I. Catalogue Description
Definition, incidence, etiology, and prevention of intellectual and other developmental disabilities. Examines the life-cycle needs of this population, as well as social-welfare issues, social services available, community support delivery systems and the social worker's role. Pre-reqs: Junior standing, social work/welfare major.

II. Course Overview
Social Work 644 is an internet-based course (hybrid experience with an orientation & optional in class discussion sessions) that provides an opportunity for students to understand the unique challenges of individuals with developmental disabilities and to learn about the ways in which support services adapt to meet these challenges. The course utilizes a life span approach to increase awareness and sensitivity about the variety of issues an individual with a developmental disability and their family may encounter. Moreover, the course promotes best services practice models in educational, community based residential, vocational and social service environments. This course offers the student opportunities to learn from leaders in the field of developmental disabilities, their families, friends and service providers.

The definition, incidence, etiology and prevention of developmental disabilities will be presented. This course also examines the life course needs of people with developmental disabilities including the collaboration of families and community, the role of social workers and other health professionals, as well as presenting general issues related to service delivery systems, advocacy movements, and social policy challenges. For graduate students in the MSW program, Social Work 644 may be taken as an elective in the MSW advanced practice in Health, Aging, & Disability or Child, Youth, and Family Welfare concentrations. At the undergraduate level, Social Work 644 is an elective for undergraduate BSW social work and social welfare student majors. Undergraduate and graduate students from other departments may select the course as an elective. Social Work 644 is also available for special students and Continuing Education Units (CEU) with CEU’s granted by the UW-Madison School of Social Work. Furthermore, the course’s internet site provides an outreach to the general community.
### III. Course Competencies & Practice Behaviors & Assignments

Your successful completion of this course means that you will have progressed toward achieving

<table>
<thead>
<tr>
<th>Competencies Addressed in Course</th>
<th>Practice Behaviors Addressed in Course</th>
<th>Assignment(S) Measuring Behavior</th>
</tr>
</thead>
</table>
| 2.1.2: Apply social work ethical principles to guide professional practice | 1) Tolerate ambiguity in resolving ethical conflicts  
2) Apply strategies of ethical reasoning to arrive at principled decisions | 1&2) Unit Exams  
1&2) Online posting discussion  
1) Modules Unit Discussion Classes |
| 2.1.3: Apply critical thinking to inform and communicate professional judgments | 1) Distinguish, appraise and integrate multiple sources of knowledge, including research-based knowledge and practice wisdom.  
2) Analyze models of assessment, prevention, intervention and evaluation. | 1) Module B&C Exams  
1&2) Online posting discussions |
| 2.1.4: Engage diversity and difference in practice | 1) Gain sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups.  
2) Recognize and communicate an understanding of the importance of difference in shaping life experiences. | 1&2) Module A,B & C Unit Exams  
1) Online posting discussion & Readings for Module A |
| 2.1.5 Advance human rights and social and economic justice | 1) Understand and appraising how mechanism of oppression and discrimination impact various groups and outcomes relevant to the Health, Aging and Disabilities focus area | 1) Assigned Readings & Lecture Content Modules A, B & C |
| 2.1.7 Apply knowledge of human behavior and the social environment | 1) Critique and apply knowledge to understand person and environment. Evaluate & apply knowledge to understand human behavior  
2) Utilize conceptual frameworks to guide the process of assessment, intervention and evaluation | 1&2) Exams for Module A,B &C  
1&2) Discussion Postings for Modules A, B & C |
| 2.1.8 Engage in policy practice to advance social and economic well-being and to deliver effective social work services. | 1) Evaluating, formulating, advocating for policies that advance outcomes relevant to the Health, Aging and Disabilities focus area | 1)Assigned Readings; Module C Lecture Content;  
1) Discussion Posting  
1) Module C Exam |
| 2.1.9 Respond to contexts that shape practice. | 1) Assessing the impact of historical and contemporary contexts on practice and policy in the Health, Aging and Disability focus area | 1) Module A Lecture  
1)Exam for Module A  
1)Discussion Posting for Module A  
Module A Readings |
IV. Course Content
This introductory course is divided into three modules:

Module A: Introduction and Foundations
 An overview of each disability including normal development, intellectual &
developmental disability, cerebral palsy, epilepsy, autism, Prader-Willi syndrome,
and traumatic brain injury.

Module B: Community Commitments to Life Course Services and Supports
 A philosophical discussion of the theories and current thinking in the field of
developmental disabilities.

