



These are general suggestions for appropriate behavior.

Not all people are the same, these guidelines hold true for *most individuals most of the time*. www.dol.gov/dep

Ten Commandments of Etiquette for Communicating with People with Disabilities

1. **When talking with a person with a disability, speak directly to that person** rather than through a companion or sign language interpreter.
2. When introduced to a person with a disability, it is appropriate to offer to shake hands. People with limited hand use or who wear an artificial limb can usually shake hands. (Shaking hands with the left hand is an acceptable greeting.)
3. When meeting a person who is visually impaired, always identify yourself and others who may be with you. When conversing in a group, remember to identify the person to whom you are speaking.
4. **If you offer assistance, wait until the offer is accepted. Then listen to or ask for instructions.**
5. **Treat adults as adults.** Address people who have disabilities by their first names only when extending the same familiarity to all others. (Never patronize people who use wheelchairs by patting them on the head or shoulder.)
6. Leaning on or hanging on to a person's wheelchair is similar to leaning on hanging on to a person and is generally considered annoying. The chair is part of the personal body space of the person who uses it.
7. **Listen attentively when you're talking with a person who has difficulty speaking. Be patient and wait for the person to finish, rather than correcting or speaking for the person. If necessary, ask short questions that require short answers, a nod or shake of the head. Never pretend to understand if you are having difficulty doing so. Instead, repeat what you have understood and allow the person to respond. The response will clue you in and guide your understanding.**
8. When speaking with a person who uses a wheelchair or a person who uses crutches, place yourself at eye level in front of the person to facilitate the conversation.
9. To get the attention of a person who is deaf, tap the person on the shoulder or wave your hand. Look directly at the person and speak clearly, slowly, and expressively to determine if the person can read your lips. Not all people who are deaf can read lips. For those who do lip read, be sensitive to their needs by placing yourself so that you face the light source and keep hands, cigarettes and food away from your mouth when speaking.
10. Relax. Don't be embarrassed if you happen to use accepted, common expressions such as "See you later," or "Did you hear about that?" that seems to relate to a person's disability. Don't be afraid to ask questions when you're unsure of what to do.

BUILDING RAPPORT (Relationships)

Be responsive – facial expressions and verbal comments.

Be inclusive. Include people in making plans and decisions.

Engage people in conversations about things that interest them.

Speak at an age appropriate level.

Make Eye Contact.

Build positive associations.

Avoid sarcasm, irony or too much slang.

Parallel Talk – Describe what the individual is doing as they are doing it.

Self Talk – Describe what you are doing with the individual as you are doing it.

Name Names – Speak the words aloud for objects in the individual's environment.

**You are in a unique position to shape the public image of people with disabilities.
There is much diversity within the disability community, and people don't want to be stereotyped
when their stories are told.**

**One in five Americans has a disability.
It is the largest minority group in America and the only group that any American can join at any time –
through disease, traumatic event, or other reason.**

Put Away the Pity: Saying *victim of, afflicted with, or suffers from* portrays individuals with disabilities as passive objects of pity and charity. State the facts in neutral terms, saying *person who has MS*.

Emphasize Abilities, not Limitations: *Uses a wheelchair* rather than *confined to a wheelchair*. Wheelchairs and other assistive devices enable their users to be more independent; *wheelchair user* emphasizes a person's mobility, but *confined to a wheelchair* is an explicit reference to limitations on a person's mobility.

Find Inspiration Elsewhere: Do not portray successful people with disabilities as heroic, overachievers or long-suffering saints. Every human faces challenges in life. Watch the 2024 Ted Talk by Stella Young, "I'm Not Your Inspiration, Thank You Very Much."

Do not Condescend or Use Euphemisms: Terms such as *special, challenged, and handicapable* reinforce the idea that people cannot deal honestly with their disabilities. While *special* is used in the names of educational programs and organizations, many people with disabilities, who want to be treated like everyone else in their community, consider the use of *special needs*, offensive. *Special* also implies a need to be taken care of, which is frequently not true. Just say *children with disabilities*.

Do not Equate Disability with Illness: Although some people with disabilities also have chronic illnesses, and some people have disabilities due to chronic illness, people with disabilities CAN be healthy. A disability is not a disease. Do not imply disease if a person's disability resulted from anatomical or physiological difference (for example, a person with spina bifida). Do not refer to people with disabilities as *patients* unless their relationship with their doctor is under discussion or they are referenced in the context of a clinical setting.

