



National Center on Disability and Journalism Disability Style Guide

The style guide is intended for journalists, communication professionals and members of the general public who are seeking the appropriate and accurate language to use when writing or talking about people living with disabilities. The guide covers general terms and words on physical disabilities, hearing and visual impairments, mental and cognitive disabilities and seizure disorders. Entries are listed in alphabetical order.

Each entry includes a definition of the word or term, a summary of how it is used or viewed by disability groups and guidance, when available, from The Associated Press Stylebook. Finally, each entry includes the NCDJ recommendation, which strives for accuracy and aims to strike a balance between clarity and sensitivity.

Able-bodied

Background: This term is used to describe someone who does not identify as having a disability. Some members of the disability community oppose its use because it implies that all people with disabilities lack “able bodies” or the ability to use their bodies well. They prefer “non-disabled” or “enabled” as more accurate terms.

NCDJ Recommendation: The term non-disabled or the phrase “does not have a disability” is a more neutral choice. Able-bodied is an appropriate term to use in some cases, such as government reports on the proportion of abled-bodied members in the work force. In some cases, the word “typical” can be used to describe a non-disabled condition.

AP style: Not addressed

Abnormal/abnormality

Background: Abnormality is a term used to describe something deviating from what is normal. The term can be appropriate when used in a medical context, such as “abnormal curvature of the spine” or an “abnormal test result.” However, when used to describe an individual, abnormal is widely viewed as a derogative term. The phrase “abnormal behavior” reflects social-cultural standards and is open to different interpretations.

NCDJ Recommendation:

- The words abnormal or abnormality are acceptable when describing scientific phenomena, such as abnormalities in brain function. However, avoid using abnormal to describe a person.
- Avoid referring to someone who does not have a disability as a “normal person” as it implies that people with disabilities are deviant or strange. “Typical” is a better choice.
- Be cautious when using the term “abnormal behavior.” Explain what it means in the context in which it is being used.

AP style: Not addressed

Addict/addiction

Background: Addiction is a neurobiological disease, according to the [American Academy of Pain Medicine](#). Its development is influenced by environmental, cognitive and genetic factors. Addiction can be characterized by “impaired control over drug use, compulsive use, continued use despite harm and/or craving.” Addiction often implies dependence on substances other than alcohol, although alcoholism is essentially alcohol addiction.

The [American Psychiatric Association](#) recommends avoiding the term addict (and alcoholic – see entry) suggesting instead the phrase “someone experiencing a drug/alcohol problem.” The association also discourages using the term junkie, which specifically refers to someone who misuses heroin.

According to the U.S. Department of Health and Human Services’ [Center for Substance Abuse Treatment](#), the term addiction is acceptable for uncontrollable, compulsive use of substances as well as acts such as gambling, sex, working, etc., in the face of negative health and social consequences. The center states that addiction differs from dependence in that dependence only accounts for health problems, whereas addiction denotes use, despite health and social problems (this same distinction applies to alcohol dependence and alcoholism). The center also recommends using the word misuse in place of abuse when describing harmful drug usage.

Avoid the terms clean and dirty concerning drug test results, according to the Center for Substance Abuse and Treatment. The terms are considered derogatory because they equate symptoms of illness to filth. When referring to a drug test, state that the person “tested positive for (drug).”

NCDJ Recommendation: It is preferable to refer to someone who harmfully uses drugs as “someone with a drug addiction.” Use recovering or “in recovery from” to refer to someone trying to overcome active addiction, i.e. “someone recovering from a methamphetamine addiction.”

AP style: Not addressed

Afflicted with/stricken with/suffers from/victim of

Background: These terms carry the assumption that a person with a disability is suffering or has a reduced quality of life. Not every person with a disability suffers, is a victim or is stricken.

NCDJ Recommendation: It is preferable to use neutral language when describing a person who has a disability, simply stating the facts about the nature of the disability. For example: “He has muscular dystrophy.”

AP style: **Conforms to AP style** that suggests avoiding “descriptions that connote pity.

Alcoholic/alcoholism

Background: An alcoholic is someone who has the disease of alcoholism. Alcoholism is characterized by a loss of control in alcohol use, according to the [American Psychiatric Association](#). The [Center for Substance Abuse Treatment](#) recommends using people-first language such as “someone with alcoholism” or “someone with an alcohol problem.”

NCDJ Recommendation: Refer to someone who harmfully uses alcohol as “someone with an alcohol problem” or “someone with alcoholism.” Use recovering to refer to someone with the disease of addiction, as in “someone recovering from alcoholism.”

Conforms to AP style

Alcoholics Anonymous

Background: Alcoholics Anonymous was founded in 1935 by Bill W. and Dr. Bob S. in Akron, Ohio, according to the [AA General Service Office](#). AA is “a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism,” according to the group’s preamble. AA members do not pay dues or fees; rather, it is supported through contributions. AA is unaffiliated with any outside organizations or institutions and does not endorse, finance or oppose any causes. The AA program is focused on 12 steps people take to achieve sobriety.

NCDJ Recommendation: Because anonymity is central to the organization, disclose that someone as a member of Alcoholics Anonymous only if it is essential to the story. When covering AA, consider referring to members by their first name only unless official references or context requires otherwise. These same considerations apply when covering other 12-step programs, such as Narcotics Anonymous or Gamblers Anonymous.

AP style: AA is acceptable on second reference.

Alzheimer's disease

Background: The [Cleveland Clinic](#) defines Alzheimer's disease as "a progressive and fatal disease in which nerve cells in the brain degenerate and brain matter shrinks, resulting in impaired thinking, behavior and memory." The [Alzheimer's Association](#) identifies it as the most common form of dementia. Symptoms include disorientation, mood and behavior changes, and confusion. The disease is named after German neurologist Alois Alzheimer, who first identified the disease.

NCDJ Recommendation: The proper term is Alzheimer's disease, never Alzheimer's. Disclose that an individual has Alzheimer's disease only if it is relevant* to the story and if the person has been formally diagnosed by a licensed medical professional. Refer to the subject as "someone who has Alzheimer's disease" rather than using "suffers from" or "afflicted with." See entry on **dementia** for further details.

Conforms to AP style

Americans with Disabilities Act (ADA)

Background: The Americans with Disabilities Act is federal civil rights legislation that was created in 1990 to address discrimination on the basis of disability in employment, public accommodations, transportation and telecommunications as well as state and local government services. The ADA home page is located at:
<http://www.usdoj.gov/crt/ada/adahom1.htm>.

