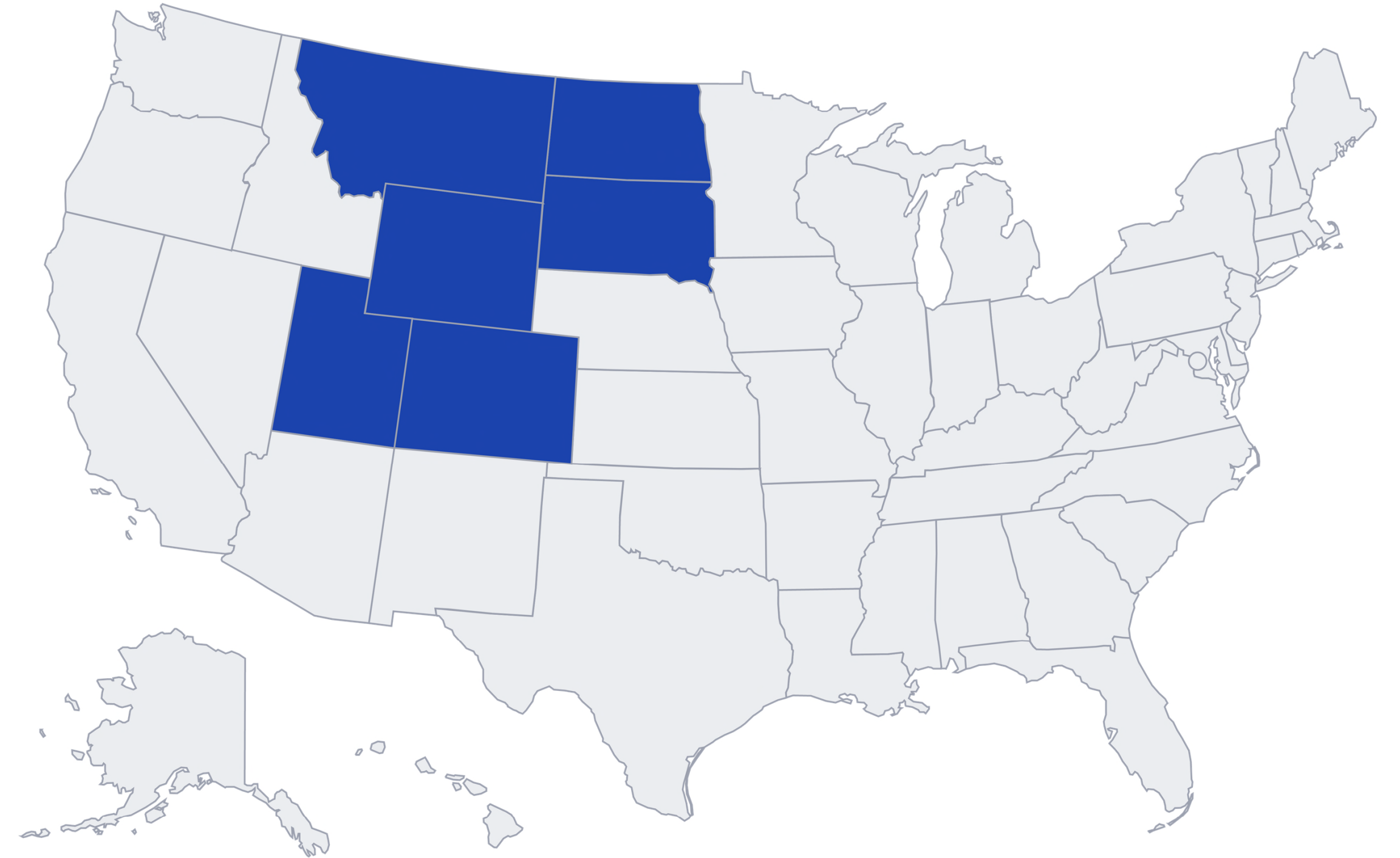




ROCKY MOUNTAIN  
A D A C E N T E R

C O • M T • N D • S D • U T • W Y

# Disability Awareness & Etiquette



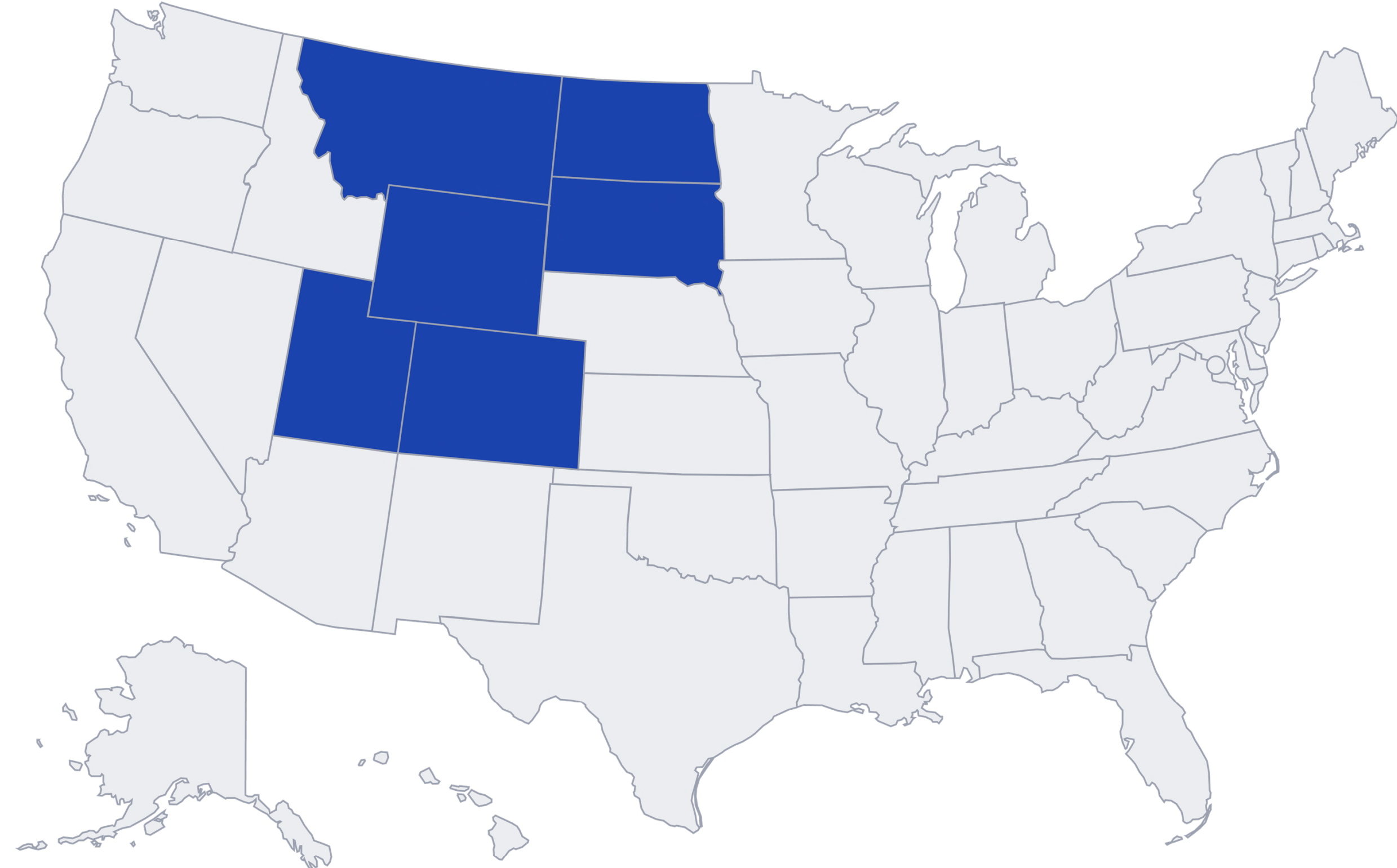


## ROCKY MOUNTAIN A D A C E N T E R

C O • M T • N D • S D • U T • W Y

Information, materials, and/or technical assistance are intended solely as informal guidance, and are neither a determination of your legal rights or responsibilities under the ADA, nor binding on any agency with enforcement responsibility under the ADA.

