.

## **Recognise that there is value in living a disabled life**

To see the value in disability and living a disabled life requires examining how our views on disability are inextricably tied to capitalist ideals of being 'productive' and 'independence' (i.e. needing no outside help or support again so that you do not cost the 'system' money). It is a person's right to choose if they identify as disabled and disability is not a "dirty" word. Many disabled people will need ongoing support from others throughout their lives and may never have a paid job, but this does not mean that they do not live a rich, valuable and meaningful life.

## **Ensure that all neurodivergent people (including those with Significant Learning Disability and High Support Needs) have power, a place at the table, and are supported and advocated for**

Being neurodiversity affirmative means that all neurodivergent people, no matter how high their support needs are, or how they communicate, have an equal voice and agency in relation to their own lives and communities. The neurodiversity movement was born out of the wider disability movement and has always (and continues to) encompass, embrace and advocate for the voices of all disabled people.

# Language for Inclusive Communities

## **Use Identity First Language**

Identity-first language, such as "autistic person," recognising neurodiversity as an inherent aspect of an individual's identity. The majority of neurodivergent people prefer this approach for its affirming nature, acknowledging the integral connection between their identity and lived experiences.

## **Respect Individual Language Preferences**

Respecting individual preferences is crucial, recognising that most may prefer identity-first language while others favour person-first language. It involves honouring each person's choice regarding how they wish to be described in relation to neurodivergent identity.

We acknowledge that the terms neurodiversity and neurodivergent are framed in ways that hold

both similarities and differences between different theories of knowledge, such as disability studies, critical autism studies, Neuroqueer theory and allow space for understandings that differ from our own.

## **Reframe from disorder to neurotype**

The neurodivergent experience is a valid, different neurotype. We do not need to classify people using a standard of “normality” or “typicality.” The medical model of disability and all classification systems arising from this model (e.g. the DSM-5-TR diagnostic criteria) are inherently based on “neuro-normative” assumptions.

## **Being Truly Neurodiversity Affirming**

Being neurodiversity affirmative does not just mean changing your language to be more respectful of the community, but making systemic changes across workplaces, healthcare systems, communities, and society so that neurodivergent people have the equal rights they deserve. This requires community allies as well as advocates. It is a basic human right to have a voice and a ‘place at the table’ in equal decision-making about community needs, and diversifying teams in this way also leads to better care and support.

## **Focus on Strengths**

Emphasise the strengths and abilities of neurodivergent individuals, celebrating their unique perspectives and contributions to society. Recognising and highlighting strengths fosters a positive narrative around neurodiversity, promoting acceptance and inclusion.

## **Avoid Overgeneralisation**

Recognise the diversity within the neurodiverse community, avoiding assumptions or generalisations based on stereotypes. Asking about and acknowledging individual differences and experiences promotes inclusivity and respect.

## **Use Inclusive Language**

Using inclusive language respects all neurodiverse identities and acknowledges intersectionality with other aspects of identity. Prioritising preferred terminology, avoiding ableist language, and promoting accessibility create a welcoming environment for all.

## **Listen and Learn**

Listening to the experiences and perspectives of neurodivergent individuals broadens understanding and promotes empathy. Learning from their insights fosters meaningful connections and supports inclusive practices.

## Avoid Pathologising Language

Avoid framing neurodiversity solely as a disorder or deficit, recognising it as a natural variation of human neurology with both strengths and challenges. Using affirming language promotes acceptance, encourages supports, and celebrates diversity which will bring inclusion.

## Reject Compliance or Behaviour Based Approaches

Behaviour-based compliance approaches are fully rejected by the autistic community and the neurodiversity paradigm, in part as they share their origins with gay conversion therapy. Ultimately the end goal of Applied Behaviour Analysis is an autistic child (or adult) who is 'indistinguishable' from their neurotypical peers. Compliance-based behavioural methods (including Positive Behaviour Support or PBS and ABA) have been shown to have significant, negative, long-term effects on people's mental health.

