Best Practices when Interacting with Persons with Disabilities

A Customer Service Guide for State Government Agencies

Georgia State Financing and Investment Commission
State ADA Coordinator's Office

Foreword

Since elected into Office, Governor Sonny Perdue has expected all employees to be: principle-centered, customer-focused, and results-driven. Valuing and serving the citizens of Georgia have been one of the three pillars of his administration. The Governor's vision is for Georgia to not only be the best-managed state in the Nation, but to provide the best customer service and practices.

We, in Georgia government, are here to provide quality service that surpasses all other state governments. Working together, whether interacting directly with customers or offering behind-the-scenes support, ensures that our government will run efficiently.

All State agencies are focused on these initiatives and we are succeeding. Georgia is making progress implementing best practices in customer relations and removing critical barriers that affect customer service. This has led to improved customer and employee satisfaction.

State of Georgia employees are critical partners in our journey to lead the Nation in customer service and provide a model of excellence for other states to adopt. The Georgia State Financing and Investment Commission, State ADA Coordinator's Office and the Governor's Office of Customer Service hope this guide provides valuable information to help you serve an important segment of the population and offers guidance in making State programs, services, and activities faster, friendlier, and easier for all citizens living with disabilities. Remember, success is built upon our interaction with customers, every day.

It's exciting to know that you're on a team of winners—Team Georgia. Thank you, very much, for the vital role you play.

Joe Doyle
Director, Governor's Office of Customer Service

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Introduction

Disability is a natural part of life. There are over 1.4 million Georgians with various types of disabilities. Some Georgians acquire disabilities at or before birth, such as cerebral palsy, while others acquire them later in life, such as a spinal cord injury. Some people have obvious disabilities, such as blindness, while others experience disabilities coined as "hidden," such as diabetes, deafness, HIV infection, and epilepsy. Some individuals undergoing cancer treatment experience disability on a temporary basis, while others have permanently disabling conditions that may be progressive in nature.
As a result of disabilities, many Georgians are significantly restricted in their ability to hear, see, think, breathe, walk or conduct many other life activities. Citizens with disabilities play an important

role in all Georgia's communities and families. At any given time, these citizens may come into contact with our state government in many ways: as students at any State of Georgia university, college or technical college, visitor to any State of Georgia operated career center, applicant or recipient of any required State of Georgia licensing or certification, applicant for employment with the State of Georgia, or visitor to any state park or state recreational area and in many other ways. More and more frequently, people with disabilities are serving in various capacities within state government.

While some individuals with disabilities are able to take part in various governmental processes and activities without difficulty, others encounter environmental obstacles that impose significant barriers to an equal opportunity to participate. The Americans with Disabilities Act of 1990 (ADA) calls upon State of Georgia government agencies to identify and remove barriers

for people with disabilities so they can access those programs, services and activities offered.

This booklet provides guidance to State of Georgia employees so they can effectively interact and assist individuals with varying disabilities. We hope you will consider how implementing the tips in this booklet is the direct route to creating a customer-oriented culture that includes individuals with disabilities and is in keeping with the spirit of the ADA.

For more information about the ADA, please contact the State ADA Coordinator's Office:

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The State ADA Coordinator's Office:

- Serves as a technical resource to State agencies for the ADA's Title II general nondiscrimination requirements, program accessibility, communications, and employment (including the reasonable accommodation process);

- Operates the statewide ADA facility improvements program;

- Provides information about the ADA to the general public

- Collaborates with local ADA support systems; and,

- Increases the visibility of the ADA to help more citizens understand the letter and the spirit of the law.

The State ADA Coordinator's Office is a section of the Georgia State Financing and Investment Commission.

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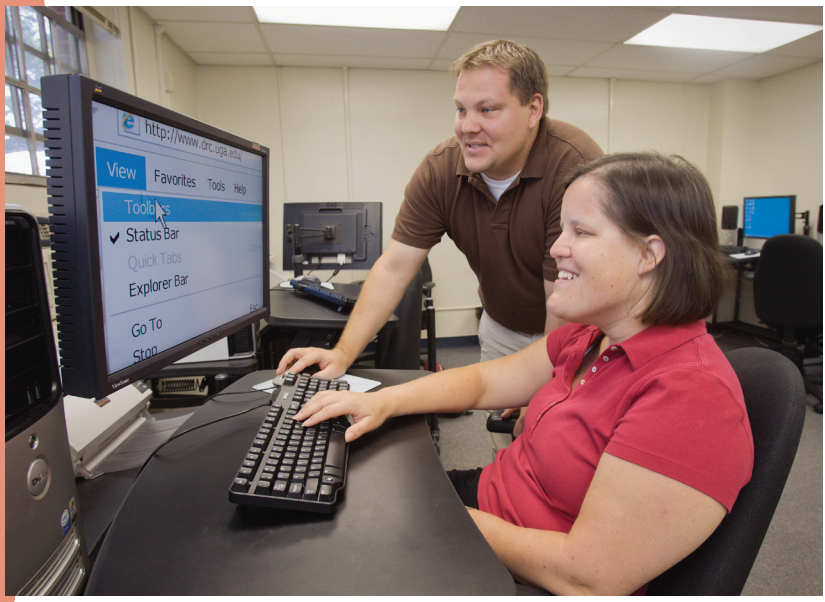
General Considerations