The Rocky Mountain ADA Center, operated by Meeting the Challenge, Inc., is funded under a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR grant number 90DP0018-01-00) to provide technical assistance, training, and materials to Colorado, Utah, Montana, North Dakota, South Dakota, and Wyoming on the Americans with Disabilities Act.





Technical Assistance

Refer & Network

Conduct Research

Provide Training

Publish & Share Materials

Social Media

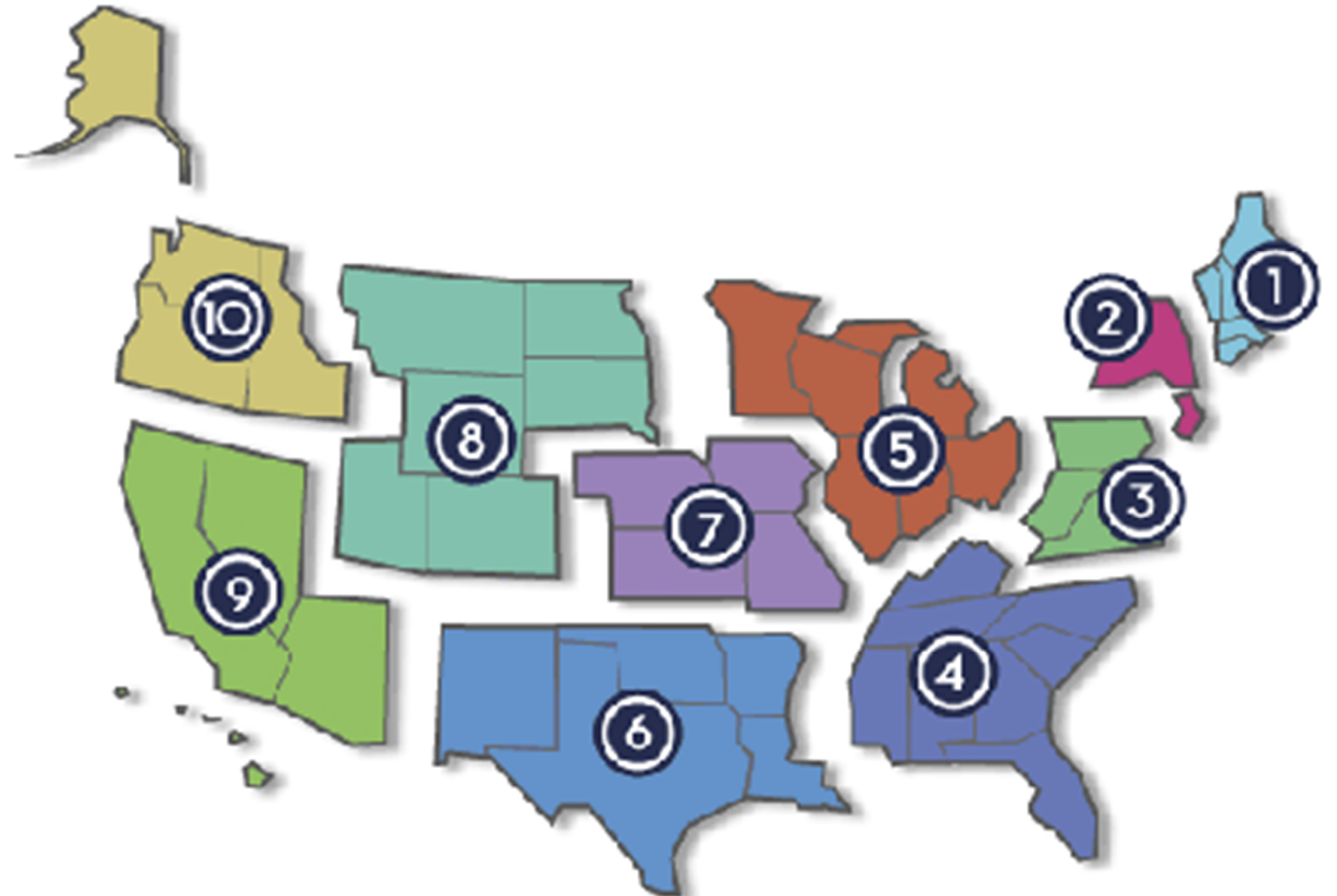


Contact Information

# Regional ADA Centers

## 1-800-949-4232

## [www.adata.org](http://www.adata.org)









# Why Access Matters



Can acquire this  
identity today



Largest minority  
group in the  
country & world



Reported number  
likely lower than  
reality. Conflicts with  
other identities



Fear of stereotypes  
& discrimination.  
Underdiagnosed or  
misdiagnosed



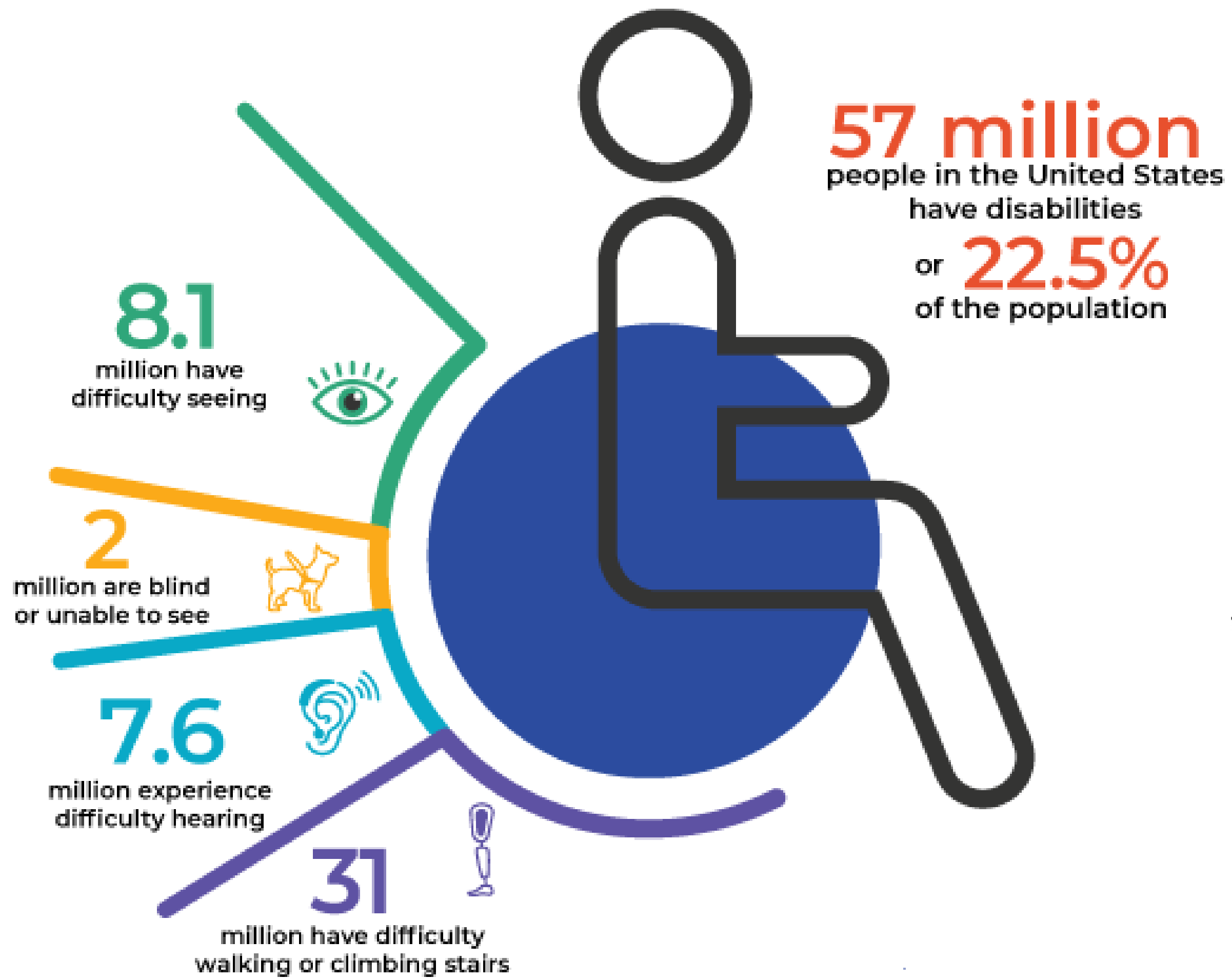
# Definition of Disability

- Broad coverage to maximum extent permitted
- Defines disability as:
  - Physical or mental impairment that substantially limits one or more major life activity
  - Record of impairment which substantially limits
  - Regarded by others as having

