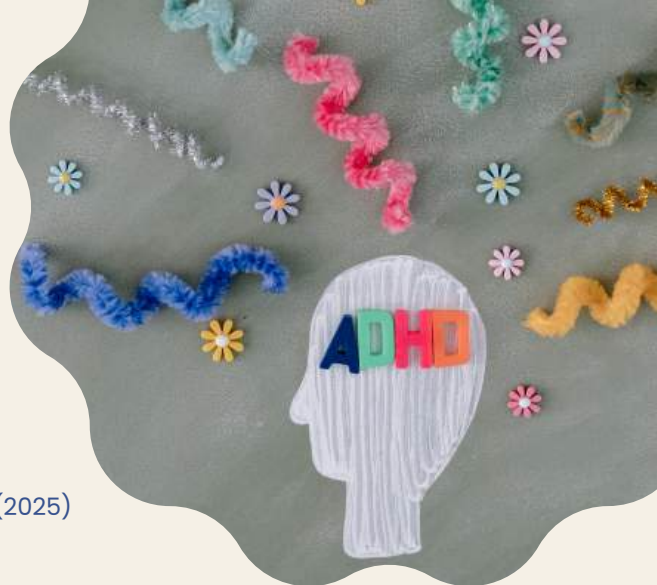


# ADHD Language Guide

Developed by SAIT's Neurodiversity Specialist – Dani Taylor (2025)



## Background

This guide was created to promote respectful, inclusive, and affirming language around Attention-Deficit/Hyperactivity Disorder (ADHD). Informed by individuals with lived experience of ADHD, the guide is intended for use by educators, professionals, and employers.

ADHD presents differently in every individual and can be deeply tied to one's identity, experience, and way of thinking. It is not a lack of willpower, a character flaw, or something to be "fixed." Rather, it is a different neurocognitive style with both strengths and challenges—best understood through a neurodiversity-affirming lens.

As with any neurodivergent identity, there is a spectrum of preferences in how people with ADHD wish to be referred to. This guide promotes flexible, respectful language while offering some general principles grounded in advocacy and current best practices.

# Guiding Language Principles



1

**Avoid using terms such as “living with ADHD”** as ADHD is part of an individual, not a separate identity.

2

**ADHD is not a disorder—it is a neurotype.**

Use a term like neurodivergent rather than defining someone solely by deficits or clinical labels.

3

**Avoid language that blames, shames, or pathologizes.**

Phrases like “lazy,” “unmotivated,” or “disorganized” are stigmatizing and unhelpful. Many ADHD challenges stem from differences in executive functioning—not effort or intent.

4

**Don’t describe people as ‘suffering from ADHD’.**

Many people with ADHD experience both strengths and struggles. Focus on describing the environment or context that creates barriers, not the person as inherently broken.

5

**Be cautious with deficit-based framing.**

Refrain from over-emphasizing impairment. Instead, consider how external factors (like inflexible systems, lack of support, or sensory overload) can contribute to difficulty.

6

**Affirm identity and autonomy.**

Use the terminology preferred by the individual (e.g., “ADHDer,” “neurodivergent person,” or “person with ADHD”). Don’t assume a one-size-fits-all label.

7

**Highlight strengths, not just challenges.**

Language should acknowledge traits like creativity, hyperfocus, resilience, empathy, and innovation—often underrecognized in ADHD narratives.

# Non-preferred Language & Preferred Alternatives



| Non-preferred Language              | Preferred Language  |
|-------------------------------------|---|
| Suffers from ADHD / ADHD victim     | Is neurodivergent / Has ADHD  |
| ADHD is just an excuse              | ADHD is a recognized neurodevelopmental difference                          |
| Lazy / unmotivated / procrastinator | Experiences executive functioning challenges                                |
| Normal brain / normal people        | Non-ADHD / people without ADHD  |
| High-functioning / low-functioning  | Describe specific contexts (e.g., "needs support with time management")     |
| Mild / severe ADHD                  | ADHD is variable and context-dependent; avoid unnecessary severity rankings |
| Disorganized / scattered            | Has a unique processing style / works well with structure and support       |

# Additional Notes

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- ADHD is not just for children. It affects people across the lifespan, and language should reflect that.
- Avoid infantilizing adults with ADHD. Do not use condescending tones or oversimplified language.
- Co-occurring conditions (such as anxiety or learning disabilities) often contribute to an individual's experience; avoid assuming all challenges are caused by ADHD alone.
- Medication is a personal choice. Avoid assuming someone "should" be medicated or judging those who are not.