DISABILITY BASICS

Working with People with Disabilities

Mobility Disabilities
- Variation within disability group: spinal cord injury, cerebral palsy, polio/post-polio, spina bifida, stroke, muscular dystrophy, rheumatoid arthritis
- Considerations:
  - Language: “Person with a spinal cord injury”/“Wheelchair user”
  - Be considerate of the extra time it may take someone to move around or complete a task
  - Make sure the space you are using is accessible
  - A person’s wheelchair is a part of their personal space
  - Being at a person’s eye level is always a sign of respect
  - Ask the person if they need any assistance
  - REMEMBER: Difficulty with mobility does not indicate cognitive or hearing difficulty

Deaf and Hard of Hearing
- Individuals who are deaf and hard of hearing vary greatly in their degrees and types of hearing loss.
  - Hard of hearing: partial hearing loss and may be able to communicate in one-on-one situations
  - Deaf: have severe to profound hearing loss and must rely on visual modes of communication
  - Labels can also indicate cultural identity-someone may choose to identify with Deaf culture and use American Sign Language (ASL) regardless of the amount of hearing they have
- Considerations:
  - Language: “Person who is deaf /hard of hearing” (not hearing impaired)
  - Find out individual’s preferred mode of communication (interpreter, writing on paper, reading lips)
  - To get their attention wave your hand, tap on shoulder, or flicker the lights.
  - Speak to the person, regardless of whether or not they use an interpreter.
  - Reduce background noise. Avoid backlight.
  - Face person and make eye contact when speaking to them.
  - Keep objects away from mouth.
  - Repeat, then rephrase.
  - Speak slowly and clearly.
  - Write down important information.

Medical Disabilities
- Variation within disability group: heart conditions, sickle cell anemia, kidney disease, diabetes, seizure disorders, cancer, migraines, multiple sclerosis, lupus, fibromyalgia
- Considerations:
  - Language: “A person with…”
  - May experience fatigue (mental, physical, muscular)
  - May experience fluctuating symptoms or periods of remission and relapse
  - Often are not visible
  - Get facts before acting on your first impression (ask if a person needs help instead of assuming).
  - Be sensitive of the condition of the air/light in the space
Blind or Low Vision

- Individuals with visual disabilities are so varied that they can often be difficult to detect. They may appear to move about without assistance and read texts.
- Considerations:
  - Language: “A person who is blind/has low vision”
  - Identify yourself before making physical contact
  - Offer a tour of the space you are in; if things have been moved offer to describe the changes.
  - Keep walkways clear of obstructions.
  - Describe things instead of pointing at them.
  - If needed, offer your arm as a guide as opposed to taking the persons.
  - A person’s cane is part of their personal space.
  - A service dog, when in their harness, is working and needs to concentrate.
  - Good lighting is important; talk with individual about what is best for them.
  - REMEMBER: Difficulty with sight does not indicate difficulty with hearing.

Traumatic Brain Injury (TBI)

- Can be from an open or closed head trauma and the impact of the injury can vary greatly.
- Considerations:
  - Language: “A person with a brain injury”
  - Possible areas that TBI is manifested:
    - More impulsive, distractible, socially inappropriate.
    - Discrepancies in ability levels.
    - Learns some material quickly, some much slower.
    - Problems generalizing skills and information.
    - Comprehension may decrease as complexity/amount of material increases.
    - May need multiple formats and/or strategies to learn material.
    - Individuals may not disclose they have a TBI. If they do, discuss what areas are impacted for them.

Psychological Disabilities

- Variation within disability group: anxiety, depression, bi-polar, eating disorder, post-traumatic stress disorder
- Considerations:
  - Language: “A person with anxiety”
  - Many psychological disabilities are diagnosed between ages 18-24
  - Psychological disabilities often have greater stigma than physical or medical disabilities
  - If individual discloses they have a psychological diagnosis:
    - Try to keep stress to a minimum as it can affect functioning
    - Give permission for individual to ask clarifying questions as disability/medication can affect concentration.
    - Be aware of environmental stressors.
  - Likely individual will not disclose. Think about:
    - Being aware of words we use; “They’re crazy.” “They should be on medication.”
    - What stereotypes/assumptions we carry
    - How would you react if a student were to disclose
Attention Deficit Hyperactivity Disorder (ADHD)
• Variation within disability group: Hyperactive Type, Inattentive Type, Combined Type
• Considerations:
  • Language: “A person with ADHD”
  • May have difficulty processing information at a fast pace
  • If person appears to be distracted or unfocused try to bring them back to the point
  • Write down important information
  • Ask if they need clarification or have any questions

Learning Disabilities
• Variation within disability group: Reading Disorder (Dyslexia), Written Expression Disorder (Dysgraphia), Mathematics Disorder, or Learning Disability Not Otherwise Specified (NOS)
• Considerations:
  • Language: “A person with a learning disability”
  • A learning disability is not indicative of a low IQ
  • May need to provide information in different formats

Autism Spectrum Disorder (ASD) and Asperger’s Syndrome
• A continuum of symptoms and specific diagnoses that are identified by impairment in thinking, feeling, language, and the ability to relate to others
• Considerations:
  • Language: “A person with Autism” or “A person with Asperger’s”
  • People with ASD diagnoses are often incredibly bright but may be seen as “a bit odd”
  • May struggle with group work, social interactions, or engaging in social functions
  • Often have difficulty maintaining eye contact
  • May have difficulty seeing other perspectives or points of view

THINGS TO REMEMBER
• Some people have more than one disability
• People can be affected differently by the same diagnosis
• Some disabilities can fluctuate and change from day to day and over time
• A disability is only one aspect of a person’s identity
• Disability does not always mean inability
• Ask how a person does something, not if they do it
  “How do you use a computer?” vs. “Can you use a computer?”
CULTURAL COMPETENCY

- Shake hands/greet the individual as you would with anyone else.
- Always talk directly to the person that you are working with.
- Speak calmly, slowly, and distinctly and face the person when you are speaking to them.
- Ask the person if they need assistance before you try to help.
- Use person first language.
- Don’t make assumptions.
- Give compliments and have conversations as you normally would. Don’t overdo it.
- If it takes longer for someone to speak, be willing to wait and do not finish their sentences for them.
- Remember that disability in one area does not indicate disability in another.
- Assess with them what their options are and always ask them what would be best for them.
- Use common sense and be sensitive. Talk as you normally would but be considerate.

Language Use Relating to Disability

<table>
<thead>
<tr>
<th>PREFERRED TERMS</th>
<th>OUTDATED TERMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A person with a disability</td>
<td>Disabled person</td>
</tr>
<tr>
<td>Woman with epilepsy</td>
<td>Epileptic woman</td>
</tr>
<tr>
<td>Living with Lupus</td>
<td>Suffering from Lupus</td>
</tr>
<tr>
<td>Stroke survivor</td>
<td>Stroke victim</td>
</tr>
<tr>
<td>Wheelchair user/Uses a wheelchair</td>
<td>Wheelchair bound/confined to a wheelchair</td>
</tr>
<tr>
<td>Accessible seating/parking</td>
<td>Handicapped seating/parking</td>
</tr>
</tbody>
</table>

Accommodation Statement

If you need accommodations for this event, please contact (name) at (email, phone) five business days in advance.

For More Information

The disABILITY Advocate Program is presented by Services for Students with Disabilities. For more information or to schedule a training, please contact SSD at (512) 471-6259 or ssd@austin.utexas.edu