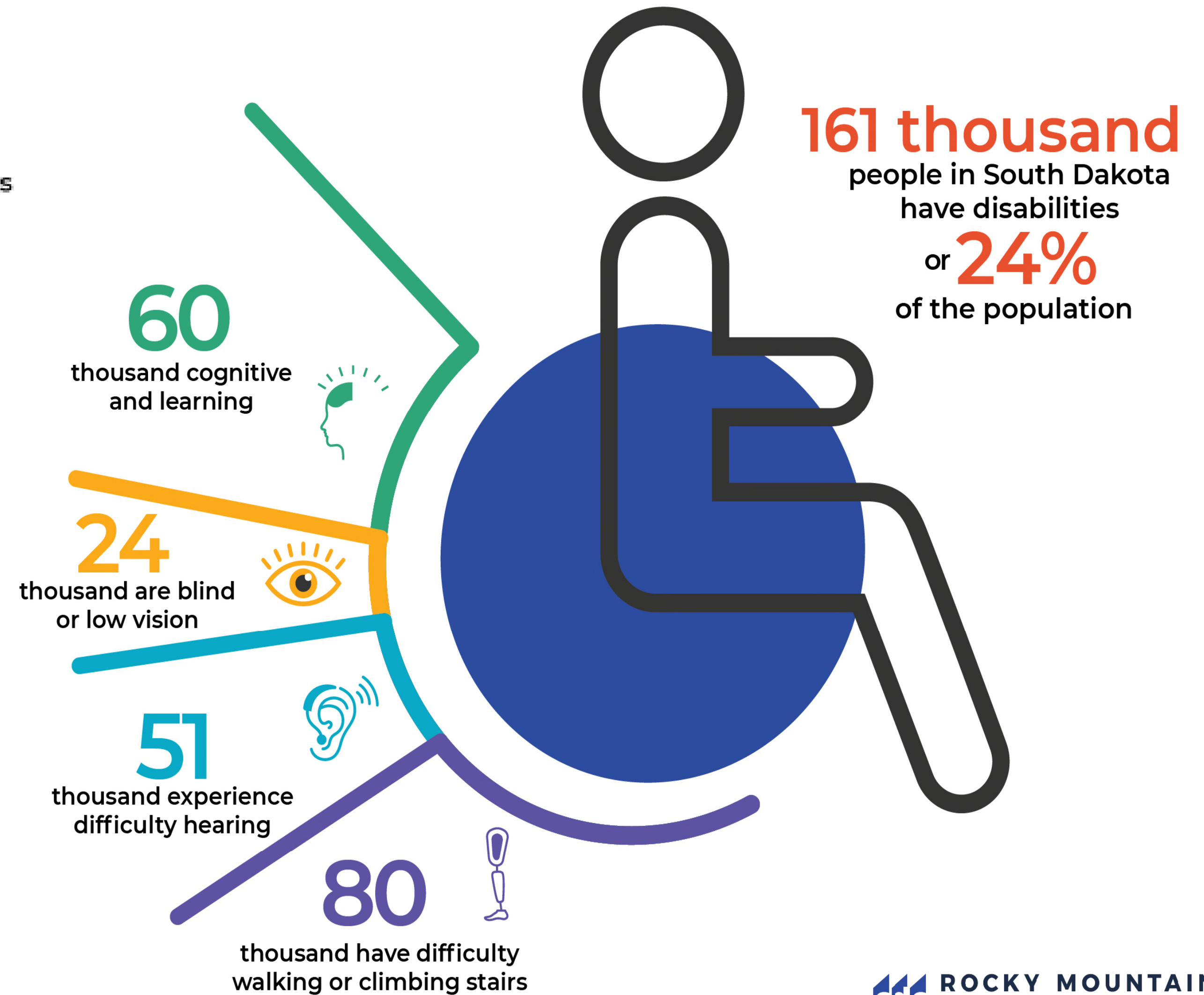




# American Disabilities

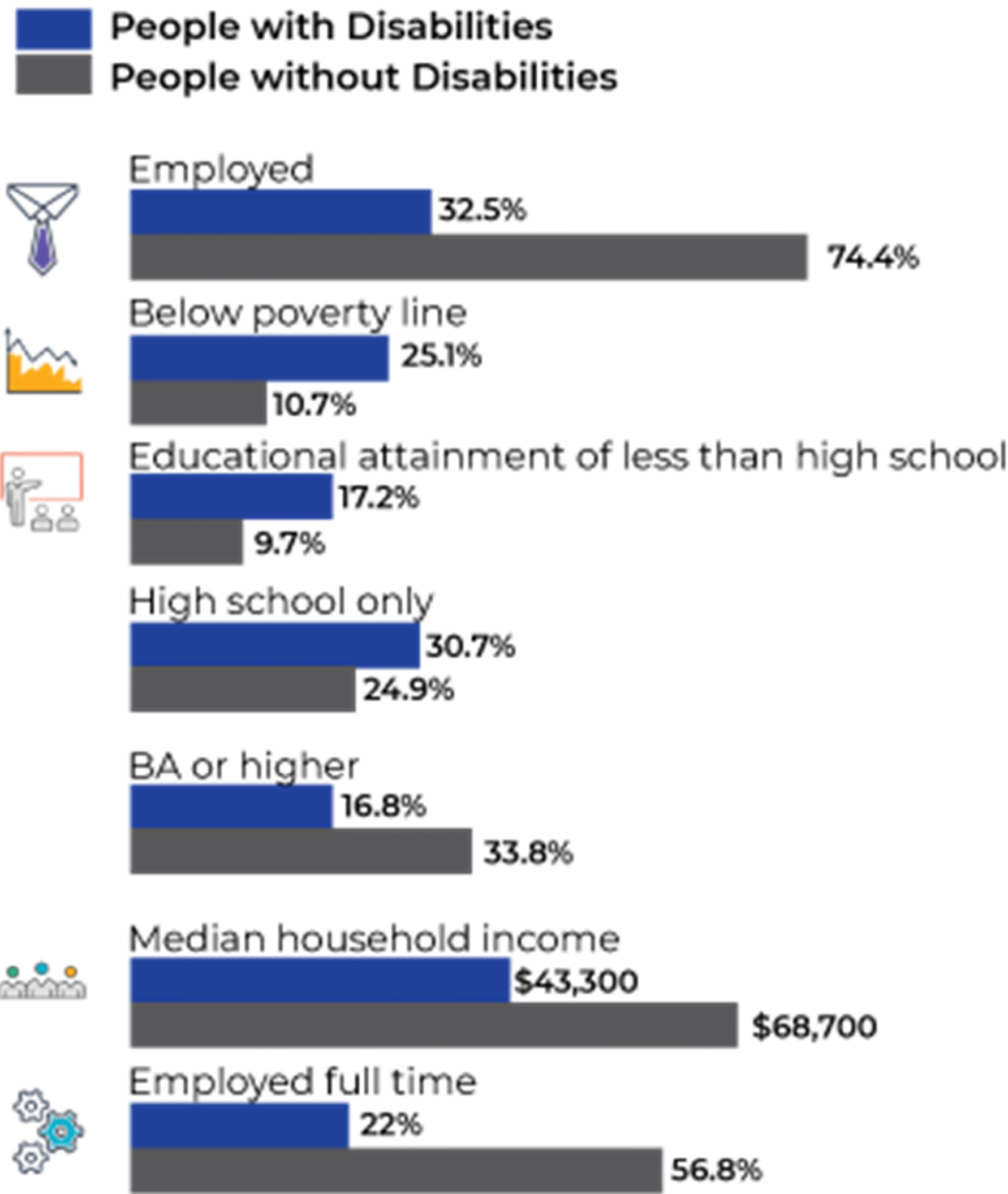


# Disabilities in South Dakota

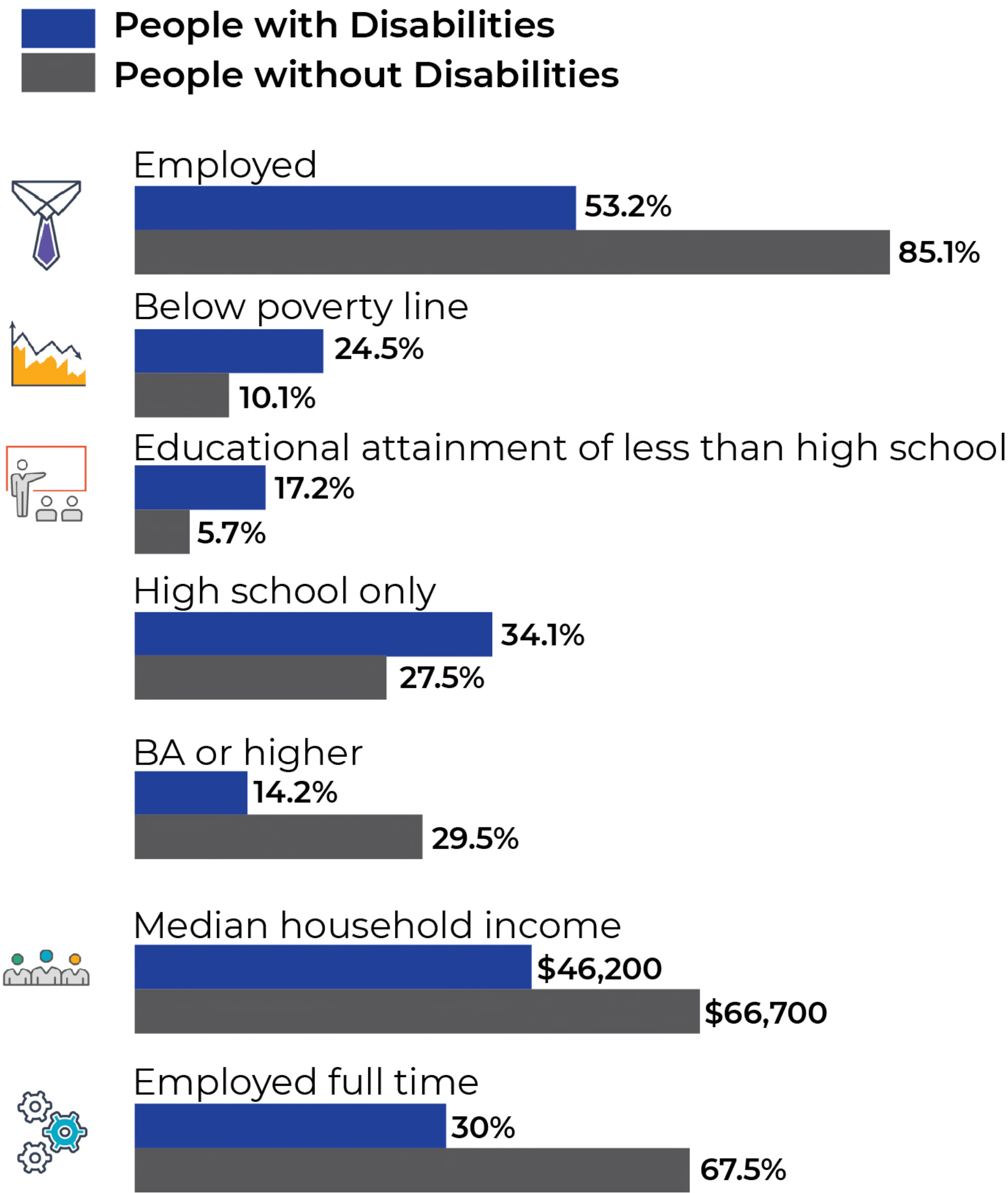




# By the Numbers



# By the Numbers-South Dakota





# Learning Objectives

- Discuss etiquette and best practices for interacting with people with disabilities
- Impact of stereotypes and bias
- Discuss language used regarding people with disabilities





# Introduction

## Etiquette as barrier removal

- People may not remember what you said, but they will remember how you made them feel
- Ask questions & don't assume
- Stereotypes & Bias are natural – not a “bug” in the system, but a feature
- In school you get the lesson then the test; in life you get the test and then the lesson.
