



Disability Etiquette

Tips for Interacting with People with Disabilities



St. Mary's County Commission for People
with Disabilities

The Disability Etiquette Handbook has been prepared by the St. Mary's County Commission for People with Disabilities (CFPD). The Commission provides the Commissioners of St. Mary's County advice and assistance in the application and administration of the Americans with Disabilities Act. We strive to increase acceptance and awareness of people with disabilities and ensure full participation in all aspects of county life.

The Commission has developed this handbook to offer basic knowledge of proper and acceptable etiquette when interacting with individuals with disabilities. Our hope is to help remove communication barriers and to promote understanding and acceptance of individuals with disabilities throughout our community.

Anyone interested in obtaining more information please visit the St. Mary's County Government Americans with Disabilities website:

<https://www.stmaryscountymd.gov/AmericanDisabilities/>

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Introduction

One in five Americans has a disability. There is a good chance that you interact every day, perhaps without even knowing it, with somebody who has a disability. Sometimes people are uncomfortable around people with disabilities because they don't know how to act or what to say. Fear of the unknown and lack of knowledge about how to act can lead to uneasiness when meeting a person who has a disability. This booklet is for anyone—with or without a disability—who wants to interact more effectively with people with disabilities. It is a straightforward orientation to the basic rules of etiquette and language that can lay the foundation for respectful and courteous interaction with people with disabilities.

The Americans with Disabilities Act (ADA) of 1990 was conceived with the goal of integrating people with disabilities into all aspects of American life, particularly the workplace and the marketplace. Sensitivity toward people with disabilities is not only in the spirit of the ADA, it makes good community and business sense.

Practicing disability etiquette is an easy way to make people with disabilities feel welcome. You don't have to feel awkward when dealing with a person who has a disability. This booklet provides some basic tips for you to follow. And if you are ever unsure about what to do or say with a person who has a disability, just ask!

DID YOU KNOW? –

In United States:	In Maryland:	In St Mary's County:
13.4% of people have a disability	11.9% of people have a disability	12.5% of people have a disability
4.8% of people under the age of 18	4.7% of people under the age of 18	5.8% of people under the age of 18
11.0% of people between the ages of 18-64	9.5% of people between the ages of 18-64	10.9% of people between the ages of 18-64
33.1% of people 65 and over.	30.4% of people 65 and over.	32.3% of people 65 and over.
<p>Data based on the 2018-2022 American Community Survey a division of the US Census http://www.census.gov/acs/www/</p>		

General Information

Attitude and Approach

As you meet people with *various* disabilities, you may be apprehensive about how you should behave towards that individual. Every person is different, and some will find it easy to work and socialize with such individuals, whereas others will find it difficult adjusting. Always remember that a person with a disability is a person. He or she is like anyone else, except for the special limitations of their disability. All people, including people with disabilities, prefer that you focus on their **abilities** not their disabilities. Appreciate the person first. Attitudes and behaviors are the most difficult barriers for people with disabilities to overcome.

Honesty

If you do not understand someone because they have difficulty with their speech, or they use some form of communication aid, please do not assume that they do not understand. If you have difficulty understanding them, then admit it, and try to get someone to translate for you. People in such situations will not get upset if you are honest, and in time, you will learn to understand what they are saying.

Hidden Disabilities

Not all disabilities are apparent. A person may have trouble following a conversation, may not respond when you call or wave, or may say or do something that seems inappropriate. The person may have a hidden disability, such as low vision, a seizure disorder, hearing loss, a learning disability, a head injury, mental illness, or a health condition. These are just a few of the many different types of hidden disabilities. Don't make assumptions about the person or the disability. Be open-minded.

How to Help

- Introduce yourself and offer assistance.
- Don't be offended if your help is not needed.
- Ask how you can help and listen for instructions.
- Be courteous, but NOT condescending.
- Assist individuals with disabilities when necessary or requested, but do not discourage their active participation.
- Allow a person DIGNITY to do what he or she wants to do for him or herself.



Be Yourself

Treat people with disabilities with the same respect and consideration that you have for everyone else. Treat the person as an individual, not as a disability. Don't assume that "disability" is all that person can talk about or is interested in. Find a topic of small talk the way you would with anyone. Use a normal voice when extending a verbal welcome. Do not raise your voice unless requested. As in any new situation, everyone will be more comfortable if you relax. Simply listen and adjust your language accordingly.

Terminology Tips

People with disabilities are not conditions or diseases. They are individual human beings. For example, a person is not an epileptic but rather a person who has epilepsy.