Compliance-based behaviour methods are ineffective, increasingly showing links between masking (promoted by neurotypical social skills training) and poor mental health, self-harm and suicide. These approaches place barriers to connection, prevent full exploration of neurodivergent identity and finding a way to be neurodivergent in the world, instead encouraging concealment of a crucial element of the self, increasing loneliness and isolation. It leads to feelings of rejection, hurt and devaluation.

## A process of ever-becoming

Several neurodiversity-affirming psychologists<sup>1</sup>, in encouraging fellow clinicians to move towards neuro-affirmative practice, write that "*neuro-affirmative practice is a process of ever-becoming: you will never arrive.*" We should always learn from the community, ever exploring our own knowledge. "*Do not make neuronormative or heteronormative assumptions...Strive for cultural humility. Show yourself compassion as you unlearn, re-learn, and ever move forward. Learning is an ever-looping process of becoming, it is not linear. Welcome this.*"

# Terms & Concepts in Neurodiversity

**Ableism:** Discrimination in favour of non-disabled people.

**Ableist Language:** Words or phrases that make people with differences or disabilities feel less valued, and might intentionally or unintentionally reinforce stereotypes or negative perceptions.

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<sup>1</sup> <https://www.bps.org.uk/psychologist/what-does-it-mean-be-neurodiversity-affirmative>

**Accommodations:** actions that help ameliorate a substantial disadvantage due to disability or medical condition. For children in the classroom, this could mean allowing noise-cancelling headphones, providing more opportunities for movement or extra time for test-taking or physical changes to the classroom environment.

**ADHD:** Attention deficit hyperactivity disorder is a neurodevelopmental condition characterised by differences in self regulation, executive function, attention and impulsivity.

**Applied Behavioural Analysis: (ABA)** focusses on the function of behaviour and the compliance of the child (achieved through rewards or negative reinforcement) and teaches children to mask their pain and distress leading to poor mental health and increased suicidality. Positive Behaviour Support (PBS) is being widely promoted as another approach to be used on people who are disabled and/or neurodivergent and display behaviours others do not wish to see. Often the disabled person has significant sensory, communication, trauma or medical needs and rights that are not met. PBS is not supported by Disabled People's Organisations and allies. This is because PBS does not meet human rights, has a poor quality evidence base and its risks and harms are not understood.

**Alternative Augmentative Communication: (AAC)** encompasses all the ways people communicate without talking, using devices, strategies or methods such as signing.

**AuDHD:** Co-occurrence of autism and ADHD.

**Autism:** Being Autistic is a different, valid, neurotype with a distinct developmental trajectory. It is a different way of experiencing the world, not a disorder.

**Autism Spectrum Disorder:** how Autism is referred to in the DSM-5. The DSM-5 is the Diagnostic and Statistical Manual of Mental Illnesses; the American Psychiatric Association's professional reference book on mental health and brain-related conditions. See preferred language table below; we advocate that this term should not be used in relation to autistic people/autism.

**Burnout:** A state of physical, emotional, and mental exhaustion, often experienced by neurodivergent individuals due to the continuous effort to adapt to a world designed for neurotypical individuals.

**Co-occurring Conditions:** Conditions that may accompany neurodivergence, affecting an individual's experiences and support needs.

**Disabled, Disability:** These terms acknowledge that societal barriers, not just medical conditions, create challenges for neurodivergent individuals. The definition of disability in Ireland is found in sections 2 and 7 of the Disability Act 2005 as follows:-

Section 2 “ “disability” in relation to a person, means a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment.”

Section 7 (2) “In the definition of “disability” a “substantial restriction” shall be construed ... as meaning a restriction which -

(a) is permanent or likely to be permanent, results in a significant difficulty in communication, learning or mobility or in significantly disordered cognitive processes, and

(b) gives rise to the need for services to be provided continually to the person whether or not a child or, if the person is a child, to the need for services to be provided early in life to ameliorate the disability.”

**Double Empathy Problem:** The phrase coined by Damian Milton explaining the misunderstanding that happens between neurodivergent and neurotypical people, as both can struggle to understand each other's feelings and perspectives. The emphasis should be on both people developing an understanding of each other's ways of being and working together on the best ways to interact with each other. There needs to be mutual respect for the diversity of communication between humans.

**Dyslexia:** is a learning difference that can cause difficulties with reading and writing. Everyone with dyslexia is different but there is a commonality of difficulties with reading, spelling and writing and related cognitive/processing difficulties. Dyslexia is not a general difficulty with learning, it impacts specific skill areas. The impact of dyslexia can change according to the environment (i.e. what a dyslexic person is being asked to do and under what circumstances).

**Dyspraxia:** affects movement and coordination (organisation of bigger and smaller movements) which can affect the performance of day-to-day activities (at home, in school, during play, at work).

**Dysregulation:** Experiencing distress, often due to sensory overload or stress.

**Gestalt Language Development:** a second path of natural language development called ‘gestalt language development’ — which contrasts with ‘analytic language development’ that has in the past been labelled as ‘typical.’ Gestalt language development is common among both neurotypical and neurodivergent children, and has predictable steps just like ‘typical’ language development. GLD begins with language gestalts (whole phrases, songs, stories, movies); ALD begins with single words.

**Inclusion:** The practice and goal of creating environments and opportunities that are accessible and welcoming to all individuals, regardless of their abilities or disabilities.

**Inclusive Language:** Language that is consciously chosen to be respectful and welcoming, avoiding terms that exclude, marginalise, or are harmful or insulting.

**Intersectionality:** describes the ways in which systems of inequality based on gender, race, ethnicity, sexual orientation, gender identity, disability, class and other forms of discrimination “intersect” to create unique dynamics and effects.

**Neuro-affirming:** Approaches and practices that validate and support the identities and experiences of neurodivergent individuals.

**Neuroception** is a subconscious process through which your nervous system evaluates safety in your environment. While perception requires conscious awareness and cognitive processing, neuroception functions at a subconscious and instinctual or primitive level. Our brain’s ability to sense and interpret signals from the environment (neuroception) plays a crucial role in regulating our bodily and emotional responses. Neurodivergent individuals, particularly children who are pathologically demand avoidant (see below), commonly have hypersensitive neuroception meaning their nervous system is constantly perceiving threats even in situations that appear safe to others. This can cause challenges for a child in accessing basic needs (eating unaided, toileting), social interactions, emotional regulation.

**Neurodivergent:** Neurodivergent refers to individuals whose brains work in unique ways. It celebrates the diversity of minds and challenges the idea of a single way of thinking or processing information.

**Neurodiversity Paradigm:** Viewing neurological differences as natural variations that should be respected and valued, not seen as deficits.

**Neurodiverse:** A group or environment that includes many different types of minds, both neurotypical and neurodivergent.

**Neurodiversity:** Neurodiversity celebrates the natural variation in how people's brains work, recognising differences in cognition, behaviour, and neurological makeup as valuable aspects of human diversity.

**Neurodiversity Movement:** a social justice and civil and human rights movement, aiming to celebrate and accept differences, achieving equality, respect and full inclusion for neurodivergent people.

**Obsessive Compulsive Disorder (OCD):** causes a particular pattern of thoughts and behaviours. This pattern has 4 main steps in a cycle: Obsession; an unwanted and distressing thought, image or urge repeatedly enters your mind. Anxiety; the obsession provokes a feeling of intense anxiety or distress. Compulsion; repetitive behaviours or mental acts that you feel driven to perform. These can be a response to the obsessive thought pattern. Temporary relief; the compulsive behaviour relieves the anxiety for a short while, but it returns.



**PDA - Pervasive Drive for Autonomy (previously or otherwise Pathological Demand Avoidance):** A constellation of characteristics within autism, commonly described as a profile, key features of which include: marked demand avoidance, resisting and avoiding ordinary demands of life, uses social strategies as part of avoidance, appears socially motivated, experiences impulsivity and heightened emotions, sometimes focusses intensely on another person, can be comfortable in role play and pretend. Can engage in high masking meaning thereby hiding difficulties. A central nervous system disability.

**Positive Neurodivergent Identity:** To have pride in neurodivergent culture, value personal communication style and recognise and increase personal strengths and self-autonomy, including by way of self-advocacy.