- “It depends...”





# Equal Treatment & Non-discrimination

## Fairness

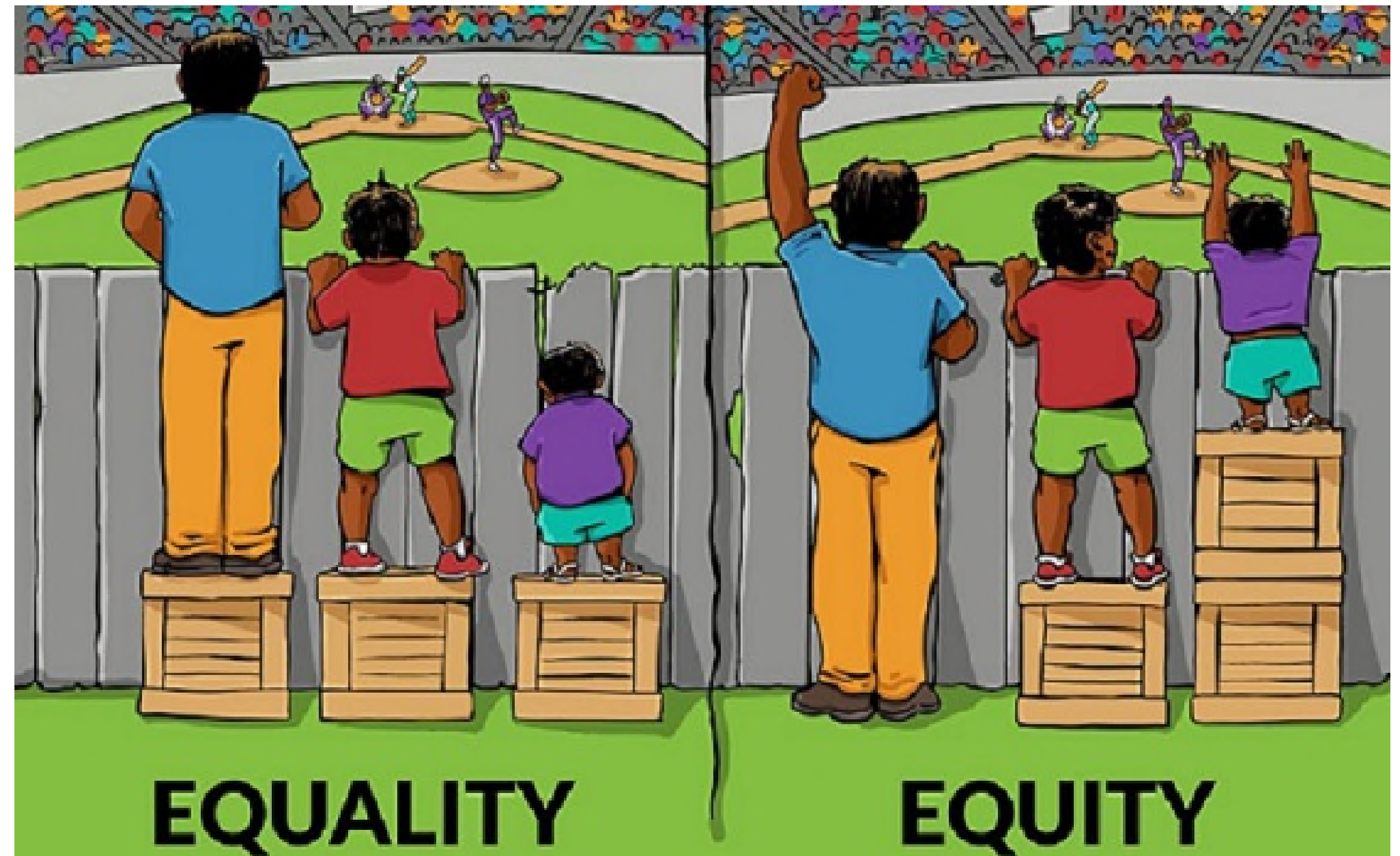
Impartial and just treatment without favoritism or discrimination

## Equality

Identical treatment

## Equity

Fairness and equal opportunity regardless of identity or circumstances





# Disability Etiquette

- Expands scope of practice
- Helps better serve customers/ develops audience
- Employees with disabilities will feel more comfortable & be more productive
- Easy way to make people feel welcome
- Expands our understanding of the world







# Types of Disability

## Visible vs. Invisible

A person with a disability has a physical or mental impairment that substantially limits a major life activity.

