Remember, they are a person too – use person first language
(i.e.: an adult with Autism versus an Autistic adult.)

Be knowledgeable about the disability your participant may have
(i.e.: ask to see Participant Profile from staff, ask staff questions, talk with parents or caregivers or volunteers who have worked with them.)

Break down activities into smaller tasks.

Start with small goals to accomplish a bigger goal.

Building a relationship fosters trust and is important for the individual’s success.

Be open-minded and non-judgmental.

Not every person needs assistance, ask if you can help them and respect their choice.

Use consistency in vocabulary, behavior support, and your feedback.

Remember that people who use wheelchairs, walkers or canes see these devices as a part of their personal space. Avoid touching or moving these aids without permission.

Phrase requests and language in a positive way
(i.e.: “Don’t touch that’ can be positively rephrased as “Hands to self, please”.)

LANGUAGE

We may be used to using terminology a certain way to describe someone with a disability. Today’s terminology focuses on “person-first” language. Using person first language promotes putting their personhood before their disability. Below is the correct terminology for today:

<table>
<thead>
<tr>
<th>Old Terminology</th>
<th>Politically Correct Terminology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handicapped / Disabled</td>
<td>Person with a disability.</td>
</tr>
<tr>
<td>Afflicted / Stricken with</td>
<td>Person who has __________.</td>
</tr>
<tr>
<td>Victim</td>
<td>Person who has survived</td>
</tr>
<tr>
<td>Crippled / Wheelchair bound</td>
<td>Person with a mobility impairment. Person who uses a wheelchair</td>
</tr>
<tr>
<td>Retarded / Retard</td>
<td>Person with a developmental/intellectual disability.</td>
</tr>
<tr>
<td>Lunatic / Nuts / Crazy</td>
<td>Person with a mental illness.</td>
</tr>
<tr>
<td>Deaf / Blind</td>
<td>Person with a hearing impairment, Person who is deaf. Person with a visual Impairment (low vision), Person with low vision, Person who is blind (no vision).</td>
</tr>
<tr>
<td>Normal</td>
<td>Person without a disability or able-bodied/typically developed.</td>
</tr>
</tbody>
</table>
CONVERSING & INCREASING COMFORT

Be patient with those who have difficulty speaking. Do not finish sentences or answers for participants. When you do not understand, something said, ask them to repeat. Try repeating what you thought you heard. Do this as often and as much as you need. Ask him/her to rephrase if you feel you cannot understand a word or sentence. If you still don’t understand, ask a staff or lead volunteer to help you. It’s important that the participant’s needs are heard and understood.

If your participant is non-verbal, you can still communicate and have a great experience together! Learn about your participant before meeting them. They may use assistive devices such as technology, pictures, or written word. If you feel like you are having difficulties communicating, ask your lead or staff for help and tips.

People with hearing impairments may communicate in a variety of ways. Some methods of communication include reading lips, sign language, or finger spelling. People with hearing loss often rely on facial expressions and body language to understand the conversation. Be sure to speak clearly and face the person when speaking. Do not over-enunciate words.

When guiding a person with a visual impairment, always ask the participant how he or she prefers to be guided. Be consistent and use clear communication. Remember, you are the person’s eyes in an unknown environment.

Many people with SCI use wheelchairs for mobility. Remember that just because the person is in a wheelchair, it does not mean that there is anything wrong with the person’s brain or hearing. A wheelchair provides a mechanism for moving around and becomes part of the person’s personal space. Never move, lean on, or touch a person’s wheelchair without permission. Always ask a person in a wheelchair how you can help before doing so.

If it comes up naturally, or you need to know something specific, feel free to ask about the participant’s disability. Let the participant, or his/her significant other or caregiver guide you. Be respectful and sensitive, and focus your questions on information that is pertinent to the activity. For example, ask “Can you describe your vision to me?”, rather than “How did you lose your eyesight”.

Speak directly to a person with a disability, even if they have an interpreter, companion, or attendant. Explore your mutual interests and conversational topics just as you would with any new acquaintance. People with disabilities have much more to discuss than their impairments!

Common societal expressions are acceptable, for example “did you see that movie?” or “let’s take a walk”. People with disabilities do not usually desire different treatment. Along that line, they also do not want someone to be condescending. Talk to a person with a disability just as you would to anyone their age.
CONVERSING & INCREASING COMFORT

It is OK to say no to a person with a disability, just as you might to anyone else. You are welcome to set your comfort limits that do not interfere with others’ rights. For example, if a person with a disability invades your personal space, you can ask them not to. With some people, you may have to be repetitive, just like you may have to do with your family members.

Many of us feel uncomfortable around people who are different than ourselves. It’s OK if you feel this way; your comfort level will increase with your exposure, practice, and knowledge. Don’t hesitate to ask for help!

People with disabilities are not necessarily special, inspirational, or courageous. They are people, making the best of their situations—just like you. They usually do not want to be patronized or put on a pedestal – just like you. They just want to be accepted, supported, encouraged, praised, and loved – just like you!

Appreciate what people CAN do. The difficulties a person faces often stem more from society’s attitudes and barriers than from the effects of impairment. Focus on ability and use the participant’s abilities to compensate or adapt. Remember that you can always ask staff questions about how to work with your participant or how to modify an activity for success.

REFERENCES:

