



VSA arts

Access and Opportunities

A Guide to Disability Awareness

Introduction

Access and Opportunities: A Guide to Disability Awareness was prepared by VSA arts as an informational tool for those who want to gain additional knowledge about disability and tips for social etiquette and positive interactions. When the first edition of the Guide was printed in 1992, it instantly became VSA arts' most frequently requested publication. Artists, educators and others found it to be a valuable resource in beginning their understanding of people with disabilities.

This revised edition contains updated information on the Americans with Disabilities Act (ADA), as well as recent information about people with specific disabilities. The new edition also includes a chapter on the history of the disability movement to give readers a more complete understanding of the issues surrounding the disability community. An online version of the Guide is available on VSA arts' Web site at www.vsarts.org/bestpractices/dag/index.html.

The Guide should be viewed as a starting point for readers to increase their basic knowledge, initiate discussion, and clarify myths and facts about people with disabilities. It is a tool that will start readers on their way to a better understanding of disability issues and the disability community as a whole.



VSA arts

Promoting the Creative Power
in People with Disabilities



VSA arts is an international, nonprofit organization dedicated to providing educational opportunities through the arts for children and adults with disabilities. Each year, VSA arts brings the power of the arts into the lives of more than 5.5 million people with disabilities.

Founded in 1974 by Jean Kennedy Smith as an affiliate of The John F. Kennedy Center for the Performing Arts, the organization offers comprehensive programs in music, dance, drama, creative writing and the visual arts. These programs are implemented through a network of affiliates across the United States and in more than 60 other countries worldwide.

VSA arts
1300 Connecticut Avenue, NW
Suite 700
Washington, D.C. 20036
(800) 933-8721 (v)
(202) 737-0725 (fax)
(202) 737-0645 (tty)
<http://www.vsarts.org/>
Email: info@vsarts.org

Part of the mission of VSA arts is to educate the public about people with disabilities by illustrating the valuable contributions they make to our communities. It is through such education that information is exchanged, curiosity is satisfied, and ignorance and fear subside. The results are true recognition, appreciation and inclusion of diverse individuals in our society. Through art exhibitions at VSA arts galleries, educational symposia, publications and public awareness tools, VSA arts provides information and resources on the arts, disability and culture.

VSA arts believes that the arts play a vital role in the lives of all people. They give us a universal language through which we enhance education, communicate experiences and unite diverse cultures. VSA arts serves to communicate the power of the arts as a means to develop learning skills, encourage independence, promote inclusion and positively shape the lives of people with disabilities.

ABOUT VSA ARTS

Blindness and Visual Impairments

The International Council for Education of People with Visual Impairment (ICEVI) states that more than 35 million people in the world are blind, and another 15 million are considered to have a visual impairment. When discussing blindness or visual impairments, many different terms are used to describe varying degrees of vision loss. According to the National Information Center for Children and Youth with Disabilities, low vision and legal blindness can be defined in the following ways:

“Low vision” generally refers to a severe visual impairment, not necessarily limited to distance vision. Low vision applies to all individuals with sight who are unable to read the newspaper at a normal viewing distance, even with the aid of eyeglasses or contact lenses.

“Legally blind” indicates that a person has less than 20/200 vision in the better eye (with corrective lenses) or a very limited field of vision (20 degrees at its widest point).

“Visual impairment” is the condition of having some usable vision. People with severe visual impairments cannot read newsprint with glasses. Visual impairments also include conditions such as tunnel vision and color blindness. People who have congenital blindness have been without sight since early childhood or birth. People who have adventitious blindness

lost their sight later in life. It is important to differentiate between these two conditions because of the diversity among people with these two different types of blindness.

SUGGESTIONS TO IMPROVE ACCESS AND POSITIVE INTERACTIONS

- To guide a person who is blind, let him or her take your arm. If you encounter steps, curbs or other obstacles, identify them and pause briefly before proceeding.
- Speak directly to the person in a normal tone and speed.
- Do not pet or play with a working guide or service dog.
- When entering or leaving a room, say so.
- When a person who has a visual impairment is meeting many people, introduce them individually.
- Remove displays or other objects; avoid clutter; use large letter signs; raise low-hanging signs or lights.
- Use alternative formats for written materials.

VSA arts-Rated BEST RESOURCE
for more information:

American Foundation for the Blind
11 Penn Plaza, Suite 300
New York, NY 10001
(800) 232-5463 (v)
(212) 502-7662 (tty)
<http://www.afb.org/default.asp>

Deafness and Hearing Impairments

According to the National Center for Health Statistics, there are approximately 20 million Americans who have some degree of hearing impairment, ranging from mild to profound. Some people have hearing losses of the outer or middle ear that can be assisted through the use of hearing aids or surgery, while others have more severe hearing losses of the inner ear, which produce sound distortions.

