

Current Disability Terminology

Here are some best-practice technical guidelines to support respectful, appropriate, and most clinically up to date language.



Why does language matter?

How we communicate conveys our attitude towards people with disabilities, this can positively or negatively impact your interactions with those we serve. See RCW 44.04.280, “...*language used in reference to individuals with disabilities shapes and reflects society’s attitudes towards people with disabilities. Many of the terms currently used diminish the humanity and natural condition of having a disability. Certain terms are demeaning and create an invisible barrier to inclusion as equal community members. The legislature finds it necessary to clarify preferred language for new and revised laws by requiring the use of terminology that puts the person before the disability.*”

Current Disability Language Models

Person-first language: As it sounds, you put the person before a disability. This model separates the individual from the disability.

Examples: “a person with an intellectual disability” or “a person with a cognitive disability”

Identity-first language: this is specifically seen in the Autistic community and often in the Deaf* community. Individuals see their disability as part of their identity and impossible to separate the two.

Example: “an autistic individual” or “Autistic person”

Follow the individual with the disability’s lead. Respect individual’s language choice. When in doubt, just ask.

** Capital “D” Deaf generally includes individuals who were born and raised in the deaf community.*

Instead of this	Use this
Mental retardation	Intellectual and/or developmental disabilities
He/she is emotionally disturbed, or mentally ill	They have a mental health condition or diagnosis
Is non-verbal	Communicates with his/her eyes, device, gestures, etc.
Birth defect	Congenital disability
Brain damaged	Brain injury

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