NCDJ Recommendation: Use Americans with Disabilities Act on first reference; ADA is acceptable on second reference.

AP style: Not addressed

American Sign Language (ASL)/Signer/Interpreter

Background: American Sign Language is a complete language that utilizes "signs made by moving the hands combined with facial expressions and postures of the body," according to the National Institute on Deafness and Other Communication Disorders. Many people in North America who are deaf or hard of hearing use it as a primary means of communication.

The terms "signer" and "interpreter" are often used interchangeably but mean different things. A signer is "a person who may be able to communicate conversationally with deaf persons but who may not necessarily possess the skills and expertise to accurately interpret complex dialogue or information," according to the Massachusetts Department of Health and Human Resources. "To become an interpreter, an individual must not only display bilingual and bicultural proficiency, but also have the ability to mediate meanings across languages and cultures, both simultaneously and consecutively. This takes years of intensive practice and professional training."

NCDJ Recommendation: Specify American Sign Language on first reference, capitalizing all three words. ASL is acceptable on second reference. Use "interpreter" only for those who

have completed advanced training. The Registry of Interpreters for the Deaf has a [searchable data base](#) of registered interpreters.

AP style: Not addressed

Amputation/amputee

Background: [Amputation](#) refers to the removal of a bodily extremity, usually during a surgical operation, for a variety of reasons. Amputee is the acceptable term for someone who has undergone an amputation. Some people have a physical deformity that is not a result of an amputation.

NCDJ Recommendation: “Someone with an amputation” or amputee are both acceptable.

AP style: Not addressed

Asperger’s syndrome

Background: Asperger’s syndrome is an autism spectrum disorder. It is on the “high functioning” end of the spectrum. According to [Autism Speaks](#), common behaviors include difficulties in social interaction and nonverbal communication, obsession with specific and often unusual topics, and an inability to understand emotional and non-literal issues. The syndrome is named for Austrian pediatrician Hans Asperger.

NCDJ Recommendation: Refer to someone as having Asperger’s syndrome only if the information is relevant* to the story and if a licensed medical professional has formally diagnosed the person. If the individual has received a specific diagnosis of Asperger’s syndrome, refer to him or her as “a person diagnosed with Asperger’s syndrome” or “a person with Asperger’s syndrome.” Otherwise, use the guidelines discussed in **autism/autism spectrum disorder**. Note the *S* in syndrome is not capitalized.

Conforms to AP style

Attention-deficit disorder (ADD)/attention-deficit hyperactivity disorder (ADHD)

Background: ADD and ADHD refer to attention-deficit disorder and attention-deficit hyperactivity disorder, respectively. Both are common mental disorders that manifest primarily in children, according to the [National Institute of Mental Health](#). Common symptoms for both disorders include restlessness, difficulty in focusing or staying organized, and impulsivity. Those with an ADHD diagnosis also exhibit a difficulty in sitting still or engaging in quiet activities. Some debate exists as to the accuracy of an ADHD or ADD diagnosis as an actual disorder.

NCDJ Recommendation: Refer to someone as having attention-deficit disorder or attention-deficit hyperactivity disorder only if the information is relevant* to the story and if a licensed medical professional has formally diagnosed the person. Use “attention-deficit disorder” or “attention-deficit hyperactivity disorder” upon first reference; ADD and ADHD are acceptable for each disorder on second reference, respectively.

AP style: Not addressed

Autism/autism spectrum disorder

Background: Autism spectrum disorder is a group of complex disorders related to brain development. Common symptoms of autism spectrum disorder include difficulties in communication, impaired social interaction and restricted and repetitive patterns of behavior, interests or activities, according to the [National Institute of Mental Health](#). However, symptoms vary across the spectrum. Some experts classify autism as a developmental disorder rather than a mental illness.

Prior to 2013, subtypes of autism such as Asperger's syndrome, autism disorder and childhood disintegrative disorder were classified as distinct disorders. The fifth edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders consolidates all autism disorders under the larger autism spectrum disorder diagnosis.

Opinions vary on how to refer to someone with autism. Some people with autism prefer being referred to as an "autistic person;" others object to using autistic as an adjective. The [Autism Self Advocacy Network details this debate here](#).

NCDJ Recommendation: Refer to someone as having autistic spectrum disorder only if the information is relevant* to the story and if a licensed medical professional has formally diagnosed the person. Ask individuals how they prefer to be described. If in doubt, use people-first language, referring to someone as "a person with autism spectrum disorder" rather than "an autistic person."

AP style: The stylebook states that it's acceptable to use the word autism as "an umbrella term for a group of developmental disorders." It does not address the use of autistic as an adjective.

Bipolar disorder

Background: Bipolar disorder (formerly known as manic depression) is a mental illness believed to be caused by a combination of genetic factors and neurological functioning, according to the [National Institute of Mental Health](#). It is characterized by unusually intense shifts in emotion, energy, behavior and activity levels in what are called "mood episodes." Such episodes are usually classified as manic, hypomanic, depressive or mixed episodes. Bipolar disorder often develops during late adolescence or early adulthood.

NCDJ Recommendation: Refer to someone as having bipolar disorder only if the information is central to the story and a licensed medical professional has formally diagnosed the person. Do not use bipolar as an adjective for something that rapidly or drastically changes. See also the entry on **depression**.

AP style: Not addressed

Blind/limited vision/low vision/partially sighted/visually impaired

Background: According to the [American Foundation for the Blind](#), the term legally blind denotes a person with 20/200 visual acuity or less. Therefore, blind or legally blind is acceptable for people with almost complete vision loss. Many people with vision loss are not considered blind. The foundation recommends that unless the person refers to himself or

herself as legally blind, the terms low vision, limited vision or visually impaired should be used.

NCDJ Recommendation: Use the term blind only when the person has complete loss of sight and the term legally blind when the person has almost complete loss of sight. Other terms also may be acceptable. It is best to ask the person which term he or she prefers and take that into consideration. Commonly used terms include:

Limited vision: Acceptable when a person is not legally or completely blind

Low vision: Acceptable when a person is not legally or completely blind

Partially sighted: Used most often in British publications but acceptable if a person is not legally or completely blind

Visually impaired: This is general term describes a wide range of visual functions, from low vision to total blindness. It is generally considered acceptable, although, like the term hearing impaired, some may object to it because it describes the condition in terms of a deficiency.

