



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. First printed in 1992, the guide has become a valuable resource for artists, educators, and others in beginning their understanding of people with disabilities.

This edition contains updated information on the Americans with Disabilities Act (ADA), as well as recent information about specific disabilities. It 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 under Resources.

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. This tool that will start readers on their way to a better understanding of disability issues and the disability community as a whole.



INTRODUCTION

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VSA arts

Creating a society where people with disabilities learn through, participate in, and enjoy the arts.

VSA arts is an international nonprofit organization founded in 1974 by Ambassador Jean Kennedy Smith to create a society where all people with disabilities learn through, participate in, and enjoy the arts. VSA arts provides educators, parents, and artists with resources and the tools to support arts programming in schools and communities; showcases the accomplishments of artists with disabilities; and promotes increased access to the arts for people with disabilities. Each year millions of people participate in VSA arts programs through a nationwide network of affiliates and in more than 60 countries around the world. VSA arts is an affiliate of the John F. Kennedy Center for the Performing Arts.

VSA arts

818 Connecticut Avenue, NW
Suite 600
Washington, DC 20006
(800) 933-8721 (toll-free)
(202) 628-2800 (v)
(202) 429-0868 (fax)
(202) 737-0645 (TTY)
Web: www.vsarts.org
E-mail: info@vsarts.org

PROGRAMMING AND INITIATIVES OF VSA arts ARE GUIDED BY FOUR PRINCIPLES:

- Every young person with a disability deserves access to high-quality arts learning experiences,
- All artists in schools and art educators should be prepared to include students with disabilities in their instruction,
- All children, youth, and adults with disabilities should have complete access to cultural facilities and activities,
- All individuals with disabilities who aspire to careers in the arts should have the opportunity to develop appropriate skills.

ABOUT VSA arts

Blindness and Visual Impairments

According to the American Foundation for the Blind, there are approximately 10 million blind and visually impaired people in the United States—1.3 million of those are legally blind.

The most recent World Health Organization estimates indicate that there are 161 million people in the world living with a disabling visual impairment, 37 million of whom are blind and 124 million who have low vision. The majority of these people live in the developing world. The International Council for Education of People with Visual Impairment (ICEVI) estimates that there are 6 million children who are blind or have low vision, with only 10 percent having access to education. 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.
- A person who is **Legally Blind** 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 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 (TT)
Web: www.afb.org
E-mail: afbinfo@afb.net

Deafness and Hearing Impairments

Some people have hearing losses of the outer or middle ear that can be assisted through the use of hearing aids or surgery. Others have more severe hearing losses of the inner ear, which produce sound distortions. Deafness can be caused by a number of different factors, including genetics, viral infections, tumors, strokes, and prolonged exposure to high noise levels. 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. This usually comes on gradually and rarely ends in complete deafness.

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 people 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.

VSA arts-RATED BEST RESOURCE for more information:

The Hearing Loss Association of America
7910 Woodmont Ave., Suite 1200
Bethesda, MD 20814
(301) 657-2248 (v)
(301) 657-2249 (TTY)
(301) 913-9413 (fax)
Web: www.shhh.org
E-mail: info@hearingloss.org

Approximately 28 million Americans have a hearing impairment.

(National Institute on Deafness and Other Communication Disorders)

According to the National Organization for Hearing Research Foundation, 2 million Americans are completely deaf. Hearing loss affects approximately 17 in 1,000 children under age 18.

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 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 a person's lifespan. Learning disabilities range from mild to very severe.

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.

VSA arts-RATED BEST RESOURCE
for more information:

National Institute for Literacy
1775 I Street, NW, Suite 730
Washington, D.C. 20006-2401
(202) 233-2025 (v)
(202) 233-2050 (fax)
Web: www.nifl.gov

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.

The Learning Disabilities Association of America states that nearly 2.9 million students are currently receiving special education services for learning disabilities in the United States.

According to the U.S. Department of Education, approximately 46.4 percent of students in special education have 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 seven, 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.

Gender and age affect the ways in which people with ADHD express their symptoms. ADHD diagnosis was reported approximately 2.5 times more frequently among males than females. The prevalence of reported ADHD increased with age and was higher among children nine years or older. Up to two-thirds of children with ADHD continue to experience significant symptoms in adulthood.

A common myth is that ADHD is a learning disability. 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, according to Children and Adults with Attention Deficit/Hyperactivity Disorder although other definitions have existed, these are different labels for the same conditions and can be interchanged.

The Centers for Disease Control and Prevention (CDC) estimates that 4.4 million youths, ages 4-17, have been diagnosed with ADHD by a healthcare professional.

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 150
Landover, MD 20785
(800) 233-4050 (toll-free)
(301) 306-7070 (v)
(301) 306-7090 (fax)
Web: 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. 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.

