

Neurodiversity glossary of terms

Frequently used terms regarding neurodiversity.

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This glossary has been developed for all officers, staff and volunteers to raise help awareness and enhance our understanding of neurodiversity.

It collates some of the most frequently used terms regarding neurodiversity. It is not intended to be a definitive or exhaustive list of terms.

The glossary is regularly reviewed and updated to reflect current policies and best practice. We welcome your feedback or suggestions at d&i@college.police.uk.

A

Acquired or traumatic brain injury

Acquired brain injury is damage to the brain caused by an accident or event. This condition can affect an individual's cognition and behaviour, through impairments to their memory, personal organisation, communication skills and their ability to concentrate.

Attention deficit hyperactivity disorder (ADHD)

ADHD is a neurodevelopmental condition that has three sub-groups – hyperactive ADHD, impulsive inattentive ADHD and combined inattentive and hyperactive ADHD. Individuals may experience effects that predominantly fall within one category or a combination of categories.

ADHD is characterised by a persistent pattern (at least six months) of inattention and/or hyperactivity-impulsivity, with onset typically in early to mid-childhood. The degree of inattention and hyperactivity impulsivity significantly interferes with academic, occupational or social functioning.

Inattention

Inattention refers to distractibility, problems with organisation, and significant difficulty in giving sustained attention to tasks that do not provide a high level of stimulation or frequent rewards.

Hyperactivity

Hyperactivity refers to excessive motor activity and difficulties with remaining still, most evident in structured situations that require behavioural self-control.

Impulsivity

Impulsivity is a tendency to act in response to immediate stimuli, without deliberation or consideration of the risks and consequences. ADHD affects an individual's attention span, ability to focus and impulse control.

Time blindness

Time blindness is used to describe when a person experiences difficulty in knowing what time it is now, how much time is left, and how quickly time is passing.

Autism

ADOS

ADOS stands for Autism Diagnostic Observation Schedule. ADOS is a standardised diagnostic test for autism spectrum disorder (ASD). It is the most commonly used diagnostic test for ASD in the UK.

Asperger syndrome

Asperger syndrome is a form of autism with mild or no impairment in the individual's capacity to use language. Asperger syndrome was removed from DSM-5 (see below) in 2013 and replaced with autism spectrum disorder (see below). However, many people were historically given this diagnosis and may still use this term.

Autism spectrum disorder (ASD) or autism spectrum condition (ASC)

ASD or ASC is a neurodevelopmental condition that is characterised by persistent deficits in impulse control, sensory regulation, and the ability to initiate and sustain reciprocal social interaction, and communication. It is also characterised by restricted, repetitive and inflexible patterns of behaviour and interests.

It is worth noting that everyone with a diagnosis will have strengths and weaknesses, and some will have more autistic traits than others, but it is the degree and pattern of impairment which has led to the diagnosis of an ASD.

Mind blindness

Mind blindness describes difficulty or inability to attribute mental states to others (see 'Theory of mind').

Pathological demand avoidance (PDA)

PDA is an autism spectrum condition that describes those whose main characteristic is to avoid everyday demands and expectations to an extreme extent. This might include getting up, joining a family activity or other day to day suggestions, using social strategies as part of the avoidance (for example, distracting, giving excuses). Only a minority of autistic people also have PDA.

Pervasive development disorder, not otherwise specified (PDDNOS)

PDD-NOS was one of several previously separate subtypes of autism that were folded into the single diagnosis in 2013. PDD-NOS was the diagnosis applied to children or adults on the autism spectrum who did not fully meet the criteria for a full autism diagnosis.

Theory of mind

Theory of mind is the ability to instinctively know what others are thinking and feeling. Theory of mind describes the ability to:

- understand and attribute different mental states – such as beliefs, intents, desires, emotions and knowledge – to ourselves and to other people
- understand that other people have beliefs, intentions and perspectives that are different from our own
- recognise, label and regulate our own emotions as they occur

Theory of mind is important for all social interactions and relationships, and is used when understanding other people's behaviour, seeing things from another person's perspective and understanding other people's points of view. Difficulties with this is sometimes described as mind blindness (see above).

Differences in theory of mind is one of the key criteria for a diagnosis of autism spectrum disorder (see also: 'Executive functioning' and 'Weak central coherence').

Dyad of impairments

This is a theory of autism identifying impairments affecting social communication and social imagination difficulties.

Weak central coherence

Weak central coherence refers to the way that people process information. In general, most people tend to see the whole of a situation or get the gist when being told something verbally. We extract meaning from context and read between the lines. This means that people subconsciously prioritise and filter out details that aren't relevant in a situation, and tend to intuitively focus on social information when they walk into a room. A tendency to instead focus on details that may be irrelevant is referred to as weak central coherence. This is essentially a different style of processing information and a different priority system.

Weak central coherence is one of the key criteria for a diagnosis of autism spectrum disorder (see also) 'Executive functioning' and 'Theory of mind').

B

Behaviour

Behaviour is a measure of the observable responses made by a person in any given situation, often in a reactionary way. These responses can be measured as traits that are witnessed and form the basis for which diagnoses for neurodevelopmental conditions are given.