**Rights Based Model of Disability:** The human rights model of disability recognises that disability is a social contract and disabilities must not be taken as a legitimate ground for the denial or restriction of human rights. It acknowledges that disability is one of several layers of identity. Hence disability laws and policies must take the diversity of persons with disabilities into account. It also recognises that human rights are interdependent, interrelated, and indivisible.

**Rights Based Model of Support:** A human rights-based approach to care and support seeks to ensure that the human rights of participants are protected, promoted and supported by staff and services. The attitudes of providers and the language they use when working with people whom they support are crucial to implementing this kind of approach.

**Sensory Differences:** Variations in how people process sensory information.

**Sensory Processing:** how the brain takes in and sorts out information from the senses, which are visual, auditory, tactile, gustatory (taste), proprioception (information from the muscles), vestibular (movement) and interoception (how your body feels things internally).

**Social Model vs. Medical Model of Disability:** The social model recognises societal barriers that create challenges for neurodivergent individuals, such as inaccessible environments and negative attitudes. It aims to remove these barriers for a more inclusive society where neurodivergent individuals can thrive. In contrast, the medical model sees neurodiversity as a problem to be fixed, focusing on treating brain differences rather than addressing societal barriers. This approach may overlook the strengths and unique perspectives neurodivergent individuals bring to society.

**Stimming:** Self expression body language that helps regulate sensory input or manage emotions, common among neurodivergent individuals.

**Tics:** are fast, repetitive muscle movements that result in sudden and difficult to control body jolts or sounds.

**Tourette's Syndrome:** Tics are the main symptom of Tourette's syndrome. They usually appear



in childhood between the ages of 2 and 14 (around 6 years is the average). People with Tourette's syndrome have a combination of physical and vocal tics. Most people with Tourette's syndrome experience a strong urge before a tic, which has been compared to the feeling you get before needing to itch or sneeze. These feelings are known as premonitory sensations. Premonitory sensations are only relieved after the tic has been carried out.

**Universal Design:** Universal design is the design of buildings, products or environments to make them accessible to people, regardless of age, disability or other factors. It emerged as a rights-based, anti-discrimination measure, which seeks to create design for all abilities. Universal Design and inclusion are key to achieving the right to education and training as enshrined in the UN Convention on the Rights of Persons with Disabilities (CRPD), the first legally binding instrument to contain a reference to the concept of quality inclusive education.

**The Disability Act 2005 defines Universal Design, or UD, as:** The design and composition of an environment so that it may be accessed, understood and used to the greatest possible extent, in the most independent and natural manner possible in the widest possible range of situations, without the need for adaptation, modification, assistive devices or specialised solutions, by any persons of any age or size or having any particular physical, sensory, mental health or intellectual ability or disability, and means, in relation to electronic systems, any electronics-based process of creating products, services or systems so that they may be used by any person.

**UNCRPD:** The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) is a UN treaty which affirms and protects the human rights of people with disabilities, signed by Ireland in 2007 ratified by Ireland in March 2018. The Optional Protocol establishes an individual complaints mechanism for the UNCRPD which Ireland ratified at the end of 2024.