While there are no clear figures, the National Center for Health Statistics estimates that 550,000 Americans are completely deaf. Deafness can be caused by a number of different factors, including genetics, viral infections, tumors, strokes, and prolonged exposure to high noise levels, among other causes. The Medical Reference Library states that minor decreases in hearing, especially of higher frequencies, are normal after age 20. Some nerve deafness (or loss of hearing) affects 1 out of 5 people by age 55. It usually comes on gradually and rarely ends in complete deafness.

VSA arts-Rated BEST RESOURCE
for more information:

SHHH: Self Help for Hard of Hearing People
7910 Woodmont Ave., Suite 1200
Bethesda, MD 20814
(301) 657-2248 (v)
(301) 657-2249 (tty)
<http://www.shhh.org/>

It is important to understand that for people who are deaf, the major issue is not their inability to hear, but the challenges they experience in communicating with hearing people. Many persons who are deaf learn to use their voices in speech class and prefer to communicate verbally. Others choose to communicate in a variety of other ways, including sign language, speech reading (also known as lip reading), cued speech and writing.

SUGGESTIONS TO IMPROVE ACCESS AND POSITIVE INTERACTIONS

- Using a normal tone, speak clearly and distinctly.
- Use facial expressions, body language and pantomime.
- If a sign language interpreter is involved, speak directly to the person who is deaf, not the interpreter.
- Ask the person to repeat himself or herself if you do not understand.
- Avoid standing in front of a light source or window that might silhouette your face, making it difficult to see you clearly.
- Install a Teletypewriter (TTY) in your office.
- Learn how to find a sign language interpreter on short notice.
- Arrange for people with hearing impairments to sit near the speaker in lecture/performance situations.

Learning Disabilities

Learning disabilities are manifested by significant difficulties in listening, speaking, reading, writing, reasoning and/or mathematical ability. The primary problems do not involve collecting information (as in sensory disabilities), but in interpreting, translating or recalling information. Learning disabilities are intrinsic to the person, presumed to be due to central nervous system dysfunction, and may occur throughout one's lifespan. Learning disabilities range from mild to very severe; and, according to the National Institutes of Health, they affect nearly 4 million school-age children. In addition, the Learning Disabilities Association of America states that there are roughly 2.5 million Americans with learning disabilities ages 6 to 21 who are currently served under the Individuals with Disabilities Education Act (IDEA).

People with learning disabilities often have trouble learning sequences of tasks. This difficulty is sometimes mistaken for carelessness or lower intelligence. However, learning disabilities do not denote inferior intelligence. In fact, a majority of individuals with learning disabilities have normal intelligence and are fully capable of performing complex tasks that are not

impeded by their disabilities. Alternative teaching strategies can help people with learning disabilities learn to adapt and perform at academic levels comparable to their peers.

SUGGESTIONS TO IMPROVE ACCESS AND POSITIVE INTERACTIONS

- Be aware that occasional inattentiveness, distraction or loss of eye contact by a person with a learning disability is not unusual.
- When communicating with a person with a learning disability, discuss openly the preferred way to communicate.
- Be sensitive to the fact that some information processing problems may affect social skills.

VSA arts-Rated BEST RESOURCE
for more information:

National Institute for Literacy
1775 I Street, NW, Suite 730
Washington, D.C. 20006-2401
(202) 233-2064 (v)
(202) 233-2050 (fax)
Email: jcrawford@nifl.gov

VSA arts

LEARNING DISABILITIES

Attention Deficit Hyperactivity Disorder

Attention Deficit Hyperactivity Disorder (ADHD or ADD) is a persistent pattern of inattention, hyperactivity and impulsiveness that is more frequent and severe than behavior seen in individuals of a similar age. ADHD generally has an onset prior to the age of 7, but earlier symptoms may be diagnosed. While many children may exhibit some occasional signs of hyperactivity, those with ADHD exhibit a regular pattern of behavior at both school and home. According to the organization known as CHADD (Children and Adults with Attention Deficit/Hyperactivity Disorder), about 1% to 3% of the school-aged population have “full” ADHD syndrome, without symptoms of other disorders. Another 5% to 10% of the school-aged population have partial ADHD syndrome with other problems, such as anxiety and depression, present. Gender and age affect the ways in which people with ADHD express their symptoms. Boys are about three times more likely than girls to have symptoms of ADHD. Symptoms of ADHD decrease with age, but symptoms of associated features and related disorders increase with age. Between 30% and 50% of children still manifest symptoms into adulthood.

