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 a “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.