

A note about language:

For all its limitations, language is the single most powerful tool we have to communicate our knowledge and experience in order to build connection and understanding among people. It is constantly evolving and in challenging the ways in which we use language, we can enrich our personal and dynamic relationship to the human condition. As we all continue to intentionally integrate the ways in which race, power, and privilege shape the systems in which we are all embedded, it is important to be transparent about the complicated and often controversial use of certain words, phrases, and linguistic framework that I will be using to convey essential considerations today for the individualizing of a comprehensive assessment process that can inform clinical interventions for a unique population.

First and foremost, I'd like to acknowledge that every individual is entitled to their personal preference for how they expect respect to be conveyed. In this regard, each individual may be different, and to the extent possible, within the confines of our role, these preferences should be respected. For instance, Kenny et al. (2015) in their publication *Which terms should be used to describe autism? Perspectives from the UK autism community* analyzed 3,470 responses to an online survey of UK autism community members on their preferences for language to describe autism and the motivating rationales. According to their research: "results clearly show that people use many terms to describe autism. The most highly endorsed terms were 'autism' and 'on the autism spectrum', and to a lesser extent, 'autism spectrum disorder', for which there was consensus across community groups. . . The term 'autistic' was endorsed by a large percentage of autistic adults, family members/friends and parents but by considerably fewer professionals; 'person with autism' was endorsed by almost half of professionals but by fewer autistic adults and parents." Ultimately, the authors concluded that "there is no single way of describing autism that is universally accepted and preferred by the UK's autism community and that some disagreements appear deeply entrenched."

As a forensic psychologist I am often bound in my reports by the language dictated by either the APA through the DSM or by the DOC through various judicial/legislative guidelines. As one human being interviewing another to reflect the essence of their experience, I am bound by much less, and in fact, am far more productive in building a critical therapeutic rapport when I intentionally adhere to the preferred language of the individual that demonstrates dignity. Consequently, for one assessment a client may prefer to be identified as "autistic." For another, the preference may be to acknowledge their individuality by referring to a diagnosis "on the autism spectrum."

For the next 90 minutes I will be discussing the unique considerations for conducting and composing assessments specifically for individuals who have been diagnosed on the Autism Spectrum. As this remains an identified disorder in the DSM, and may be referred to as such, I hope that by the end of my presentation I will have conveyed the fundamental point that our own clinical skills might be enhanced by considering the ways in which one specific individual at a time may be "differently" or "uniquely" ordered as opposed to "disordered."

If any participant has a concern about any of the language used during today's presentation I strongly encourage you to communicate with me directly about it to foster collaboration and understanding. My sincere intention is that we are all striving, above all else, to interact with and from a foundation of mutually respect and compassionate understanding.

Additional information/suggested guidelines from The National Autistic Society (UK, 1962):  
<https://www.autism.org.uk/what-we-do/help-and-support/how-to-talk-about-autism>

### Do say

- autistic adult/people/child
- person/child on the autism spectrum (note: this is informed by research, which indicates that there is a growing preference for positive identity first language, particularly among autistic adults)
- is autistic
- is on the autism spectrum
- has an autism diagnosis
- disabled person/person with a disability
- disability or condition
- Asperger syndrome is a form of autism (note: Asperger is pronounced with a hard "g"; see below)
- talk about the autism spectrum and the varying challenges and strengths people have (for instance, some autistic people have an accompanying learning disability and need support to do everyday things like clean, cook or exercise. Other autistic people are in full time work, with just a little extra support)
- not autistic
- neurotypical (note: neurotypical is mainly used by autistic people so may not be applicable in, for example, the popular press)
- autistic people, their families and friends
- people on the autism spectrum, their families and friends
- support or adjustments
- traits or characteristics.

### Don't say

- has autism
- person/child/adult with autism
- an autistic
- an autist
- an autie
- an aspie (note: some individuals may refer to themselves in this way and this should take precedence when you're referring to them)
- suffers from or is a victim of autism
- retarded/mentally handicapped/backward/mild/severe
- disease/illness/handicap
- Asperger syndrome is a mild/rare form of autism
- high functioning or low functioning
- severe or mild
- normal
- people living with autism (to describe autistic people and their family and friends)
- treat symptoms.



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