A common fallacy is that ADHD is a learning disability. It is not—ADHD is behavioral in nature and is characterized by impulsiveness and an inability to pay attention for more than a few minutes. This may cause some students to make mistakes in schoolwork or other tasks, but these mistakes are a result of their ADHD, not their ability to learn.

In the earlier years of research on attention deficit disorders, a distinction was made between Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD). However, CHADD states that although “other definitions have existed, these are different labels for the same conditions and can be interchanged”

SUGGESTIONS TO IMPROVE ACCESS AND POSITIVE INTERACTIONS

- Be patient when communicating with someone with ADHD.
- Give positive reinforcement.
- Decrease the length of tasks and divide tasks into smaller parts to be completed at different times.
- Take frequent breaks.
- Keep a consistent daily schedule.

VSA arts-Rated BEST RESOURCE
for more information:

Children and Adults with Attention Deficit/
Hyperactivity Disorder (CHADD)
8181 Professional Place, Suite 201
Landover, MD 20785
(800) 233-4050 (toll free)
(301) 306-7070 (v)
(301) 306-7090 (fax)
<http://www.chadd.org/>

Mental illnesses are biological brain disorders that can critically interfere with a person's ability to think, feel and relate to other people and the environment.

Mental illness is a commonly occurring disability in the United States. According to a 1988 study entitled "One Month Prevalence of Mental Disorders in the U.S.," perhaps one-third of the population will experience mental illness at one time in their lives. And, according to the National Alliance for the Mentally Ill, in any given year about 5 million Americans will have a form of mental illness—it is more common than diabetes, cancer or heart disease.

For many years, children were not thought to experience mental illness because they did not have to confront the stresses that adults face. Research now indicates, however, that children do have depression and anxiety disorders. The Research & Training Center at Portland State University in Oregon estimates that nearly 12 percent of the 63 million children in the United States have mental illnesses.

In a disability statistics report by the University of California, Institute for Health and Aging, mental illness is not considered a physically restricting condition, although it is ranked ninth out of 67 chronic

health conditions for causing activity limitation. The causes of mental illness are not known, but mental health professionals believe these disorders are due to a combination of biological, psychological and environmental factors.

SUGGESTIONS TO IMPROVE ACCESS AND POSITIVE INTERACTIONS

- Remember that people with mental illness do not have lower intelligence.
- Be aware that people with more severe mental illnesses may have difficulty processing or expressing emotions.
- Be sensitive to the fact that some people with mental illness may overreact to emotionally charged topics or conversations.
- Learn more about the nature of the person's diagnosed mental illness.

VSA arts-Rated BEST RESOURCE
for more information:

National Mental Health Association
1021 Prince Street
Alexandria, VA 22314
(800) 969-6642 (toll free)
(800) 433-5959 (tty)
<http://www.nmha.org/>

VSA arts

Hidden Disabilities

People with hidden disabilities have conditions such as cancer, epilepsy, diabetes, lung disease, kidney failure, hemophilia, hypertension, early stages of AIDS and heart disease. While their numbers are far greater than those of any one disability group, people with hidden disabilities often do not feel like they belong within the disability community because they are not considered to be “disabled enough” to fit into the group. People with hidden disabilities are caught between not being fully accepted as people without disabilities, and not being recognized as having “real” disabilities.

The lawmakers of the Americans with Disabilities Act (ADA) included people with hidden disabilities under the protection of the law. The law’s broad definition of disability includes people with histories of impairment and those who are perceived as having a disability. Further, ADA regulations encourage people with hidden disabilities to disclose their disabilities and seek the full protection of the law.

Children with hidden disabilities also are included under the Individuals with Disabilities Education Act (IDEA), the law that ensures a free and appropriate

public education for children with disabilities. Children in this category include those with asthma, sickle cell anemia, hemophilia, leukemia, diabetes and other conditions.

SUGGESTIONS TO IMPROVE ACCESS AND POSITIVE INTERACTIONS

- Provide an environment conducive to self-disclosure.
- Once a person has identified himself or herself as having a disability, an open and honest, confidential discussion can follow regarding the need for, and nature of, accommodations required.
- Ask questions that will help you provide appropriate accommodations.



