

People with Disabilities

- 51.2 Million people in the United States have some level of disability, 18% of population.
- 32.5 Million people in the United State have a severe disability, 12 % of the population.
- 2.7 Million people (over the age of 15) use a wheelchair and another 9.1 use an ambulatory aid, such as a cane, crutches or walker.
- 1.8 Million people are unable to see.
- 1 Million people are unable to hear.
- 14.3 Million people have limitations in cognitive or emotional illness that interferes with their daily activities.

Source: U.S. Census Bureau News July, 2006

Veterans with Disabilities

- 152,000 who have left the military or have been demobilized from National Guard or Reserves after serving in Iraq and Afghanistan have filed for disability benefits, (27 %).
- 1.3 Million Soldiers have been deployed and many remain on active duty.
- 5,300 disability claims are being filed with the VA each month.
- 2.6 Million Veterans' serving from World War II to present receive disability compensation.

As of January 2007

- 50,000 have been injured or wounded in Iraq or Afghanistan and
- 200,000 have been treated at the VA, over 1/3 for mental health issues.
- World War II; for every person killed 1.6 injured.
- Vietnam; for every person killed 2.6 injured.
- Iraq; for every person killed 16 injured.

A person who is not disabled
has been referred to as
TAB.

Temporarily Able-Bodied.

Your Attitude

What part does it Play?

1,200 people nationwide were asked how they felt during encounters with people with severe disabilities.¹

- 92% felt admiration
- 75% felt pity
- 60% felt awkward or embarrassed
- 50% felt afraid or guilty

A person's attitude toward a situation or task largely determines the success or failure of the person's endeavor. To be successful working with people with disabilities, you must carefully and honestly examine your own attitude.

- What feelings do you have when you encounter a person with a disability?
- What is your comfort level?
- What is the level of your expectations?
- Is your attitude one that will support and empower the job seeker or one that will "disable" through pity and lower expectations?
- Do you have stereotyped ideas?

Attitudes can be changed through

Education - learning more about specific disabilities

Exposure - knowing and spending time with people with disabilities will help increase your level of understanding of issues relating to people with disabilities

Experience - as you gain in knowledge and have more personal contact with people with disabilities, you will develop appropriate behaviors and be more comfortable

¹"Public Attitudes Toward People with Disabilities." A survey conducted by Louis Harris for the National Organization on Disability.

Survey of your Experience with People with Disabilities

Briefly answer each question independently

1. When you were growing up, did you have a close friend, family member, neighbor, or schoolmate with a disability?

If so, how do you think your relationship or exposure to this person has affected your present attitude towards people with disabilities? What were some of your perceptions and images of these people?

If not, how do you think this lack of exposure as a child has effected your attitude towards people with disabilities?

2. What characters do you remember from movies, television, or books who have had some kind of disability?

What were your connotations of them as they were portrayed?

3. How do you think our images and perceptions of disabilities have been affected by the media?

What changes have you seen in the portrayal of people with disabilities in the media?

4. What experiences have you had with someone with a disability which caused you to reevaluate a previously held notion or idea about people with disabilities?

5. What lessons have you learned from your experiences with this person that you would share with others who have not had any experience knowing someone with a disability?

6. What words would you use to describe how you feel when you see or meet someone who has an obvious disability?

Language and Behavior Awareness Survey

Instructions: The following phrases and terms have been used to refer to people with disabilities. Please indicate whether you consider each phrase generally acceptable "A" or unacceptable "U".

- | | |
|--|---|
| 1. ____ Confined to a wheelchair | 12. ____ A person of short stature |
| 2. ____ Sufferer of cerebral palsy | 13. ____ Midget |
| 3. ____ Deaf and dumb | 14. ____ The deaf |
| 4. ____ Wheelchair bound | 15. ____ The blind |
| 5. ____ Crippled children | 16. ____ A little person |
| 6. ____ A profoundly deaf person | 17. ____ A wheelchair-user |
| 7. ____ Victim of cancer | 18. ____ A person who uses a
wheelchair |
| 8. ____ Dwarf | 19. ____ A retard |
| 9. ____ The emotionally disturbed | 20. ____ Afflicted with muscular
dystrophy |
| 10. ____ Significantly limited in intellectual
capacity (SLIIC) | 21. ____ An invalid |
| 11. ____ A person who is deaf | 22. ____ A deformed person |

Coping with a Disability

When people first find out they have a disability, and it is a condition they will have to learn to live with the rest of their lives, most people go through a similar process which involves a succession of emotional responses and feelings.

The first stage is **denial** and **isolation**. Denial is a temporary defense and it will soon be replaced by partial acceptance. The first reaction may be a temporary state of shock from which they will gradually recover. When the initial feelings of numbness begin to disappear, the first response is "it can't be me." The usual way someone copes at this stage has a lot to do with how they have been prepared throughout life to cope with stressful situations. It is important for others not to be judgmental of the person and to allow them to move out of this initial shock on their own terms.

The second stage is **anger**. When denial cannot be maintained any longer, it is replaced by feelings of anger, rage, envy, and resentment. The next question is "why me?" This stage is very difficult for others to deal with (family, friends, helpers), because the anger is displaced and projected onto the environment almost at random. Whatever they touch, whatever they do is right. Encounters are often hostile and even emotionally painful. The anger stems from questioning why others can enjoy the activities and freedom that the person with the disability is no longer able to enjoy. It is important to be tolerant of this rational or irrational anger.

The third stage is **depression**. For many, the realities of day-to-day life, possible financial burdens, and loss of job or occupation, have to be faced. Our natural reaction to sad people is to try and cheer them up, not to look at things as being so hopeless. We encourage them to look at the bright side of life, at all the colorful, positive things around them. This is often an attempt to fulfill our own needs, our inability to tolerate depressed people over an extended period of time. Be aware of the reasons for the sadness and of concrete ways to help the person see there are other options and better approaches. It is helpful to let them talk to others who have been in similar situations. They can talk to them honestly, let them know what to expect, tell them what can and what can't be done. This gives them an opportunity to be sad, then an opportunity to see that they can experience success in their lives.

The fourth stage is **acceptance**. When enough time has passed and they have received help and support in working through each stage of the process, then they will reach a stage where they are neither depressed nor angry about their situation. They will be able to express their feelings about envy for others who do not have a disability. Acceptance is not necessarily synonymous with being happy, it simply means they are prepared to go on with life and learn more about their future and the options they have.

The last emotion is **hope**. It is common for people to use these coping mechanisms to deal with the news that they have a disability. People will go through the various stages, but the length of time spent in each stage will vary from person to person. One stage may follow another, or two may exist at the same time. The one thing that is always constant is hope. Hope is the feeling that they will wake up and feel everything is okay, or that a new cure or device has been found to reverse their situation. It is important for everyone to be able to hope, not unlike many of us who think we will win the lottery and all our problems will be solved.

Sometimes people will go through these stages over and over. A small setback or major life event will affect how they feel and act. A person in a wheelchair will become adjusted to their way of life, then they gain several pounds and need to have a new chair and all of the modifications in their home changed. The feelings may be not unlike anyone else's who gains weight and feels depressed over it, but the problems and setbacks for a person with a disability are possibly amplified and more involved.

Specific Disabilities

The following summary contains many true statements, but no absolute truths. Every person with a disability is an individual. While this section is about disabilities it is important to remember you are not working with disabilities you are working with individuals who have disabilities. It is most important to ask the individual what terminology he or she prefers or if assistance is needed. With this in mind, the following guidelines are offered.

ARTIFICIAL LIMBS

Factors to Consider

- ☑ Amputations can be the result of accidents (car, motorcycle, farm equipment), war, disease, or at birth (congenital).
- ☑ Level of the amputation (i.e. mid or upper portion of extremity) may decrease level of ability to function. However, new technology is making a big impact in this area.
- ☑ Upper extremity amputees may prefer not to use a prosthesis, however, may have a high level of functioning in their arms.
- ☑ Lower extremity amputees may have difficulty kneeling, squatting, climbing ladders, walking in sand, or on rough or uneven terrain.
- ☑ Proficient use of a prosthesis depends on the person's rehabilitation and if the person has good functional prosthesis in proper state of repair. Modern technology has, in many ways revolutionized the use of prosthetics. The use of microprocessors, sensors, and titanium, is replacing the awkward plastic prosthetics of the past. However, these devices can cost upward of different functions (One to run, one to walk, etc.).
- ☑ Recognize that individuals can experience on-going pain at the site of the amputation.
- ☑ The advanced Kevlar body armor has saved many lives, but with no protection for limbs, the injuries have been more severe than in the past.