First and foremost, they are people. Only secondarily do they have one or more disabling conditions. Hence, they prefer to be referred to in print or broadcast media as **People with Disabilities.**

Things to Remember



- Treat people as you would like to be treated yourself.
 - Do not show pity for a person in a wheelchair. It makes them feel demoralized.
 - People with disabilities are NOT alike and have a wide variety of skills and personalities. We are all individuals.
-
- Most people with disabilities are not sick, incompetent, dependent, unintelligent or contagious.
 - **Emphasize the person**, not the disability
 - Treat adults as adults. Don't patronize or *talk down to* people with disabilities.
 - Be patient and give your undivided attention, especially with someone who speaks slowly or with great effort.
 - **People are not conditions** so don't label them with the name of the condition or as part of a disability group. We don't say "the cancerous," nor should we say "the blind."
 - Remember, most people with disabilities do want to serve as well as be served and enjoy assisting others.
 - Be considerate of the extra time it may take a person with a disability to get some things done.
 - Be aware that there are many people with **hidden disabilities** that are not apparent. Just because you cannot see a disability does not mean it doesn't exist.

Barriers to community inclusion for individuals with disabilities

Action: Think on these – how might you see them in yourself and society around you, and what can you do to help overcome them?



Attitudinal- barriers have been defined as a way of thinking or feeling resulting in behavior that limits the potential of people with disabilities. Often it is not the disability, but rather the attitudes of the general public and those providing recreation services (public or private) that limit activities of people with disabilities.

What are Attitudinal Barriers?

- * Avoidance
- * Fear
- * Stereotyping
- * Discrimination
- * Insensitivity
- * Discomfort

Programmatic- accessibility can be achieved by a number of methods. Providing communication aides such as assistive listening devices, TTY's, and sign language interpreters, support staff, adapted equipment, and making registration available by phone, or providing services at an alternative accessible site are all methods of programmatic access.

What are Programmatic Barriers?

- * Communication barriers
- * Programs in inaccessible buildings
- * Registration not available by phone
- * Visiting field trip sites that are inaccessible
- * Activities that fail to utilize all senses
- * Information not available in different formats


Architectural- Physical accessibility is a critical issue in providing services/programs for individuals with disabilities, especially those with mobility impairments (i.e. uses of wheelchairs, walkers, canes, etc.) In offering a physical program/service, be aware of physical barriers that may create a barrier to participation in a program.



What are Architectural Barriers?

- * Curbs
- * Stairs
- * Narrow Doorways
- * Heavy Doors
- * Parking
- * Counters, shelves, water fountains, and telephones that are too high

Person First Language

<p>The following words have strong negative connotations:</p> <p><u>Do Not Use:</u></p>	<p>The following words are more affirmative and reflect a more positive attitude:</p> <p><u>Words with Dignity</u></p>	
<ul style="list-style-type: none"> • handicap • the handicapped • crippled with • victim • spastic • patient (except in hospital) • invalid • paralytic • stricken with 	<ul style="list-style-type: none"> • physically disabled • person with a disability • person who has multiple sclerosis • person who has muscular dystrophy • paraplegic (person with limited or no use of lower limbs) • quadriplegic (person with limited or no use of all four limbs) • person who has cerebral palsy 	<ul style="list-style-type: none"> • person who had polio • person with mental disability • person who is blind • person who has a speech impairment • person with a learning disability • person with special needs • person with an intellectual disability
<p><u>Do Not Use:</u></p>	<p><u>Words with Dignity:</u></p>	
<ul style="list-style-type: none"> • birth defect • inflicted • afflicted/afflicted by • deformed/deformed by • incapacitated • poor • unfortunate 	<ul style="list-style-type: none"> • caused by "_____" • disabled since birth • born with "_____" 	
<p><u>Do Not Use:</u></p>	<p><u>Words with Dignity:</u></p>	
<ul style="list-style-type: none"> • deaf and dumb • deaf mute 	<ul style="list-style-type: none"> • deaf person • pre-lingually (deaf at birth) deaf • post-lingually (deaf after birth) deaf 	

	<ul style="list-style-type: none"> • deaf/profoundly deaf (no hearing capability) • hearing-impaired (some hearing capability)
<ul style="list-style-type: none"> • confined to a wheelchair • restricted to a wheelchair • wheelchair bound 	<ul style="list-style-type: none"> • person in a wheelchair • person who uses a wheelchair • person who walks with crutches <p>Explanation: Crutches, walkers, and wheelchairs are mobility aids. Without the use of these mobility aids, the person is restricted from participation in their community.</p>
normal (acceptable only for quoting statistics)	Non-disabled (referring to non-disabled persons as normal insinuates that disabled persons are abnormal)

Some general rules that work in most situations:

Use possessive language to refer to disabilities. Use the word *has* instead of the word *is*. Jenny *has* autism, rather than Jenny *is* autistic. Phrasing the sentence using "has" makes autism just one thing -- among many -- that Jenny has. Jenny also has brown eyes and curly hair. She also has a Powerpuff girls backpack. Oh -- and, she has autism.