VSA arts-Rated BEST RESOURCE
for more information:

National Health Information Center
P.O. Box 1133
Washington, D.C. 20013-1133
(800) 336-4797 (toll free)
(301) 984-4256 (fax)
<http://www.health.gov/nhic>
Email: info@nhic.org

A developmental disability is defined as a severe, chronic disability that is:

- Attributable to a mental or physical impairment or a combination of the two;
- Manifested before the person reaches age 22;
- Likely to continue indefinitely;
- Classified by substantial functional limitations; and
- Classified by a person's need for special, interdisciplinary or generic care, treatment or other services that are of lifelong or an extended duration.

Disabilities such as brain injury, autism, cerebral palsy and other neurological impairments may be considered developmental disabilities as well. For example, autism is a complex developmental disability that typically appears during the first three years of life. The result of a neurological disorder that affects the functioning of the brain, autism and its associated

behaviors have been estimated to occur in as many as 1 in 500 individuals, according to the Centers for Disease Control and Prevention. Children and adults with autism typically have difficulties in verbal and non-verbal communication, social interactions, and leisure or play activities. Persons with autism may exhibit repeated body movements (hand flapping, rocking), unusual responses to people or attachments to objects, and resistance to changes in routines.

Cerebral palsy is a condition caused by damage to the brain, usually occurring before, during or shortly after birth. According to the American Psychiatric Association, between 500,000 and 700,000 Americans have some degree of cerebral

continued on next page



Developmental Disabilities (continued)

continued from previous page

palsy. Cerebral palsy is characterized by an inability to fully control motor functions. This may include stiff and difficult movements, involuntary and uncontrolled movements, or a disturbed sense of balance and depth perception. People with cerebral palsy may exhibit spasms, mobility impairments, impairments in sight, hearing or speech, or mental retardation.

As defined by The Arc (formerly the Association for Retarded Citizens of the United States), a person is considered to have mental retardation when there is an intellectual functioning level (IQ) below 70 to 75; significant limitations exist in two or more adaptive skill areas; and the onset of the condition occurs before age 18. There are four levels of mental retardation—mild, moderate, severe and profound. Based on the 1990 U.S. Census, an estimated 6.2 to 7.5 million people have mental retardation. Causes of mental retardation range from genetic disorders to lead poisoning, but The Arc states that the three major causes are Down Syndrome, Fetal Alcohol Syndrome and Fragile-X.

Down Syndrome, the most common cause of mental retardation, is a condition caused by a chromosomal abnormality in which cell development inexplicably results in 47 instead of 46 chromosomes. This extra chromosome affects the orderly development of the brain and body. The Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association approximates that each year 4,000 children are born with Down Syndrome in the United States. The level of mental retardation for persons with Down Syndrome may

range from mild to severe, with the majority functioning in the mild to moderate range.

Fetal Alcohol Syndrome (FAS) is the name given to a group of physical and mental birth defects that are the direct result of a woman's alcohol consumption during pregnancy. These mental and physical birth defects can include mental retardation, growth deficiencies, central nervous system dysfunction, craniofacial abnormalities and behavioral maladjustments. Not all women who drink alcohol during pregnancy have babies with FAS. Variables affecting outcome include genetics, cigarette smoking and other drug use, nutrition and time of use during pregnancy. According to the Centers for Disease Control and Prevention, the rate of babies born with health problems caused by Fetal Alcohol Syndrome increased six-fold from 1979 to 1993.

In 1991, scientists discovered the gene (called FMR1) that causes Fragile-X. In individuals who have Fragile-X syndrome, a defect in FMR1 shuts the gene down, preventing it from manufacturing the protein that it normally makes. According to the FRAXA Research Foundation, Fragile-X syndrome is the most common inherited cause of mental impairment, affecting approximately 1 in 2,000 males and 1 in 4,000 females worldwide. Symptoms of fragile X syndrome include mental impairment ranging from learning disabilities to mental retardation, attention deficit and hyperactivity, anxiety and unstable mood, autistic-like behaviors, long face, large ears, flat feet and hyperextensible joints.

SUGGESTIONS TO IMPROVE ACCESS AND POSITIVE INTERACTIONS

- Interact with the person with a developmental disability as a person first.
- Avoid talking about a person with a developmental disability when that person is present.
- Break down concepts into small, easy to understand components.
- If necessary, involve an advocate when communicating with a person with a developmental disability.

VSA arts-Rated BEST RESOURCE
for more information:

National Association of Developmental
Disabilities Council
1234 Massachusetts Avenue, NW, Suite 103
Washington, D.C. 20005
(202) 347-1234 (v)
(202) 347-4023 (fax)
<http://www.igc.apc.org/NADDC/>

Mobility impairments include a broad range of disabilities that affect a person's independent movement and cause limited mobility. Mobility impairments may result from cerebral palsy, spinal cord injury, stroke, arthritis, muscular dystrophy, amputation, polio or other conditions. According to the National Center for Medical Rehabilitation Research, an estimated 25 million people have mobility impairments, which may take the form of paralysis, muscle weakness, nerve damage, stiffness of the joints, or lack of balance or coordination. Only people whose mobility impairments substantially limit a major life activity are covered by the ADA.

