

ATTACHMENT A

LANGUAGE AND TERMINOLOGY RELATING TO PERSONS WITH DISABILITIES

Why is the correct terminology important when referring to a person with a disability?

Language is the basis of your thoughts and attitudes about people with disabilities. Terminology continually evolves. Staying current is important, not to show that you are “politically correct,” but to communicate effectively and appropriately on the subject of disability. Without being aware of what is current and appropriate language, a person may inadvertently offend another person or convey a message that they did not intend to convey. Using “people first” language emphasizes the individual and not your perception of any possible limitation caused by the presence of a disability.

What does “people first” language mean?

It means that you refer to a “person” first, then to his or her disability. For example, say a “person with a disability” rather than a “disabled person.” If you refer to a person by his or her disability, (i.e., blind person, deaf person, etc.), you inappropriately make that characteristic more important than his or her status as a person.

When should I mention that a person has a disability?

Use common sense. Let your choice of words be guided by an awareness of how people prefer to be described. Mention a person’s disability only if it is relevant to the issue. If it is not relevant, don’t mention it. Even more importantly, when you know a person’s name, use it first rather than an indirect reference to a “person with a disability.”

How do I avoid segregation when talking about people with disabilities?

Be careful not to use language like “we or they,” which suggests segregation. Avoid grouping all individuals with disabilities together. For example, do not refer to a particular group as “the disabled,” “the deaf,” or “the blind.”

I've heard so many different ways to describe persons with disabilities. How do I know what is correct?

Avoid trendy terminology like “challenged,” “handi-capable,” “differently-abled,” or “physically-challenged.” These terms are mostly invented and used by people without disabilities. Some people with disabilities may choose these terms, but the majority believe these terms are condescending and prefer they not be used. Most people with disabilities prefer to be called a “person with a disability” or a “person who has a disability.”

What is the proper way to speak to or write about someone who has a disability?

In speaking or writing, remember that children or adults with disabilities are like everyone else -- except they happen to have a disability. Therefore, here are a few tips for improving your language related to disabilities:

- speak of the person first, then the disability
- emphasize abilities, not limitations
- don't give unsolicited praise or attention to a person with a disability; don't patronize the person

How are the words “Impairment,” “Disability,” and “Handicap” different?

Each of these words has a distinctly different meaning. The following are definitions for each:

- **Impairment:** A deviation from normal development, structure or function. Examples where impairments can occur are: hearing (nerve damage), visual (glaucoma), mobility (crushed vertebrae causing paralysis).
- **Disability:** Refers to a functional limitation. Examples of disabilities are: 75% loss of hearing, tunnel vision, or paralysis from the neck down.
- **Handicap:** A situational disadvantage that people with disabilities often face. Examples of handicaps would be: a place of service not having a teletext typewriter (TTY) so that a person with a hearing loss can directly communicate with them by phone, or a person with tunnel vision not being able to obtain a driver's license. A handicap for a person with paralysis who uses a wheelchair

would be when that person can not get into a building because the only entrance has stairs.

What words should I use or avoid when referring to a person with a disability?

SAY	AVOID
Person with a disability	Cripple, Handicap, Invalid
Person who has... Person with...	Victim of, stricken with, afflicted with
Person who uses a wheelchair	Confined to a wheelchair, wheel-bound, restricted to a wheelchair
Person without a disability	Normal (implies that people with disabilities are abnormal)
Person who is deaf, hard of hearing or without speech who communicates in sign language	Deaf-mute, deaf and dumb
Person with mental illness or an emotional disorder	Crazy, insane, deranged
Person who has seizures	Fits, spastic
Person who has a congenital disability or a disability that has existed from birth	Birth defect
Person with mental retardation	Retard, imbecile, moron
Person who has Down's Syndrome	Mongoloid
Person who has Hansen's Disease	Leper, person with leprosy
Person who has epilepsy	Epileptic
Person who has a condition	Disease (unless it is a disease)
Person who has a cleft lip	Harelip

SAY	AVOID
Person who is paralyzed	Invalid or paralytic
Person who has hemiplegia	Hemiplegic
Person who has quadriplegia	Quadriplegic
Person who has paraplegia	Paraplegic
Person of short stature	Dwarf or midget
Person who has cerebral palsy	Palsied, or C.P., or spastic

Don't feel intimidated by the terminology. If you use simple terms, that's okay - but remember, simple does not mean childlike. Speak to or about adults like adults. People with disabilities are an integral part of the general public.

ATTACHMENT B

GOOD CUSTOMER SERVICE PRACTICES TO KEEP IN MIND AS YOU ENCOUNTER MEMBERS OF THE PUBLIC WHO HAVE DISABILITIES

What do I do when a person with a disability enters my program?