Things to Do

Ask the person, when doing job development, what they feel their physical limitations might be on the job. They have a better idea of what they can and cannot do and you should let them lead the conversation. Do shake an extended prosthetic hand.

Things to Avoid

Never assume that someone can't perform a task, people can adapt amazingly well and there are many adaptive devices to aid in the process.

Do not touch or grab someone's artificial limb, even if you are fascinated by the technology. Let them offer if they are comfortable doing so.

BLIND OR VISUALLY IMPAIRED

Definition

A person is considered "legally blind" with either 20/200 vision in both eyes with best correction in the better eye OR a field of vision restricted to 20 or less. Many people who are considered legally blind have some vision. A person is considered "visually impaired" with 20/70 to 20/200 vision.

Factors to Consider

- ☑ Many blind advocates dislike the term "partially sighted" because it implies avoiding acceptance of blindness.
- ☑ While many persons who are blind can use Braille, the majority of persons who are blind do not.
- ☑ People who are blind or visually impaired are by and large much more independent than people give them credit for. Many times negotiating the physical environment independently is less frustrating than trying to communicate with people who are not sensitive to their needs. Some people who are blind view blindness as an inconvenience, not a disability.
- ☑ People who are blind have a long history of being patronized and talked to as if they were children. They have been ignored by speakers who ask questions of a blind person's companion rather than the blind person. They have more often been told what to do rather than asked what they would prefer doing. This attitude is not acceptable toward any person.

Things to Do

Identify and introduce yourself whenever you first encounter a person who is blind. Identify who you are and what your job or role is. Give the person verbal information that is visually obvious to those who can see.

Be descriptive when giving directions. Saying “over there” has little meaning to someone who cannot see where you’re pointing. Saying instead, “four doors after turning right from the elevator” would be much more helpful.

Always ask people if they need your assistance and how you can assist them. Lead persons who are blind only after they have accepted your offer to do so. Allow them to hold your arm rather than you holding theirs. It is important to let them control their own movements.

Many techniques are used as tools for independence, but individuals will use the things that work best for them. Some persons who are blind use a “clock” reference for things directly in front of them, such as, a meal. For example, something could be positioned at three o’clock (to their right) or six o’clock (directly in front and close).

Before using this strategy, ask the person if this is useful. Remember to describe things from their perspective, not yours.

Tell them when you have brought new items into their environment, describing what the items are and, most importantly, where you have put them.

Things to Avoid

Do not assume a person who is blind needs more help/information than is asked for. They may need directions to find the bus stop but not how to board the bus, pay the fare, find a seat, etc.

Do not interact with a guide dog while it is working (in harness). Talking or playing with a guide dog is inappropriate because distractions can make the dog’s job more difficult. The dog is not a pet.

DEAF OR HEARING IMPAIRED

A person is considered “deaf” if the hearing loss is greater than 90dB (profound hearing loss). If a person is unable to hear or understand speech and must rely on vision for communication, the person is considered “deaf.”

A person is considered to be hearing impaired if he or she has a hearing loss from 25dB to 90dB (severe loss). A person who is hearing impaired usually communicates using a combination of some hearing ability and a hearing aid or assisted listening device. Frequently lip reading and other visual meanings are used to acquire information as well.

Factors to consider

- ☑ Sign language is not another form of English, it is an official language with its own grammar, context and rules.
- ☑ Long conversations with persons who lip-read can be very fatiguing to the person who has the impairment.
- ☑ Not all persons who are deaf use sign language.
- ☑ Not all persons who are deaf, lip-read.
- ☑ Not all persons who are deaf, speak.
- ☑ Persons who deal well with one-on-one communication may have a hard time with two or more speakers, especially if there are many interruptions and interjections. This is especially true in meetings.

Things to Do

Find out how the person best communicates by asking.

If the person uses an interpreter, address the person, not the interpreter.

