

Person-First Language: Talking about Children & Youth with Special Needs

Imagine walking into a room full of people you don't know. In a situation like this, you want to put your best foot forward, to make a good first impression. But, then imagine that everything about you that may be unflattering or negative were visible to the others in the room. Sure, you could speak to the people and tell them all about your successes and achievements, your interests and passions, but all of that is secondary to what those people first saw. In many cases, this is what happens for people with disabilities or special needs.



We often hear children and youth in the foster care system described by their needs, by what may be “wrong” with them. Even saying “foster child” or “adopted child” can easily be reframed into something that is more positive and that puts the person first: a child in foster care or a child who was adopted.

Person-first language places a person before their disability or description. After all, a person’s disability or medical diagnosis does not define who that person is. If the focus stays on the disability, we all too quickly can lose sight of the individual and what he or she has to offer. All of the wonderful qualities and assets a child has often come second to the label that has been given to them. By reframing our words and using

person-first language, we can help to change the idea that a person with a disability is a “problem” or “not normal.” The fact is, people with disabilities make up the largest minority group in the United States.

Page two features a table with some examples of how you might reframe a commonly used term so that you are putting the person first.

Practicing and using person-first language can lead to reframing more than words or phrases; you can also reframe the entire conversation about and stigmas related to labels, diagnoses, and the use of medication or specialized services.

Doing so, especially when

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interacting with medical professionals, teachers, and even members of your family can go a long way in beginning to break down the negative stigmas associated with special needs or disabilities. By helping other learn to use person-first language, you teach them to reframe their own thoughts, which can create a ripple effect, stimulating more awareness, understanding, and,

ultimately, change.

We know that our children can be anything they think and dream of. Something as small as using person-first language may be just the powerful catalyst to breaking some long-held perceptions about special needs, disabilities, and the vibrant individuals who live with them.

Replacing commonly used terms with person-first language	
<i>Say this . . .</i>	<i>Instead of this . . .</i>
My child has an autism spectrum disorder	My autistic child
He is cognitively delayed	He's mentally retarded
She has a developmental delay	She is developmentally delayed
He has a mental health condition/diagnosis	He's emotionally disturbed/mentally ill
She communicates with her eyes/a device/etc.	She is non-verbal
He receives special education services	He's in special ed
She uses a wheelchair	She's confined to/wheelchair bound



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What “Special Needs” Should I be Prepared for as a Foster Parent?

“Special needs” can be loaded term. It may mean something distinctly different to a doctor than to an educator, or therapist, or parent, or a person living with a disability. But what does it mean for you as a foster parent? What kinds of special needs can you anticipate as you welcome a child into your home and family?

An estimated 30- 60% of children entering foster care have at least one chronic or acute physical health condition requiring treatment. But the “special needs” of these children may go well beyond that. From a broader perspective, special needs may refer to emotional, behavioral, or other physical challenges, as well as learning disabilities and developmental delays.

Then there is the trauma.

No matter the circumstances that bring a child into out-of-home care, every child in foster care has experienced trauma. By mere virtue of being placed into foster care, a child is traumatized. And for anyone who has experienced trauma, there will be needs that are at the very least different or “special.”

Here are some of the most common “special needs” you might anticipate a child in your care having:

Educational—In addition to any learning disabilities a child may have, it is not uncommon for children in out-of-home care to be behind academically, if for no other reason than they haven’t had the stability in their lives to focus on learning.

⇒ *What this may look like:* Difficulty paying attention, hyperactivity, disruptive behaviors to mask difficulty understanding or keeping up with class work, low threshold for frustration, lags in development, difficulty transitioning between school tasks or



activities.

Emotional—A child who came from a chaotic environment where needs may have gone unmet is going to have different emotional needs than a child who has experienced stability and security.

⇒ *What this may look like:* Inability to attach or inappropriate attachment such as poor boundaries with strangers, depression, self-injury, poor coping skills resulting in meltdowns, anxiety, poor self-image, perceived rejection when redirected.

Behavioral—Unusual or challenging behaviors are often a “normal reaction to abnormal experiences” a child may have been exposed to.