The most important thing State of Georgia employees can do in their day-to-day interactions with people with disabilities is to treat these individuals with the same courtesy, dignity, and respect that you afford everyone else. There is no need to be nervous or apprehensive when talking and working with people with disabilities.

A person with a disability may be able to access every feature in a state facility but may be left out of activities if personnel exhibit negative or unhelpful attitudes to simple accommodation or information requests. Eliminating these attitudinal barriers can help ensure that people with disabilities have full access to Georgia government programs, services, and activities.

The Georgia Supreme Court's Commission on Access and Fairness in the Courts has developed a reference guide for court officials when interacting with people with disabilities. Some tips from the guide are:

- Do not make assumptions about the person or the disability.

- Always speak directly to the person with a disability, not to a companion, assistant or sign language interpreter. Speak in your normal tone and do not raise your voice unless requested.

- If the person doesn't understand you, try again. Don't become anxious if you have to make repeated attempts at listening or speaking to ensure effective communication.

- Do not assume that a person with a disability needs help. If someone looks in need of help, it is always appropriate to offer assistance with sensitivity. If your offer to assist is accepted, listen or ask for instructions before you act. Do not let it bother you if someone refuses your offer of assistance.

- Generally, assistance with doors is greatly appreciated as long as you are clear of the path of travel.

- Familiarize yourself with the facility's accessibility features and accommodation protocol. When people with disabilities ask for accommodations, they are not complaining. Rather, they are asking for what they believe necessary to fully and

equally participate in that particular activity, service, or program.

- Respond courteously to all accommodation requests and be sure to promptly direct the request to appropriate personnel who can assist.

- Not all disabilities are apparent. Because of the stigma associated with certain disabilities, people may be reluctant to disclose a disability or ask for an accommodation. If someone looks as though he or she may not understand you, do not ask them if they have a disability. Instead, ask in a respectful way if there is an alternative method for communicating.

Special Considerations for Supervisors and Managers

Top-level leadership and commitment are essential in developing an environment where access is not only a requirement, but an expectation for all citizens. The first steps in ensuring an accessible environment are:

- Designate an agency expert as a resource and coordinator;
- Review agency ADA-related policies to ensure they are clear, accurate and comprehensive; and,
- Provide training for all agency officials responsible for ADA-related matters.
- Carefully evaluate requests for accommodation made by people with disabilities. Although the agency makes the final decision regarding the most appropriate accommodation for each particular situation, allow yourself to be educated by people about their disabilities. The individuals have experience and information regarding their disabilities and are usually able to suggest the best way to accommodate their needs.
- Use person-first language. Put the person ahead of the disability in order to communicate your recognition that the person's disability is not the most important part of the person's identity. For example, it is more polite to say "the job applicant with a disability" than "the disabled applicant" or "the handicapped applicant."

- Train your staff to be sensitive to the needs of people with disabilities. Patience and flexibility are important because, just as with most other citizens, many people with disabilities will not be familiar with the procedures and practices of your agency.

Using Person First Language

In verbal and written communication, use person first language consistently. Person first language recognizes that a person's disability is not the most important part of that person's identity.

- Using person first language is an effort to be polite and sensitive and not an attempt to restrict the use of language.

- Put the person ahead of the identifier of the disability in a given sentence. For example, saying "people with disabilities" is more appropriate, thoughtful and sensitive than saying "disabled people."

- Avoid language that is insulting or dehumanizing. Words like "crippled," "wheelchair-bound," "deaf-mute," "retarded" and "deformed" while once commonly used are now considered offensive when applied to individuals with disabilities.

- To avoid repetitive usage in long documents, switch around the order of words that appear frequently on one page. For example, consider using "Georgians with disabilities" but keep the person first pattern consistent.