If the person reads lips, speak in a normal, not exaggerated way. Short, simple sentences are best.

If the person lip-reads, avoid blocking his or her view of your face. Make sure the lighting is good.

Be aware of personal habits that could hinder lip-reading; e.g., hands in front of mouth, turning head while talking, chewing while talking.

Gain the person’s attention before starting a conversation by a tap on the shoulder or arm.

If there is some doubt in your mind whether the person understood you correctly, rephrase your statement and ask if you have been understood.

Be aware of situations where a person may be waiting for a service (transportation, a table, the start of an activity) where the common way to communicate is an announcement or the calling of the person's name.

When someone asks, "What did you say?" the answers, "Never mind," "Nothing," or "It's not important," are very common replies. To someone hearing impaired these comments are insulting and demeaning because they may communicate to the person as not worth repeating yourself for.

Things to Avoid

Do not become impatient or exasperated with the person if it takes longer to communicate.

Make sure there are no physical barriers between you and the person while in conversation.

Do not shout at a person who has a hearing impairment. Speak in a normal tone of voice.

If the person is using hearing aids, avoid conversations in large, open, and noisy surroundings.

Sometimes using notes may be helpful.

ANXIETY DISORDERS

Definitions

Fear and anxiety are a normal part of life. However, when fear and anxiety go awry and inexplicably reach overwhelming levels, they can dramatically reduce or eliminate a person's productivity. They can also intrude on an individual's quality of life, and there can be no obvious cause found by the family, friends, or even the individual. Frequently anxiety disorders are complex and may be difficult to treat because they are accompanied by depression and substance abuse.

Panic Disorder – This is characterized by sudden, inexplicable attacks of intense fear that is associated with powerful physical symptoms, including shortness of breath, dizziness or faintness, trembling, sweating, choking, nausea, numbness, flushes, chest pain, fear of dying, fear of going crazy, or of doing something uncontrolled.

Obsessive-Compulsive Disorder – Obsessions are recurrent and persistent ideas, thoughts, impulses, or images (e.g., the feeling of being dirty, the desire for symmetry) that although irrational and unwanted, cannot be resisted. Compulsions are repetitive, purposeful, and intentional behaviors (e.g., hand-washing, checking if stove is on or door is locked). The obsessions or compulsions cause marked distress, are time-consuming, or significantly interfere with the person's normal routine. Resisting the obsessions or compulsion may mean that the anxiety will escalate rapidly to intolerable levels. Therefore, it may be easier to give into the intrusive thought or to execute the behavior.

Social Phobia – Social Phobics have a persistent fear of exposure to possible scrutiny by others. They fear they will do something or act in a way that will be humiliating or embarrassing. While it is normal to have some anxiety before an encounter with the boss or before giving a speech, most people are not incapacitated and manage to get through the ordeal. If the evident behavior interferes with functioning at work or in usual social situations or if the person is markedly distressed about the problem, a referral should be made to a professional that deals with these symptoms.

Post-Traumatic Stress Disorder – This clinical condition can be traced to a definable, traumatic event in the individual's life. It might have occurred in war time or after witnessing a shooting, being a rape or street crime victim, or living through some natural disaster. The experience must have produced intense fear, helplessness, or horror. Shortly thereafter or at some later date, the person may experience flashbacks, recurrent and intrusive recollections of the event, feelings of detachment, guilt, sleep problems, and a variety of somatic symptoms.

Factors to consider

- ☑ Many people with anxiety disorders can be helped with treatment. Therapy for anxiety disorders often involves medication and/or specific forms of psychotherapy.
- ☑ Diaphragmatic breathing, taking slow, deep breaths, often reduces anxiety.
- ☑ People with anxiety disorders may feel and fear they will lose control. It is important to know this generally does not occur.
- ☑ If you are working with someone with an anxiety disorder, ask them how you could be of assistance. Making a phone call, meeting them when they get off the bus, or accompanying them to an interview may be ways of helping alleviate some anxiety.
- ☑ You can ask people what they do to help relieve their anxiety and you can be supportive in these areas.
- ☑ Understand that anxiety passes.