Module C: Issues and Challenges across the Life Course
 An in-depth look at the supports available to people from infancy to aging
including strategies and advocacy measures to work effectively with the
population and their families.
## Course Schedule – Social Work 644 Spring 2016

**DRAFT – SUBJECT TO CHANGE**

### Module A: Introduction and Foundation

<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Lecture</th>
<th>Topic/Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Week of 1/18 &amp; 1/25</td>
<td>1</td>
<td>Orientation Sessions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Introduction to the Course: Overview of Developmental Disabilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
<td>Normal and Atypical Human Growth and Development</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lecturer: <em>Mary Pearlman, M.D.</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lecturer: <em>Lara Head PhD</em></td>
</tr>
<tr>
<td>2</td>
<td>Week of 2/1</td>
<td>4</td>
<td>Intellectual Disabilities Discussion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5</td>
<td>Epilepsy in the Intellectually and Developmentally Disabled</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6</td>
<td>Epilepsy: Discussion of Care and Treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lecturer: <em>Christopher M. Inglese, MD</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lecturer: <em>Christopher M. Inglese, MD and Susan Heighway, MS, APRN</em></td>
</tr>
<tr>
<td>3</td>
<td>Week of 2/8</td>
<td>7</td>
<td>Autism and Pervasive Developmental Disorders: Part I</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8</td>
<td>Autism and Pervasive Developmental Disorders: Parts II &amp; III</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9</td>
<td>Cerebral Palsy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lecturer: <em>Diane Langkamp, MD, MPH</em></td>
</tr>
<tr>
<td>4</td>
<td>Week of 2/15</td>
<td>10</td>
<td>Prader-Willi Syndrome: Definition, Diagnosis, and Assessment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11</td>
<td>Prader-Willi Syndrome: Support Services &amp; Caretaking Q&amp;A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12</td>
<td>Traumatic Brain Injury: Foundations</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lecturer: <em>Donald L. Mickey, PhD</em></td>
</tr>
<tr>
<td>5</td>
<td>Week of 2/22</td>
<td>13</td>
<td>Traumatic Brain Injury: Families of Persons with TBI</td>
</tr>
<tr>
<td></td>
<td></td>
<td>14</td>
<td>Traumatic Brain Injury: Discussion and Interview</td>
</tr>
</tbody>
</table>

**Discussion Posting:**  
Due: Wednesday, February 24, 2016, 6:00pm

**Discussion Review Session:**  
Saturday, February 27, 2016; 1:30-3:15pm

**Module A Exam:**  
Due: Friday, March 4, 2016, 6:00pm
Course Schedule – Social Work 644 Spring 2016  
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Module B: Community Commitments to Life Span Services and Supports

<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Lecture</th>
<th>Topic/Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Week of 2/29</td>
<td>15</td>
<td>Normalization Principle</td>
</tr>
<tr>
<td></td>
<td></td>
<td>16</td>
<td>Person-Centered Planning &amp; Personal Futures Planning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>17</td>
<td>Service Coordination/Case Management</td>
</tr>
<tr>
<td>7</td>
<td>Week of 3/7</td>
<td>18</td>
<td>Supported Community Living; Community Commitment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>19</td>
<td>Day and Vocational Services I</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20</td>
<td>Day and Vocational Services II</td>
</tr>
<tr>
<td>8</td>
<td>Week of 3/14</td>
<td>21</td>
<td>Parent Advocacy, Organizations and New Directions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>22</td>
<td>Consumer and Self-Advocacy Movement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>23</td>
<td>Self Determination</td>
</tr>
<tr>
<td>9</td>
<td>Week of 3/21</td>
<td>24</td>
<td>Best Practices: Moving Beyond the Service System and Expanding Normalization in and with the Community</td>
</tr>
</tbody>
</table>

