

A FREE GUIDE FOR SUPPORT COORDINATORS

The words families are asking for

Nobody teaches this, and it keeps changing. Here is where the community is right now. Take what is useful and leave the rest.

THREE MINUTES

The words that come up in your notes, your reports and your provider emails. Nothing to sign up for.

OR DO NOT READ IT AT ALL

Ask Pip instead: “As a support coordinator, how do I write this goal without deficit language?” You get the words for your exact situation. See page 4.

01 “She is neurodiverse” → “She is neurodivergent”

One person is neurodivergent. A group is neurodiverse. This is the one families notice most, and the easiest to fix.

02 “a child with autism” → “an autistic child”

Identity-first language treats autism as part of who someone is, not something they carry. It is what the community asks for.

03 “ASD”, “ASC” → “autism”, “autistic”

The medical acronym distances the word from the people it belongs to. Plain words are warmer and just as precise.

04 “suffers from”, “struggles with” → “is”, “has”, “experiences”

Most people are not suffering. They are navigating a world that was not built for them.

05 “symptoms” → “traits”

Symptoms belong to illness. Traits are just how a brain works.

06 “high/low functioning” → “high/low support needs”, or name the actual trait

Functioning labels overestimate what some people can do and underestimate others. “Finds mornings hard” tells you something useful. “High functioning” does not.

- 07 “challenging behaviour” → say what is actually happening, for example “a meltdown from sensory overload”

Challenging says who is finding it hard, and it is hardest for the child. Behaviour is communication, so describe what it is communicating.

- 08 “tantrum”, “acting out” → “meltdown”, “shutdown”

A tantrum has a goal and stops when the goal is met. A meltdown is an involuntary response to being overwhelmed and cannot be disciplined away.

- 09 “normal kids”, “differently abled” → “neurotypical”, “non-autistic”, “disabled”
“special needs”

Normal makes the other child abnormal, usually in front of their parent. And most of the community finds the gentle euphemisms patronising. Plain words are kinder.

- 10 spelling out PDA or ARFID → write PDA. Write ARFID.

The full names are built on words like disorder, avoidant and pathological. The acronym carries the meaning for whoever needs it, without the judgement.

One exception, because we know how your paperwork works

“Participant” is the NDIS's own word and nobody expects you to stop using it in a claim, a plan or a portal. This guide is about how you talk to a family, not about how you fill in a form. Where you have the choice, a name beats a category.

Neurodivergent

One person whose brain works differently from what is expected. Autistic, ADHD, dyslexic, Tourettic, and more.

Neurodiversity

The whole range of human brains across a group or a population. Never one person.

Identity-first language

“Autistic person” rather than “person with autism”. The community's stated preference.

Traits

The characteristics that come with a neurotype. The affirming word for what clinical writing calls symptoms.

Meltdown

An involuntary response when a nervous system is overwhelmed. Not chosen, and not naughtiness.

Shutdown

The same overwhelm, turned inwards. Quiet, still, unresponsive. Often missed entirely, and just as hard.

Masking

Hiding natural responses in order to seem more typical. It works, and it is exhausting, and it is why some people only unravel once they are somewhere safe.

Stimming

Repeated movement or sound that helps someone regulate. It is useful, not a habit to be stopped.

PDA

A profile where demands, even welcome ones, can trigger a threat response. Nervous system, not defiance.

Co-occurring

Two or more together, for example autistic and ADHD. Very common.

Even easier: do not read a guide. Ask Pip.

Pip is the AI coach inside Understanding Zoe. It already knows all of this. Type the situation you are actually in and you get the words for that family, in seconds.

“As a support coordinator, how do I write this goal without deficit language?”

“How do I raise a higher support need with a parent without it landing as bad news?”

Where this comes from

Understanding Zoe is a neurodivergent-led company. Our co-founder and CEO is autistic and ADHD, and we speak with neurodivergent families every week. This page is what they keep asking us for, kept to one read on purpose.

This is why the real answer is Pip and not a page. The community's language keeps moving, and you should not have to keep up with it on your own.

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