MENTAL OR EMOTIONAL DISORDERS

There is a wide variety of conditions and a wide range of degrees of severity in emotional and mental disorders, one should be careful not to make generalizations with people diagnosed with a mental or emotional disorder. Consulting professionals and securing accurate information which pertains to one individual is crucial.

Factors to consider

- ☑ Some disorders are thought to be biologically or chemically based and can be controlled with medication therapy.
- ☑ Other types of mental disorders, not chemically based, have more of an emotional or environmental basis.
- ☑ There are many different degrees of severity; some conditions are very disabling while others are easily managed or short term.
- ☑ Many people have experienced a mental or emotional disorder at some time in their life or know someone who has.
- ☑ All jobs are stressful in some regard. Productivity is maximized when there is a good match between the employee's needs and his or her working conditions whether or not the individual has a mental or emotional disability.
- ☑ When clients come to you for job search assistance, they should have a clear understanding of their own personal conditions and be able to tell you the job settings, environment, etc. in which they can work successfully. If clients do not appear to have an understanding of their conditions, and cannot describe their situational needs, it would be appropriate to call their case manager or mental health professional and request additional assistance.

Things to Do

Treat the person with a mental or emotional disability the same as you would treat any other client; with dignity and respect. Do not over react or make generalizations about the client concerning information that may or may not be true.

It is very important to have open and possibly frequent communication with the referral source for the client with mental or emotional disorders.

The referral source should give you the specific information you need to know in order to work with the client and help him or her find suitable employment. With information from the client and the referral source, you should have an understanding of the type of setting best suited for the individual (structured or unstructured organizations, quiet or busy environment, time off needed for treatments, etc.) By having as much information as possible about the individual needs of a client, you are more apt to help him or her get into the supportive setting rather than one that may cause further complications.

It is important not to hold any of the misconceptions and myths about individuals with psychiatric disabilities that are prevalent in today's society. These inaccuracies are negative and reinforce stereotypes.

Things to Avoid

Do not try to provide counseling or therapy to the person.

Do not reveal information about a client's disability to others.

Many people with mental or emotional disorders take medication and have follow up care which allows them to function quite well on a day to day basis.

Mental disorders are not uncommon. Recent federal government estimates indicate approximately 15 percent of the population have a mental disorder.

A mental disorder is not the same as mental retardation. The two are distinct disorders. A diagnosis of mental retardation is chiefly characterized by limitations in intellectual functioning, as well as difficulties with certain skills of daily life. By definition mental retardation begins before the age of 18. The symptoms of mental dysfunctions may include emotional disturbances, disordered thinking, or perceptual difficulties. Mental disorders may develop at any age, from childhood to adulthood.

People with mental disabilities are not likely to be violent. Portrayals of people with mental disorders in movies, television and the news media are frequently violent and reinforce an inaccurate myth that some people in our society hold. According to a scholarly review of research literature, "None of the data give any support to the sensationalized caricature of the mentally disordered served up by the media." (John Monahan, "Mental Disorder and Violent Behavior: Perceptions and Evidence". American Psychologist, April 1992, Volume 47, Number 4, p.519)

Recovery from mental disorders is possible and in most cases probable. For many decades, people with mental disorders were separated from the rest of society through institutionalization in mental hospitals. Mental disorders were thought to be permanent and untreatable. Public policies and attitudes began shifting in the late 1950's and early 1960's, when we realized that hundreds of thousands of American citizens were being confined unnecessarily. Medications were discovered that helped alleviate the symptoms of mental disorders, and there was a gradual evolution toward the provision of treatment and rehabilitation services in the community. Long-term studies have shown that the majority of people with mental disorders show genuine improvement over time and lead stable, productive lives.

People with psychiatric disabilities tolerate stress on the job in much the same way as other people. People with a variety of medical conditions; including cardiovascular disease, multiple sclerosis, and psychiatric disorders, may find their symptoms exacerbated by high levels of stress. The sources of personal and job related stress vary substantially from individual to individual. Workers with psychiatric disabilities vary too in their responses to stressors on the job.

CONDITIONS REQUIRING USE OF WHEELCHAIR

Definition

There are many reasons for someone to use a wheelchair (being paralyzed, muscular impairment, amputation, stroke results, etc.)

