

PEOPLE FIRST LANGUAGE

or

labels belong on jars - not on people

Adapted from, "People First Language,
A commentary by Kathie Snow

DISABILITY VS. DIAGNOSES

- The power of words
- Old and inaccurate descriptors perpetuate negative stereotypes and reinforce attitudinal barriers
- Attitudinal barriers continue to be the greatest obstacle faced by people with disability diagnoses
- When we describe people by their medical diagnoses, we devalue and disrespect them as individuals

QUESTION

- ◉ Would you like to be known primarily because of your psoriasis, gynecological history, gingivitis or other condition(s)?
- ◉ Do you prefer to be known by the multitude of positive characteristics which make you a unique individual?

WHAT DOES A MEDICAL DIAGNOSES REALLY TELL US ABOUT SOMEONE?

- If we know or see a person's diagnoses, we mistakenly think we know something important about him or her
- Medical diagnoses have historically been used to devalue a person and their potential
- A person's future can be determined by someone with the power to make decisions about a particular disability diagnoses

WHAT IS DISABILITY?

- No universally accepted definition
- What constitutes a disability depends on
 - Who you ask
 - What services a person can or may receive
 - Medical diagnoses (or the lack, thereof)
 - These things become a sociopolitical passport to services and legal status
- Disability “criteria” for early childhood services is different from Vocational Rehabilitation
- Disability is a social construct created to identify people who may be entitled to specific services or legal protections

DISABILITY IS NOT THE “PROBLEM”

- A person who wears glasses, doesn't generally say, “I have a problem seeing.” She says, “I wear (or need) glasses.”
- What is routinely called a “problem” actually reflects a “need.” EXAMPLES:
 - Ryan doesn't have behavior problems; He needs behavioral supports
 - Susan doesn't have a problem walking; She needs (or uses) a wheelchair.
- Let's stop talking about what is wrong with us, our friends and family members

ATTITUDE & ENVIRONMENT - THE REAL BARRIERS

- A change in attitude can change everything
- How different would the education system be if teachers believed that children with disability diagnoses have a great potential to learn, need the same quality of education as their peers and who have an important future in the adult work world?
- If merchants saw people with disabilities as customers with money to spend, would we have as many inaccessible stores, theatres, etc?

USING PEOPLE FIRST LANGUAGE IS CRITICAL

- If people with disability diagnoses are to be included in all aspect of our communities - and if they are to be respected and valued, we must use ordinary, typical language to describe them
- The use of disability diagnoses are only appropriate (usually) within service systems or medical or legal settings
- Medical labels have no place within families, among friends and in the community

GOOD INTENTION VS. BAD OUTCOME

- We often use diagnoses to convey information, like when a parent says, “My child has Downs Syndrome,” hoping others will realize the child may need certain accommodations or supports. But, the outcome of sharing a diagnosis can be to scare people, generate pity and or create an exclusionary environment.
- When necessary and appropriate, we can simply describe a person’s needs in a respectful, dignified manner and omit the diagnosis.

PEOPLE FIRST LANGUAGE

- ***People First Language*** puts the person before the disability and describes what a person has been diagnosed with - NOT who a person is
- Group designations such as "the blind," "the retarded" or "the disabled" are inappropriate because they do not reflect the individuality, equality or dignity of people with disabilities
- Further, words like "normal person" imply that the person with a disability isn't normal, whereas "person without a disability" is descriptive but not negative

TRY IT THIS WAY...

○ **Instead of:**

The handicapped or disabled.
He's mentally retarded.
She's autistic.
He's Down's.
She's learning disabled.
He's a quadriplegic/crippled.
She's a dwarf/midget.
He's emotionally disturbed/mentally ill.
She's confined/wheelchair bound.
He's in special ed.
She's developmentally delayed.
Normal or healthy kids.
Is non-verbal.
Client, consumer, recipient, etc.
Birth defect
Brain damaged
Handicapped parking, hotel room, etc.
She has problems/special needs.

○ **Say:**

People with disabilities.
He has a cognitive disability (diagnosis).
She has autism (or an autism diagnosis).
He has a diagnosis of Down syndrome.
She has a learning disability (diagnosis).
He has a physical disability (diagnosis).
She's of short stature/she's a little person.
He has a mental health diagnosis.
She uses a wheelchair/mobility chair.
He receives special ed services.
She has a developmental delay.
Kids without disabilities.
Communicates with her eyes/device/etc.
Customer
Congenital disability
Brain injury
Accessible parking, hotel room, etc.
She needs . . . or she uses . . .