Use possessive language to refer to assistive technology. Use the word *has* or *uses* rather than *is confined to*. Matt uses a wheelchair to get around, rather than Matt is confined to a wheelchair. Matt uses augmentative communication to speak, rather than Matt can't talk. In both cases, the pieces of equipment are viewed respectfully as something Matt uses to accomplish everyday tasks.

Things cannot be "handicapped." Parking spaces, restrooms, etc., are designed to be *accessible* for persons who have disabilities. They are not "handicapped" in and of themselves. Refer to them as accessible parking spaces, or accessible restrooms. They could also be parking spaces reserved for persons with disabilities.

Above all, put yourself in the place of the person about whom you are speaking. If your main challenge in life is that you are tone-deaf, would you want *everyone* to refer to you as "the singing-impaired person, who is very nice in lots of ways"?

Adapted from *Disability is Natural* <http://www.disabilityisnatural.com/>



Top Ten Rules for Communicating with People with Disabilities

1. When talking with a person with a disability, speak directly to that person rather than through a companion or sign language interpreter.
2. When introduced to a person with a disability, it is appropriate to offer to shake hands. People with limited hand use or who wear an artificial limb can usually shake hands. For those who cannot shake hands, touch the person on the shoulder or arm to welcome and acknowledge their presence.
3. When meeting a person with a visual impairment, always identify yourself and others who may be with you.
4. If you offer assistance, wait until the offer is accepted. Then listen to or ask for instructions.
5. Treat adults as adults. Address people who have disabilities by their first names only when extending that same familiarity to all others present.
6. Leaning or hanging on a person's wheelchair is similar to leaning or hanging on a person and is generally considered annoying.
7. Listen attentively when you're talking with a person who has difficulty speaking. Be patient and wait for the person to finish, rather than correcting or speaking for the person.
8. When speaking with a person in a wheelchair, place yourself at eye level in front of the person to facilitate the conversation.
9. To get the attention of a person who is hearing impaired, tap the person on the shoulder or wave your hand. Look directly at the person and speak clearly, slowly, and expressively to establish if the person can read your lips.
10. Relax. Don't be embarrassed if you happen to use accepted, common expressions, such as, "See you later," or "Did you hear about this" that seem to relate to the person's disability. Anyone can make mistakes. Offer an apology if you forget some courtesy. Keep a sense of humor and a willingness to communicate. Don't stress. We all make mistakes!

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General Rules of Etiquette for Communicating with Persons with Specific Disabilities



Hearing Impairments

- Let the person take the lead in establishing the communication mode, such as lip-reading, sign language, or writing notes.
- Face the person when you are speaking.
- Don't chew gum, smoke, bite a pencil, or cover your mouth while talking - it makes speech difficult to understand!
- Rephrase sentences or substitute words rather than repeat yourself again and again.
- Speak clearly and at a normal voice level.
- Communicate in writing, if necessary.
- Move away from noisy areas or the source of noise - loud air conditioning, loud music, TV and radio.
- Don't stand with bright light (window, sun) behind you - glare makes it difficult to see your face.
- Get the hearing-impaired person's attention and face in full view *before* talking.
- Remember although some deaf people can express themselves (speak) very well; they still cannot hear (receive) what you are saying.
- American Sign Language (ASL) is the first language of many, but not all deaf people. There are other forms of sign language and communication used in America and many other countries have their own form of sign language.
- Tip for using interpreters... the deaf must be able to comfortably see the interpreters' hands and face, any visual aids as well as the speaker, and speaker pauses for note taking is very helpful.

Visual Impairments

- When greeting the person, identify yourself and introduce others who may be present.
- Be descriptive. You may have to help orient people with visual impairments and let them know what's coming up. If they are walking, tell them if they have to step up or step down, let them know if the door is to their right or left, and warn them of possible hazards.
- You don't have to speak loudly to people with visual impairments. Most of them can hear just fine.
- Offer to read written information for a person with a visual impairment, when appropriate.
- If you are asked to guide a person with a visual impairment, offer your arm instead of grabbing hers.
- Don't leave the person without excusing yourself first.
- Don't pet or distract a guide dog. The dog is responsible for its owner's safety and is always working. It is not a pet.



Speech Impairments

- Listen patiently. Don't complete sentences for the person unless he looks to you for help.
- Don't pretend you understand what a person with a speech disability says just to be polite.
- Ask the person to write down a word if you're not sure what she is saying.
- Be prepared for various devices or techniques used to enhance or augment speech. Don't be afraid to communicate with someone who uses an alphabet board or a computer with synthesized speech.

