

## 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

PREFERRED TERMS	OUTDATED TERMS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

### 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](mailto:ssd@austin.utexas.edu)

