

# Disability Inclusion Guidebook

JFS Houston Alexander Institute for Inclusion





### Introduction





## Building community. Changing perceptions. Creating champions for inclusion.

This guide is for anyone with or without a disability who want to learn and interact more effectively with people with disabilities.

Alexander JFS was established in 1913. We are a premiere social service agency dedicated to transforming the lives of individuals, families and communities. Alexander JFS serves members of the Jewish community as well as individuals of all faiths and backgrounds. We invite you to learn more about our compassion, innovation and the values that guide our work.

We focus on strengthening family life, laying the foundation for self-sufficiency and improving both the social and economic conditions of our clients.

- OUR MISSION: The Mission of Alexander JFS is to transform lives by empowering individuals, families and communities – driven by compassion, leading through innovation, guided by Jewish values.
- OUR VISION: Our vision is to be a trusted community partner that is welcoming to all and directly responds to existing and emerging needs in a compassionate, professional and innovative manner.





The JFS Houston Alexander Institute for Inclusion was established in 2009 as a division of Alexander JFS. The JFS Houston Alexander Institute for Inclusion shines a light on the lives and aspirations of individuals with disabilities in our city and beyond. We seek to lower stigmas and increase access for individuals with disabilities in the workplace, places of faith and communal organizations through direct service, education, arts and advocacy.

The JFS Houston Alexander Institute for Inclusion delivers educational programs designed to raise awareness, promote inclusion and embrace diversity. We designed this book to help aid in the delivery of these programs but could also be used as a reference for anyone seeking knowledge is best practices when it comes to engaging and including the disability community. As the title reflects, this is just an introduction to learning about disability awareness and inclusion. Our professional staff is available to provide more in-depth training and consultation. Please contact us if you are interested in learning more.

Thank you for using our resource as part of your journey of awareness and inclusion. Please make sure to check out our website at alexanderjfs.org to learn more about The JFS Houston Alexander Institute for Inclusion and the other programs and resources we offer.

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### **Disability Defined**



The Americans with Disabilities Act of 1990 is a civil rights law that prohibits discrimination based on disability.

- · The ADA defines disability as a person who:
  - Has a physical or mental impairment that substantially limits one or more major life activities.
  - · Has a history or record of such an impairment.
  - · Is perceived by others as having such an impairment.

### **Disability Statistics**



People in the U.S. are living with a disability.



Of disabilities are non-apparent or less outwardly visible.



People in the U.S. are living with a disability.



### Disability Identity

- Person-first Language: Emphasizes the individual before their disability, aiming to highlight the person rather than defining them solely by their disability. Ex: Person with disability.
- Identity-first Language: Places the disability-related word first, reflecting the belief that the disability is an integral part of the individual's identity. Ex: Disabled person.
- **BEST PRACTICE:** Respect individual preferences. Always ask individuals how they prefer to be described. Preferences can vary widely. Focus on the Individual. Emphasize the person, not the disability, unless the individual prefers identity-first language.

### **Disability Language**

- **Proper:** Person or identify first language.
- · Improper: Reductive and negative terms. Avoid infantilizing or patronizing language. Ex: handicapped, retarded, special needs, victim, suffers, etc.
- **BEST PRACTICE:** Avoid negative connotations. Use language that respects and empowers individuals, avoiding terms that imply limitation or negativity. Language evolves so stay informed.

### **Guiding Principles**





### Disability Inclusion Guiding Principles

- Ask Before Assisting: Always ask first before helping; individuals know their needs best.
- Respect Contact Boundaries: Avoid touching someone or their assistive devices without permission.
- Use Respectful Language: Speak respectfully, avoiding patronizing terms.
- Avoid Assumptions: Don't generalize capabilities based on disability; treat each person individually.
- Accommodate Requests: Be considerate and accommodating to specific requests.

### **Inclusive Design**

- Accessibility: Ensure all spaces (physical and digital) are accessible, following standards like WCAG (Web Content Accessibility Guidelines) and include features like ramps and wide doorways.
- User-Centered Design: Involve people with disabilities in design processes through focus groups and testing to address their needs.
- Flexibility and Adaptability: Create easily customizable designs, such as adjustable desks and adaptable software.
- Clear Communication: Use straightforward language and provide multiple information formats, such as Braille, captions, and sign language.
- Assistive Technology: Integrate assistive devices and technology like screen readers and voice recognition to enhance usability.



#### **Blindness**

People with near-total or total vision loss can experience a range from complete absence of sight to minimal vision that cannot be corrected with glasses.

- Introduce Yourself: Say your name clearly when you begin a conversation, and let the person know when you are leaving.
- Introduce Others: Let them know who else is present and how they are connected (e.g., "This is Sarah, our program director.")
- Offer Assistance Don't Assume: Always ask before
  offering help. If help is accepted, explain any changes in
  the environment that might affect them.
- Guide with Your Arm: If guidance is requested, offer your arm just above the elbow. Walk at their pace and give cues about steps, doorways, or turns.
- **Describe the Environment:** Use words to describe surroundings, especially potential obstacles or hazards.
- Respect Assistive Devices: Never touch a white cane or guide dog without permission. These are essential tools for independence.
- Offer to Read Aloud: Ask if they'd like help reading printed materials, and read clearly and at a steady pace.