Mobility Impairments

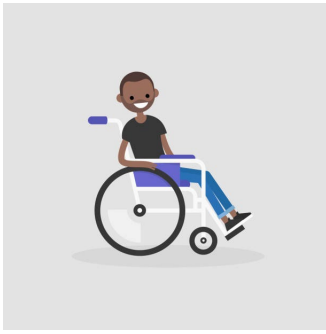


- Try sitting or crouching down to the approximate height of people in wheelchairs or scooters when you talk to them.
- Don't lean on a person's wheelchair unless you have his permission - it's his personal space.
- Be aware of what is accessible and not accessible to people in wheelchairs.
- Give a push only when asked.

Cognitive Disability

- Use very clear, specific language.
- Be patient. Allow the person time to tell or show you what he or she wants.
- Condense lengthy directions into steps.
- Use short, concise instructions.
- Present verbal information at a relatively slow pace, with appropriate pauses for processing time and with repetition if necessary.
- Provide cues to help with transitions (e.g. "In five minutes we'll be going to lunch.")
- Reinforce information with pictures or other visual images.
- Use modeling, rehearsing, and role-playing.
- Use concrete rather than abstract language.
- Limit the use of sarcasm or subtle humor.
- If you are not sure what to do or say, just ask the person what he/she needs.

Becoming aware of our own perceptions, stereotypes and discomforts around particular disabilities is the first step towards addressing subtle biases that could possibly be projected onto individuals with disabilities. Our own beliefs and comfort level around disability has a major impact on how we view, interact and provide service and programs to individuals with disabilities.



Wheelchair Etiquette

As written by Disability Awareness, The Rehabilitation Center Ottawa Ontario - (613)739-5324

- Always ask the person using the wheelchair if he or she would like assistance BEFORE you help. It may not be needed or wanted.
- Don't hang or lean on a person's wheelchair because it is part of that person's personal body space.
- Speak directly to the person in the wheelchair, not to someone nearby as if the person in the wheelchair did not exist.
- If conversation lasts more than a few minutes, consider sitting down or kneeling to get yourself on the same level.
- Don't demand or patronize the person by patting them on the head.
- Give clear directions, including distance, weather conditions and physical obstacles that may hinder the person's travel.
- Don't classify people who use wheelchairs as sick. Wheelchairs are used for a variety of non-contagious disabilities.
- When a person using a wheelchair "transfer" out of the wheelchair to a chair, toilet, car, or bed, do not move the wheelchair out of reaching distance.
- Be aware of the person's capabilities. Some users can walk with aid and use wheelchairs to save energy and move quickly.
- It is okay to use terms like "running along" when speaking to a person who uses a wheelchair. The person is likely to express things the same way.
- Don't discourage children from asking questions about the wheelchair.
- Don't assume that using a wheelchair is a tragedy. It is a means of freedom that allows the person to move about independently.

Adaptive/Assistive Technologies

There have been some remarkable strides over the past years in adaptive technology for people with disabilities, such as cell phones and tablets that can be used for diabetes maintenance or for monitoring pacemakers and seizures. Remember that these are important tools to the person, not toys to grab or intentional distractions.

A person with disabilities has a wide variety of tools available to them to help them live their life.

Some examples are:

- People with physical disabilities that affect movement can use mobility aids, such as wheelchairs, scooters, walkers, canes, crutches, prosthetic devices, and orthotic devices, to enhance their mobility.
- Cognitive assistance, including computer or electrical assistive devices, can help people function following brain injury.
- Computer software and hardware, such as voice recognition programs, screen readers, and screen enlargement applications, help people with mobility and sensory impairments use computer technology.
- In the classroom and elsewhere, assistive devices, such as automatic page-turners, book holders, and adapted pencil grips, allow learners with disabilities to participate in educational activities.
- Closed captioning allows people with hearing impairments to enjoy movies and television programs.
- Adaptive switches make it possible for a child with limited motor skills to play with toys and games.
- Many types of devices help people with disabilities perform such tasks as cooking, dressing, and grooming. Kitchen implements are available with large, cushioned grips to help people with weakness or arthritis in their hands. Medication dispensers with alarms can help people remember to take their medicine on time.

<https://www.nichd.nih.gov/health/topics/rehabtech/conditioninfo/Pages/device.aspx>

Service Animal



Service Animals

Background

Over 500,000 people with disabilities use the aid of service animals. Although the most familiar types of service animals are guide dogs used by people who are blind, service animals are assisting persons who have other disabilities as well. Many disabling conditions are invisible. Therefore, every person who is accompanied by a service animal may or may not "look" disabled. A service animal is NOT required to have any special certification.

What is a Service Animal?

A service animal is **NOT** a pet!

Do **NOT** ask to pet a service animal!

