

## STRATEGIES TO AVOID STEREOTYPES AND EMPHASIZE ABILITY

### 1. Put people first, not their disabilities.

- Say “Person with a disability” or “man who is a quadriplegic,” “people with cystic fibrosis,” or “person with a cognitive/intellectual/developmental disability.”
- This puts the focus on the individual, rather than labeling the person as the disability, which dehumanizes the individual and equates the condition with the person.
- Terms such as “the blind” or “wheelchair patients” imply a group separate from society as a whole.

### 2. When communicating about disability, do not focus on ability level unless it is crucial to the situation at hand.

- Portraying successful people with disabilities as “super human” may raise false expectations and comparisons for all people – with or without disabilities.

### 3. Avoid sensationalizing and negative labeling.

- Saying “victim of,” “suffers from,” “crippled with,” or “afflicted with,” devalues individuals with disabilities.
- Avoid using emotional descriptors and use neutral words such as “an individual with AIDS,” rather than “a person who suffers from AIDS.”

### 4. Emphasize abilities, not limitations.

- For example, “walks with crutches,” represents independence, whereas “confined to wheelchair” or “wheelchair-bound,” implies a burden.

### 5. Bypass condescending euphemisms.

- Terms such as “handicapable,” “differently abled,” “special,” and “challenged” reinforce the idea that people cannot deal honestly with their disabilities.

### 6. Maintain the integrity of each individual.

- Do not use words or phrases regarded as offensive or patronizing such as “freak,” “subnormal,” “vegetable,” “misshapen,” “retarded,” “mentally retarded,” or “crazy.”

### 7. Do not assume that a disability is related to a disease.

- Individuals with disabilities should not be referred to as patients or cases unless their relationship with their doctor is under discussion or if they are referenced in the context of a hospital or clinical setting.