AP style: The AP stylebook describes blind as “a person with complete loss of sight” and suggests using the terms “visually impaired” or “person with low vision” for those who have some sight.

Cerebral palsy

Background: Cerebral palsy refers to a number of neurological disorders that appear in infancy or early childhood and permanently affect body movement and muscle coordination, according to the [National Institute of Neurological Disorders and Stroke](#). It is not caused by problems in the muscles or nerves but by abnormalities in parts of the brain that control muscle movement. People with cerebral palsy can exhibit a variety of symptoms.

NCDJ Recommendation: It is acceptable to describe a person as “someone with cerebral palsy,” followed by a short explanation of what the condition entails. When describing specific symptoms, it is always best to ask the person what terms he or she prefers.

Spastic/spaz: Spastic cerebral palsy is a common type of cerebral palsy in which the movements of people with the disorder appear stiff and jerky. It is acceptable to refer to someone as having spastic cerebral palsy, but it is derogatory to refer to someone as spastic or a spaz.

AP style: Not addressed

Cochlear implant

Background: A cochlear implant is an electronic device that can help a person who is deaf or hard of hearing. The device does not fully restore hearing, but it gives a representation of sounds to help a person understand speech. The device has been criticized by some in the

Deaf community who are concerned [the device could threaten Deaf culture](#). However, advocates support the device for suitable candidates.

NCDJ Recommendation: When referring to a cochlear implant, avoid describing it as a corrective device or one that would restore a deaf person to mainstream society. Instead, define it as an electronic device that can assist a person who is deaf or hard of hearing in understanding speech.

AP style: Not addressed

Congenital disability

Background: A person who has a congenital disability has had a disability since birth. Common congenital disabilities include Down syndrome and heart-related medical conditions.

NCDJ Recommendation: It is preferable to state that someone is “a person with a congenital disability,” “has had a disability since birth,” or “was born with a disability.” Name the specific disability only when it’s pertinent to the story. Avoid the terms defect, birth or defective when describing a disability because they imply the person is somehow incomplete or sub-par.

AP style: Not addressed

Crazy, loony, mad, psycho

Background: These words are used in a variety of contexts but are considered derogatory when applied to a person or people with mental illness.

NCDJ Recommendation: Avoid these words when reporting on mental illness unless they are part of a quote that is essential to the story. Also see entry for **Insane/mentally deranged**.

Conforms to AP style:

Deaf

Background: Some people with mild or moderate hearing loss may affiliate themselves with the Deaf community and prefer the term deaf instead of hard of hearing. Alternatively, some who are deaf and don't have a cultural affiliation to the Deaf community may prefer the term hard of hearing.

Deaf and hard of hearing became the official terms recommended by the [World Federation of the Deaf](#) in 1991. Many people in the Deaf community prefer use of a lowercase “d” to refer to audiological status and the use of a capital “D” when referring to the culture and community of Deaf people. [The National Association of the Deaf](#) has not taken a definitive stand on this issue.

NCDJ Recommendation: Lowercase when referring to a hearing-loss condition or to a deaf person who prefers lowercase. Capitalize for those who identify as members of the Deaf community or when they capitalize Deaf when describing themselves. Deaf should be used

as an adjective not as a noun; it describes a person with profound or complete hearing loss. Other acceptable phrases include “woman who is deaf” or “boy who is hard of hearing.”

AP style: The stylebook uses deaf to describe a person with total hearing loss and partially deaf or partial hearing for others. It calls for use of a lower case “d” in all usages.

Deaf-blind

Background: Indicates a person has some loss of vision and hearing.

NCDJ Recommendation: Use the terms the person prefers.

AP style: Not addressed

Deaf and dumb/deaf-mute

Background: Dumb was once widely used to describe a person who could not speak and implied the person was incapable of expressing himself or herself. Deaf-mute was used to refer to people who could neither speak nor hear. People with speech and hearing disabilities are capable of expressing themselves in writing, through sign language and in other ways. Additionally, a person who does not use speech may be able to hear.

NCDJ Recommendation: Avoid these terms as they are often used inaccurately and can be offensive.

Conforms to AP style

Defect/birth defect

Background: A defect is defined as an imperfection or shortcoming. A birth defect is a physical or biochemical abnormality that is present at birth. Many people consider such terms offensive when describing a disability as they imply the person is deficient or inferior to others.

NCDJ Recommendation: Avoid using defect or defective when describing a disability. Instead, state the nature of the disability or injury.

AP style: Not addressed

Deformed/deformity

Background: A deformity is a condition in which part of the body does not have the normal or expected shape, according to [Merriam-Webster Dictionary](#). Physical deformities can arise from a number of causes, including genetic mutations, various disorders, amputations and complications in utero or at birth. However, the word deformity has a negative connotation that many object to when used in reference to those living with disabilities.

NCDJ Recommendation: Avoid using deformed as an adjective to describe a person.

Deformity can be used in some contexts, such as a deformed limb, although it's preferable to describe the specific disability or cause.

AP style: AP medical stories tend to refer to a deformity or deformities rather than describing an individual as deformed.

Dementia/senility

Background: Dementia is “a general term for a decline in mental ability severe enough to interfere with daily life,” according to the [Alzheimer's Association](#). Dementia is not a specific illness; it is a term that refers to a wide range of symptoms. Alzheimer's disease is the most common form of dementia. Other types of dementia include Creutzfeldt-Jakob disease, Huntington's disease, Parkinson's disease and Wernicke-Korsakoff syndrome (previously known as “wet brain”).

Common symptoms across forms of dementia include memory loss, difficulty in performing complex tasks, communication difficulties, personality changes and paranoia, according to the [Mayo Clinic](#). In addition to their cognitive component, many types of dementia include physical symptoms as well, such as the abnormal eye movements of Huntington's disease or the tremors associated with Parkinson's disease.

[FightDementia.org](#) recommends avoiding the terms demented, dementing, dements, senile, or senility to refer to someone with dementia. The terms senility and senile denote conditions brought on by aging and often are used incorrectly to denote dementia.

NCDJ Recommendation: Refer to someone as having dementia only if the information is relevant* to the story and a licensed medical professional has formally diagnosed the person. Use people-first language when describing someone with dementia, such as “a person with dementia.” Avoid describing someone as being demented or senile.

When possible, reference the specific disease, such as “someone with Huntington's disease.” When referencing Huntington's disease or Parkinson's disease, do not shorten to Huntington's or “Parkinson's.”