The conditions that cause mobility impairments each have their own distinct characteristics. Some mobility impairments are acquired at birth, others are caused by accidents, illnesses or the natural process of aging.

For example, amputation is the removal of all or part of a limb. An amputation may occur as the result of an accident or as a surgical intervention for a medical condition. Prior to this century, amputation was commonly performed to prevent gangrene in a limb. When antibiotics came into use, wounds could be more effectively treated and many limbs were spared. Today, most amputations are for patients who have wounds that do not heal properly due to vascular disease, atherosclerosis and blood clots. Amputation may also be carried out to prevent the spread of cancer in the lower end of a limb. Current statistics regarding amputation are difficult to calculate, but the Handbook of Severe Disability states that "the National Health Service for Health Statistics of The U.S. Public Health Service estimated a prevalence of 311,000 amputees in 1970. An incidence of approximately 43,000 per year is estimated, of which 77% occur in males and 90% involve the legs."

Phantom pain is a sensation felt by a person who has had a limb amputated. According to information collected by the National Amputation Foundation, the sensation may be one of a crushing, cramping or twisted feeling in the absent body part. Some individuals may also feel an aching or burning pain where the extremity was. The sensation is caused by a stimulation along a nerve pathway, where the sensory ending has been severed in the amputated body part. The pain generally lasts between 2 and 3 months after the amputation, although some individuals have been noted to have sensation for years.

A definition provided by the Muscular Dystrophy Family Foundation describes Muscular Dystrophy (MD) as the common name for many progressive hereditary diseases that cause muscles to weaken and degenerate. MD is caused by altered genes, which prevent the body from manufacturing essential substances in adequate amounts to maintain and fuel the muscles. There are 40 different kinds of MD, and each type has its own hereditary pattern, age of onset and rate of muscle loss. In cases where heredity does not seem to be a factor, MD occurs because of a new gene mutation in the affected person or the parent(s) of that person.

Multiple Sclerosis Central, a Web site dedicated to providing information on MS, defines Multiple Sclerosis as a disease of the brain and spinal cord (Central Nervous System) in which the covering of the nerves is destroyed. This situation causes messages from the brain and spinal cord to interpret signals ineffectively, creating a multitude of different symptoms. Although each case of MS is unique, typical symptoms include problems with balance and coordination, bowel and bladder problems, fatigue, tremors and spasms, pain, weakness, cognitive problems, numbness and tingling and communication disorders

continued on next page

VSA arts

Mobility Impairments (continued)

continued from previous page

related to vision, speech and hearing.

The Polio Society defines polio, short for poliomyelitis, as a disease that can damage the nervous system and cause paralysis. The polio virus lives in the throat and intestinal tract of infected persons. The virus attacks the nerve cells that control muscle movements. Many people infected with the virus have few or no symptoms, and others have only short-term symptoms, such as headache, tiredness, fever, stiff neck and back, and muscle pain. More serious problems occur when the virus invades nerves in the brain and causes paralysis of the muscles used in swallowing and breathing. Invasion of the nerves in the spinal cord can cause paralysis of the arms, legs or trunk. Polio is most common in infants and young children, but complications occur most often in older persons. Post-polio is a name given to new symptoms of increased weakness, fatigue and muscle deterioration that occur in former polio victims after many years of relatively stable physical condition. This syndrome typically shows up in middle age or later.

Spina Bifida is the most common neural tube defect (NTD)—a serious birth defect that involves incomplete development of the brain, spinal cord and/or protective coverings for these organs. According to the Spina Bifida Association of America, this condition affects approximately one out of every 1,000 newborns in the United States. It results from the failure of the spine to close properly during the first month of pregnancy. In severe cases, the spinal cord protrudes through the back and may be covered by skin or a thin membrane. Surgery to close a newborn's back is generally performed within 24 hours after birth to minimize the risk of infection and to preserve existing function in the spinal cord. Because of the paralysis resulting from the damage to the spinal cord, people born with spina bifida may need surgeries and other extensive medical care.

Spinal Cord Injury is damage to the spinal cord that results in a loss of function such as mobility. Causes include motor vehicle accidents, falls, sports injuries (including diving accidents), and diseases such as polio and spina bifida. According to the National

Spinal Cord Association, approximately 450,000 Americans are living with spinal cord injuries, with 8,000 new injuries occurring each year.