Discussion Posting: Due: Wednesday, March 23, 2016; 6:00pm

Discussion Review Session: Saturday, April 9, 2016; 1:30-3:15pm

Module B Exam: Due: Thursday, April 14, 2016; 6:00pm

**Spring Break: March 12 & 19, 2016**
# Course Schedule – Social Work 644 Spring 2016
**DRAFT – SUBJECT TO CHANGE**

## Module C: Issues and Challenges Across the Life Course

<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Lecture</th>
<th><strong>Topic/Presenter</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Week of 3/21</td>
<td>25</td>
<td>Introduction to Module C: Structure &amp; Organizations of Services &amp; Supports</td>
</tr>
<tr>
<td></td>
<td></td>
<td>26</td>
<td>Educational Services: Birth to 6</td>
</tr>
<tr>
<td>11</td>
<td>Week of 3/28</td>
<td>27</td>
<td>Long-Term Support Service Coordination: The Experience &amp; Perspectives of Families</td>
</tr>
<tr>
<td></td>
<td></td>
<td>28</td>
<td>and Children with Disabilities Part I</td>
</tr>
<tr>
<td></td>
<td></td>
<td>29</td>
<td>Long-Term Support Service Coordination: The Experience &amp; Perspectives of Families</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>and Children with Disabilities Part II</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Long-Term Support Service Coordination: The Experience &amp; Perspectives of Families</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>and Children with Disabilities Part III</td>
</tr>
<tr>
<td>12</td>
<td>Week of 4/4</td>
<td>30</td>
<td>Education Inclusion</td>
</tr>
<tr>
<td>13</td>
<td>Week of 4/11</td>
<td>31</td>
<td>Health Promotion for People with Developmental Disabilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>32</td>
<td>Parent Centered Movement I</td>
</tr>
<tr>
<td></td>
<td></td>
<td>33</td>
<td>Parent Centered Movement II</td>
</tr>
<tr>
<td>14</td>
<td>Week of 4/18</td>
<td>34</td>
<td>Aging Parents of Children with Mental Retardation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>35</td>
<td>Aging and Cerebral Palsy and Down syndrome</td>
</tr>
</tbody>
</table>

**Discussion Posting:**  
*Due: Wednesday, May 4, 2016; 6:00pm*

**Discussion Review Session:**  
*Saturday, May 7, 2016; 1:30-3:15pm*

**Module C Exam:**  
*Due: Thursday, May 12, 2016; 6:00pm*
V. Course Texts, Reading Materials and Media

Learn@UW/Course Web Site
Social Work 644 materials are offered through Learn@UW (https://learnuw.wisc.edu/) and the course web site (www.iidd.wisc.edu). The course has been designed so that all materials may be accessed through Learn@UW but the course website may also be accessed directly at the above URL address.

- Through the course website, students can access lecture material through streaming video and via Windows Media and QuickTime.
- Lecture content may also be accessed by reading the lecture transcripts; each lecture contains a link to the transcript and PowerPoint slides.
- Required readings appear on Learn@UW in the Content section.
- The course also utilizes Learn@UW for facilitating communication among students and staff (the course primarily utilizes the “Discussion” toolbar).
- Course updates: the “News” feature will be used by course staff to keep students up-to-date on all discussion sessions and exam dates.
- This is where you post your on-line discussion assignments and turn in your exams via the “drop box” feature under “Assignments”.

Course Readings - Electronic Reader
There are required readings for each course lecture. The course readings include a collection of journal articles, publications, and web pages…most in PDF files that provide an overview of the literature. No course reading materials need to be purchased. All readings may be accessed online via Learn@UW. The Course Reader is located via course’s Learn@UW site: “Materials” Link to “Table Content” to “Drop Down Menu” to Module A, B, or C & click on name of lecture unit and links and required readings will appear. If you find any broken links to readings, please report them immediately to Don Anderson.

VI. Evaluation of Competencies and Practice Behaviors: Assignments, Grading and Grading Scale
Students can earn a potential total of about 364 points for the entire course. Grades will be determined according to the following criteria:

<table>
<thead>
<tr>
<th>Percent</th>
<th>Points</th>
<th>Grade</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>96 – 100</td>
<td>350-364</td>
<td>A</td>
<td>Outstanding, surpasses expectations in all areas</td>
</tr>
<tr>
<td>92 – 95</td>
<td>333-349</td>
<td>AB</td>
<td>Surpasses expectations in many areas</td>
</tr>
<tr>
<td>86 – 91</td>
<td>312-332</td>
<td>B</td>
<td>Meets expectations in all areas</td>
</tr>
<tr>
<td>80 – 85</td>
<td>290-311</td>
<td>BC</td>
<td>Meets expectations in some areas, below in others</td>
</tr>
<tr>
<td>71 – 79</td>
<td>260-289</td>
<td>C</td>
<td>Below expectations in most areas, not acceptable graduate-level work</td>
</tr>
<tr>
<td>66 – 70</td>
<td>239-259</td>
<td>D</td>
<td>Below expectations in all areas, not acceptable graduate-level work</td>
</tr>
<tr>
<td>&lt;=65</td>
<td>&lt;=238</td>
<td>F</td>
<td>Fails to meet minimal expectations in all areas</td>
</tr>
</tbody>
</table>
If necessary, final grades may also be determined by applying a grading curve (at the instructor’s discretion) for undergraduate and graduate students/Waisman Center MCH-LEND trainees separately.