C

Cognition

Cognition refers to the mental action of acquiring knowledge and understanding through thought, experience and the senses. It is the process by which we take in information and carry out a resultant action as a result of that input stimulus. It encompasses many aspects of intellectual function, including:

- attention
- the formation of knowledge
- memory and working memory
- judgement and evaluation
- reasoning and logical processing
- problem solving and decision making
- comprehension and production of language

Comorbidity or coexistence

Comorbidity refers to the presence of more than one disorder in the same person. For example, if a person is diagnosed with autism and dyslexia, those conditions are said to be comorbid.

Coexistence, which has the same meaning as comorbidity, is used by many as an alternative to denote a gentler and less clinical approach in its description.

D

Developmental coordination disorder (DCD) or dyspraxia

DCD or dyspraxia is a developmental motor coordination disorder that is characterised by a significant delay in the acquisition of gross and fine motor skills, and by impairment in the planning and execution of coordinated motor skills that manifest in clumsiness, slowness or inaccuracy of motor performance. It can also affect an individual's physical, social, emotional and sensory development.

DSM-5

The Diagnostic and Statistical Manual of Mental Disorders, version 5.

Dyscalculia

Dyscalculia refers to acquired difficulty in understanding numbers, performing mathematical calculations and applying number concepts, which is inconsistent with the general level of intellectual functioning.

Dysgraphia

Dysgraphia is a developmental learning disorder with impairment in written expression. It is characterised by significant and persistent difficulties in learning academic skills related to writing, such as spelling accuracy, grammar and punctuation accuracy, and organisation and coherence of ideas in writing.

Dyslexia

Dyslexia is a developmental learning disorder with impairment in reading. It is characterised by significant and persistent difficulties in learning academic skills related to reading, such as word-reading accuracy, reading fluency and reading comprehension. It affects language cognition in the brain, which manifests itself in difficulties in reading, writing and ordering speech. Working memory is also affected.

E

Echolalia

Echolalia is characterised by repetition of another person's speech. Echolalia often occurs in cases of autism spectrum disorder.

Equality Act 2010

The Equality Act 2010 is a law that protects people from discrimination. It means that it is illegal, under the Equality Act, to treat someone less favourably because of a protected characteristic including disability. A person can be classed disabled, and therefore afforded the protections of the Equality Act 2010, if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities. The duty to make 'reasonable adjustments' in the workplace extends to those with neurodevelopmental conditions who fit the Equality Act definitions.

Executive functioning

Executive functioning is a set of cognitive mental processes that help us get things done and regulate our behaviour. The deficits in executive function skills are the cognition differences and behavioural traits that are measured by psychologists and psychiatrists to determine whether a diagnostic threshold is met for any particular condition. There are some variance as to the exact

number and definitions of executive function skills in academia and other reference sources, however a summary of those for use in this glossary are as follows.

Attention control

The ability to focus attention in a way that suits the task(s) or goal being undertaken at a given moment.

Cognitive flexibility or flexible thinking

The ability to see different ways of achieving a goal, change direction and shift thinking to accommodate new ideas. This can include the ability to switch focus between tasks and goals.

Emotional and energy regulation

The ability to manage energy and feelings to suit a situation. The ability to manage feelings in ways that are acceptable to those around us. Impulse control: The skill of thinking before acting or speaking. The ability to pause and think something through. The act of inhibiting one's behaviour in a particular context.

Processing

How quickly someone can make sense of, and respond to, information they have seen or heard. An individual may have different processing speeds for auditory, motor and visual information.

Working memory

The amount someone can hold in their head at one time in order to use for the moment.

F

Flexible working

Changes to hours or location of work to suit a worker's caring responsibilities or as an adjustment for employees.

H

High-functioning

High-functioning is an informal way of describing some autistic people who can speak, read, write and handle basic life skills – like eating and getting dressed – at least superficially as well as neurotypical people can. The term can be applied to those with any neurodevelopmental condition who can often perform at a high level in the workplace, dependent on the context they are expected to work in. It is not an official medical term or diagnosis.

Hypersensitivity

An unusually high or intense response to a particular stimulus (for example, smell, texture or colour).

Hyposensitivity

An unusually low response to a particular stimulus (for example, light, pain or sound).

I

ICD-11

The International Classification of Diseases, version 11.

Intellectual disability

Intellectual disability is a developmental condition that can affect the development of an individual's cognitive function and adaptive behaviour skills. These two things can affect thinking, learning, problem solving and reasoning.

Intersectionality

Intersectionality is a theoretical framework for understanding how aspects of a person's social and political identities (for example, gender, sex, race, class, sexuality, religion, disability, physical appearance, height and so on) combine to create unique modes of discrimination and privilege

M

Mental ill health

Under the neurodiversity umbrella, mental health refers to conditions that affect cognition and behaviour, such as post-traumatic stress disorder (PTSD) and complex PTSD, anxiety, depression and obsessive compulsive disorder. These conditions can occur for a number of reasons, including adverse childhood experiences (ACEs), exposure to single-incident trauma, repeat and persistent exposure to low-level trauma, the side effects of medication, exposure to certain substances, or as a response to a significant life event.