#### **Low Vision**

Significant vision loss with some remaining usable sight.

- Notify of Physical Changes: Inform them of any environmental alterations.
- Keep Walkways Clear: Ensure pathways are free from obstructions.
- **Use Non-Glare Lighting:** Provide even illumination without harsh shadows.
- Graphics: Use large print, high-contrast text (bold white on black), and a mix of uppercase and lowercase letters. The varying size and shapes makes it easier to read.



#### **Service Animals**

A service animal is any dog that is individually trained to do work or perform tasks for an individual with a disability. Service animals can benefit individuals with a wide range of disabilities, including a physical, sensory, psychiatric, intellectual, or other mental disability.

- · Service Animals Best Practices:
  - Service Animals Have ADA Rights: They are allowed access even in areas with health codes or "no animals" policies.
  - Service Animals Assist Daily: They help with tasks like guiding, hearing, mobility, medical alerts, and psychiatric support.
  - Trained and Well-Behaved: Service animals receive training for tasks and proper public behavior.





### **Emotional Support Animals (ESA)**

Emotional Support Animals provide companionship, relieve loneliness, and sometimes help with depression, anxiety, and certain phobias, but do not have special training to perform tasks that assist people with disabilities.

- **ESAs as Pets:** ESAs do not have the same access rights as service animals under the ADA.
- Primary Role: ESAs provide emotional support for anxiety, depression, and PTSD but lack specialized training for specific tasks.
- Behavior and Socialization: ESAs should be wellbehaved and socialized to interact safely without causing disruptions.
- Part of Treatment Plans: ESAs can complement therapy and medication but shouldn't be the sole method for managing emotional conditions.

#### **Deafness**

Significant or total hearing loss that affects a person's ability to perceive most or all sounds, even with the use of hearing aids.

- Include Deaf Individuals in Decisions: Actively involve Deaf individuals in discussions that affect them, respecting their perspectives.
- ASL is a Unique Language: Recognize that American Sign Language (ASL) has its own grammar and vocabulary, distinct from English.



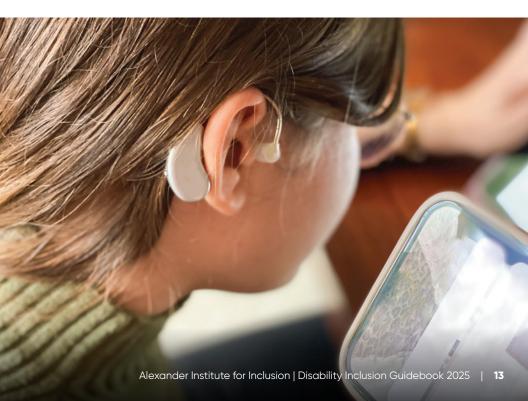
- **Respect Communication Preferences:** Adapt to individuals' preferred communication methods, such as sign language, gestures, writing, or speaking.
- · Cochlear Implants: Recommended for those with profound hearing loss, but not all deaf individuals desire them. Some view cochlear implants as unnecessary, as sign language and Deaf identity are central to their culture.
- Address Deaf Individuals Directly: Speak to the deaf person, not the interpreter, to show respect.
- Get Attention Before Speaking: Use non-verbal cues like waving or tapping to gain the attention of a deaf person before speaking.
- Face the Person and Ensure Good Lighting: Always face the person to aid lipreading and ensure the area is welllit for visibility.
- TTY or VRS for Calls: Deaf individuals may use TTY (teletypewriter) or VRS (video relay service) for phone communication.
  - TTY: Text communication over phone lines.
  - VRS: Communication via a video interpreter for sign language users.

### Hard of Hearing

Mild to moderate hearing loss that can affect their ability to hear certain sounds but who may still retain some usable hearing.



- Communication Preferences: Adapt to various methods like amplification devices, visual aids, written text, and captioning. Be open to individuals' preferred styles, including English with amplification or lipreading.
- Cochlear Implants: For severe hearing loss, cochlear implants stimulate the auditory nerve. Some may prefer hearing aids, which amplify sound without altering the natural experience.
- Writing for Clarity: Use writing for clear communication when verbal exchanges are challenging, such as on paper or mobile devices.





- Notify if You Don't Understand: If you struggle to understand, say, "I'm having trouble. Can you help?" This encourages effective communication.
- Rephrase for Clarity: If you don't understand, rephrase instead of repeating.
- Speak Clearly: Articulate your words without shouting and keep your mouth visible for lipreading.
- TTY or VRS for Calls: Hard of hearing individuals may use TTY (teletypewriter) or VRS (video relay services) for phone communication:
  - TTY: Text communication over phone lines.
  - VRS: Communication via a video interpreter for sign language users.