To successfully complete the course, students are strongly encouraged to fulfil all required components of the course.

Late assignments: Extensions for late assignments may be granted on an individual basis if requested in advance. For other late assignments, points will be deducted relative to the point-value of the assignment. These point-values will be posted prior to each assignment’s due date.

Assignments

1. Orientation to the Course (5 points)
   There will be a mandatory orientation session held for SW 644 students. In the orientation, we will discuss:
   - overview of course content(s), definitions of disabilities for course focus,
   - the format of the class,
   - course assignments,
   - grading procedures,
   - how to experience lectures content along with the course Reader via the Internet,
   - how to use the Learn@UW features.
   - respond to questions regarding Course Syllabus.

Orientation Session Required Attendance for Each Campus-Class Cohort:
   Madison Orientation Session:
   Saturday, January 23, 2016; 1:30-3:30 pm
   Location: Van Hise Hall, 1220 Linden Dr.
   Computer Lab: Room # 274

   Eau Claire Orientation Session:
   Saturday, January 23, 2016; 1:30–3:30 pm
   Location: UWEC HSS Hall, Room # 151;
   Computer Lab

2. Discussion Postings (30 Points)
   For each Module, course staff will post two class discussion/reaction questions on the Learn@UW “Discussion” board. Expectations for discussion postings are as follows:
   - All graduate students must respond to each discussion question per Module (six total for the course). There will be two questions posted via “Communications” tab… then open “Discussion“ on drop-down menu.: Students respond to each module question. Responses are to be posted on Learn@UW in same area as posted.
   - Student responses must be of adequate length (approx. ½ page) and should integrate 3 components:
     1. Relevant material from the lecture (cited)
     2. Relevant material from one of the readings for the module (cited)
     3. Your personal understanding/opinion of this material or an experience you have had that relates to this material.
Each student response will be worth max. 10 points for a total of 60 points across all three course modules.

Discussion questions will be posted at least one week in advance, and are due on the following dates:
- Module A: **Due Wednesday, February 24, 2016, 6:00pm**
- Module B: **Due Wednesday, March 30, 2016, 6:00pm**
- Module C: **Due Wednesday, May 4, 2016, 6:00pm**

4. **Examinations** (320 Points)

There will be three exams to test students’ understanding and comprehension of each of the three course modules. The Module A Exam will be worth 120 total points, and the Modules B and C Exams will each be worth 100 total points. All exams will be posted approximately 2 weeks in advance. (Tentative Assignment of Points)

Exam #1, Module A (Take home essay exam) **Due: Friday, March 4, 2016, 6pm**
It is **imperative** that essay exams are turned in on time; points will be deducted for late exams.

Exam #2, Module B (Take home essay exam) **Due: Thursday, April 14, 2016, 6pm**
It is **imperative** that essay exams are turned in on time; points will be deducted for late exams.

Exam #3, Module C (Take home essay exam) **Due: Thursday, May 12, 2016, 6pm**
It is **imperative** that essay exams are turned in on time; points will be deducted for late exams.

5. **Review Discussion Sessions**

There will be three optional (with option for) course points for each Module Review discussion session held during the course of the semester and prior to the due dates for each of the module exams. These sessions are valuable and attendance though optional… participation will be recognized with 3 points for each session and will be added to each student’s cumulative course schema grid (Pg. 7).

- Review sessions give the course instructor, course staff, and students the opportunity for in-person dialogue.
- Review sessions also allow course staff and students to engage in a discussion of course content, on-line discussion postings, and exam preparation.
The Module review sessions will be held at the following dates, times & places:

<table>
<thead>
<tr>
<th>Module</th>
<th>Madison</th>
<th>Eau Claire</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Module A</strong></td>
<td>Saturday, February 27, 2016 1:30 - 3:15pm School Social Work, 4th Floor, ITV Classroom</td>
<td>Saturday, February 27, 2016 1:30 - 3:15pm HSS Building, ITV Classroom # 151</td>
</tr>
<tr>
<td><strong>Module B</strong></td>
<td>Saturday, April 9, 2016 1:30 - 3:15pm School Social Work, 4th Floor, ITV Classroom</td>
<td>Saturday, April 9, 2016 1:30 – 3:15pm HSS Building, ITV Classroom # 151</td>
</tr>
<tr>
<td><strong>Module C</strong></td>
<td>Saturday, May 7, 2016 1:30 - 3:15pm School Social Work, 4th Floor, ITV Classroom</td>
<td>Saturday, May 7, 2016 1:30 – 3:15pm HSS Building, ITV Classroom # 151</td>
</tr>
</tbody>
</table>

**VII. Course Policies**

**Person-First Language**
Throughout your writing in this course, you will be expected to write using **Person-First Language**. A required reading, “But I Don’t Have a Disability!”: Writing Inclusive Documents is offered in week 1 and is also included in the syllabus appendix (see Appendix 2). Be sure to read this material and apply it to your written and verbal communication. Person-First Language is expected in student exams and discussion postings and points will be deducted for inappropriate use of language.

**Expectations for Independent Work**

*All students are expected to turn in work that was written on an individual basis*. Any work that is not written on an individual basis will be viewed as academic misconduct in accordance to the University of Wisconsin Administrative Code, Chapter 14 (UWS 14).

Academic honesty requires that the course work (drafts, reports, examinations, papers) a student presents to an instructor honestly and accurately indicates the student’s own academic efforts. Plagiarism means presenting the words or ideas of others without giving credit. You should know the principles of plagiarism and the correct rules for citing sources.

In general, if your paper implies that you are the originator of words or ideas, they must in fact be your own. If you use someone else’s exact words, they should be enclosed in quotation marks with the exact source listed. You may put someone else’s idea in your own words as long as you indicate whose idea it was (e.g., “As discussed in Lecture 2 by Dr. McGivern, . . .”).
Appendix 1:

Research Resources

Select Journals
American Journal on Intellectual and Developmental Disabilities (formerly Mental Retardation)
Applied Research in Mental Retardation (name change anticipated in 2015)
Archives of Pediatric & Adolescent Medicine
Autism
Brain Injury
British Journal of Psychiatry
European Child & Adolescent Psychiatry
Exceptional Children
Epilepsia
Epilepsy & Behavior
Epilepsy Research
Families in Society
Focus on Autism and other Developmental Disabilities
Health and Social Work
Intellectual and Developmental Disabilities
JAMA (Journal of the American Medical Association)
Journal of Applied Research in Intellectual Disability
Journal of Autism and Developmental Disorders
Journal of Child Psychology & Psychiatry
Journal of Family Social Work
Journal of Gerontological Social Work
Journal of Health and Social Policy
Journal of Intellectual & Developmental Disabilities
Journal of Intellectual Disability Research
Journal of Learning Disabilities
Journal of Mental Health Research in Intellectual Disability
Journal of Social Work Education
Journal of Social Work in Disability and Rehabilitation
Journal of the American Academy of Child & Adolescent Psychiatry
Mental Retardation
Mental Retardation & Developmental Disabilities Research Reviews
Pediatrics
Psychological Medicine
Research and Practice for Persons with Severe Disabilities (The Journal of TASH)
Research in Autism Spectrum Disorders
Social Psychiatry and Psychiatric Epidemiology
Social Work
TASH Connections
**Books**


**Web Sites (National Site Information)**

**Developmental Disabilities, Mental Retardation & Intellectual Disabilities**
TASH [http://www.tash.org](http://www.tash.org)
General Disability Resources [www.disabilityresources.org](http://www.disabilityresources.org); [www.qualitymall.org](http://www.qualitymall.org)

**Epilepsy**

**Cerebral Palsy**

**Autism**
Autism Speaks Organization [http://www.autismspeaks.org](http://www.autismspeaks.org)

**Prader-Willi Syndrome**

**Traumatic Brain Injury**
Brain Injury Association of American [http://www.biausa.org/Pages/home.html](http://www.biausa.org/Pages/home.html)

**Appendix 2:**
*Writing Inclusive Documents*, UID8E AccessAbility SIG Progression

“But I Don’t Have a Disability!”: Writing Inclusive Documents
*Gail Lippincott, Lone Star Chapter, gail@unt.edu*

As technical communicators, we know just how important language is. Words can carry pejorative meanings and negative descriptions, and such words applied to groups of people can reinforce demeaning or inaccurate stereotypes and prejudices. This session aims to raise your awareness of current writing trends for acceptable or preferred terms for referring to various disabilities.
I have drawn from several key sources in the following discussion and guidelines. I list these sources at the end of the paper and suggest other useful resources to help you write correctly about people with disabilities.

**Why pay attention to our writing about people with disabilities?**

The website for the Asian & Pacific Decade of Disabled Persons asserts that “negative and patronizing language produces negative and patronizing images.” Technical communicators have both the opportunity and the responsibility to change negative and patronizing language. “Positive attitudes can be shaped through careful presentation of information about people with disabilities” ([www.unescap.org/decade/terminology.htm](http://www.unescap.org/decade/terminology.htm)).

We can exhibit positive attitudes in writing about people with disabilities with what is called people-first language. That is, by focusing on the person, not the disability, we encourage an inclusive and respectful attitude toward people. At the same time, we help to break down stereotypes that have been built on ignorance and fear.

Kathie Snow, author of *People First Language*, observes that every group is represented in the “largest minority group,” that of people with disabilities: both sexes, all races, all ages, all ethnic groups, all socioeconomic and educational levels. The only thing this diverse group of people has in common with each other, however, “is dealing with societal misunderstanding, prejudice, and discrimination.”

Moreover, Snow warns that anyone can join this minority group at any time: at birth, through an accident or illness, or as we age. Snow asks, “How will you want to be described? How will you want to be treated?” This personal point of view impels us to study how we use language to include or exclude people. Snow reminds us to “put the person before the disability” ([www.disabilityisnatural.com](http://www.disabilityisnatural.com)).

**What is the difference between a disability and a handicap?**

The two terms are not synonymous. According to the Life Span Institute at the University of Kansas, “Disability is a general term used for a functional limitation that interferes with a person’s ability, for example, to walk, lift, heal, or learn. It may refer to a physical, sensory, or mental condition.” Although the term handicap is no longer used in federal legislation, it “can be used when citing laws and situations, but should never be used to describe a person or disability” ([wwwlsi.ku.edu/lsi/internal/guidelines.html](http://wwwlsi.ku.edu/lsi/internal/guidelines.html)).

For example, a woman with a broken leg has a disability, however temporary; the stairs she cannot climb represent a handicap. Keep in mind that a “handicap” parking space aids people with physical disabilities, not emotional or cognitive ones. The preferred term for this use of handicap is accessible, such as an accessible restroom with Braille signs or a heavy, non-accessible door without a motorized opener.

**How can we change stereotypes about people with disabilities?**

The Research and Training Center on Independent Living has produced a detailed set of guidelines and terms preferred by a majority of disability organizations to help communicators write with sensitivity about people with disabilities. (See the complete Guidelines and examples...
at the Life Span Institute website, www.lsi.ku.edu/lsi/internal/guidelines.html. These guidelines include the following don’ts and dos:

- **Don’t** focus on the disability unless it is crucial to a story. Avoid tear-jerking human interest stories about incurable diseases, congenital impairments or severe injury.
- **Don’t** portray successful people with disabilities as heroes because of, or in spite of, their disabilities. Similarly, don’t sensationalize disability or use emotional descriptors such as unfortunate, pitiful, and so forth. Avoid “tragic but brave” stereotypes.
- **Don’t** use generic labels for disability groups, such as “the retarded” or “the blind.” Emphasize people, not labels.
- **Don’t** use condescending euphemisms such as “differently abled” or “physically challenged.”
- **Do** show people with disabilities as active participants in society. Portraying persons with disabilities interacting with non-disabled people in social situations and work environments helps break down barriers and open lines of communication.
- **Do** use the term nondisabled to refer to people without disabilities. Normal, able-bodied, temporarily able-bodied, healthy or whole are inappropriate.

The authors of the Guidelines understand that repeatedly using long, awkward phrases can dull most writing. They offer this alternative:

- **Because of editorial pressures to be succinct, we know it is not always possible to put people first.** If the portrayal is positive and accurate, consider the following variations: disabled citizens, nondisabled people, wheelchair-user, deaf girl, paralyzed child, and so on. Crippled, deformed, suffers from, victim of, the retarded, infirmed, the deaf and dumb, etc. are never acceptable under any circumstances. Also, do not use nouns to describe people, such as epileptic, diabetic, etc. (www.lsi.ku.edu/lsi/internal/guidelines.html)
- **These final guidelines will help you understand how your writing can break down stereotypes and display sensitivity to people who are frequently marginalized or overlooked by society:**
  - **Don’t generalize by assuming that people with disabilities know each other or are all activists** (McGowen, p. 90).
  - **Don’t assume that all people with similar disability labels are impacted by the disability in the same way.** (McGowen, p. 90). That is, a condition such as fibromyalgia can vary in severity and symptoms from one person to the next, and even for a person from one day to the next.
  - **You can easily portray people with disabilities positively by using neutral language and emphasizing their abilities, not their limitations.** Put people first, not their disability. For example, write _woman with arthritis, children who are deaf, or people with disabilities_. This puts the focus on the individual, not the particular functional limitation.