AP style: Not addressed

Depression

Background: Depression is characterized by a loss of interest in activities, persistent fatigue, difficulty in concentrating and making decisions, persistent feelings of emptiness or hopelessness and abnormal eating habits, according to the [National Institute of Mental Health](#). Its proper name is major depressive disorder. Related diagnoses include seasonal affective disorder (characterized by the “onset of depression during the winter months”), psychotic depression (a combination of psychosis and depression), and postpartum depression (sometimes experienced by mothers after giving birth).

NCDJ Recommendation: Refer to someone as having depression only if the information is relevant* to the story and if the person has been formally diagnosed by a licensed medical professional. Specify the type of disorder if it is known. The terms depressed, depressing,

and depressive are acceptable in other contexts when the person being referenced does not have a medically diagnosed condition. See also **bipolar disorder**.

AP style: Not addressed

Developmental disabilities

Background: The [Centers for Disease Control](#) defines developmental disabilities as “a group of conditions [that arise] due to an impairment in physical, learning, language or behavior areas. These conditions begin during the developmental period of life, may impact day-to-day functioning and usually last throughout a person’s lifetime.” Developmental disabilities usually manifest before age 22, and those with such disabilities often require lifelong or extended individual support. Examples of developmental disabilities include autism spectrum disorder, cerebral palsy, hearing disabilities, intellectual disabilities and visual disabilities. Legal definitions vary from state to state.

NCDJ Recommendation: While it is acceptable to use the term developmental disabilities, it is preferable to use the name of the specific disability whenever possible.

AP style: Not addressed

Disabled/disability

Background: Disability and disabled generally describe functional limitations that affect one or more of the major life activities, including walking, lifting, learning, breathing, etc. Various laws define disability differently.

NCDJ Recommendation: When describing an individual, do not reference his or her disability unless it is clearly pertinent to the story. If it is pertinent, it is best to use language that refers to the person first and the disability second. For example: “The writer, who has a disability” as opposed to “the disabled writer.” When possible, refer to a person’s specific condition.

Disability and people who have disabilities are not monolithic. Avoid referring to “the disabled” in the same way that you would avoid referring to “the Asians,” “the Jews” or “the African-Americans.” Instead, consider using such terms as “the disability community” or “the disability activist.”

Conforms to AP style

Dissociative identity disorder/multiple personality disorder

Background: Dissociative identity disorder is characterized by the emergence of two or more distinct personality states or identities in a person’s behavior or consciousness, according to the [National Alliance on Mental Illness](#). These personalities, medically known as alters, can exhibit different speech patterns, mannerism, attitudes, thoughts, gender identities and even physical characteristics. Other symptoms include memory problems, emotional issues, disorientation and the development of other mental disorders.

NCDJ Recommendation: Refer to someone as having dissociative identity disorder only if the information is relevant* to the story and if the person has been formally diagnosed by a

licensed medical professional. Use the term dissociative identity disorder, not multiple personality disorder, and avoid the acronym DID. Use people-first language, such as “a person with dissociative identity disorder.”

AP style: Not addressed

Down syndrome

Background: [Down syndrome](#) is a congenital condition (i.e. a condition existing at or before birth that may have a genetic or environmental cause). Down syndrome is caused by the presence of an extra full or partial copy of chromosome 21 in an individual’s cell nuclei. It was first reported in 1866 by Dr. John Langdon Down and is characterized by a number of physical and cognitive symptoms, which [the National Institutes of Health details here](#).

Other terms commonly used to refer to people with Down syndrome are intellectually disabled, developmentally disabled or a person who has a cognitive disability or intellectual disability. The [Global Down Syndrome Foundation](#) considers all of these terms acceptable, while the [National Down Syndrome Society](#) suggests using cognitive disability or intellectual disability.

NCDJ Recommendation: The proper term for the disorder is Down syndrome, not Down’s syndrome or Down’s Syndrome. Use people-first language, stating that someone is “a person with Down syndrome” or “has Down syndrome.” Avoid using terms such as “suffers from” or “afflicted with” in association with the condition.

The terms intellectually disabled, developmentally disabled, cognitive disability and intellectual disability are acceptable when used in a people-first context to describe someone with Down syndrome, such as “the person has a developmental disability.” However, it is more accurate to refer specifically to Down syndrome when that is the medically diagnosed condition.

Conforms to AP style

Dwarf/little person/midget/short stature

Background: Dwarfism is a medical or genetic condition that results in a stature below 4’10,” according to [Little People of America](#). The average height of a dwarf is 4’0.” When used in a non-medical sense, it can be considered offensive, but many view it as the acceptable term for the condition.

The term midget was used in the past to describe an unusually short and proportionate person. It is now widely considered derogatory.

The terms little people and little person refer to people of short stature and have come into common use since the founding of the Little People of America organization in 1957. The appropriateness of the terms is disputed by those within and outside of the organization. [Little People of America](#) recommends using the descriptors short stature, little person or “someone with dwarfism.”

NCDJ Recommendation: Only refer to a person's short stature if it is relevant* to the story. It is best to ask people which term they prefer to describe them. Avoid the term dwarf unless it is being used in a quote or in a medical diagnosis. Avoid using the terms vertically challenged and midget.

AP style: Dwarf is the "preferred term for people with a medical or genetic condition resulting in short stature." Midget is considered offensive.

Dyslexia/dyslexic

Background: Dyslexia is a learning disability characterized by problems identifying speech sounds and learning how to connect them to letters and words, according to the [Mayo Clinic](#). Its chief symptoms include difficulties with spelling, reading, pronunciation of words and processing auditory information. It is a common learning disability among children, although adolescents and adults with dyslexia often exhibit symptoms as well.

The term dyslexic is used by some organizations as a noun and adjective in a non-pejorative way; however, using the word as a noun (describing a person as a dyslexic) appears to be falling out of use.

NCDJ Recommendation: Refer to someone as having dyslexia only if the information is relevant* to the story and if the person has been formally diagnosed by a licensed medical professional. Use people-first language, stating that someone has dyslexia rather than referring to him or her as "a dyslexic person." Avoid using dyslexic as a noun (i.e. "She is a dyslexic.").