According to *America's Children: Key National Indicators of Well-Being*, the annual report of the Federal Interagency Forum on Child and Family Statistics, nearly 5 percent—an estimated 2.7 million children—are reported by their parents to have definite or severe emotional or behavioral difficulties. These challenges may interfere with their family life, their ability to learn, and their formation of

friendships. They may persist throughout a child's development and lead to lifelong disability, including more serious illness, more difficult to treat illness, and co-occurring mental illnesses.

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.

The National Institute of Mental Health estimates that 22.1 percent of Americans age 18 and older—about 1 in 5 adults—have a diagnosable mental disorder.

According to the National Alliance for the Mentally Ill, mental disorders fall along a continuum of severity. The most serious and disabling conditions affect 5 to 10 million adults and 3 to 5 million children ages 5 to 17. Mental disorders are the leading cause of disability in North America, Europe and, increasingly, the world.

VSA arts-RATED BEST RESOURCE for more information:

National Mental Health Association
2001 N. Beauregard, 6th Floor
Alexandria, VA 22311
(703) 684-7722 (v)
(800) 969-6642 (toll-free)
(800) 433-5959 (TTY)
Web: www.nmha.org

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 be included. 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, and diabetes.

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, a 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, DC 20013-1133
(800) 336-4797 (toll-free)
(301) 565-4167 (v)
(301) 984-4256 (fax)
Web: www.health.gov/nhic
E-mail: info@nhic.org

According to the National Autism Center, recent research estimates that 1 in 1,000 Americans have autism.

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

- Attributable to a mental or physical impairment or 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 interdisciplinary or generic care, treatment, or other services that are of lifelong or 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. Autism is the result of a neurological disorder that affects the functioning of the brain. 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. 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 in sight, hearing, or speech, or mental retardation.

The American Association of Mental Retardation states that mental retardation is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. The disability, originating before the age of 18, is thought to be present if the individual has an intellectual functioning (IQ) of 70 or below. Causes of mental retardation range from genetic disorders to lead poisoning, but The Arc, a nonprofit organization devoted to promoting and improving supports and services for people with mental retardation and their families, states that the three major causes are Down syndrome, fetal alcohol syndrome, and fragile-X.

It is estimated that some 764,000 children and adults in the United States manifest one or more of the symptoms of cerebral palsy.

Currently, about 8,000 infants are diagnosed with the condition each year; And 1,200 to 1,500 preschool-age children are recognized each year to have cerebral palsy.

(United Cerebral Palsy Research and Educational Foundation)

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Developmental Disabilities

(continued)

Down Syndrome

Down syndrome, the most common cause of mental retardation, is a condition caused by a chromosome abnormality in which cell development inexplicably results in 47 instead of 46 chromosomes. The extra chromosome affects the orderly development of the brain and body. 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.

One in every 800 to 1,000 children is born with Down syndrome. Over 350,000 people in the United States alone have Down syndrome.

(National Down Syndrome Society)

Fetal Alcohol Syndrome (FAS)

Fetal alcohol syndrome is the name given to a group of physical and mental birth defects that are the 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, drug use, nutrition, and time of use during pregnancy.

Fragile-X

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 proteins. According to the National Institute of Child Health and Human Development, fragile-X syndrome is the most common inherited cause of mental retardation, affecting approximately 1 in 4,000 to 6,000 males and 1 in 8,000 to 9,000 females. Symptoms of fragile-X syndrome include mental impairment ranging from learning disabilities to mental retardation, attention deficit and hyperactivity, anxiety and unstable mood, autistic 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 Councils
on Developmental Disabilities**
225 Reinekers Lane, Suite 650-B
Alexandria, VA 22314
(703)739-4400
(703) 739-6030
Web: www.nacdd.org
E-mail: info@nacdd.org

According to the National Center for Medical Rehabilitation Research, an estimated 25 million people have mobility impairments. 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 chord injury, stroke, arthritis, muscular dystrophy, amputations, or polio. Mobility impairments 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, while others are caused by accidents, illnesses, or the natural process of aging.

Every year approximately 185,000 people undergo amputation surgery and 1.6 million amputees live in the United States.

Amputation

Amputation is the removal of all or part of a limb. An amputation may occur as a 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 those 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 to another part of the body.

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 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 the sensation for years.

Muscular Dystrophy

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. According to the Foundation, there are 43 different neuromuscular diseases. The term muscular dystrophy is kind of a misnomer as it is a category of diseases, but not a disease itself. MD is caused by altered genes, which prevent the body from manufacturing essential substances in adequate amounts to maintain and fuel the muscles. Each type

of MD 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

Multiple Sclerosis Central, a Web site dedicated to providing information on multiple sclerosis (MS), defines it as a disease of the brain and spinal chord (central nervous system) in which the covering of the nerves is destroyed. This situation causes messages from the brain and spinal chord to interpret signals ineffectively, creating a multitude of different symptoms. Each case of MS is unique and typical symptoms include balance and coordination problems, bowel and bladder problems, fatigue, tremors and spasms, pain, weakness, cognitive problems, numbness, tingling, and communication disorders related to vision, speech, and hearing.