Visible disabilities are generally obvious.

- Uses an assistive device
- Cerebral Palsy
- Paralysis or Amputation

Invisible disabilities are generally not obvious.

- Psychiatric (Anxiety, Depression, ADHD)
- Chronic Illness (Diabetes, Asthma)
- Sensory (Autism, low vision, Deaf)



# Stereotype

- Widely held – fixed – oversimplified
- Efficient mental shortcuts - cognitive path of least resistance
- Neuropathways make time-saving jumps to conclusions
- Reflect judgements unaligned with our declared beliefs







## Generalized Stereotypes

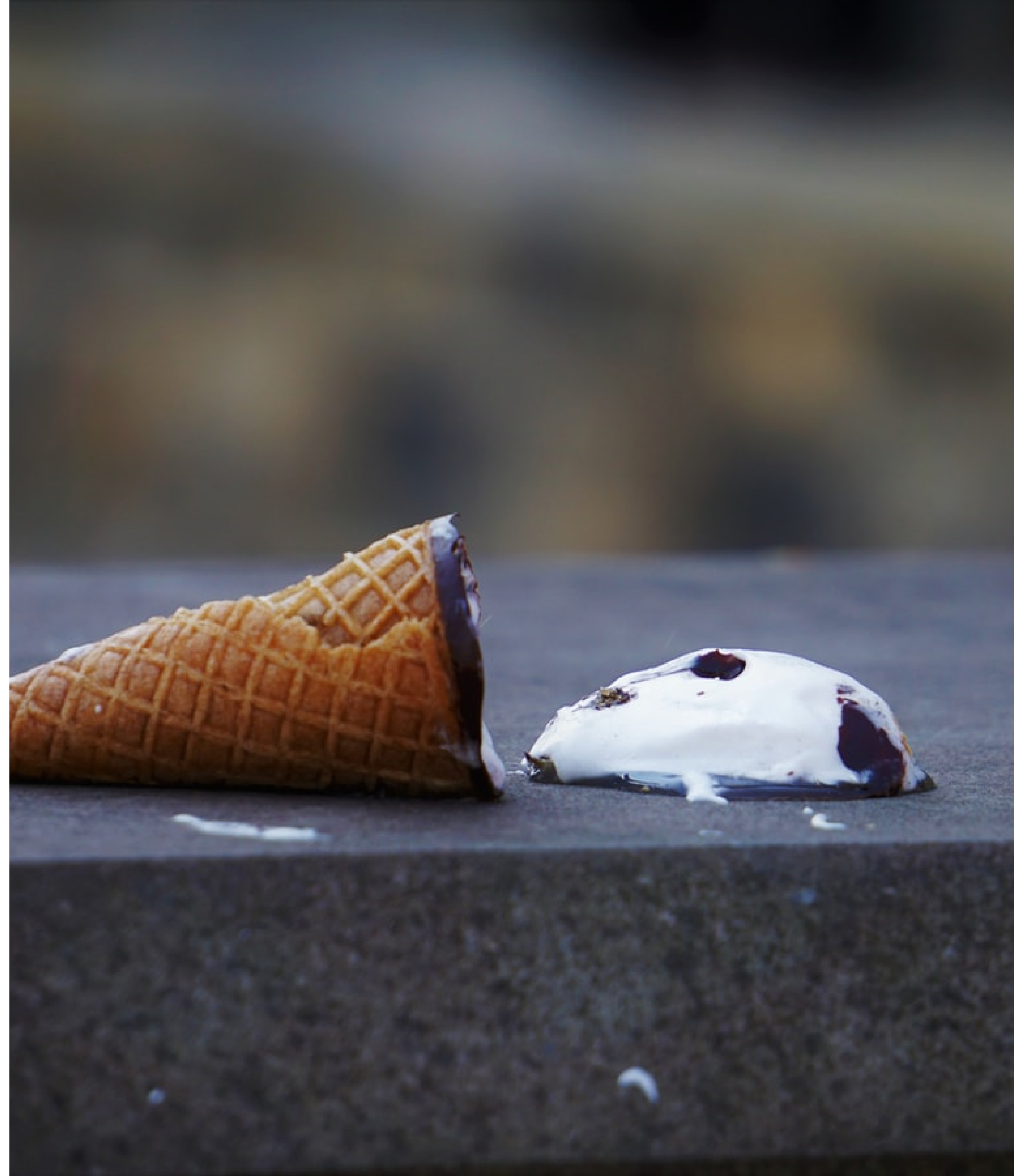
- Inspirations
  - Deviant, Sinister, & Evil
  - Victims
  - Exotic Freaks
  - Clowns
  - Pitiful and Sweet
- Twisted and Bitter
  - Burden and Outcast
  - Non-sexual
  - Incapable of full participation in everyday life





# Common mistakes

- Avoiding eye contact
- “I saw a show on TV...” “My uncle was blind, but now he can see!” “I was on crutches for 3 weeks”
- Participation in everyday life. Let the person decide





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Department  
No. 100-10000





# Disability Etiquette Fundamentals

- Focus on Individuality
- Have Patience
- Ask, Don't Assume
- Treat People with Respect and Dignity
- The *Platinum* Rule





Platinum

The ~~Golden~~ Rule:

Do unto others as <sup>they</sup>  
~~you~~  
would want done to <sup>them</sup>  
~~you~~.



# Mobility & Physical Disabilities

- Speak directly to the person - kneel or sit in a chair to be at face level, or one step back
- Ask if they would like assistance
- No touching or moving mobility devices without permission
- Keep ramps and paths clear
- Note the nearest accessible features
- Not “wheelchair-bound” “confined to a wheelchair” or “handicapped”





A medium shot of a man with short, dark, curly hair and glasses. He is wearing a dark-colored zip-up jacket or shirt. He is looking directly at the camera with a slight smile. The background is a plain, light-colored wall.

**Hi. I'm AJ. I've been in a wheelchair for 25 years  
because of a spinal cord injury...**





# Blind / Low Vision / Visual Disability

- Assumptions: Use of braille, only 10-15% of individuals are totally blind, 2% cane
- Get their attention, and **speak directly** to them
- **Identify** yourself when you enter a room or group and announce your departure
- Offer to read written information, or if they need a **guide**
- **Specific** directions
- Keep walkways clear of obstruction
- Ask if they need assistance
- Not “visually impaired”



# Deaf / Hard of Hearing / Auditory Disabilities



- Deaf Culture: a common language, shared values, beliefs, norms, behaviors
- No universal sign language. Also hearing aids/cochlear implants, lip reading
- Speak directly & clearly to the person
- Ask how they would prefer to communicate – depends on the length and complexity
- Avoid saying, “Tell him”
- Don’t shout or dismiss with “never mind”
- Not “hearing impaired”



# Communication Disabilities

- Give the person your full attention
- Don't interrupt or finish their sentence
- If you didn't understand what they said, ask them to **repeat it**
- Repeat what you heard for **verification**
- Move to a **quiet environment**
- If you still can't understand, suggest **alternative methods of communication**





# Cognitive, Psychiatric, Developmental & Intellectual Disabilities

- Be **calm** and **patient**, **listen** carefully
- Speak **directly** to person, not their companion
- Use **visuals** when explaining complex information
- Speak **clearly** and **concisely**
- **Rephrase** metaphors or terminology
- Summary questions – **summarize** back what you think they meant
- Not “**crazy**” “**insane**” “**lunatic**” “**hysterical**” “**low or high functioning**”





# People of Short Stature

- Over 200 diagnosed types of growth-related disorders that can cause dwarfism
  - Own kind of stereotypes
- Count on being able to use equipment at their height
- Get on their level
- Using lower telephones, bank counters, urinals & water fountains
- “Dwarf,” “little person,” “short stature,” vs. “midget”





# Service Animal Users

- Speak directly to the handler, not the animal
- Don't touch the animal without permission
- Don't distract the animal or interfere with its work
- Don't offer the animal food
- Inform handler if animal approaches you
- Don't assume service animals have bad lives
- Don't assume sleeping animals are off duty
- Treat handler with common courtesy





# The Spoon Theory

DYSAUTONOMIA INTERNATIONAL



AWARENESS



ADVOCACY



ADVANCEMENT

The Spoon Theory is a creative way to explain to healthy friends and family what it's like living with a chronic illness. Dysautonomia patients often have limited energy, represented by spoons. Doing too much in one day can leave you short on spoons the next day.