From the 2010 Revised Americans with Disabilities Act Guidelines

The rule defines "service animal" as a dog that has been individually trained to do work or perform tasks for the benefit of an individual with a disability. The rule states that other animals, whether wild or domestic, do not qualify as service animals. Dogs that are not trained to perform tasks that mitigate the effects of a disability, including dogs that are used purely for emotional support, are not service animals. The final rule also clarifies that individuals with mental disabilities who use service animals that are trained to perform a specific task are protected by the ADA. The rule permits the use of trained miniature horses as alternatives to dogs, subject to certain limitations. To allow flexibility in situations where using a horse would not be appropriate, the final rule does not include miniature horses in the definition of "service animal."

Service Dog Etiquette

- Do not touch or interact with the Service Animal, or the person it assists, without permission. It is better to not ask to pet a service animal.
- Do not make noises at the Service Animal, it may distract the animal from doing its job.
- Do not feed or give treats to the Service Animal, it may disrupt his/her schedule.

- Do not be offended if the person does not feel like discussing his/her disability or the assistance the Service Animal provides. Not everyone wants to be a walking-talking "show and tell" exhibit.

PTSD

In the past, Post-Traumatic Stress Disorder (PTSD) was often undiagnosed and misunderstood. In today's world, there is a much greater understanding and more effective treatment strategies for PTSD. While it is commonly associated with Soldiers returning from war, it is now understood that anyone who has undergone a traumatic event can suffer from PTSD, including women and children. This can include a natural disaster, a car accident, or sexual assault.

According to the National Center for PTSD under the US Department of Veterans Affairs, four of the main symptoms of PTSD are:

1. Reliving the event (also called re-experiencing symptoms). You may have bad memories or nightmares. You even may feel like you're going through the event again. This is called a flashback.
2. Avoiding situations that remind you of the event. You may try to avoid situations or people that trigger memories of the traumatic event. You may even avoid talking or thinking about the event.
3. Having more negative beliefs and feelings. The way you think about yourself and others may change because of the trauma. You may feel guilt or shame. Or you may not be interested in activities you used to enjoy. You may feel that the world is dangerous, and you can't trust anyone. You might be numb or find it hard to feel happy.
4. Feeling keyed up (also called hyperarousal). You may be jittery, or always alert and on the lookout for danger. Or, you may have trouble concentrating or sleeping. You might suddenly get angry or irritable, startle easily, or act in unhealthy ways (like smoking, using drugs and alcohol, or driving recklessly).

Tips for Communicating with People with Traumatic Brain Injury (TBI)

(Note: Many people who have TBI don't need any assistance.)

- Some people with TBI may have trouble concentrating or organizing their thoughts. If you are in a public area with many distractions, consider moving to a quiet or private location, and try focusing on short-term goals.
- Be prepared to repeat what you say, orally or in writing. Some people with TBI may have short-term memory deficits.
- If you are not sure whether the person understands you, offer assistance completing forms or understanding written instructions and provide extra time for decision-making. Wait for the individual to accept the offer of assistance; do not "over-assist" or be patronizing.
- Be patient, flexible and supportive. Take time to understand the individual, make sure the individual understands you and avoid interrupting the person.

Tips for Communicating with People with PTSD

- Stress can sometimes affect a person's behavior or work performance. Do your best to minimize high pressure situations.
- People experience trauma differently and will have their own various coping and healing mechanisms, so treat each person as an individual. Ask what will make him or her most comfortable and respect his or her needs.
- Be tolerant if the person repeats his or her stories and experiences and avoid interrupting the person.
- In a crisis, remain calm, be supportive and remember that the effects of PTSD are normal reactions to an abnormal situation. Ask how you can help the person and find out if there is a support person you can contact (such as a family member or your company's Employee Assistance Program). If appropriate, you might ask if the person has medication that he or she needs to take.

The Five Rules of Etiquette when talking with a Wounded Veteran

1. **Don't show pity.** Do treat us like everyone else.
2. **Don't bring up PTSD.** Do ask us about our day.
3. **Don't make grandiose promises.** Do make friends.
4. **Don't assume we're helpless.** Do let us help you.
5. **Don't ignore our caregivers.** Do involve them in the conversation.

PLEASE DON'T:

Don't pity them.
Don't fear or avoid them.
Don't try to "fix" them.
Don't judge.
Don't assume you know what they are going through.
Do NOT say:
Aren't you over it yet?
You are crazy.
Just get over it.
It's all in your head.
Just be stronger.
I have a total cure for you.
At least you weren't wounded.
I had that but I got over it.
What you really need to do is _____.
You're on your own now.
Pull yourself together.
It's all in the past.
Suck it up.
Move on.

This information is intended to provide a brief summary. Do not use it to diagnose or treat any condition. Please consult a qualified health or mental health care provider.

PLEASE DO:

Treat them with kindness and respect.
Acknowledge the depth and reality of their struggle.
Encourage and support them.
Try to imagine a day and night in their shoes.
Accept that you will never fully understand.
Invite them to explore resources together if they want.
Respect their need for space.
Offer to go with them to a local Vet Center, VA, doctor, or counselor.
Be supportive of the loved ones.
Pray for them.
Listen to them.
Love them.
Realize that with PTSD every day is a victory.