Factors to Consider

- ☑ There is a wide range of physical abilities among people who use wheelchairs. This means people who use them may require different degrees of assistance or no assistance at all.
- ☑ Some persons do not use wheelchairs exclusively, but may also use canes, leg braces, and in some cases, no assisted devices at all for short periods.
- ☑ All wheelchairs are not the same. Different sizes and shapes meet different needs. Some wheelchairs move manually and others are motorized. Just because one person can access an area in his or her chair does not mean that everyone using a wheelchair will be able to do so.

Things to Do

If you are asked to fold, carry, or store a wheelchair, treat it with the same kind of respect you would if you were holding someone's eyeglasses. They are similar in many ways. They can break, they are difficult to have repaired on short notice and weekends, and it is extremely disruptive to the user when they are out of commission.

When speaking to someone who uses a wheelchair, remember to give the person a comfortable viewing angle of yourself. Having to look straight up is not a comfortable viewing angle. Stand back 2 to 3 feet, or if possible, sit down.

It is a very common experience for persons who use wheelchairs to be told that some place is accessible when it is not. Trust their instincts and observations as to what is comfortable and safe for them.

Things to Avoid

Do not come up to someone who is using a wheelchair and start pushing him or her without asking.

When communicating, do not stand too close to the person in the wheelchair. Give him or her some personal space.

Do not pat the shoulder or head of a person in a wheelchair.

Do not assume that the person using a wheelchair needs assistance. Ask the person if there is anything special you can provide or do to help.

Do not lean or otherwise put your hands on their wheelchair.

BRAIN INJURED/CONCUSSIVE BLAST INJURIES

Definition

Brain injury is unpredictable in its consequences. Brain injury affects who we are, the way we think, act, and feel. It is a life altering event which can change every

area of a person's life in a matter of seconds. It can result from trauma to the head and/or brain. Conditions that result in a brain injury include: heart attacks, aneurysms, chemical and drug reactions, lung problems, bumps to the head, lack of oxygen to the brain and a variety of other causes.

In most cases, an injury sustained as a result of one of these events will result in an increased need for support in the following areas: physical capacities (the way we move and manipulate things); behavioral and emotional capacities (the way we act, tolerate, and feel); and cognitive capacities (the way we think and process information).

Factors to Consider

- ☑ A brain injury can be caused by trauma and occur suddenly.
- ☑ A person with a brain injury is a person first.
- ☑ No two brain injuries are exactly the same.
- ☑ The effects of a brain injury are complex and vary greatly from person to person.
- ☑ The effects of a brain injury depend on such factors as cause, location and severity
- ☑ There is no cure for brain injury and recovery is talked in terms of reaching a plateau.
- ☑ Most soldiers in combat suffer from Traumatic Brain Injury or TBI as a result of a direct blow to the head, or blast exposure.

There is also recent concern over brain damage to those in combat caused by low level explosions from IED's (improvised explosive devices). A person may not be directly hit, however the jolt of a nearby explosion will put at risk organs that are in fluid or air. The brain is encased in the hard skull in fluid and when it is jolted hard it can be bruised or badly damaged. These injuries are notorious for their delayed onset. Also, since there is no visible damage, it is not known until they get into a new or challenging situation that they feel out of sync with the world around them. In many instances this injury may go undiagnosed or misdiagnosed.

Some signs to look for

- Confusion
- Difficulty remembering
- Extreme fatigue
- Attention problems
- Difficulty making decisions
- Difficulty initiating
- Difficulty carrying out a plan of action
- Difficulty with self-control, impulsive or lack of inhibition
- Impaired self-awareness
- Difficulty with social situations
- Difficulty controlling emotions
- Easily irritated

Common communication problems

- Initiating conversation
- Following a conversation
- Taking turns in conversation
- Dealing with topics (hard time keeping up, changes in topics, abruptly changes topic)
- Intelligibility (speaks too loud, too soft, slurred speech)
- Non-verbal communication

Things to Do

Treat each person independently and try to get information in terms of their level of function and limitations in the job market. Some may not be at a plateau yet or feel they will get much better. It is important to encourage them to progress.

Everyone will need a different level of support for a variety of issues. Ask the individual what learning style suits them best.