AP style: Not addressed

Epilepsy/epileptic fit

Background: Epilepsy is a chronic neurological and developmental disorder characterized by "recurrent, unprovoked seizures," according to the [Epilepsy Foundation](#), which also states that it is the fourth most common neurological disorder. Epilepsy manifests differently in individuals: The severity of epileptic seizures, their occurrence rates and the emergence of other health problems differ from person to person. Epilepsy is most commonly treated with medication but also can include use of medical devices, surgery, diet and emerging therapy methods.

NCDJ Recommendation: Refer to someone as having epilepsy only if the information is relevant* to the story and if the person has been formally diagnosed by a licensed medical professional. Use people-first language, stating that someone has epilepsy or has been diagnosed with epilepsy rather than referring to him or her as an epileptic.

The term seizure is the preferred term when referring to the brief manifestation of symptoms common among those with epilepsy. Avoid stating that the person had a fit or an epileptic fit.

AP style: Not addressed

Handicap/handicapped

Background: The [Oxford English dictionary](#) defines a handicap as “a condition that restricts a person’s ability to function physically, mentally or socially.”

NCDJ Recommendation: Do not describe a person as handicapped unless it is central to the story. Avoid using handicap and handicapped when describing a person. Instead, refer to the person’s specific condition. The terms are still widely used when citing laws, regulations, places or things, such as handicapped parking, although many prefer the term accessible parking.

Conforms to AP style

Hard of hearing

Background: The term may be used to refer to people who have a mild to moderate hearing loss that may or may not be corrected with amplification. Those who are hard of hearing usually use speech to communicate.

Deaf and hard of hearing became the official terms recommended by the World Federation of the Deaf in 1991. Many people in the Deaf community and organizations, including the [National Association of the Deaf](#), support these terms.

Some people with mild or moderate hearing loss may affiliate themselves with the Deaf community and prefer the term Deaf. Alternatively, some who are deaf and don't have a cultural affiliation to the Deaf community may prefer the term hard of hearing.

Recommendation: Hard of hearing is almost always acceptable. However, use the term the person prefers.

AP style: Not addressed

Hearing impaired/hearing impairment

Background: The terms hearing impaired and hearing impairment are general terms used to describe people with a range of hearing loss from partial to complete. The terms are disliked by many because, like the word handicap, hearing impaired describes a person in terms of a deficiency or what they cannot do. [The World Federation of the Deaf](#) has taken the stance that hearing impaired is no longer an acceptable term.

NCDJ Recommendation: For those with total hearing loss, deaf is acceptable. For others, partial hearing loss or partially deaf is preferred. It is best to ask the person which term he or she prefers.

AP style: The stylebook uses deaf to describe a person with total hearing loss. For others, it recommends using partial hearing loss or partially deaf. It does not address use of the term hearing impaired.

Infantile paralysis

Background: Infantile paralysis is short for poliomyelitis and was commonly used in the past to describe [polio](#). Its symptoms include muscle weakness and paralysis. Jonas Salk introduced the polio vaccine in the 1950s and drastically reduced cases of polio in the U.S.

NCDJ Recommendation: Use the term polio rather than infantile paralysis. It is preferable to say “He had polio as a child” or “She contracted polio as an adult” rather than “He suffers from polio” or “He is a victim of polio.”

AP style: The preferred word is polio.

Injury/injuries

Background: The word injury is commonly used to describe any harm, damage or impairment to an individual as the result of an accident or other event.

NCDJ Recommendation: Refer to injuries as being sustained or received, not suffered, unless the person in question prefers “suffered.”

AP style: Not addressed

Insane/insanity/mentally deranged/psychopathology

Background: The terms insane, insanity and mentally deranged are commonly used informally to denote mental instability or mental illness but can be considered offensive. The medical profession favors use of the terms mental disorder or psychopathology. In U.S. criminal law, insanity is a legal question, not a medical one.

NCDJ Recommendation: Use mental illness or mental disorder instead of insane or mentally deranged, except in a quote or when referring to a criminal defense.

Conforms to AP style

Insane asylum/mental health hospital/psychiatric hospital

Background: Hospitals that cared for people with various mental illnesses, often for long periods of time, were once commonly referred to as insane asylums. The term has largely gone out of use as objectionable and inaccurate.

NCDJ Recommendation: Mental health hospital or psychiatric hospital are the preferred terms to describe medical facilities specifically devoted to treating people with mental disabilities.

Conforms to AP style

Intellectual disabilities/intellectually disabled

Background: An intellectual disability is a disability involving “significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills,” according to the [American Association on Intellectual and Developmental Disabilities](#). Those with IQ test scores of 75 or lower are considered intellectually disabled. Intellectual disabilities typically develop in individuals before the age of 18. This contrasts with congenital disorders such as Down syndrome, which develop before or at birth.

NCDJ Recommendation: Use people-first language, stating that someone is “a person with an intellectual disability” rather than referring to the person as intellectually disabled.

AP style: Not addressed

Invalid

Background: The [Oxford English dictionary](#) defines invalid as “a person made weak or disabled by illness or injury.” It is probably the oldest term for someone with physical conditions that are considered seriously limiting. However, it is such a general term that it fails to accurately describe a person’s condition and is now widely viewed as offensive in that it implies that a person lacks abilities.

NCDJ Recommendation: Avoid using invalid to describe a person with a disability except when quoting someone.

AP style: Not addressed

Lame

Background: Lame is a word commonly used to describe difficulty walking as the result of an injury to the leg.

Some people object to the use of the word lame to describe a physical condition because it is used in colloquial English as a synonym for weak, as in “That’s a lame excuse.”

NCDJ Recommendation: Avoid using lame to describe a person with a disability except when quoting someone.

AP style: Not addressed

Little person/little people

See "Dwarf, little person/people/midget/short stature"

Mental illness/mental disorder

Background: Mental illness is an umbrella term for many different conditions that affect how individuals act, think, feel or perceive the world. Mental illnesses also are known as mental disorders. The most common forms of mental illness are **anxiety disorders**, **mood disorders**, and **schizophrenia disorders**. One in four adults experiences mental illness in a given year, according to the [National Alliance on Mental Illness](#), although severity and symptoms vary widely. For more information on mental illness, see the [National Institute for Mental Health](#).

Because of perceived stigma, some people are calling for an end to the use of the term mental illness, suggesting instead terms such as “person diagnosed with a psychiatric disorder” or “person with a mental health history.” However, the term is still widely used within the medical and psychiatric professions.