SUGGESTIONS TO IMPROVE ACCESS AND POSITIVE INTERACTIONS

- If a person appears to have little grasping ability, do not be afraid to shake hands.
- Do not hold on to a person's wheelchair. It is a part of the person's body space and touching it or leaning on it are both inappropriate and dangerous.
- Talk directly to a person using a wheelchair, not to an attendant or third party.
- During a conversation with a person using a wheelchair, consider sitting down in order to share eye level.
- Avoid inappropriate terms such as "cripple," "confined to a wheelchair," "bed-ridden," "wheelchair-bound," "deformed" and "suffering from a disability." Instead, use terms such as "person with a physical disability" or "person who uses a wheelchair."
- Invite people with disabilities to serve on program boards and planning committees.
- Create an access policy to demonstrate your commitment to comply with the ADA and to include people with disabilities.
- Implement changes, if necessary, to make your programs and facilities accessible and compliant with the ADA.

VSA arts-Rated BEST RESOURCE
for more information:

National Rehabilitation Information Center
(NARIC)

1010 Wayne Avenue, Suite 800

Silver Spring, MD 20910

(800) 346-2742 (toll free)

(301) 562-2400 (v)

(301) 495-5626 (tty)

(301) 562-2401 (fax)

<http://www.naric.com/naric/>

Email: naricinfo@kra.com

Acquired Brain Injuries

Acquired brain injuries are caused by external physical forces applied to the head that occur suddenly in the course of normal development. The most common causes of acquired brain injuries are automobile accidents, falls, assaults and sports injuries. Acquired brain injuries typically result in total or partial brain damage that is diffuse or widespread; it is not usually confined to one area of the brain. Thus, impairments are multiple and can affect both cognitive abilities and physical functioning.

“The Incidence of Traumatic Brain Injury in the United States,” a Disability Statistics Abstract of the U.S. Department of Education, states that in the United States a person receives a traumatic brain injury every 15 seconds. Over 2 million such injuries occur each year, with about 25% severe enough to require hospital admission. Between 75,000 and 100,000 people die each year from acquired brain injuries, and such injuries are the leading cause of death and disability in children and young adults. Two-thirds of all persons sustaining acquired brain

injuries are younger than age 30.

People who sustain acquired brain injuries may experience physical symptoms, such as persistent headaches, fatigue, seizures, lack of motor coordination and sleeping disorders; cognitive symptoms, such as short and long-term memory loss, limited attention span, inability to make decisions and communication impairments; or behavioral/emotional symptoms, such as mood swings, depression, irritability, impulsivity and denial of the disability.

SUGGESTIONS TO IMPROVE ACCESS AND POSITIVE INTERACTIONS

- Repeat important information about the purpose, duration and guidelines for a workshop, class or meeting.
- Keep the environment distraction-free.
- Be aware that impulsiveness, irritability or egocentric behavior are possible from a person with an Acquired Brain Injury.
- Accentuate positive gains using frequent praise.

VSA arts-Rated BEST RESOURCE
for more information:

Brain Injury Association
105 North Alfred Street
Alexandria, VA 22314
(703) 236-6000 (v)
(703) 236-6001 (fax)
<http://www.biausa.org/>



VSA arts

ACQUIRED BRAIN INJURIES

Speaking with Awareness: “People-First” Language

Language shapes the way those around us speak and act toward one another and conveys the respect we have for others. The use of appropriate language about people with disabilities can be an important tool in building a community that accepts all people.

Appropriate language is both sensitive and accurate. VSA arts promotes the use of “people-first” language—language that puts the focus on the individual, rather than on a disability. “People-first” language helps us remember that people are unique individuals and that their abilities or disabilities are only part of who they are.

Affirmative Phrase: Person with a disability

Negative Phrase: The disabled; handicapped; crippled; suffers from a disability

Affirmative Phrase: Person who is blind; person with a visual impairment

Negative Phrase: The blind

Affirmative Phrase: Person who is deaf; person with a hearing impairment

Negative Phrase: The deaf; deaf and dumb; suffers a hearing loss

Affirmative Phrase: Person with mental illness

Negative Phrase: Crazy; psycho; lunatic

Affirmative Phrase: Person with mental retardation

Negative Phrase: Retarded; mentally defective

Affirmative Phrase: Person who uses a wheelchair

Negative Phrase: Confined or restricted to a wheelchair; wheelchair bound

Affirmative Phrase: Person with a physical disability; person with a mobility impairment