Find support services in your community for referral and evaluation if you are working with someone you suspect may have a TBI issue.

Sometimes experimenting with aides such as writing down a task, keeping a notebook, trying to keep things routine, practicing a skill or task, removing distractions and praising for things well done can all help them to be more appropriate and functioning.

Things to Avoid

Patience is critical in working with someone who has a brain injury, being demanding or punishing them for something they do not realize they are doing can be detrimental.

Summary Guidelines for Relating to People with Disabilities

Here are some very basic guidelines for relating to people with disabilities, most of which will come naturally to you.

- ☒ Use common sense.
- ☒ Don't be patronizing or condescending.
- ☒ Be considerate and patient.
- ☒ Don't put unnecessary pressure on yourself to know and do everything "right." Ask if you're not sure.
- ☒ Offer assistance. Don't assume it is needed.
- ☒ Communicate with the person, not his or her interpreter, companion, or assistant.
- ☒ Be aware of the terminology you use in relation to people with disabilities.
- ☒ Learn about the proper etiquette and protocol for relating to persons with specific disabilities.
- ☒ Be careful not to imply that people with disabilities are to be pitied, feared, or ignored, or that they are always somehow more heroic, courageous, patient, or "special" than others. Never use the term "normal" in contrast.
- ☒ During conversation, when discussing or referring to a person with a disability, do not mention the disability unless it is pertinent to the discussion topic.
- ☒ When talking with a person about his or her disability, do not relate stories of incidents about friends or relatives who have a similar disability. Unless you personally have the same disability, you cannot actually relate to someone else's situation.

Resources for Disabilities

Alexander Graham Bell Association for the Deaf

<http://www.agbell.org/DesktopDefault.aspx>

Amputee Resource Foundation of America

<http://www.amputeeresource.org/>

American Council of the Blind

<http://www.acb.org/>

American Deafness and Rehabilitation Association

<http://www.adara.org/>

American Foundation for the Blind

<http://www.afb.org/>

Paralysis Association

<http://www.paralysis.org/site/c.erJMJUOxFmH/b.1169107/k.BE3A/Home.htm>

Association for the Education and Rehabilitation of the Blind

<http://www.aerbvi.org/modules.php?name=Content&pa=showpage&pid=1>

Better Hearing Institute

<http://www.betterhearing.org/>

Blinded American Veterans Foundation

<http://www.bavf.org/>

Battle mind – Transition from Combat to Home

<http://www.Battlemind.org/>

Braille Institute of America

<http://www.brailleinstitute.org/>

Carroll Center for the Blind

<http://www.carroll.org/>

Department of Justice Office on the Americans with Disabilities Act

<http://www.usdoj.gov/crt/ada/adahom1.htm>

Department of Veteran Affairs

<http://www.va.gov>

Disability Information

<http://www.disabilityinfo.gov/digov-public/public/DisplayPage.do?parentFolderId=500>

Disabled American Veterans

<http://www.dav.org/>

Job Accommodations Network

<http://www.jan.wvu.edu/>

Searchable Online Accommodation Resources (SOAR)

<http://www.jan.wvu.edu/soar>

National Center for Post Traumatic Stress Disorder

<http://www.ncptsd.va.gov/ncmain/index.jsp>

Projects with Industry

<http://www.ed.gov/programs/rsapwi/index.html>

President's Committee on Employment of People with Disabilities

<http://www.ada-ohio.org/presiden.htm>

Real Life Lines

<http://www.dol.gov/vets/REALifelines/index.htm>

Recording for the Blind

http://www.rfbid.org/Units/Texas_Unit.htm

Rehabilitation Engineering and Assistive Technology

<http://www.resna.org/>

Traveling with a Disability

<http://codi.buffalo.edu/travelin.htm>

Society for the Blind

<http://www.societyfortheblind.org/jobs.htm>

U.S. Air Force Palace Hart Program

<http://www.af.mil/news/story.asp?storyID=123020008>

U.S. Army Wounded Warrior Program

<https://www.aw2.army.mil/>

Understanding Brain Injury – A Guide for Families

<http://mayoresearch.mayo.edu/mayo/research/tbims/families.cfm>

Veterans Employment and Training Service

<http://www.dol.gov/vets/>