N

Neurodiversity

Neurodivergence

A person whose brain 'diverges' from the majority can be described as neurodivergent (see also: 'Neurotypical'). Neurodivergence can be genetic, the result of a brain-altering experience, or a combination of the two.

Neurodivergent conditions often come with pronounced strengths. However, there will typically also be areas where neurodivergent individuals struggle.

Neurodivergence or neurodiversity caused by illnesses

Some illnesses – either alone or along with the treatment of those or other illnesses – can result in permanent, degenerative or temporary neurological changes in cognition and behaviour. For example, strokes, chronic fatigue syndrome, multiple sclerosis and some cancer treatments can all affect an individual's neural system.

Neurodiverse

The term 'neurodiverse' characterises the variance in the set of all possible brains, none of which is 'normal' and all of which are simply different.

Neurodiversity

Neurodiversity is an umbrella term used to describe differences in the human brain in relation to a range of mental functions, such as sociability, learning and mood attention. The concept is a respectful way of thinking about our colleagues and communities. Neurodiversity aims to highlight the positive attributes of different neurocognitive functioning, rather than focus on deficits or deviations from a set standard.

Neurodiversity movement

The Neurodiversity movement is a social justice movement that seeks civil rights, equality, respect and full societal inclusion for neurodivergent people.

Neurodiversity paradigm

The neurodiversity paradigm is a specific perspective on neurodiversity that highlights neurodiversity as natural and part of human diversity. It rejects the idea that there is a 'normal' or 'healthy' brain or mind.

Neurominority

A neurominority is a population of neurodivergent people who share a similar form of neurodivergence. Examples of neurominority groups include autistic people and dyslexic people.

Neurotypical

Neurotypical describes a person who does not have a diagnosis of a neurodivergent condition and does not self-declare as being neurodivergent. Neurotypical is the opposite of neurodivergent.

Types of neurodivergence or neurodiversity

Neurological conditions encompassed by the terms 'neurodivergence' and 'neurodiversity' fall into three categories: applied, clinical and acquired. Over a period of an individual's life, someone may experience an overlap of multiple types, which is why adult diagnoses are becoming more prevalent in society.

1. Applied neurodivergence or neurodiversity

This includes conditions with which an individual is born, and which are not considered to be a health condition. It refers to difficulties in the application of cognitive skills such as gross motor control, number concepts and reading. Conditions that can be classified as applied neurodivergence or neurodiversity include:

- developmental coordination disorder or dyspraxia
- dyscalculia
- dysgraphia
- dyslexia

2. Clinical neurodivergence or neurodiversity

This includes neurological differences with which an individual is born, and which are considered to be a health condition. Clinical neurodiversity relates to difficulties in communication, social skills, behaviour and impulse control. Conditions that can be classified as clinical neurodiversity include:

- attention deficit hyperactivity disorder
- autism spectrum condition
- intellectual disability
- Tourette syndrome

3. Acquired neurodivergence or neurodiversity

This includes neurological differences that change cognition and behaviour in the individual, and which can develop as part of a health condition or injury. Acquired neurodivergence or neurodiversity relates to conditions that can be resolved as an illness or injury heals, as well as conditions that can worsen as an individual's health deteriorates. Conditions that can be classified as acquired neurodivergence or neurodiversity include:

- acquired or traumatic brain injury
- illnesses that cause changes in cognition and behaviour as a direct result of the illness or through treatment of the illness
- mental ill health conditions such as Post Traumatic Stress Disorder (PTSD), anxiety and depression

Non-verbal communication

Non-verbal communication is communication through means other than words (for example, facial expression, posture, gesture and body movement).

R

Reasonable adjustments

Reasonable adjustments are changes to working conditions – for example, equipment, duties or hours of work – to enable people to carry out their job should they have medical or physical needs.

S

Savants

Savants are individuals who possess exceptional skills or talents, usually in the areas of music, mathematics, drawing or calendrical calculations.

Self-stimulation or stimming

Self-stimulation or stimming refers to behaviours often used by people with autism to provide stimulation, assist with calming down, add concentration or shut out an overwhelming sound. Examples include rocking back and forth, skipping, vocalising or making repetitive noises, flapping hands or spinning round.

Spectrum of effects

It is important to remember that characteristics of neurodevelopmental conditions like those listed above will have varying impacts and levels of severity in individuals diagnosed as having those conditions. It is also important to remember that, while an individual may display characteristics of a specific condition, they may not in fact have sufficient traits of that condition to meet the diagnostic threshold. However, the effects of the condition will still affect the individual's cognition and behaviour.

T

Tourette syndrome

Tourette syndrome is a chronic tic disorder characterised by the presence of both chronic motor tics and vocal (phonic) tics. Minor and major motor and vocal tics are defined as uncontrollable, sudden, rapid, non-rhythmic and recurrent movements or vocalisations, respectively.

In order to be diagnosed as Tourette syndrome, both motor and vocal tics must have been present for at least one year, although they may not manifest concurrently or consistently throughout that period.

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