Do not be afraid to make a mistake when meeting someone with a disability. Try following the suggestions below and imagine how *you* would react if you were in a similar situation. Keep in mind that a person who has a disability is a person and, like anyone, is entitled to the dignity, consideration, respect and rights you expect for yourself.

- **Place the person before the disability** out of respect for individual uniqueness. Say “person with a disability” rather than “disabled person.”
- **Avoid referring to a person by the disability that person has**, e.g., “an epileptic.” A person is not a condition. Rather, he or she is “a person who has epilepsy.”
- **A person is not “bound” or “confined” to a wheelchair.** He or she uses the wheelchair to increase mobility and to enhance freedom. It is more accurate to say, “person who uses a wheelchair” or “wheelchair user.”
- **Treat adults as adults.** Address a person with a disability by his or her first name only when extending the same familiarity to all others present. (Never patronize a person by patting him or her on the head or shoulder.)
- **Relax.** If you don’t know what to do, allow the person who has a disability to help put you at ease.
- **If you offer assistance, wait until the offer is accepted.** Then listen for or ask for instructions. Respect the person’s right to indicate the kind of help needed. Do not be offended if your help is not accepted, and you need not insist. Some people may well be able to help themselves.
- **Speak directly to the person with the disability.** Even if the individual with a disability is accompanied by a friend or family member, remember that your conversation is with that person, not the friend or family member there.
- **Be considerate** of the extra time it may take for a person with a disability to get things said or done.
- **Keep a clipboard handy** at the service counter for an individual unable to reach or to use the counter when signing papers.

- **Know where accessible services are located.** Learn where the accessible restrooms, dressing rooms, drinking fountains, and telephones, including TTYs and telephones with amplification, are located.

The following are some suggestions on how to interact with individuals who have specific disabilities:

HEARING DISABILITIES

- **Ask** people how they prefer to communicate.
- **To get the attention of a person with a hearing impairment,** lightly touch the individual or wave your hand. Look directly at the person and speak clearly, slowly and expressively to establish whether or not the person can read your lips. Not all people who are deaf or hard of hearing can lipread. For those who do lipread, be sensitive to their needs by positioning yourself facing them and the light source. Keep your hands or other objects away from your mouth when speaking.
- **Use a normal tone of voice** unless you are asked to raise your voice. Shouting or exaggerating your words will be of no help.
- **If you cannot understand what is said,** ask the person to repeat it or write it down. Do not act as if you understand unless you do.
- **If the person cannot lipread,** you can try communicating by writing notes. However, an individual who is deaf may not be proficient in written English because American Sign Language (ASL), rather than English, may be the person's first language.
- **If a person who is deaf is using an interpreter,** always speak directly to the person, not the interpreter.

SPEECH DISABILITIES

- **If you have trouble understanding a person's speech,** do not be afraid to ask the person to repeat what the person is saying even three or four times. It is better for the person to know that you do not understand rather than making an error or doing the wrong thing. If you still cannot communicate, try using paper and pen or asking the person to spell the message. Communication is your goal.
- **Repeat what you heard back to the person.** Ask if you understood correctly.
- **Speech disabilities do not imply limited intelligence.** A person with a speech impairment does have things to say worth understanding.
- **Do not simplify your own speech or raise your voice.** Remember, the person can hear and understand you.

PHYSICAL DISABILITIES

- **Shake hands when it is appropriate.** A person with limited hand use or who uses a prosthesis can usually shake hands.
- **Don't lean or hang on to a person's wheelchair.** This is similar to leaning or hanging on a person and is generally considered annoying. The chair is part of the personal body space of the person who uses it. Stand next to the person's wheelchair rather than lean or hold on to it.
- **Ask if the person needs assistance. If yes, let the person know when you are ready to start pushing his or her chair.** Don't go too fast. Be aware of the distance between the chair and other people. It is embarrassing for you and the person to "clip" strangers. When negotiating up or down steps, ramps, or curbs, ask the person how he or she would like to proceed.
- **Try to position yourself at eye level.** When speaking to a person using a wheelchair for more than a few minutes, try to find a seat for yourself so the two of you are at eye level.
- **Ask for permission** before moving someone's cane, crutches, or walker.

COGNITIVE DISABILITIES

This disability includes individuals with mental retardation, mental illness, head injuries, learning disabilities, strokes, and other people who may experience difficulty processing information. Interact with the person who has a cognitive disability as a person first.