Preferred Language	Language to Avoid	Why is it preferred?
<p>Identity First Language</p> <p>Autistic Individual</p>	<p>Person First Language</p> <p>Person with Autism</p>	<p>Emphasises autism as an integral part of a person's identity. Individuals may prefer to identify with their neurodivergence. Respects the neurotype and avoids framing autism as a disorder or “condition.”</p> <p>However, some neurodivergent people differ in their language preference on identity first language. Acknowledging each individual’s preferred language is respectful toward their identity and lived experiences.</p>
<p>Autism</p> <p>Autistic</p>	<p>Has Autism</p> <p>Has Asperger’s</p> <p>Has Asperger’s Syndrome</p> <p>Asperger’s</p> <p>Asperger’s Syndrome</p> <p>On the spectrum</p> <p>With autism</p> <p>AS/ASD</p> <p>Autism Spectrum Disorder</p> <p>Autism Spectrum</p> <p>ASC/Autism Spectrum Condition</p> <p>Suffers from autism</p> <p>Classic Autistic</p>	<p>Moving away from the view that autism is a disorder that someone “has” towards respecting different neurotypes.</p> <p>Asperger’s or Asperger’s syndrome is no longer an official clinical diagnosis, and people may be assessed to determine if they are autistic, and if so, confirmed as autistic.</p> <p>The history behind the formerly diagnostic term ‘Asperger’s’ forms part of the context for moving away from this terminology. The term “Asperger’s” derived from the work of Hans Asperger, a psychiatrist who worked with the Nazis and employed abhorrent descriptions of autistic children.</p> <p>Autistic Realms explains why “on the spectrum” or “with autism” are not helpful:</p> <div data-bbox="938 1650 1279 1997" data-label="Image"> <p>The infographic is titled 'Autistic Realms'. It features three illustrations of a person with a rainbow. The top left shows a person with a rainbow in a basket, with the text 'This is a person WITH Autism'. The top right shows a person with a rainbow on their back, with the text 'This person is ON the Autistic Spectrum'. The bottom center shows a person with a rainbow on their chest, with the text 'This is an Autistic Person' and 'Identity First Language Matters'. At the bottom, it says 'Identity first language is often preferred in the autistic community but personal choice needs to be respected' and 'Follow @autisticrealms'.</p> </div>

Autism Class	ASD Unit Autism Unit Unit	<p>Children and adults, regardless of their neurotype, are taught in classrooms, not units.</p> <p>There is no requirement or need for a school to use the DSM-5 term “ASD” when referring to Autistic students.</p> <p>Avoid abbreviations that dehumanise.</p>
Disability Difference	Disorder	<p>Disability is not a ‘dirty’ word. People should be free to choose to declare themselves disabled, receive the support they need, and not be shamed or be reacted to negatively for doing so either from individuals or societal structures.</p> <p>“Disability” or “Difference” encourages a move towards a more inclusive and respectful approach to neurodiversity.</p> <p>Advocates for reclaiming and owning the terms "disabled" and "disability" as neutral descriptors of difference and identity challenge stigma and promote disability pride and empowerment.</p> <p>“Disorder” suggests there is something inherently wrong or dysfunctional about a person.</p>
Differences Challenges Needs	Deficits/ Impairment	<p>Highlights the uniqueness of neurodivergent individuals without framing their challenges or characteristics as deficits or impairments.</p> <p>Using "difference" emphasises the value of neurodiversity and promotes a more positive and inclusive perspective, focusing on strengths rather than limitations. “Differences” recognises that diverse ways of thinking, perceiving, and experiencing the world contribute to the richness of human diversity and should be celebrated.</p> <p>Using “challenges” recognises that there are disabling environments and barriers arising from systems and practices designed to neuronormative standards.</p>

<p>Individuals with specific support requirements;</p> <p>Individuals with diverse needs;</p> <p>Individuals with a disability;</p> <p>Disabled person;</p> <p>Neurodivergent;</p> <p>Additional Needs;</p> <p>Complex support needs</p>	<p>Special Needs</p> <p>Special (for example, special education or special class)</p>	<p>The phrase “special needs” can cause harm in several ways. First, disability accommodations are not special, and framing them that way may increase stigma. Second, euphemisms for disability make it seem like disability is a shameful word.</p> <p>Referring to “special needs” can infantilise people. Their needs and rights are not extra or special but are derived from the same fundamental civil rights of all people.</p> <p>Framing a person or their needs as special fosters segregation.</p>
<p>Autistic or Neurodivergent development trajectory</p>	<p>Regression</p> <p>Missing Milestones</p> <p>Developmental Delay</p> <p>Problematic development</p> <p>Developmental difficulties</p> <p>“Has the mental age of ...”</p> <p>“Acts like an x year old”</p>	<p>“Different development trajectory” acknowledges that neurodivergent individuals may follow unique paths of growth and change that are not predictable according to traditional perspectives. This language recognises that development is ongoing, and multifaceted, and acknowledges the unique experience of many neurodivergent individuals in their ongoing development.</p> <p>“Regression” or missing milestones implies backward development or lack of progress, which can be stigmatising for neurodivergent individuals who experience periods of developmental change that diverge from typical expectations.</p> <p>Neurodivergent children may experience challenges with basic needs such as toileting/feeding.</p>
<p>Support</p> <p>Accommodations</p> <p>Adjustments</p>	<p>Treatment</p> <p>Cures</p> <p>Therapy to “cure”</p> <p>Interventions</p> <p>Fix autism/Cure autism/Treat autism</p>	<p>Using this language emphasises the need to create environments that support and accommodate diverse needs and promote equitable participation. The language recognises neurodiversity as a natural aspect of human variation and focuses on quality of life and internal wellbeing.</p> <p>On the other hand, "treatment/cures" or “interventions” suggest a deficit-oriented and pathologising approach, implying that</p>