For more information, resources and support visit:

LOVEOURVETS

www.LoveOurVets.org

REFERENCES & RESOURCES

St. Mary's County Government ADA Policy

It is the policy of the Commissioners of St. Mary's County, Maryland (CSMC) to ensure that, when viewed in their entirety, St. Mary's County Government services, programs, facilities, and communications are readily accessible and usable by qualified individuals with disabilities to the maximum extent possible. St. Mary's County Government is an equal opportunity employer, and no qualified individual with a disability shall, on the basis of disability, be subjected to discrimination in the employment, recruitment, or hiring practices of St. Mary's County Government.

In compliance with the Americans with Disabilities Act of 1990 (ADA), no qualified individual with a disability shall, on the basis of disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of St. Mary's County Government, or be subjected to discrimination in the provision of such services.

The CSMC have an ADA Coordinator to ensure the coordination of St. Mary's County's compliance with the ADA, including the investigation of any complaint alleging disability-based discrimination or lack of equal accessibility to county services, programs, or facilities.



ADA Coordinator Contact Information:

Cindy Slattery

Department of Human Resources

Email: Benefits@stmaryscountymd.gov Please Use "ADA" in the subject line

PO Box 653

Leonardtown, MD 20650

Tel.: 301-475-4200, Extension *1110

Fax: 301-475-4082

For more information visit the ADA website

<https://www.stmaryscountymd.gov/AmericanDisabilities/>

DEFINITIONS

The following are commonly used terms when discussing disabilities.

Disability: General term for a limitation; physical, mental or sensory. A disability is not necessarily a handicap which limits normal life activity.

Non-disabled: Person without disabilities. Don't use "normal," "able-bodied," or "healthy." People with disabilities can also be "normal," "able-bodied," or "healthy."

Blind: Loss of vision.

Visually Impaired: A generic term referring to all degrees of vision loss.

Congenital or Birth Disability: A disability which has existed since birth, but is not necessarily hereditary. Do not use "birth defect."

Deaf: A profound hearing loss.

Hearing Impaired: A generic term referring to any degree of hearing loss.

Developmental Disability: A significant mental or physical impairment which onsets before age 22 and usually requires lifelong services.

Learning Disability: A permanent condition which affects the way a person with average or above average intelligence learns and processes information.

Intellectual Disability: A condition characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills

Mental Illness: A condition caused by a neurobiological disruption in the brain. It affects mood, thoughts and appetites.

Mental Disability: All forms of mental illness, severe emotional disorder or mental retardation.

Seizure: An involuntary muscular contraction, a brief impairment or loss of consciousness as the result of a neurological condition. A **convulsion** is a seizure involving contraction of the entire body.

Small Stature: Correct term for very small people.

Spastic: Describes a muscle with sudden abnormal and involuntary spasms. Muscles are spastic, not people.

Speech Disorder: A condition where a person has limited ability to communicate through speech. **Without speech** describes someone with no verbal speech capacity. Do not use "mute."

Spinal Cord Injury: Permanent damage to the spinal cord. **Quadriplegia** describes substantial or total loss of function in all four limbs. **Paraplegia** refers to substantial or total loss of function in the lower part of the body.



Common disability acronyms to know

ABA -- Applied Behavior Analysis

ADA -- Americans with Disabilities Act

ADAAG -- Americans with Disabilities Act Accessibility Guidelines

ADHD -- Attention Deficit Hyperactivity Disorder

ASD -- Autism Spectrum Disorder

ASL -- American Sign Language

AT -- Assistive Technology

BD -- Behavior Disorder

CP -- Cerebral Palsy

DBTAC -- Disability and Business Technical Assistance Center

DD -- Developmental Disability

DDA -- Developmental Disabilities Administration

DORS -- Division of Rehabilitation Services

ESY -- Extended School Year

ID -- Intellectual Disability

IDEA -- Individuals with Disabilities Education Act

IEP -- Individualized Education Plan

ID -- Intellectual Disability

IP -- Individualized Plan

LAP -- Learning Adjustment Program

LD -- Learning Disability

LRE -- Least Restrictive Environment

MD -- Muscular Dystrophy

MS -- Multiple Sclerosis

NAMI -- National Alliance on Mental Illness

OCD -- Obsessive-Compulsive Disorder

ODD -- Oppositional Defiant Disorder

OT -- Occupational Therapy

PBS -- Positive Behavior Support

PT -- Physical Therapy

SAIL -- Supporting Academics and Independent Living

SLP -- Speech Language Pathologist

SPED -- Special Education

SSDI -- Supplemental Security Disability Insurance

TBI -- Traumatic Brain Injury

TDD -- Telecommunication Device for the Deaf

TT -- Text Telephone

TTY -- Teletypewriter

504 Plan -- Section 504 of the Rehabilitation Act of 1973

AMERICANS WITH DISABILITIES ACT OF 1990 (ADA)



TYPE/PURPOSE--A civil rights law prohibited discrimination solely on the basis of disability in employment, public services, and accommodations.