⇒ *What this may look like:* Inability to control anti-social behavior such as physical or verbal aggression, seemingly unusual behaviors such as food hoarding or refusal to bathe, stealing or lying, destruction of property, extreme tantrums or meltdowns, poor impulse control.

Physical—In addition to congenital issues, children entering care may have physical or medical needs due to abuse or neglect they have suffered.

⇒ *What this may look like:* Prenatal drug/ alcohol exposure, failure to thrive, bed wetting, asthma, cognitive delays, visual and auditory problems, dental decay and malnutrition, developmental delays, obesity.

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What “Special Needs” to be Prepared For, continued from page 3

Social—Not surprisingly, children who have suffered trauma may also struggle with appropriate social skills.

⇒ *What this may look like:* Difficulty making/keeping friends, misreading or unaware of social cues, heightened reaction to real or perceived rejection by peers, poor boundaries.

The needs of children coming into care may vary, but there are some absolutes that will apply across the board:

- You can anticipate the child requiring a variety of appointments, from standard medical, dental, and vision appointments to varied therapies.
- Working with a child who has suffered trauma requires additional patience and understanding.
- The better informed and educated you are about the challenges a child is facing, the better equipped you are to rise to the occasion in helping them thrive.



Perhaps most important to meeting the special needs of children in care is recognizing those needs without defining the child by them. Nurture and celebrate the special strengths and talents all children bring.

A Note . . .

As a foster parent and caregiver, you may find yourself caring and advocating for children and youth who have special needs that may be unfamiliar—to you and others that the child interacts with. You may need to educate yourself (and others) about those needs, especially if a child’s diagnosis is rare or if there are little-known causes or treatments available. You might find it helpful to read articles and books, or even carve out time to research other treatments and strategies. It can also be helpful to meet other parents or caregivers who have children with the same or similar needs. The more you are able to learn about the specific needs of each child in your care, the more comfortable you will be helping others understand, too.

As you work to inform yourself and other caregivers, don’t forget about the child, too. You can help them know that having a disability does not define them. Help feed their self-confidence and unique personalities. Encourage them to learn about themselves and the challenges they may face. Together, you can help one another recognize when they may need additional help and how to ask for that help. As parents, you want to be there for all of the children you care for. But you also know that there will be times when you won’t or can’t be around to advocate for them. Teaching the children in your care and giving them the skills and tools to ask for help does not demonstrate weakness; rather, it models an immense

Resources

Tip Sheets

- [Addressing the Mental Health Needs of Youth in Care](#)
- [Fostering Children and Youth with Special Health Care Needs](#)

Additional Information

- The Importance of Person First Language
<https://nspt4kids.com/parenting/importance-person-first-language/>
- Examples of People First Language
<http://cdd.tamu.edu/sites/cdd.tamu.edu/files/People%20First%20Chart-2.pdf>
- 10 Things to Remember When Advocating for Your Special Needs Child
<http://www.cbc.ca/parents/learning/view/10-things-to-remember-when-advocating-for-your-special-needs-child>
- Put Me First: The Importance of Person First Language
<http://www.ttacnews.vcu.edu/2011/05/put-me-first-the-importance-of-person-first-language/>

Library

- *Guiding Your Teenager with Special Needs through the Transition from School to Adult Life*, by Mary Korpi
- *Understanding Your Special Needs Grandchild: A Grandparent's Guide*, by Clare Jones
- *The Child With Special Needs*, by Stanley Greenspan & Serena Wieder
- *Kids Explore the Gifts of Children With Special Needs*, by Westridge Young Writers Workshop
- *When the School Says No... How to Get the Yes! - Securing Special Education Services for Your Child*, by Vaughn K. Lauer
- *Learning Disabilities and Self Esteem: Look What You've Done - Stories of Hope and Resilience*, Parent Guide by Dr. Robert Brooks
- *Understanding Learning Disabilities - How Difficult Can This Be*, Discussion Leader's Guide, by Richard D. Lavoie

We are always here for additional information, resources, and support. You can contact us toll-free at **800-947-8074** or via email at info@wifostercareandadoption.org.



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