Interacting with People Who Are Deaf or Hard of Hearing

There is a broad spectrum of hearing loss among Georgians, ranging from mild hearing loss to profound deafness. Most Georgians with hearing loss can be accommodated when assistive listening devices are available. In certain situations, however, more individualized accommodations, such as Communication Access Realtime Translations (CART) or sign language interpreters, are necessary to facilitate effective communication.

When interacting with people who are deaf or hard of hearing, consider the following:

- There are a wide range of hearing losses and communication preferences. If you do not know the individual's preferred communication method, ask.

- Make direct eye contact. Natural facial expressions and gestures will provide important information to your conversation. Keep your face and mouth visible when speaking.

- Before speaking to a person who is deaf or hard of hearing, get the person's attention. To get a person's attention, call his or her name. If there is no response, lightly touch the person's arm or shoulder.

- If you are asked to repeat yourself several times, try rephrasing your sentence.

- Writing information down may facilitate communication.

- When speaking to a person who speech reads (lip reads) or is hard of hearing, speak clearly. Do not exaggerate your speech. Shouting does not help communication.

- When speaking with a person who is using a sign language interpreter, speak directly to the person who is deaf, look directly at the person, and maintain eye contact. The role of a sign language interpreter is to facilitate communication between people who do not share a common language. Therefore, interpreters should not participate or be included in the communication outside of that role and function.

- A quiet, well-lit room is important to aid clear communication.

Range of Deafness and Hard of Hearing

Individuals who are hard of hearing or who became deaf after acquiring speech and language skills may use hearing aids, cochlear implants, and/or assistive listening devices to support their residual hearing or they may not use any augmentative devices at all. They may use speech reading skills to facilitate one-on-one communication and may use sign language or oral interpreters in group settings. Individuals who are hard of hearing or became deaf later in life commonly use spoken English as a method of communicating verbally and may or may not know how to communicate with sign language.

Individuals who are "prelingually" or "culturally" deaf are those who were born deaf or became deaf prior to acquiring speech and language skills. They most likely will use American Sign Language (ASL) or a form of English sign language to communicate and may or may not have speech reading skills. Some individuals may use hearing aids or cochlear implants to augment residual hearing.

Some individuals who are deaf may have had limited exposure to formal language (spoken or signed) and consequently are not fluent in ASL or English. They may or may not have an effective gestural communication form that can be used to give or receive information. Therefore, providing communication access for individuals who have minimal linguistic competency will be most challenging. This process is most often facilitated

by working with a certified hearing interpreter in conjunction with a Certified Deaf Interpreter (CDI).

Individuals who are deaf-blind are those who are deaf or hard of hearing and are also blind or have low vision that cannot be satisfactorily corrected with glasses, contacts, or surgery. They are not necessarily profoundly deaf and totally blind; they may have "tunnel vision" and be hard of hearing. To communicate, they may use tactile sign language, fingerspelling, or print-in-palm. They may also require either close or far proximity for clarity of visual field or they may need an interpreter to sign in a small space. For written communication, individuals who are deaf-blind may rely extensively on Braille. Depending on the type of vision loss they have and if they communicate using sign language, these individuals may or may not have special requirements to accommodate their visual field and language needs.

Interacting with People Who Have Speech or Language Disabilities

Speech and language disabilities are inabilities of individuals to understand and/or appropriately use the speech and language systems of society. Such disabilities may be caused by many conditions and may range from simple sound repetitions and occasional misarticulations to the complete absence of the ability to use speech and language for communication. Speech and language problems can exist together or independently. Some causes of speech and language disabilities include hearing loss, stroke, brain injury, developmental disabilities, drug abuse, cleft lip, or palate and vocal abuse or misuse. Frequently, however, the cause is unknown.

Speech problems affect how the communicated message sounds. There is a speech problem when so many speech sounds are distorted that the speaker cannot be understood, when there is no source of sound because the vocal cords have been surgically removed, or when stuttering disrupts the natural rhythm of the oral message. Speech disabilities include fluency disorders, motor speech disorders and voice disorders.

A **fluency disorder** is an interruption in the flow of speaking characterized by atypical rate, rhythm, and repetitions in sounds, syllables, words, and phrases. This interruption may be accompanied by excessive tension, struggle behavior, and secondary mannerisms. Stuttering is a type of fluency disorder.

A **motor speech disorder** is an impairment of speech arising from damage to the central or peripheral nervous system that can affect a person's speech, voice, and breath support for communication and swallowing. Often, Parkinson's disease, Huntington's disease and Amyotrophic Lateral Sclerosis (ALS) lead to motor speech disorders.

A **voice disorder** is characterized by the abnormal production and/or absence of vocal quality, pitch, loudness, resonance and/or duration, given an individual's age and/or sex. Vocal abuse and misuse are the most prevalent causes and preventable types of voice disorders.