WHO IS PROTECTED?--Any individual with a disability who: (1) has a physical or mental impairment that substantially limits one or more life activities; or (2) has a record of such an impairment; or (3) is regarded as having or (3) is regarded as having such an impairment. Further, the person must

be qualified must be qualified for the program, service, or job.

The ADA has the following five titles:

1. **Employment (Title I)** Business must provide reasonable accommodations to protect the rights of individuals with disabilities in all aspects of employment. Possible changes may include restructuring jobs, altering the layout of workstations, or modifying equipment. Employment aspects may include the application process, hiring, wages, benefits, and all other aspects of employment. Medical examinations are highly regulated.
2. **Public Services (Title II)** Public services, which include state and local government instrumentalities, the National Railroad Passenger Corporation, and other commuter authorities, cannot deny services to people with disabilities, participation in programs or activities which are available to people without disabilities. In addition, public transportation systems, such as public transit buses, must be accessible to individuals with disabilities.
3. **Public Accommodations (Title III)** All new construction and modifications must be accessible to individuals with disabilities. For existing facilities, barriers to services must be removed if readily achievable. Public accommodations include facilities such as restaurants, hotels, grocery stores, retail stores, etc., as well as privately owned transportation systems.
4. **Telecommunications (Title IV)** Telecommunications companies offering telephone service to the general public must have telephone relay service to individuals who use telecommunication devices for the deaf (TTYs) or similar devices.
5. **Miscellaneous (Title V)** Includes a provision prohibiting either (a) coercing or threatening or (b) retaliating against the disabled or those attempting to aid people with disabilities in asserting their rights under the ADA.

While the employment provisions of the ADA apply to employers of fifteen employees or more, its public accommodations provisions apply to all sizes of business, regardless of number of employees. State and local governments are covered regardless of size.

ADA AMENDMENTS ACT 2008

The ADA Amendments Act (ADAAA) was signed into law on Thursday, September 25, 2008. The bill enjoyed bipartisan support and was passed unanimously by the US Senate and very strongly by the US House of Representatives. The law went into effect on January 1, 2009.

Purpose- The purpose of the ADAAA is to restore the intent and protections of the Americans with Disabilities Act of 1990.

What it Changes or Clarifies

"Mitigating Measures" -The law rejects the Supreme Court's ruling in *Sutton v. United Airlines, Inc.*, which held that the determination of whether an individual's limitation was substantial should take into consideration any mitigating measures used by the individual (medications, assistive technologies, compensating behaviors, etc.).

Substantial limitation will now be determined without considering such mitigating measures. An exception is made for "ordinary eyeglasses or contact lenses," which may be taken into account.

"Substantially Limits" and "Major Life Activities" -The ADAAA also rejects the Supreme Court's reasoning in the case of *Toyota Motor Manufacturing, Kentucky, Inc. v. Williams*, where the court stated that the ADA should be "interpreted strictly" and that meeting the definition of disability should be "demanding."

The courts are now instructed to give a broader interpretation to the definition of disability.

Major Life Activities -Major life activities include, but are not limited to, caring for oneself, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

A major life activity also includes the operation of a **major bodily function**. Major bodily functions include, but are not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.

The law also clarifies that an individual should not be excluded from protection because of the ability to do many things so long as **one** major life activity is substantially limited.

Conditions that are Episodic or in Remission-The law clarifies that an impairment which is episodic or in remission is still a disability if it is substantially limiting when active.

Focus of "Regarded As" Prong Changed - The "regarded as" prong of the definition of disability now focuses on how a person is *treated* by a covered entity.

Individuals are protected if they can establish that they were discriminated against in a way prohibited by the ADA because of either an actual or a perceived impairment, *regardless of whether the impairment is substantially limiting*.

There is an exception for impairments which are both minor and transitory (lasting or expected to last six months or less). Impairments that are transitory and minor might include the common cold, a sprained joint, or a broken bone that is expected to heal completely in a few weeks.

No Accommodations for "Regarded As" - While the "regarded as" prong now protects anyone who can establish discrimination, it will NOT allow that person to get accommodations or modifications of policies, practices, or procedures.

What it does NOT change

There remain three prongs in the definition of disability:

- 1) has a disability,
- 2) has a history or record of a disability,
- 3) is regarded as having a disability.

Physical or Mental Impairment -The requirement that a disability be based on a physical or mental impairment has not been changed.