**What are the preferred terms that put people first?**
The following list offers examples of negative, inappropriate, or outdated words and expressions that you should replace with positive, acceptable, or preferred use. In general, put people first—focus on the person, not the disability. For more descriptors and detailed explanations, please check out the resources listed at the end of this paper.
<table>
<thead>
<tr>
<th>Replace</th>
<th>With</th>
<th>So that you will</th>
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<tbody>
<tr>
<td>Handicapped accessible</td>
<td>Accessible by people with disabilities, fully accessible</td>
<td>use a preferred term in place of an outdated one.</td>
</tr>
<tr>
<td>The disabled, the crippled, the handicapped</td>
<td>Persons or people with disabilities; disabled persons or people</td>
<td>put people first and avoid generalizing people as if they belonged to a disability community.</td>
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<tr>
<td>a cripple or invalid</td>
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<tr>
<td>Normal (when used as the opposite of disabled), whole, able-bodied, temporarily able-bodied, or healthy</td>
<td>non-disabled person or nondisabled</td>
<td>use a neutral, appropriate term instead of implying that someone with a disability is abnormal.</td>
</tr>
<tr>
<td>Challenged physically inconvenienced</td>
<td>[the specific disability]</td>
<td>avoid euphemisms. Disability groups consider these terms condescending because they reinforce the idea that disabilities cannot be dealt with directly and candidly.</td>
</tr>
<tr>
<td>handi-capable</td>
<td></td>
<td></td>
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<tr>
<td>mentally different</td>
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<tr>
<td>Birth defect</td>
<td>disabled since birth or born with ... (name of disability) congenital disability</td>
<td>eliminate any sense of a defective or broken person and shift the description to what a person has rather than what a person is.</td>
</tr>
<tr>
<td>The blind or the visually impaired (as a collective noun)</td>
<td>persons who are visually impaired or blind, persons with visual impairment, blind persons, girl with low vision, boy who is visually impaired, woman who is legally blind, man who has low vision</td>
<td>use the correct generic or specific term for a condition in which a person has loss of vision for ordinary life purposes.</td>
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<tr>
<td>Blind person</td>
<td></td>
<td>(Some people prefer the generic term visually impaired to refer to all degrees of vision loss.)</td>
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<tr>
<td>Confined, bound, restricted to or dependent on a wheelchair</td>
<td>wheelchair user or person who uses a wheelchair</td>
<td>emphasize abilities, not limitations.</td>
</tr>
<tr>
<td>Crippled by, afflicted with, suffering from, victim of, deformed</td>
<td>person who has, or person with ... (name of disability), person living with [health condition such as AIDS]</td>
<td>not sensationalize a disability. Replace the pity or tragedy implied with respect for the person.</td>
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<tr>
<td>Person who has overcome his disability. Woman who is courageous in spite of [disability]</td>
<td>person who is successful, productive</td>
<td>avoid portraying an ordinary person as a hero when you imply the person has courage because of having a disability.</td>
</tr>
<tr>
<td>Defective, maimed</td>
<td>impaired, injured</td>
<td>avoid implying that a person is defective or broken.</td>
</tr>
<tr>
<td>Crazy, mental patient, emotionally disturbed, mental, insane, mad, deranged, deviant, the mentally ill</td>
<td>Person who has an emotional disability, woman who has a mental illness, man with a psychiatric disability</td>
<td>use a more positive general or an accurate, specific term to break stereotypes and help remove the stigma and misunderstanding associated with mental illnesses.</td>
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<td></td>
<td>General terms: a disability, a medical condition, an illness</td>
<td>The person with the disability should decide how specific to be in describing the psychiatric disability.</td>
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<td></td>
<td>Vague but more specific terms: a biochemical imbalance, a neurological problem, a brain disorder, difficulty with stress</td>
<td>A specific reference to mental illness: a mental illness, psychiatric disorder, mental disability. Could use the exact diagnosis: schizophrenia, bipolar disorder, major depression, anxiety disorder.</td>
</tr>
<tr>
<td>Deaf and dumb, deaf mute</td>
<td>Deaf person, person who is hard of hearing, hearing-impaired person, individuals with hearing losses, people who are deaf or hard of hearing, boy who is hard of hearing person with a speech impairment, person who is unable to speak, man who uses synthetic speech</td>
<td>avoid inaccurate terms, remove negative stereotypes, and focus on people first.</td>
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<td></td>
<td>[Some individuals completely disfavor the term hearing impaired; others prefer to use deaf or hard of hearing to indicate any degree of hearing loss-from mild to profound.]</td>
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<tr>
<td>Elephant man’s disease</td>
<td>person who has neurofibromatosis</td>
<td>put the person first.</td>
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<tr>
<td>Epileptic, Fits</td>
<td>person who has epilepsy or seizures</td>
<td>put the person first.</td>
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<td>Gimp</td>
<td>person with an amputated ... (name of limb that is amputated)</td>
<td>put the person first.</td>
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<tr>
<td>Handicapped (person)</td>
<td>person with a disability</td>
<td>avoid applying a term to people that describes situations or conditions.</td>
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<tr>
<td>Lame</td>
<td>person who is mobility-impaired or person with a mobility impairment</td>
<td>put the person first.</td>
</tr>
<tr>
<td>Midget, dwarf</td>
<td>person of small (or short) stature or short-statured person</td>
<td>use the preferred term. Small/short stature describes people under 4’10” tall.</td>
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<td></td>
<td>Some groups prefer the term “little people.”</td>
<td>Dwarfism is an accepted medical term, but it should not be used as general terminology.</td>
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<tr>
<td>Paralytic or arthritic</td>
<td>person who is paralyzed or has arthritis</td>
<td>put the person first.</td>
</tr>
<tr>
<td>The retarded, mentally retarded, mentally subnormal, Mongoloid, Mongol, Downs child/person</td>
<td>person with an intellectual disability, girl with a developmental disability, woman with a learning disability, boy with a cognitive disability, child with [or who has] Down syndrome, people with mental retardation</td>
<td>Avoid unacceptable terms, break stereotypes, and help remove the stigma and misunderstanding historically associated with intellectual, cognitive, and developmental disabilities.</td>
</tr>
<tr>
<td>Spastic (noun) CP victim</td>
<td>Person with cerebral palsy</td>
<td>put the person first and avoid invoking image of tragedy.</td>
</tr>
<tr>
<td>Special needs, problem with [walking]</td>
<td>Person who wears glasses, she needs [or uses] a wheelchair</td>
<td>encourage respect for the person and avoid portraying that person’s need as a problem.</td>
</tr>
</tbody>
</table>
Sources Cited