		neurodivergent individuals need fixing or curing. This can reinforce stigma and undermines self-acceptance and inclusion.
<p>Non-speaking</p> <p>Speaking at times</p> <p>Minimally speaking</p>	<p>Non-verbal</p> <p>Pre-verbal</p>	<p>"Non-speaking" is preferred because it accurately describes individuals who primarily communicate through methods other than spoken language, such as sign language, gestures, or augmentative and alternative communication (AAC). This term recognises the diverse ways non-speaking individuals communicate, without suggesting they don't communicate at all. In contrast, "non-verbal" might wrongly imply a total lack of communication ability, which is not accurate for those who use alternative forms of communication effectively. Using "non-speaking" respects the various communication methods of these neurodivergent individuals.</p>
<p>Characteristic</p>	<p>Symptoms</p> <p>Signs</p> <p>Impairments</p> <p>Deficit</p> <p>Difficulties attributed to being autistic</p>	<p>Characteristic is the preferred term because it acknowledges that neurodiversity is an inherent aspect of an individual's identity, personality, or cognitive profile. This term supports the individual uniqueness of neurodivergent people, highlighting their strengths and challenges. On the other hand, "signs/symptoms" may imply a medicalised perspective, framing neurodiversity as a collection of problems or challenges to be addressed through treatment or curing. Neuro-affirmative practices reject the notion of treating or curing autism, instead focusing on understanding, accepting, and accommodating neurodiverse characteristics.</p>
<p>Neurotypical</p>	<p>Normal</p>	<p>"Neurotypical" is the preferred term because it accurately describes individuals who do not have neurological differences, without implying superiority or normality. This term recognises the diversity of neurological profiles and avoids stigmatising language that suggests deviations from a norm. On the other hand, "Normal" may imply a standard or ideal, reinforcing "societal norms" and marginalising neurodivergent individuals.</p>

<p>Intellectual disability</p> <p>Developmental disability</p>	<p>Retard</p> <p>Handicapped</p>	<p>Using the preferred language respects the dignity and humanity of individuals with cognitive differences and acknowledges the challenges they may face without resorting to derogatory language.</p> <p>“Retard” is deeply offensive and harmful, and perpetuates hurtful stereotypes, and devalues the inherent worth and humanity of individuals with intellectual or developmental disabilities. ‘Handicapped’ is outdated, and can cause offence to individuals with disabilities as it carries negative connotations and focuses on limitations, not abilities.</p>
<p>Sensory Processing Differences</p> <p>Sensory Differences</p> <p>Autistic Sensory Perception</p>	<p>Sensory Processing Disorder</p> <p>Sensory Abnormalities</p>	<p>Each individual has a unique way of processing information and experiencing the environment around them. Differences in sensory experiences are natural and should not be seen as deviations from a perceived norm. “Disorder” suggests there is something inherently wrong or dysfunctional about how an individual processes information and reacts to the environment.</p> <p>Using the preferred language embraces diversity in how neurodivergent individuals perceive and interact with the environment, and supports differences in sensory experiences creating an inclusive environment.</p>
<p>Support Needs</p>	<p>High/Low Functioning</p> <p>Mild/severe</p>	<p>"Support Needs" is preferred because it recognises the individualised supports or accommodations required to address the unique strengths, challenges, and preferences of neurodivergent individuals. This term avoids categorising individuals based on functioning labels, which can oversimplify and stigmatise their experiences.</p>