The [American Psychiatric Association](#) offers a useful guide to media on use of appropriate terms. The association recommends using people-first language to describe mental illness in order to avoid defining a person by his or her disability. “She experiences symptoms of psychosis” is preferable to “She is psychotic;” “He is living with bipolar disorder” is preferable to “He is bipolar;” and “She has autism” is preferable to “She is autistic.”

NCDJ Recommendation: Refer to an individual’s mental illness only when it is relevant* to the story and the diagnosis comes from a proper source. Whenever possible, specify the specific illness a person has rather than mental illness in general. Always refer to someone with a mental illness as a person first. Use quotes when officials or family members use a term such as “a history of mental illness” to refer to an individual and indicate when appropriate that the diagnosis has not been confirmed. .

Conforms to AP style: The stylebook cautions against describing an individual as mentally ill unless clearly pertinent to a story and the diagnosis is properly sourced. Specific disorders should be used and the source of the diagnosis identified whenever possible.

The Associated Press also warns against drawing a connection between mental illness and violent crime and recommends that any source used to characterize a criminal suspect’s mental health history have the authority to speak on the matter. And it cautions against “using mental health terms to describe non-health issues. Don’t say that an awards show, for example, was schizophrenic.”

Mental health professionals/shrink

Background: There are a number of types of mental health professionals. The following broad definitions are sourced from [Psychology Today](#).

Psychiatrist: A mental health professional able to prescribe psychotropic medications. Some provide emotional therapy as well as medication management.

Psychoanalyst: A specific type of psychotherapist trained to work with both an individual’s unconscious and conscious mind. The field was founded by Sigmund Freud.

Psychologist: A mental health professional trained in the discipline of psychology and who often does psychological testing and research.

Psychotherapist: An umbrella term for mental health professionals trained to treat people for their health problems.

NCDJ Recommendation: Ask the professional how he or she should be identified, based on his or her formal training. Avoid using the word shrink in reference to a mental health professional except in a quote.

AP style: Not addressed

Mentally retarded, mentally disabled, intellectually disabled, developmentally disabled

Background: The terms mentally retarded, retard and mental retardation were once common terms that are now considered outdated and offensive. In 2010, President Barack Obama signed a measure known as "[Rosa's Law](#)" that replaced the term mental retardation with intellectual disability in many areas of government, including federal law.

NCDJ Recommendation: Always try to specify the type of disability being referenced. Otherwise, the terms mental disability, intellectual disability and developmental disability are acceptable. **Use people-first language. For example,** instead of using "the mentally disabled" as a collective noun, use "people with mental disabilities."

At times, words that are considered outdated may be appropriate because of the story's historical context. In those cases, attribute the term or note its historic use. For example, "The doctor said he was retarded, a term widely used at the time."

AP style: Mentally retarded should be avoided. The AP Stylebook suggests using terms such as mentally disabled, intellectually disabled and developmentally disabled. The NCDJ prefers "a person with a mental disability" rather than "a mentally disabled person."

Midget

See "Dwarf, little person/midget/short stature"

Mongoloid

Background: The term was used in the late 19th century to refer to people who had Down syndrome, due to the similarity of some of the physical characteristics of the disorder to Eastern Asian people who were called Mongoloid, according to the [Oxford English dictionary](#). It is considered a highly derogatory word to describe someone with Down syndrome.

NCDJ Recommendation: Always avoid the use of mongoloid to refer to someone with Down syndrome. See the entry for **Down syndrome**.

AP style: Not addressed

Multiple personality disorder

See entry on **Dissociative identity disorder**.

Multiple sclerosis (MS)

Background: Multiple sclerosis, or MS, is a disease of the central nervous system that disrupts the flow of information within the brain and between the brain and body, according to the [National Multiple Sclerosis Society](#). MS symptoms vary widely and may include trouble with walking or movement, numbness and vision problems.

NCDJ Recommendation: It is acceptable to describe a person as “someone with multiple sclerosis,” followed by a short explanation of how the disease is manifested in that person. Avoid saying a person suffers from or is afflicted with the disease. MS is acceptable on second reference.

AP style: Not addressed

Muscular dystrophy (MD)

Background: Muscular dystrophy could refer to any of more than 30 genetic diseases characterized by progressive weakness and degeneration of the muscles that control movement, according to the [National Institute of Neurological Disorders and Stroke](#). Onset could be infancy, childhood, middle age or later.

NCDJ Recommendation: It is acceptable to describe a person as “someone with muscular dystrophy,” followed by a short explanation of what the condition entails. Avoid saying a person suffers from or is afflicted with the disease. MD is acceptable on second reference.

AP style: Not addressed

Non-disabled

Background: Non-disabled has come into usage as a way to refer to someone who does not have a disability.

NCDJ Recommendation: Non-disabled or “does not have a disability” are acceptable terms when referring to people who do not identify as having a disability. In general, avoid using **able-bodied**.

AP style: Not addressed

Obsessive-compulsive disorder (OCD)

Background: Obsessive-compulsive disorder is an anxiety disorder characterized by unreasonable thoughts and fears that lead to repetitive and often ritualized behaviors or compulsions. OCD may exhibit as a fear of contamination, disarray or intrusion, according to the [Mayo Clinic](#). People with OCD usually exhibit both obsessions and compulsions but sometimes exhibit only one or the other. OCD is often treated by pharmaceutical drugs, psychotherapy methods or a combination of the two.

NCDJ Recommendation: Refer to someone as having OCD only if the information is relevant* to the story and the person has been formally diagnosed by a reputable source. Do

not use OCD as an adjective for someone who obsesses over certain things but has not been formally diagnosed as having OCD. Use obsessive-compulsive disorder on first reference; OCD is acceptable in second reference.

AP style: Not addressed

Paraplegia/paraplegic

Background: Paraplegia is defined as the impairment or loss of movement in the lower extremities and torso. It is typically caused by a spinal cord or brain injury. Referring to someone as a paraplegic is offensive to some as it implies that their condition defines them.

NCDJ Recommendation: Avoid referring to an individual as a paraplegic. Instead, say the person has paraplegia. Sometimes people with paraplegia refer to themselves as a “para.” If so, use in quotes.

AP style: Not addressed

(Partial) hearing loss/partially deaf

Background: Hard of hearing is the most common term for those who have a mild to moderate hearing loss that may or may not be corrected with amplification.

NCDJ Recommendation: Ask the individual what term he or she prefers. Otherwise, **hard of hearing** is almost always acceptable.