**If you only had 12 spoons per day, how would you use them?** Take away 1 spoon if you didn't sleep well last night, forgot to take your meds, or skipped a meal. Take away 4 spoons if you have a cold.



get out of bed



get dressed



take pills



watch TV



bathe



style hair



surf the internet



read/study



make & eat a meal



make plans & socialize



light housework



drive somewhere



go to work/school



go shopping



go to the doctor



exercise





# Implicit Bias

Automatic unconscious thought processes and perceptions

Mental habits – gut instinct – intuition – snap judgements

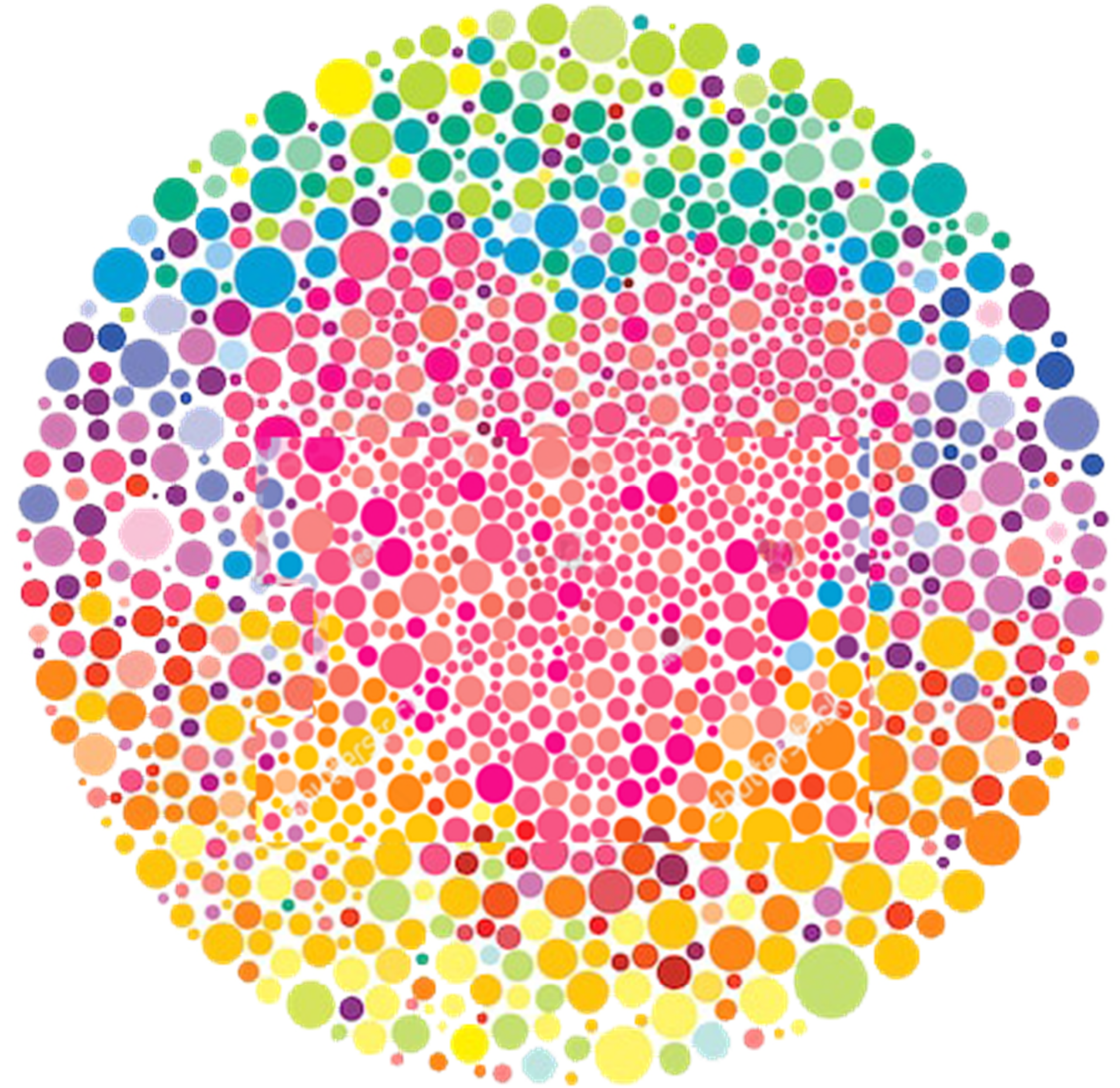
Not based on logical reasoning or analysis

Categorization & pattern seeking



# Hurdles

- Fear of failure & embarrassment
  - Respond with humility & willingness to grow
- Ignoring differences – colorblind
- Sugarcoating
  - Comfort over change





# Language

A Choice of Words is a Choice of Worlds

Language determines attitudes and perceptions

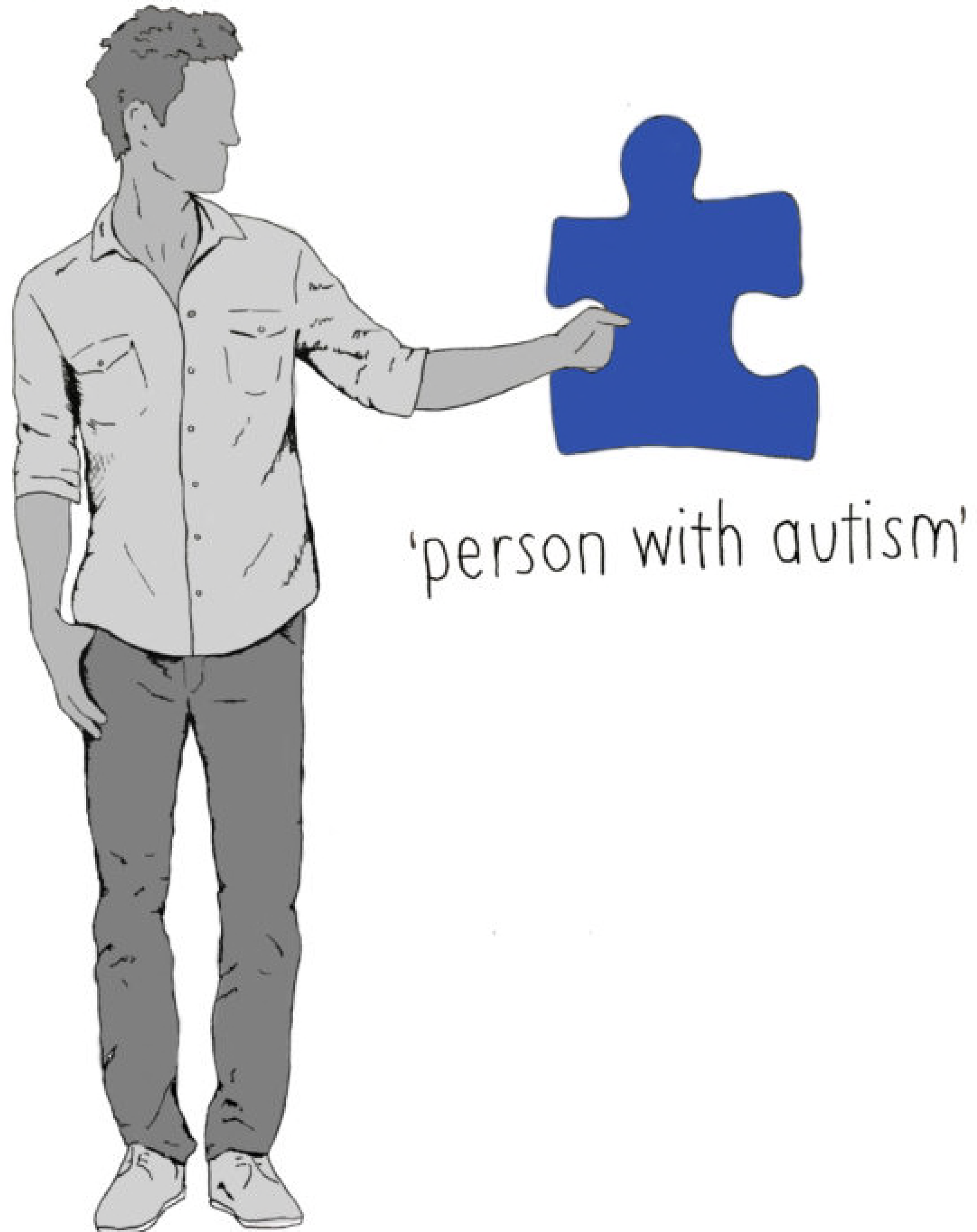
- Abilities vs. Limitations
- Empowering vs. Belittling
- Intent vs. Impact