Language disabilities are the impaired comprehension and/or use of spoken, written and/or other symbol systems. Language refers to a code made up of a group of rules that cover what words mean, how to make new words, how to combine words and what word combinations are best in what situations. A person who cannot understand the language code has a receptive language problem. A person who is not using enough language rules to share thoughts, ideas, and feelings completely and appropriately has an **expressive language problem**. One type of problem can exist without the other, but often they occur together in children and adults.

When interacting with people who have speech or language disabilities, consider the following:

- Give the person your full attention. Do not interrupt or finish the person's sentences. Listen patiently and carefully.

- Do not assume that a person with a speech disability does not understand you.

- If you have trouble understanding, ask the person to repeat the statement. If, after trying, you still cannot understand, ask the person to write it down or suggest another way of facilitating communication.

- If necessary, repeat your understanding of the message in order to clarify or confirm what the person said.

- Provide a quiet environment to make communication easier.

Interacting with People Who Are Blind or Have Low Vision

Blindness is the total or partial inability to see because of a disease or disorder of the eye, optic nerve, or brain. Legal blindness is defined as a visual acuity of 20/200 or worse with the best possible correction. Someone with a visual acuity of 20/200 can see at 20 feet what someone with normal sight can see at 200 feet.

Low vision means that a person's eyesight cannot be corrected to a "normal" level. It is a loss of vision that makes it hard or impossible to do daily tasks without specialized adaptations. Low vision may be caused by a loss of visual acuity where the eye does not see objects as clearly as usual. It may also be caused by a loss of visual field where the eye cannot see as wide an area as usual without moving the eyes or turning the head.

Visual acuity alone cannot tell you how much a person's life will be affected by vision loss. It is important to also assess how well a person uses the vision he or she has. Two people may have the same visual acuity, but one may be able to use his or her vision better to do everyday tasks. Many people who are "blind" may have some usable vision that can help them move around in their environment and do things in their daily lives.

When interacting with people who are blind or have low vision, consider the following:

- Identify yourself and address the individual by name so the person will know you are speaking to him or her.

- It is appropriate to ask, "Would you like me to guide you?" If your offer is accepted, let the person take your arm just above the elbow.

- Offer to read written information.

- Provide all standard printed information available to the public concerning policies, practices, and procedures in an alternate format such as Braille, audio tape, electronic format, or large print. Efforts should also be made to provide information at kiosks or posted signage in an audible format.

- If the individual has a guide dog, walk on the side opposite the dog. As you are walking, describe the setting, noting any obstacles such as stairs ('up' or 'down') and objects protruding from the wall at head level. Never pet a guide dog (or any other service animal). The dog is working and must concentrate.

- If you need to leave a person alone, inform the person first and ask where he or she would like to wait.

- A person's cane is part of the individual's personal space, so avoid touching it. If the person puts the cane down, don't move it. Let the person know if it is in the way.

Interacting with People Who Have Cognitive Disabilities

The wide variance among the mental capabilities of those with cognitive disabilities (any disability affecting mental processes) complicates matters because a person with mental retardation will not have the same needs as a person who has attention deficit disorder or autism. A person with profound cognitive disabilities will need assistance with nearly every aspect of daily living. Someone with a minor learning disability, however, may be able to function adequately despite the disorder, perhaps even to the extent that the disability is never discovered or diagnosed. It is important, however, not to approach an individual with any preconceived notions as to his or her specific capabilities. Not everyone who is slow speaking has a cognitive disability.

Many government-related terms and concepts are complex and may be difficult to understand. People with some form of cognitive disability, however, may be reluctant to disclose their disability or to disclose that they do not understand the information being presented. If you suspect that someone may be struggling to understand, ask, "This is very complicated. May I explain this in a different way that may make it easier to understand?" The use of simple, easily understood language will benefit all participants—not only people with disabilities.

When interacting with people who have cognitive disabilities, consider the following:

- Whenever possible reduce outside distractions when communicating.
- Speak clearly and slowly and keep sentences short.
- Break complicated information or instructions down into shorter, distinct parts, and avoid complex terms.
- If possible, use symbols, pictures, or actions to help convey meaning.
- Ask concrete, open-ended questions. Avoid “yes-no” answers.
- Allow for additional time to speak with participants and for them to respond.
- When necessary, repeat information using different wording or a different communication approach. Allow time for the information to be fully understood.
- Provide material on audiotape rather than in written form.

Interacting with People Who Have Mental Illness

Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder. Mental illnesses are not the result of personal weakness, lack of character, or poor upbringing. Mental illnesses are treatable. Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment plan.