“Guidelines for Reporting and Writing about People with Disabilities”
The Life Span Institute, University of Kansas
wwwlsi.ku.edu/lsi/internal/guidelines.html

Teaches appropriate terminology by offering concise definitions and the preferred terms for referring to disabilities (drawn from over 100 disability organizations). Provides link to order an 18” x 24” poster of disability writing style do’s and don’ts ($15) developed by the Research and Training Center on Independent Living (http://rtcil.org/)

www.stcsig.org/sn/newsletter.shtml


“Using the Correct Terminology,” Asian-Pacific Decade of Disabled Persons
www.unescap.org/decade/terminology.htm

This organization asserts that “the Asian and Pacific region has by far the largest number of people with disabilities in the world.” Don’t miss the gentle, enlightening parody that explains the etiquette of “Meeting with Sighted People.” Topics include what to do when you meet a sighted person and how do sighted people get around.

Snow, Kathie. Author of People First Language and Disability is Natural.
www.disabilityisnatural.com/pdf/PFL.pdf

Other Useful Resources

The STC Special Needs SIG home page: www.stcsig.org/sn/

Kathie Snow tells us, “And no more ‘special needs’! A person’s needs aren’t special to him—they’re normal and ordinary! Keep thinking—there are many descriptors we need to change. Practice new ways of thinking!” We have followed Kathie’s charge: as of 20 May 2003, the STC Special Needs SIG changed its name to the AccessAbility SIG.

“The Ten Commandments of Communicating With People With Disabilities” by the Production Development Associates
www.pdassoc.com/xcommand.htm