Negative Phrase: Cripple; lame; handicapped; deformed

SUGGESTIONS TO IMPROVE ACCESS AND POSITIVE INTERACTIONS

- Avoid euphemisms such as “physically challenged,” “special needs,” “differently abled” and “handi-capable.” Many disability groups object to these phrases because they are considered condescending and reinforce the idea that disabilities cannot be spoken of in an upfront and direct manner.
- Do not sensationalize a disability by using terms such as “afflicted with,” “suffers from” or “crippled with.” These expressions are considered offensive and inaccurate to people with disabilities.
- When referring to people who use wheelchairs, avoid terms such as “wheelchair bound” or “confined to a wheelchair.” Wheelchairs do not confine people with disabilities. They provide freedom of movement to assist individuals in traveling throughout the community.
- When writing or speaking about people with disabilities, emphasize abilities rather than limitations, focusing on a person’s accomplishments, creative talents or skills. This guideline does not mean avoiding mention of a person’s disability, but doing so in a respectful manner and only when relevant to the situation.

VSA arts-Rated BEST RESOURCE
for more information:

The Media Project
Research & Training Center on
Independent Living
4089 Dole Building
1000 Sunnyside Avenue
University of Kansas
Lawrence, KS 66045-7555
(785) 864-4095 (v/tty)
(785) 865-5063 (fax)
<http://www.rtcil.org/>

VSA arts

SPEAKING WITH AWARENESS

A Brief History of the Disability Movement

According to the U.S. Census, there are more than 54 million people with disabilities in the United States. Historically, the condition of having a disability has been viewed as tragic. Through ignorance and fear, people with disabilities were typically labeled beggars or indigents. The word “handicap” itself is said to derive from “cap in hand,” an activity familiarly associated with panhandling.

By the 19th century, it was common for people with disabilities to be institutionalized, and they were looked upon as patients or clients who needed curing. This practice had the effect of excluding people with disabilities from the larger society and implied that something was inherently and permanently wrong with them. It provided no room for integration, and perpetuated myths of inequality.

In the first half of the twentieth century, as thousands of WWI soldiers returned home, the first vocational rehabilitation acts were passed in the 1920s to provide services to WWI veterans with newly acquired disabilities. But perhaps the biggest changes within the disability rights movement came with the civil rights movements of the 1960s. As African Americans, women and other social minorities gained political consciousness, so did people with disabilities.

In the early 1970s, people with disabilities lobbied Congress to put civil rights language for people with disabilities into the 1972 Rehabilitation Act. The Act was vetoed by President Nixon. After a group of people with disabilities marched on Washington, a revised 1973 Rehabilitation Act was passed. For the first time in history, the civil rights of people with disabilities were protected by law.

Parallel to the disability rights movement was a movement in the 1970s to provide access to educational services for children and youth with disabilities. The Education for All Handicapped Children Act (P.L.

94-142) was passed in 1975 to ensure equal access to public education for students with disabilities. The Act, renamed the Individuals with Disabilities Education Act (IDEA) in 1990, called for a free and appropriate public education for every child with a disability, to be delivered in the least restrictive environment. Idea promotes the concept of inclusion, requiring that students with disabilities be educated in general education settings alongside students without disabilities to the maximum extent appropriate.

Despite changes in rehabilitation and education law, people with disabilities did not achieve broad civil rights until the enactment of the Americans with Disabilities Act (ADA) in 1990. This landmark federal anti-discrimination law ensures equal access to employment opportunities and public accommodations for people with disabilities. With this act, Congress identified the full participation, inclusion and integration of people with disabilities into society as a national goal.



VSA arts

The Americans with Disabilities Act (ADA) was passed to address and eliminate the major forms of discrimination faced daily by people with disabilities, and represents the most important civil rights legislation passed since the 1964 Civil Rights Act.

How is disability defined by law? In order to receive the protections of the ADA, a person must satisfy at least one of three conditions:

- Have a physical or mental impairment that substantially limits one or more major life activities, such as hearing, seeing, walking, breathing or speaking;
- Have a record of a substantially limiting impairment to a major life activity, such as a person who has recovered from cancer or an individual previously categorized as having a learning disability; or
- Be misperceived as having a substantially limiting impairment, which in reality is not substantial, such as controlled high blood pressure; or does not cause any substantial limitations, such as a facial scar or physical disfigurement.

EMPLOYMENT

The employment provisions of the ADA prohibit discrimination in all job-related practices and activities. The ADA requires that all employment decisions be made without reference to the existence or consequence of disability.