Respect the Person: Do not use offensive words such as *retard, freak, lame, and vegetable*. These are dehumanizing, inaccurate, and archaic expressions that only extend negative stereotypes and beliefs about people with disabilities.

Categories of disability include: visible/invisible; physical; mobility; sensory; cognitive; mental illness/psychiatric disability; and acquired/congenital. These categories are used to broadly describe a type of disability.

Person-first Vs. Identity First language Person first acknowledges a person's humanity before conveying an objective fact, putting the person before the disability, which some argue to be more respectful and does not identify a person as their disability. For example: *Sara uses a wheelchair* places Sara as a person first, and saying *uses a wheelchair* is a alternative to the inaccurate, outdated, and offensive *wheelchair-bound*. Whereas, Identity First language, which some also prefer as it expresses disability pride with direct statements such as *I am deaf (or) autistic (or) disabled*. Identity language focuses on *I am* rather than *I have* to proudly acknowledge one's disability. One would not say, *I have blind*, and to some it is obvious that someone is a person, and that disability is not being used as an accessory. Some people prefer people first, while others prefer identity first. Ultimately it is okay to check and see how people would like to be referred to.

Ask the person you are writing or speaking about which approach they prefer. *How to describe yourself? Or How should I describe your disability?* are simple ways to begin. Flexibility is appropriate and a respectful response as there can be wide ranging opinions in the disability community. By putting the person first and using these suggested words, you can convey a positive, objective view of an individual instead of a negative, insensitive image.

WORDS HAVE POWER

Your Words, Our Image, 9th Edition (2020)

This information is from *Guidelines: How to Write and Report About People with Disabilities*

For more information, or to download a guide go to www.rtcil.org/guidelines

Non-disabled: Person without disabilities. Don't use "normal," "able-bodied," or "healthy."
People with disabilities can also be "normal," "able-bodied," or "healthy."

Do say	Don't say
Disability	Differently abled, challenged
People with disabilities	The disabled, handicapped
Person with spinal cord injury	Cripple
Person with autism, on the autism spectrum	Autistic
Person with Down syndrome	Mongoloid
Person of short stature	Midget, dwarf
Uses a wheelchair, wheelchair user	Confined to a wheelchair, wheelchair-bound
Has a learning disability	Slow learner
Has chemical or environmental sensitivities	Chemophobic
Has a brain injury	Brain damaged
Blind, low vision	Visually handicapped, blind as a bat
Deaf, hard of hearing	Deaf-mute, deaf and dumb
Intellectual disability	Retarded, mental retardation
Amputee, has limb loss	Gimp, lame
Congenital disability	Birth defect
Burn survivor	Burn Victim
Post-polio syndrome	Suffers from polio
Service animal or dog	Seeing eye dog
Psychiatric disability, mental illness	Crazy, psycho, schizo
How should I describe you or your disability?	What happened to you?
Accessible parking or restroom	Handicapped parking, disabled restroom

You are in a unique position to shape the public image of people with disabilities.

There is much diversity within the disability community, and people don't want to be stereotyped when their stories are told. One in five Americans has a disability.

It is the largest minority group in America and the only group that any American can join at any time – through disease, traumatic event, or other reason.



Invisible Disability: Not all disabilities can be seen. Some people might have a physical, mental, or neurological (brain) conditions that might limit a person's movements, sense, or activities, but they might look perfectly healthy. Sometimes when we see someone use an assistive (helpful) device like a wheel chair, carry a white cane, using a walker, or wearing hearing aids or special glasses we are able to see and understand that someone might have a disability. However, there are many disabilities that we can't see like: sleeping disorders, digestive problems, severe allergies, diabetes, or joint or muscle pain, migraines, arthritis, repeated stress injuries, skin rashes, or mental illness.

Having a disability does not mean that a person is weaker or lesser than anyone else! Each person has a purpose, uniqueness, and value no matter what challenges they face. Just because someone has a disability doesn't mean that they are disabled. Many people with disabilities can work and participate in activities, but they might lack enough energy to make it through a full day. Some people might require assistive care. They might have extreme fatigue (get really tired), dizziness, or pain. Sometimes people have higher standards for people with invisible disabilities. For example they might have more patience if they see someone uses a wheelchair, but they might not be as patient or understanding for someone who doesn't visibly have a disability. Sometimes people will get frustrated when they see someone use an accessible parking spot, but it doesn't look like they have a disability. It is important to remember that not all disabilities are visible.

Source: www.invisibledisabilities.org