In addition to medication treatment, psychosocial treatment such as cognitive behavioral therapy, interpersonal therapy, peer support groups, and other community services can also be components of a treatment plan that assists with recovery. The availability of transportation, diet, exercise, sleep, friends, and meaningful paid or volunteer activities contribute to overall health and wellness, including mental illness recovery.

The most common mental illnesses include:

Anxiety disorders: phobias, panic disorders, and obsessive-compulsive disorders
Mood disorders: major (or clinical) depression; bipolar disorder and dysthymia
Schizophrenia and related: schizophrenia and schizoaffective disorder.
Eating disorders: anorexia and bulimia

When interacting with people who have mental illness, consider the following:

- Persons with mental illness are people, first and foremost, and should be treated as such.

- Interact with individuals based on your experience with that person, not on assumptions about mental illness or a particular diagnosis.

- With one in five individuals experiencing mental illness every year, you are likely already be interacting with someone who has a mental illness.

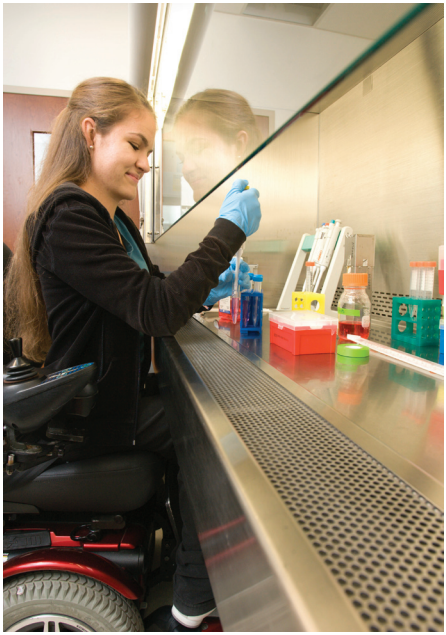
- Keep your communication simple, clear, and brief.

- If they are confused, do not ask multiple questions—ask or state one thing at a time.

Interacting with People Who Have Mobility Impairments

A mobility impairment involves the partial or complete loss of use of any of an individual's limbs. Mobility impairment refers to a broad range of disabilities which include orthopedic, neuromuscular, cardiovascular, and pulmonary disorders. Many things can cause mobility impairment including disease (polio), spinal cord trauma (a motor vehicle accident), and disorders occurring at or before birth (cerebral palsy and spina bifida).

Many disabilities which cause mobility impairment are visible because individuals may rely upon assistive devices such as wheelchairs, scooters, crutches, and canes. Other disabilities that cause mobility impairments, such as arthritis, are invisible but need to be taken equally seriously.



When interacting with people who have mobility impairments, consider the following:

- Avoid touching or leaning on a person's wheelchair, scooter or walking aid. People with disabilities consider their mobility devices as part of their personal space.

- Be aware of an individual's reach limits. Place as many items as possible within the grasp of a wheelchair user. If a service counter is too high for a wheelchair user to see over, step around it to provide service. Also, have a clipboard available if filling in forms or providing signatures is expected.

- Sit down and/or position yourself at the same eye contact level when speaking with a wheelchair user for more than a few moments.

- Provide a chair for someone who has difficulty standing for an extended time.

- People who are not visibly mobility impaired may have medical needs that impact their ability to get around a facility. For example, a person with a heart condition may have trouble walking quickly or long distances and may need chairs or benches to sit and rest on.

Service Animals

In addition to people who are blind, other people with disabilities may use service animals to assist them. For example, some individuals with limited manual dexterity may have a service animal retrieve or pick up objects for them.

When interacting with people who use service animals, consider the following:

- Remember—a service animal is not a pet.
- When a dog is wearing its harness, it is on duty. If you are asked to take the dog while assisting the individual, hold the leash and not the harness.
- A service animal must be in a harness or on a leash, but need not be muzzled.

- Avoid petting or touching a service animal while the animal is working.

- Do not feed a service animal or distract a service animal in any way.

- Do not separate an individual with a disability from his or her service animal.

- If the service animal misbehaves, or becomes out of the control of the person with the disability, that person is obligated to control the animal.

- The U.S. Department of Justice authored a brochure about service animals that may be helpful in answering questions regarding service animals in Georgia. It is available online at: **http://www.ada.gov/animal.htm.**

Emergency Preparedness and Evacuation

A Georgia State agency or department's emergency evacuation plan must take people with disabilities into consideration. Safe and effective evacuation is key when reviewing the welfare of employees and visitors with disabilities. For more information on this and other ADA-related inquiries please contact:

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