AP style: The stylebook recommends using partial hearing loss or partially deaf for those who have some hearing loss.

People-first language

Background: People-first language avoids defining a person in term of his or her disability. In most cases, this entails placing the reference to the disability after a reference to a person, as in “A person with a disability” rather than “the disabled person.” The National Center on Birth Defects and Developmental Disabilities of the Centers for Disease Control & Prevention offers an easy-to-follow [guide](#) on people-first language.

The [American Speech-Language-Hearing Association](#) acknowledges that utilizing people-first language sometimes can result in awkward sentence structuring. As such, the organization states that, “deviations from people-first language should be allowed in cases when the only alternative is awkward sentence structure.”

NCDJ Recommendation: Use people-first language whenever possible.

AP style: Not addressed

Prelingually deaf/postlingually deaf/late-deafened

Background: Prelingually deaf refers to individuals who were born deaf or became deaf prior to learning to understand and speak a language, according to Gallaudet University, a university for the education of the deaf and hard of hearing in Washington, D.C. Postlingually deaf or late-deafened describes a person who lost hearing ability after he or she learned to speak a language.

NCDJ Recommendation: The terms are acceptable, although explanation may be required for a general audience.

AP style: Not addressed

Post-traumatic stress disorder (PTSD)

Background: Post-traumatic stress disorder is an anxiety disorder generally caused by undergoing an extremely emotional traumatic event, according to the [National Center for PTSD](#). Such events may include assault, war, sexual assault, natural disasters, car accidents or imprisonment. Symptoms may include reliving the traumatic event, avoidance of certain behaviors, negative emotions or physical symptoms such as dizziness or nausea.

NCDJ Recommendation: Refer to someone as having PTSD only if the information is relevant* to the story and the person has been formally diagnosed by a reputable source. Post-traumatic stress disorder is correct on first reference; use PTSD on second reference.

The term flashback may be used to denote reliving an event that triggered the PTSD.

AP style: Post-traumatic stress disorder is a type of mental illness. PTSD is acceptable on second reference.

Psychotic/psychosis

Background: Psychosis is a broad term used to describe symptoms of certain mental health problems. Symptoms may include delusions or hallucinations or other loss of contact with reality. People with psychosis are described as psychotic. In common usage, psychotic often is used in the same way as the word crazy, and thus can be offensive and inaccurate.

NCDJ Recommendation: Use the words psychotic and psychosis only when they accurately describe a medical experience. Avoid using psychotic to describe a person; instead refer to a person as having a psychotic condition or psychosis. Avoid using the terms colloquially.

AP style: Not addressed

Quadriplegia/quadriplegic

Background: Quadriplegia is defined as the paralysis of all four limbs as well as the torso. It often is caused by a spinal cord or brain injury and is characterized by the loss of sensory and motor function. Paraplegia is similar but does not affect the arms. People with these conditions often are referred to as quadriplegics and paraplegics, but these terms are considered offensive by some.

NCDJ Recommendation: Use people-first language, such as “a person with quadriplegia” rather than quadriplegic, since this implies that the condition defines them. Sometimes people with quadriplegia refer to themselves as “quads.” If so, use in quotes.

AP style: Not addressed

Retarded

See entry on **mentally retarded, mentally disabled, intellectually disabled, developmentally disabled.**

Schizophrenia/schizophrenic

Background: Schizophrenia is a severe and chronic mental illness characterized by distorted recognition and interpretations of reality, affecting how an individual thinks, feels and acts, according to the [National Institute of Mental Health](#). Common symptoms include visual and auditory hallucinations, delusional and disordered thinking, unresponsiveness, a lack of pleasure in daily life and other social issues. It does not involve split personalities. Less than one percent of the general population has schizophrenia, and it is treated mostly through the use of pharmaceutical drugs.

NCDJ Recommendation: Refer to someone as having schizophrenia only if the information is relevant* to the story and if the person has been formally diagnosed by a licensed medical professional. Use people-first language, stating that someone is “a person with schizophrenia” or “a person diagnosed with schizophrenia” rather than a schizophrenic or a schizophrenic person. Do not use the word schizophrenic colloquially as a synonym for something inconsistent or contradictory.

AP style: Schizophrenia is classified as a mental illness. The stylebook cautions against using mental health terms to describe non-health issues. “Don’t say that an awards show, for example, was schizophrenic.”

Seizure:

See entry for **epilepsy**.

Service animal/assistance animal/guide dog/Seeing Eye dog

Background: Service animals are trained animals, mostly dogs, which provide services to people with disabilities. They also are sometimes called “assistance animals,” “guide dogs,” or “Seeing Eye dogs.”

The federal definition of a “service animal” applies to “any guide dog, signal dog or other animal trained to do work or perform tasks for the benefit of an individual with a disability.” This may include animals that guide individuals with impaired vision, alert individuals with impaired hearing to intruders or sounds, provide minimal protection or rescue work, pull a wheelchair or fetch dropped items. If they meet this definition, animals are considered service animals under the ADA, regardless of whether they have been licensed or certified. For more information, go to <http://www.ada.gov/qasrvc.htm>.

NCDJ Recommendation: Service animal, assistance animal and guide dog all are acceptable. Avoid use of Seeing Eye dog as Seeing Eye is a registered trademark of The Seeing Eye school in Morristown, N.J. Be aware that the issue of licensure and/or certification of service animals is a contentious issue in the disability community, so it may be best to refer to the federal definition.

AP style: There is no entry for service animal. The stylebook notes the Seeing Eye dog trademark and suggests that guide dog be used instead.

Short stature

See **Dwarf/little person/midget/short stature**

Spastic/spaz

See **Cerebral Palsy**.

Special/special needs/functional needs

Background: The term “special needs” was popularized in the U.S. during the early 20th century during a push for special needs education to serve people with all kinds of disabilities.

The word “special” in relationship to those with disabilities is now widely considered offensive because it euphemistically stigmatizes that which is different.

NCDJ Recommendation: Avoid using these terms when describing a person with a disability or the programs designed to serve them, with the exception of government references or formal names of organizations and programs. It is more accurate to cite the specific disability or disabilities in question. The term “functional needs” is preferred when a term is required. For example, “addressing the functional needs of people with disabilities” could be used when referring to a facility or program.