Employers are required to provide “reasonable accommodations” for workers with disabilities when such accommodations would not impose any “undue hardship” such as significant difficulty or expense to the overall business operation. The term “reasonable accommodation” may include such things as:

- Making the workspace physically accessible
- Acquisition or modification of equipment or devices
- Job restructuring, or modified work schedules
- Appropriate adjustment or modifications of training materials or policies
- Provision of qualified readers or interpreters

If an individual does not request an accommodation, an employer is not obligated to provide one.

ARCHITECTURAL AND COMMUNICATION BARRIERS

Inaccessibility affects the entire community, not only people with disabilities, but also other populations, such as pregnant women and elderly people. Title III of the ADA specifies that discrimination includes a failure to remove architectural or communication barriers in existing facilities if such removal is readily achievable (i.e., accomplishable without much difficulty or expense). Examples include adjustments such as adding grab bars in restrooms, lowering public telephones or adding Braille markings on elevator control buttons.

DISCRIMINATION AND OTHER BARRIERS

An attitudinal barrier is defined as a way of thinking or feeling that results in behavior that limits the potential of people with disabilities to function independently. The vast majority of the American public is neither positive nor negative toward people with disabilities. Most people just prefer not to think about disability at all. In order to overcome these attitudinal barriers, it is important that people educate themselves about the facts of disability and participate in community programs that include all people.

SUGGESTIONS TO IMPROVE ACCESS AND POSITIVE INTERACTIONS

- Offer assistance if asked, but do not insist.
- Focus on the abilities of every person, rather than on their disabilities.
- Be aware of limitations specific to a disability, but do not be overprotective.
- Make sure that parking areas, restrooms, and buildings in which you provide services or conduct meetings are architecturally and environmentally accessible to all people.
- Remember that accessibility to the full range of services you provide is legally required.
- Conduct outreach efforts to publicize your programs to people with disabilities.
- Ask a person with a disability to facilitate disability awareness training sessions with your staff to promote positive attitudes.
- Involve people with disabilities on advisory boards, planning committees, in positions of authority, and in the planning and presentation of programs.
- Assume responsibility for understanding the issues that affect people with disabilities.

VSA arts-Rated BEST RESOURCE
for more information:

Job Accommodation Network
West Virginia University
P.O. Box 6080
Morgantown, WV 26506-6080
(800) 536-7234 (v/tty)
(304) 293-5407 (fax)
<http://janweb.icdi.wvu.edu/>

The Value of the Arts in the Lives of People with Disabilities

From the beginning of a child's education to the time when he or she becomes an adult and pursues a career, studies have shown that the arts enhance both personal and academic success. Studies published in the *Journal of Research in Music Education* report that elementary school students who participate in music programs score higher in reading, mathematics, language and overall achievement tests. Recent reports from The College Board indicate that students who study the arts in high school earn higher S.A.T. scores. And the National Arts Education Center reports that students who participate in studio art courses improve their writing and vocabulary skills. All of these findings underscore the value of the arts in positively shaping the lives of all people.

This value is evident when we look at one of the largest segments of our population—people with disabilities. For hundreds of years, people with disabilities have fought negative images and stereotypes, and have often been denied equal opportunity within communities worldwide. Now, through the arts, we are breaking new ground. For people with disabilities, the arts represent a world of resources and opportunities, providing an outlet for creative expression and unlimited possibilities for personal, academic and professional success. And, because art is an infinite and unconditional field, people with disabilities are free to express themselves without physical, social or attitudinal barriers.

Marcel Proust wrote: "Only through art can we emerge from ourselves and know what another person sees." When we see art as the universal language that has the ability to unite all people, we understand the importance it has in the lives of people with disabilities. For a person who cannot speak, a dance performance may clearly communicate even the most complicated message. For a person with a mental disability who cannot communicate effectively through words, a painting rich with color and life may say more than verbal sentences ever could. And, for a person who has limited mobility, a song sung with emotion and spirit may elicit movement toward a state of clarity and joy. By engaging in the arts, people with disabilities are able to contribute to our workplaces and communities, help extinguish old stereotypes regarding disability, and create a global culture truly representative of all people.



VSA arts



Promoting the creative power in people with disabilities

Alternative formats of this publication are available upon request.

VSA ARTS
1300 CONNECTICUT AVENUE N.W., SUITE 700
WASHINGTON, D.C. 20036
(202) 628-2800 (VOICE) • (202) 737-0725 (FAX) • (202) 737-0645 (TTY)
[HTTP://WWW.VSARTS.ORG/](http://www.vsarts.org/)

The contents of this publication were developed under a grant from the Department of Education. However, those contents do not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the Federal Government.