Substantially Limits - This law maintains a severity test for protection under the first and second prongs of the definition of disability. An individual must either *currently* have an impairment that substantially limits at least one major life activity, or must have a record of an impairment that *in the past* substantially limited at least one major life activity.

Covered Entities- The requirements for who must comply with the ADA (employers with 15 or more employees, state and local governments, public accommodations, telecommunications providers, transportation providers) remain the same.

Complaint Process-The processes for filing complaints under any of the five titles have not been altered.

Enforcement Agencies -The enforcement agencies continue to be: Equal Employment Opportunity Commission (EEOC), Department of Justice (DOJ), Department of Transportation (DOT), Federal Communications Commission (FCC).

MARYLAND STATE RESOURCES –

[Maryland Department of Disabilities](#)

410.767.3660 voice/tty
1.800.637.4113 voice/tty

[Maryland Developmental Disabilities Administration](#)

Telephone: (410)767-5600
Toll Free: 1-877-4MD-DHMH
TDD Line: 1-800-735-2258

[Maryland Department of Education Division of Rehabilitation Services](#)

Telephone: 301-475-9612
Leonardtwn.dors@maryland.gov
<http://dors.maryland.gov/Pages/default.aspx>

[Maryland Developmental Disabilities Council](#)

Tel: [410]-767-3670
[800]-305-6441 (within MD)
Fax: [410]-333-3686

[DBTAC - Mid-Atlantic ADA Center](#)

(301) 217-0124 (V/TTY)
(301) 217-0754 (Fax)
adainfo@transcen.org
www.adainfo.org

FEDERAL RESOURCES

[Department of Justice ADA Homepage](#)

800-514-0301 (voice)
800-514-0383 (TTY)

[Equal Employment Opportunity Commission \(EEOC\)](#)

Phone: 1-800-669-4000
TTY: (202) 663-4494
Email: info@ask.eeoc.gov

[Federal Transit Administration](#)

Office of Communications and Congressional Affairs (202) 366-4043
FTA.ADAAssistance@dot.gov.
TTY: 800-877-8339
Voice/Hearing: 866-377-8642
Speech to Speech: 866-377-8642

[United States Access Board](#)

(202) 272-0080 (v)
(202) 272-0082 (TTY)
(202) 272-0081 (fax)

[United States Department of Education](#)

1-800-USA-LEARN (1-800-872-5327)
TTY 1-800-437-0833

[US Department of Health and Human Services Office for Civil Rights](#)

(800) 368-1019
Office for Civil Rights
Dept. of Health and Human Services
For the hearing impaired, please contact
TDD line: (800) 537-7697

[US Department of Labor, Civil Rights Center](#)

1-866-4-USA-DOL
TTY: 1-877-889-5627

[US Dept. of Housing and Urban Development](#)

(202) 708-1112 TTY: (202) 708-1455

[Federal Communications Commission](#)

TTY: 1-888-835-5322
Phone: 1-888-225-5322
Fax: 1-866-418-0232
Email: fccinfo@fcc.gov

[Office of the Deaf and Hard of Hearing](#)

410-767-7756 TTY
410-767-6290 Voice
1-800-735-2258 (Maryland Relay)



Welcome to Holland



By Emily Perl Kingsley

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I am often asked to describe the experience of raising a child with a disability to try to help people who have not shared that unique experience to understand it, to imagine how it would feel.

It's like this...

When you're going to have a baby, it's like planning a fabulous vacation trip - to Italy.

You buy a bunch of guide books and make your wonderful plans.

The Coliseum. The Michelangelo David. The Gondolas in Venice.

You may learn some handy phrases in Italian.

It's all very exciting.

After months of eager anticipation, the day finally arrives.

You pack your bags and off you go.

Several hours later, the plane lands. The stewardess comes in and says:

"Welcome to Holland"

HOLLAND??? you say. What do you mean, Holland? I signed up for Italy!

I'm supposed to be in Italy. All my life I've dreamed of going to Italy.

But there's been a change in the flight plan. They've landed in Holland, and there you must stay.

The important thing is that they haven't taken you to a horrible, disgusting, filthy place, full of pestilence, famine and disease. It's just a different place.

So you must go out and buy new guidebooks. And you must learn a whole new language.

And you will meet a whole new group of people you would never have met.

It's just a different place. It's slower paced than Italy, less flashy than Italy.

But after you've been there for awhile, and you catch your breath, you look around...

and you begin to notice that Holland has windmills... and Holland has tulips,

Holland even has Rembrandts.

But everyone you know is busy coming and going from Italy...and they are bragging about what a wonderful time they had there.

And for the rest of your life, you will say,

'Yes, that's where I was supposed to go. That's what I had planned.'

And the pain of that will never, ever, ever go away, because the loss of that dream is a very significant loss.

But... if you spend your life mourning the fact that you didn't go to Italy, you may never be free to enjoy the very special, the very lovely things... about Holland.