AP style: Not addressed

Spina bifida

Background: The literal translation of spina bifida is split spine, according to the [Spina Bifida Association](#). The condition is a neural tube defect that occurs when the spinal column does not close all the way in the womb. It is the most common neural tube defect in the U.S. There are four types of spina bifida. For complete definitions, visit the Spina Bifida Association [website](#). Complications from spina bifida range from minor physical problems to severe mental and physical disabilities.

NCDJ Recommendation: It is acceptable to describe a person as “someone with spina bifida,” followed by a short explanation of what their condition entails.

AP style: Not addressed

Stuttering/stammering

Background: Stuttering is a speech disorder characterized by repeated or prolonged words, sounds or syllables that affect the flow or fluency of speech, according to the [National Institute on Deafness and Other Communication Disorders](#). Stuttering often is involuntary and can be accompanied by rapid blinking or lip tremors. Stuttering symptoms manifest in early childhood. While many children outgrow stuttering, a small percentage of adults stutter as well. The [American Speech-Language-Hearing Association](#) notes that most stuttering can be treated by behavioral therapies.

There is some ambiguity about the difference between stuttering and stammering and which term is appropriate in different contexts. However, organizations such as the NIDCD, [Mayo Clinic](#) and the [National Stuttering Association](#) generally use the term stuttering to refer to the speech disorder. The [Diagnostic and Statistical Manual of Mental Disorders](#) debuted the new term “childhood-onset fluency disorder” to refer to stuttering, along with a few new criteria for its diagnosis. However this term is not yet widely used.

NCDJ Recommendation: The word stuttering is preferred over stammering. Do not refer to an individual as a stutterer. Rather, use people-first language, such as “a person who stutters.” Refer to stuttering only if it is relevant* to the story.

AP style: Not addressed

Tourette syndrome/Tourette’s syndrome/Tourette’s disorder

Background: Tourette syndrome is a neurological disorder characterized by tics, or sudden, purposeless and rapid movements or vocalizations, according to the [National Alliance on Mental Illness](#). Such tics are recurrent, involuntary and non-rhythmic, with the same tics occurring each time. The disorder was originally named for French neurologist Dr. Georges Gilles de la Tourette, who first described the condition in 1885, according to the [National Institute of Neurological Disorders and Stroke](#).

While those with Tourette syndrome often can suppress tics by focusing on them, the disorder also can be treated with medication, relaxation techniques and therapy. Although involuntary cursing is commonly thought to be a key trait of the disorder, only a minority of those with Tourette syndrome [exhibits this symptom](#).

Terminology for the disorder is varied. It is interchangeably referred to as Tourette syndrome, Tourette’s syndrome and Tourette’s disorder. However, prominent mental health organizations such as NINDS, the Mayo Clinic, the Centers for Disease Control and Prevention, as well as the Tourette Syndrome Association refer to it as Tourette syndrome.

NCDJ Recommendation: Use Tourette syndrome, with no possessive or capitalization of syndrome. Refer to someone as having Tourette syndrome only if the information is relevant* to the story and if the person has been formally diagnosed by a licensed medical professional. Use people-first language, stating that someone is “a person with Tourette syndrome” or “a person diagnosed with Tourette syndrome.” Avoid the acronym TS as it is not widely known.

AP style: Not addressed

Treatment/treatment center/rehab center/detox center

Background: Treatment is defined by the [American Society of Addiction Medicine](#) as the use of any planned, intentional intervention in the health, behavior, personal and/or family life of an individual suffering from alcoholism or another drug dependency designed to achieve and maintain sobriety, physical and mental health and maximum functional ability. A treatment center is an establishment usually run by psychiatric or medical professionals.

NCDJ Recommendation: Treatment is an acceptable term for medical interventions, and treatment center is acceptable for the establishment in which such practices take place. Use treatment center in place of rehab or detox center. A person enrolled in a treatment center should be referred to as a patient.

AP style: Not addressed

Vegetative state/comatose/non-responsive

Background: A vegetative state is [defined](#) as the absence of responsiveness or consciousness in which a patient shows no awareness of his or her environment. Patients may exhibit eye movements and other involuntary movements. A minimally conscious state is one in which a patient has some awareness of self and/or the environment. Referring to a person in a vegetative state as a vegetable is considered offensive.

NCDJ Recommendation: It is preferable to use precise medical terminology or, if that is not possible, terms such as comatose or non-responsive. If using the term vegetative state, use people-first language, such as “a person in a vegetative state.” Avoid referring to someone as a vegetable or “veg” as such words dehumanize the person.

AP style: The stylebook allows the use of vegetative state, describing it as “a condition in which the eyes are open and can move, and the patient has periods of sleep and periods of wakefulness, but remains unconscious, unaware of self or others.”

Wheelchair/wheelchair-bound/confined to a wheelchair

Background: People who use mobility equipment such as a wheelchair, scooter or cane consider their equipment part of their personal space, according to the [United Spinal Association](#). People who use wheelchairs have widely different disabilities and varying abilities.

NCDJ Recommendation: It is acceptable to describe a person as “someone who uses a wheelchair,” followed by an explanation of why the equipment is required. Avoid “confined to a wheelchair” or “wheelchair-bound” as these terms describe a person only in relationship to a piece of equipment. The terms also are misleading, as wheelchairs can liberate people, allowing them to move about, and they are inaccurate, as people who use wheelchairs are not permanently confined in them, but are transferred to sleep, sit in chairs, drive cars, etc.

Conforms to AP style

*Relevant: In this guide, we urge reporters and other communications professionals to refer to a disability only when it's relevant to the story being told. But what is "relevant" is not always clear. Should a story about residents complaining about noisy airplanes flying over their houses note that one of the residents who is complaining uses a wheelchair? Should someone who is blind be identified as such in a story about people who have been stranded while hiking and had to be rescued?

In the first case, we suggest the answer is "no." The fact that someone uses a wheelchair does not make the airplane noise any more or less irritating. In the second case, the answer is "maybe." If the hiker's blindness contributed to him or her getting stranded, making note of that fact is relevant. If the person's sight had nothing to do with the situation, leave it out.

When in doubt, ask the person involved. People with disabilities often complain that their disability is mentioned even when the story has nothing to do with their disability.

CREDITS: This stylebook represents the combined efforts of Jason Axelrod, Richard J. Dalton, Jr., Jake Geller, Kristin Gilger, Lauren Loftus and Theresa Poulson, all associated with the National Center on Disability and Journalism at the Walter Cronkite School of Journalism and Mass Communication at Arizona State University.

For suggestions and comments, please go to <http://ncdj.org/about/contact/>.