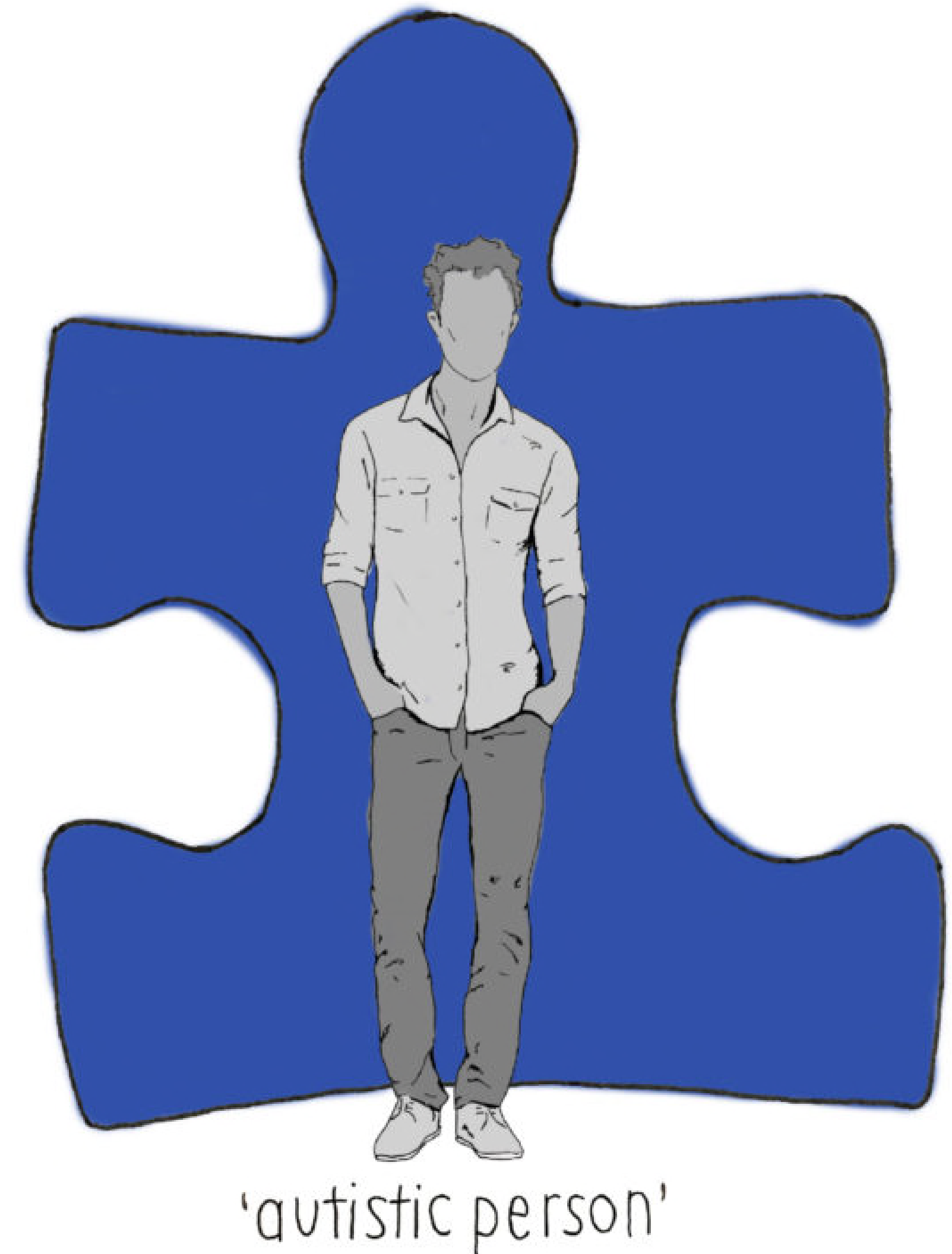


# Person first vs. Identity First Language

PERSON-FIRST



IDENTITY-FIRST



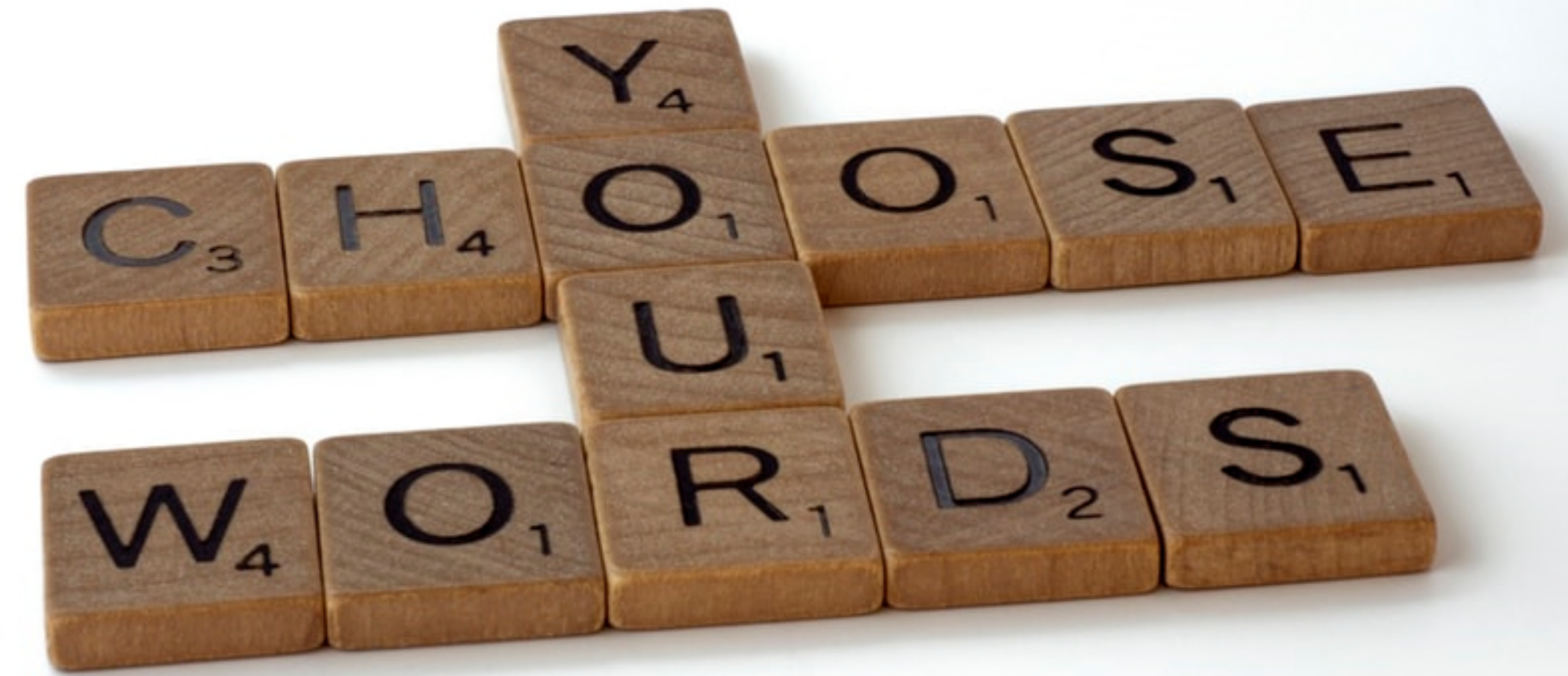


# Language

## Disability terminology

invalid – mongoloid - defective - crippled –  
handicapped – mental retardation - disabled  
– physically challenged – differently abled –  
special needs – varied ability –  
neurodivergent