Polio

The Polio Society defines polio, short for poliomyelitis, as a disease that can damage the nervous system and cause paralysis. The polio virus

continued on next page

Mobility Impairments (continued)

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 only have 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, and 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 people who previously contracted polio after many years of relatively stable physical condition. This syndrome typically shows up in middle age or later.

Spina Bifida

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. It results from the

According to the Spina Bifida Association of America, an estimated 70,000 people in the United States are currently living with spina bifida. There are 60 million women at risk of having a baby born with spina bifida. Every day, an average of 8 babies are affected by spina bifida or a similar birth defect of the brain and spine; and each year, about 3,000 pregnancies are affected by these birth defects.

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

with spina bifida may need surgeries and other extensive medical care.

Spinal Cord Injury

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

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.

The National Spinal Cord Association estimates that 250,000 to 400,000 individuals are living with spinal cord injury or spinal dysfunction, with 7,800 to 12,660 new injuries each year.

VSA arts-RATED BEST RESOURCE for more information:

National Rehabilitation Information Center (NARIC)

4200 Forbes Boulevard, Suite 202
Lanham, MD 20706-4829
(800) 346-2742 (toll-free)
(301) 459-5900 (v)
(301) 459-5984 (TTY)
(301) 459-4263 (fax)

According to the Centers for Disease Control, 1.4 million people sustain a traumatic brain injury each year in the United States. That means a person receives a traumatic brain injury every 22 seconds. Of those 1.4 million, 50,000 die, 235,000 are hospitalized, and 1.1 million are treated and released from an emergency department.

Acquired brain injuries are caused by external 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.

People who sustain acquired brain injuries may experience physical symptoms, such as persistent head-

aches, 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.

There are 5.3 million Americans living with a brain injury. The two age groups at highest risk for traumatic brain injury are 0 to 4-year-olds and 15 to 19-year-olds. Males are about 1.5 times as likely as females to sustain this type of injury.

VSA arts-RATED BEST RESOURCE for more information:

Brain Injury Association of America
8201 Greensboro Drive, Suite 611
McLean, VA 22102
(703) 761-0750 (v)
800-444-6443 (family helpline)
(703) 761-0755 (fax)
Web: www.biausa.org

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

VSA arts-RATED BEST RESOURCE for more information:

Research and Training Center on Independent Living
University of Kansas
Room 4089 Dole Center
1000 Sunnyside Avenue
Lawrence, KS 66045-7555
(785) 864-7095 (v)
(785) 864-0706 (TTY)
(785) 864-5063 (fax)
Web: www.rtcil.org
E-mail: RTCIL@ku.edu

SUGGESTIONS TO IMPROVE ACCESS AND POSITIVE INTERACTIONS

- Avoid euphemisms such as "physically challenged," "special needs," "differently abled," and "handicapped." 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.

There are 12 disability access symbols you may use to promote accessibility. For a full list of symbols, visit the Graphic Artists Guild Web site at www.gag.org.

There are a number of alternate formats for publications that you can provide for people who are blind or have low vision. Most commonly used formats are Braille and Large Print. You may also provide an audio version of the text. In addition, there are guidelines for making your Web site accessible. For information on how to provide information in alternate formats visit the American Council for the Blind at www.acb.org/accessible-formats.html.

These are the symbols for Braille and Large Print formats:



According to the U.S. Census, there are more than 54 million people with disabilities in the United States—almost 20 percent of the total population. 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, provided no room for integration, and perpetuated myths of inequality.

In the first half of the 20th 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 Richard M. 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.

Americans with Disabilities

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.

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; or
- Be misperceived as having a substantially limiting impairment, which in reality is not substantial.

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; or
- 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
800-526-7234 (v/TTY) U.S.
800-232-9675 (v/TTY) U.S.
304-293-7186 (v/TTY) Worldwide
304-293-5407 (fax)
Web: www.jan.wvu.edu
E-mail: jan@jan.wvu.edu

For more information about the Americans with Disabilities Act (ADA) visit www.usdoj.gov/crt/ada/adahom1.htm.

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. People with disabilities have fought negative images and stereotypes, and have been denied equal opportunity within communities worldwide. Through the arts, we are breaking new ground. For people with disabilities, the arts represent a world of resources and opportunities. Artistic expression provides an outlet for creative voice and unlimited possibilities for personal, academic, and professional success.

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 or the freedom the body feels in a wheelchair dance performance, 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.



*Creating a society where all people with disabilities
can learn through, participate in, and enjoy the arts.*

VSA arts
818 Connecticut Avenue NW, Suite 600
Washington, DC 20006
(202) 628-2800 (voice)
(202) 429-0868 (fax)
(202) 737-0645 (TTY)
www.vsarts.org

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