- **If you are not being understood**, adjust your method of communicating by using concrete rather than abstract terms. Use direct words and/or gestures, easy diagrams, or demonstrations. For example, demonstrating how to use a key card to open the door. Allow time for the information to be fully understood.
- **Present your information** in a clear, concise, concrete and simple manner. Sometimes supplementary forms of visual communication (such as gestures, diagrams, or demonstrations) are helpful.
- **When necessary, repeat information** using different wording or a different communication approach. Allow time for the information to be fully understood.
- **Allow time** for people who may respond slowly. Remember that a slow response or lack of response does not necessarily mean the individual is not aware of you or what you said. Allow time for an individual with a developmental disability to respond, in their own manner.
- **When offering help**, wait until your offer is accepted before doing anything.
- **Do not assume a person can read well.** Some people may not read at all.

VISUAL DISABILITIES

- **Identify yourself** and let the person know you are speaking to them by gently touching their arm. If you leave the individual's immediate vicinity, notify the individual so they will not be embarrassed by talking to empty space.
- **Speak directly facing the person.** Your voice will orient the individual. Your natural speaking tone is sufficient. Blindness is not deafness.
- **When giving directions**, be as specific as possible and describe obstacles in the path of travel. Use clock cues: "The desk is at 6 o'clock."
- **When offering assistance as a guide**, offer your arm and say, "Would you like to take my left (or right) arm?" then allow the individual to decline or accept. Directions should correspond to the way the person is facing. The movements of your arm will let the person know what to expect. Never grasp or pull the person.

- **When leading an individual through a narrow space** such as an aisle, place the arm he or she is holding behind your back as a signal to walk directly behind you and give verbal instructions to this effect.
- **When guiding an individual through a doorway**, inform the person about whether the door opens in or out and to the right or to the left.
- **Before ascending or descending a step or stairs**, come to a complete stop, inform the individual regarding the direction of the stairs (up or down) and approximately how many steps there are. If a handrail is available, inform the person of its location. Individuals with visual impairments can use escalators, but may prefer using elevators. Ask the individual which option they prefer and whether assistance is necessary.
- **When showing an individual to a chair**, place their hand on the back. They will not require further assistance in seating.
- **Individuals and their service animals cannot be prohibited from entering the public area of any public facility.** If an individual is using a service animal, the animal's attention should not be diverted, and it is important not to speak to or pet the service animal.
- **It is not necessary** to avoid using common words like "look" or "see" when assisting an individual who is blind or visually impaired.
- **When making change**, count the bills separately and identify each denomination as you hand them back to the person. This is not necessary with coins since they are known by touch.
- **Staff may offer to read the printed information** to the person if the person is alone or with other people who are unable to read. If Braille format is available, offer it to the person, but do not be surprised if the person would rather have the printed information read aloud. Many people who are blind do not read Braille.

ENVIRONMENTAL ILLNESS (EI) or MULTIPLE CHEMICAL SENSITIVITY (MCS)

Environmental Illness (EI), or Multiple Chemical Sensitivity (MCS) Syndrome, is an immune system disorder which involves severe reactions to many everyday chemicals and products.

A person with EI has a systemic physical reaction to petrochemicals, formaldehyde and coal-tar derivatives present in auto exhaust, synthetic fabrics, artificial fragrances, cleaning products, fresh paint, new building materials, pesticides, cigarette smoke, (as well as the chemical residue it leaves on clothing and hair). Many people with EI also develop allergies to dust, pollen, animal dander, molds and/or entire food groups as the immune system struggles to cope with the stress of chemical overload.

The following are some suggestions to show consideration for people who have EI:

- **Use unscented** personal care products and unscented laundry preparations.
- **Do not wear perfumes or scents** to an EI accessible event. A person with severe EI may not be able to enter most buildings or attend public functions, since a person with EI needs to reduce their exposure to harmful substances. In order to make an event accessible to people with EI, all who attend should be reminded not to wear perfumes or scented products. Scented products include: soap, shampoo, hair conditioner, hair mousse, lotion, cosmetics, essential oil, deodorant, laundry detergent, fabric softener/antistatic laundry additives (e.g., “Bounce”), hairspray, lip balm, analgesic balm, mothballs, and insect repellent.
- **Realize that a mild fragrance can constitute a toxic exposure for a person** with EI. EI reactions commonly include migraine headaches, fatigue, muscle weakness, gastrointestinal disturbances, arthritic pain, cerebral or behavioral symptoms such as confusion, forgetfulness, agitation and mood swings, and more familiar allergic symptoms like asthma and hives. Exact sensitivities vary from person to person, and reactions vary in intensity and duration, usually lasting from a few hours to several days. Individual tolerance levels on a given day may be influenced by variables such as humidity, air pollution, stress, and cumulative exposure loads.