Used to marginalize, other, belittle, and  
oppress disabled people



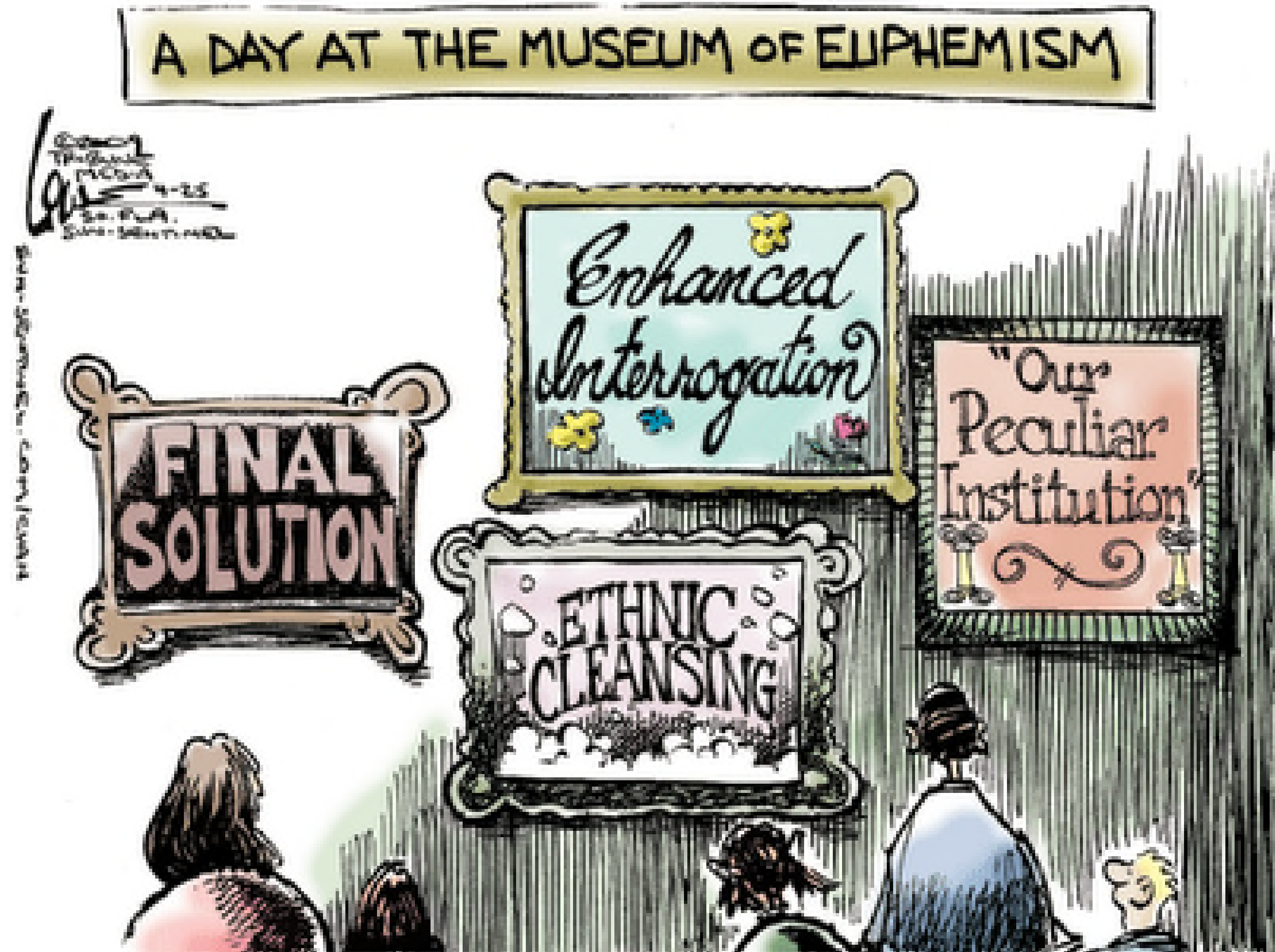


# Language

**Euphemism** – neutral, vague, mild, or indirect to replace a direct, harsh, unpleasant or insulting term or taboo (sex, death, bodily functions, disability). Uncomfortable truth rebranded.

**Euphemism Treadmill** – language evolution from neutral to offensive

- fat – overweight – heavy – chubby – curvy – plus sized – thick
- crazy – lunatic – maniac – psycho – insane – mental issue
- differently abled – varied ability - neurodivergent





# Being aware of accessible features

- Accessible parking
- Ramps
- Restrooms
- Benches
- Materials/ Technologies





# Accessible features - Materials

- Font – Calibri or Times New Roman
- Text – Sentence case
- Size – Size 18 or larger
- Color – White on black
- Texture – Matte vs. glossy
- Pictures – Good contrast





# Making features accessible

- Tours
- Service counter heights
- Have a clipboard handy
- Keypads
- Reach limits
- Clear path of travel







**Seek to understand before expecting  
to be understood**



“Watch your thoughts,  
they become words;

Watch your words,  
they become actions;

Watch your actions,  
they become habits;

Watch your habits,  
they become character;

Watch your character,  
for it becomes your destiny.”





Eliminating barriers **only** helps people with disabilities.



When you first meet someone who uses a wheelchair, it is most helpful to:

- 1) Move all items out of their path
- 2) Offer assistance and wait until it's accepted
- 3) Push their wheelchair
- 4) Take items out of their hands



It is considered inappropriate to say, “See you later,” when talking to someone who is blind.

To say, “Want to go for a walk?” to someone in a wheelchair?



It is appropriate to touch or pet a service animal when:

- 1) Their owner is standing still
- 2) You have permission of its owner
- 3) Their owner is seated, and the animal is resting



When talking to a person who is deaf or hard of hearing, it is **most acceptable** to speak to the sign language interpreter.



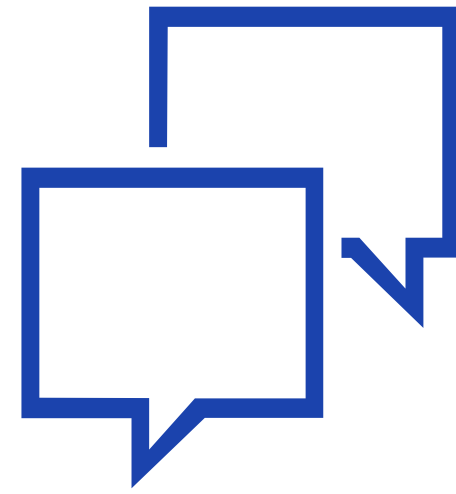
The adaptive equipment that a person with a disability uses should be considered **part of that person** and should be given “personal space.”



The following statement is acceptable when describing a person with a disability:

She is handicapped/ disabled.





**We're here to help.  
Stay in touch.**

✓ 3630 Sinton Road, Suite 103  
Colorado Springs, CO 80907

✉ [eneuberg@cpyi.com](mailto:eneuberg@cpyi.com)

📞 719-433-7646

🕒 9:00 – 4:00 M-F