<p>Dysregulated Meltdown</p>	<p>Disruptive Bold Behavioural outburst Challenging behaviour Behaviour of concern Tantrum other critical terms</p>	<p>"Dysregulated" is the preferred term because it accurately describes a state of imbalance in the central nervous system or instability in emotional or sensory regulation without using stigmatising language.</p> <p>This term recognises the challenges faced by neurodivergent individuals in managing their emotions or responses to stimuli, and acknowledges that neurodivergent people often experience environments differently to others.</p> <p>Meltdown can occur when a neurodivergent person is overwhelmed in response to stimuli and the term signals nervous system distress.</p> <p>In contrast, critical terms may imply a lack of self-discipline or a view that the behaviour is chosen, which can reinforce misconceptions and negative stereotypes.</p>
<p>Passion Passionate Hobby Areas of strength Area of expertise Hyperfocus Attention to detail Focussed interest</p>	<p>Obsessive Obsessed Special Interest Rigid interest Repetitive interest</p>	<p>Having a passion for and being passionate about something are preferred terms as they convey the deep interest and strong focus a neurodivergent individual may have for a particular topic, item, activity etc.</p> <p>Conversely, using words "obsessive" or "obsessed" about an interest suggests an unhealthy fixation on that interest, which disregards the happiness and self-regulatory capacity of the particular interest.</p> <p>Special interest implies that there is something unusual about the neurodivergent person's hobby.</p>
<p>Authentic communication Connection</p>	<p>Social Skills</p>	<p>Neurotypical social skills training is fully rejected by the neurodiversity paradigm, where comparisons to the practice of gay conversion therapy are made. Like all behaviour-based models, neurotypical social skills training encourages neurodivergent people to mask or hide their true selves (which decades of psychological research have shown us is a core</p>



		<p>element of positive mental health) and instead promotes masking. It leads to internalised feelings of shame and the person's core ways of being and interacting are presented as something to hide and change. It ignores Milton's double empathy: any difficulties in communication are mutual and are not located in the neurodivergent person alone.</p>
<p>World Autism Day</p> <p>World Autism Month</p>	<p>Autism Acceptance Day</p> <p>Autism Acceptance Month</p>	<p>We advocate for moving from Autism Acceptance Day and Autism Acceptance Month to recognising "World Autism Day" and "World Autism Month". Autistic people should not have to seek anyone's 'acceptance'. Rather than placing the onus on autistic people to seek acceptance, we encourage non autistic people to educate themselves on autism, and what supports autistic people might need so as to be included within communities.</p>

# Preferred Positive Imagery



The rainbow infinity symbol aims to promote a positive and inclusive view of neurodivergence, challenging the notion that people are 'puzzling' or 'broken' and instead emphasising their unique strengths and abilities. The rainbow colours signifies the diversity of experience within neurodiversity and the infinity symbol represents the infinite potential of neurodivergent people.





The gold infinity symbol is used by the autistic community as the first two letters of autism and autistic are "Au" which is the chemical symbol for gold.



The butterfly symbol is used to show the beauty of diversity and many feel it represents constant motion and how ADHD brains may flit between things.

# Negative Imagery to Avoid

	<p>The puzzle piece was introduced by the National Autistic Society in 1963, intended to reflect the complexity and puzzling nature of autism. It is associated with the view that autistic people are “missing” a piece of their puzzle and that they are a problem that needs to be solved. This symbol objectifies and dehumanises and is considered offensive. The use of the ribbon suggests autism is a disease that must be cured.</p> <p>The use of primary colours infantilises neurodivergent people and in particular autistic people, suggesting they remain child-like forever.</p>
	<p>The use of the colour blue (for example, “lighting up blue” in April for Autism) is considered to perpetuate the belief that autism relates to males only. The use of blue is harmful for autistic girls who often go without diagnosis and when they are diagnosed people tend to ignore their differences and needs. The concept originated from Autism Speaks, an American organisation formed to find a “cure” for autism including by funding research into genetics/eugenics.</p>

Neurodiversity Ireland wants to change how Irish society views neurodivergence. We are asking you to unlearn, and re-learn, learn from the neurodivergent community, ever exploring your own, ever-looping knowledge.

**Thank you for your continued support!**

