

TALKING ABOUT ADHD

Knowing what to say and using the correct language when talking about ADHD can be difficult. This guide is designed to help. We recommend using these tips when talking about ADHD, whether in public or in private.

1

BE ACCURATE & OPTIMISTIC

We need to foster a better understanding of ADHD without causing harm or increasing negative perceptions.

2

ADHD IS A NEURODEVELOPMENTAL CONDITION

ADHD is NOT a behaviour disorder. Many people with ADHD also have other co-existing conditions.

3

ADHD IS A DISABILITY

With evidence based treatment, support, and appropriate accommodations people with ADHD can thrive and live a full and rewarding life.

4

IT'S ADHD NOT ADD

Please use the correct term.

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ADHD PRESENTS....

There are **not** 3 types of ADHD. ADHD **presents** in 3 ways:

1. **Predominantly inattentive symptoms** like a lack of concentration or focus.
2. **Predominantly hyperactive impulsive symptoms** like speaking or acting without thinking first.
3. A **combination** of both.

DIFFERENT NOT DUMB

6

DON'T TRIVIALISE ADHD

ADHD is not just about hyperactivity, inattention and acting impulsively. Try and talk about the underlying strengths and challenges people with ADHD experience.

7

THE ADHD BRAIN IS DIFFERENT

People with ADHD display differences in brain structure, connectivity and function. As a result they can struggle to:

- Focus and pay attention
- Control their thoughts words, actions and emotions
- Develop social skills and self-awareness
- Store and recall information
- Make informed decisions
- Manage time effectively
- Be organised and prioritise
- Stay organised

8

ADHD IS NOT ALWAYS A 'SUPERPOWER'

For some people living with ADHD, 'superpower' is a positive description. But for others, it's a negative term and invalidates their experience. What is true, is that many people with ADHD can be creative, spirited, innovative and adventurous. They can also be great problem-solvers and think outside the box.

9

ADHD MEDICATION IS EFFECTIVE

It works by facilitating electrical signal transmission in the brain, improving cognitive function and reducing symptoms of ADHD.

POSITIVE IS POWERFUL

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DON'T USE MEDICATION SLANG

Please don't refer to Methylphenidate (Ritalin) and Dexamphetamine as "Speed" or "Dexies". Try to use the correct names when talking about medication.

11

WITHOUT MEDICATION

There are non-medication strategies and supports that are known to assist people with ADHD, including psychological therapies, occupational therapy, coaching and other interventions. People affected by ADHD should talk to their doctor about what will work best for them.

12

DO CHILDREN GROW OUT OF ADHD?

ADHD tends to be a life-long condition. We don't know why but occasionally kids stop experiencing symptoms in adolescence. It's important to focus on positive strategies to live successfully with ADHD.

13

ADHD IS NOT AN EXCUSE

Please distance ADHD from immoral, unethical, criminal and sexist behaviour. While ADHD can lead to impulsive decision-making, using it as an excuse to explain away wrongful and dishonest behaviour is inappropriate.

14

YOU CAN'T HAVE A 'BIT OF ADHD'

Occasionally everyone gets distracted. But, for people with ADHD, being constantly distracted or being unable to focus effectively can impair their ability to learn, work and socialise.

WORDS MATTER

First-person language is best practice. Try to use positive phrases:

Children with ADHD or living with ADHD

People with lived experience of ADHD

Avoid language that feeds into stereotypes:

My son is ADHD or she's ADHD

He's got a bit of ADHD

It's good to check how someone likes to talk about themselves and their condition.

AVOID	USE
Suffer Suffering	Live or Lives with Struggles
Label	Diagnosis
Behaviour	Symptoms, Traits Characteristics
Naughty Brat	Unable to self-regulate all the time
Manage a child	Care for Support
Manage behaviour	Scaffold Guide
Deficit	Difference Neurodiverse
Treatable	Thrive with treatment and support

TO BE ACCEPTED

PLEASE REMEMBER THAT EFFECTIVE ADVOCACY FOSTERS EMPATHY AND UNDERSTANDING. IT ALSO PROMOTES ACCEPTANCE AND INCLUSION.

People with lived experience, clinicians and researchers have all contributed to this guide. It will continue to evolve and be updated as needed. We welcome suggestions and feedback.

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