### Speech and Language Disabilities

Difficulties with producing speech that is understandable can impact impact various aspects of speech, including articulation, fluency, voice, and the ability to form sounds and words.

- Be Patient and Attentive: Understand that communication may be challenging due to speech disabilities.
- Give Full Attention: Focus on the speaker, engage with eye contact, and use non-verbal cues like nodding to show understanding.
- Avoid Interrupting: Let them finish without interjecting or guessing their words to prevent frustration.



- Ask for Clarification: Politely request clarification if needed, avoiding gestures like nodding that may not help.
- Offer Repetition: Summarize what you've understood to confirm accuracy, such as, "Just to make sure, you said..."
- Inquire About Alternatives: If unclear, ask about alternative methods like writing or communication devices without assuming preferences.
- **Ensure a Quiet Environment:** Minimize distractions and background noise for easier communication. Choose quiet spaces when possible.

### People Who Use Mobility Devices

People with mobility, circulatory, respiratory, or neurological disabilities use many kinds of devices for mobility.

- · Clear Paths: Ensure pathways are free of obstacles and hazards, and keep areas clutter-free for easy access.
- · Visible Signage: Use high-contrast, large-font signs at accessible heights to guide those using mobility devices.
- Maintain Eye Level: Alian yourself with wheelchair users' eye level by sitting down to facilitate respectful communication.
- **Provide Alternatives for Inaccessible Spaces:** If counters are too high, offer assistance by stepping around or providing tools like clipboards on accessible surfaces.



- Respect Mobility Devices: Never touch or move a person's mobility device without permission, as it is vital for their independence.
- Ask Before Helping: Always ask if assistance is needed and respect their response to maintain autonomy.

### **Cerebral Palsy**

Have a group of permanent movement disorders that appear in early childhood, muscle coordination and body movement.

- Cerebral Palsy (CP) Impact: CP affects muscle control and coordination due to brain injury, making movement and communication challenging.
- Avoid Judgments Based on Appearance: Don't dismiss their communication or responses based on physical appearance or speech. Their understanding should not be underestimated.
- Verify Before Assuming Conditions: Assess a person's condition before assuming they are drunk or ill, as CP symptoms may be misinterpreted.
- Flexible Work Arrangements: Provide flexible hours, remote work, and break options to help manage fatigue.
- Task Modification: Adjust tasks to align with the individual's abilities, breaking them into manageable steps if needed.

#### (continued)



My Disability Roadmap-2022



### **People of Short Stature**

Medical condition characterized by short stature, typically resulting in an adult height of 4 feet 10 inches (147 cm) or shorter.

- Diversity in Short Stature: Recognize the 200+ types of short stature and their individual needs.
- Respect Adults: Treat adults with short stature with the same respect as anyone else; avoid patronizing behavior.
- Ensure Accessibility: Place commonly used items
  within reach or provide tools for access. Use adjustable
  equipment to accommodate different heights.
- Respect Personal Boundaries: Avoid touching or petting; such gestures can feel infantilizing.
- Communicate at Eye Level: Adjust your position by kneeling or sitting to facilitate eye contact.
- Respect Privacy: Avoid staring or taking photos/videos without permission; respect their privacy.

### People Who "Look" Different

Physical appearance varies from societal norms or typical expectations due to genetic conditions, medical conditions, injuries, or other factors.

Social Challenges of Unique Appearances: Individuals
with facial differences may face prejudice and social
difficulties. Be supportive and aware of these challenges.



- **Avoid Staring or Ignoring:** Treat everyone with respect and kindness, regardless of their appearance.
- Foster Inclusivity: Promote a positive self-image and an inclusive environment by supporting acceptance and challenging stereotypes.
- **Engage in Conversation:** Include individuals in discussions and activities, showing genuine interest to foster a sense of belonging.
- **Respect Privacy:** Never take photos or videos without consent. Always ask for permission and be respectful of their preferences.

### Physical Disabilities (last)



### **Respiratory Disabilities**

Long-term conditions that affect a person's ability to breathe normally and efficiently. Some examples of Respiratory disabilities are Chronic Obstructive Pulmonary Disease (COPD), Asthma, Pulmonary Fibrosis, and Cystic Fibrosis. Individuals with respiratory disabilities may be susceptible to airborne toxins, which can worsen their symptoms.

- Limit Spray-Cleaning: Avoid using spray-cleaning products around them. If necessary, apply when they are absent and ventilate the area before they return.
- Choose Less-Toxic Products: Use cleaning products labeled as less toxic or non-toxic, and minimize the use of fragrances, which can trigger respiratory issues.
- Ensure Good Ventilation: Maintain well-ventilated spaces to circulate fresh air and reduce airborne toxins. Use air filters and open windows when possible.
- Enforce No-Smoking Policies: Strictly implement nosmoking rules to protect individuals from harmful second-hand smoke.



### Neurodevelopmental Disabilities



#### Neurodivergence

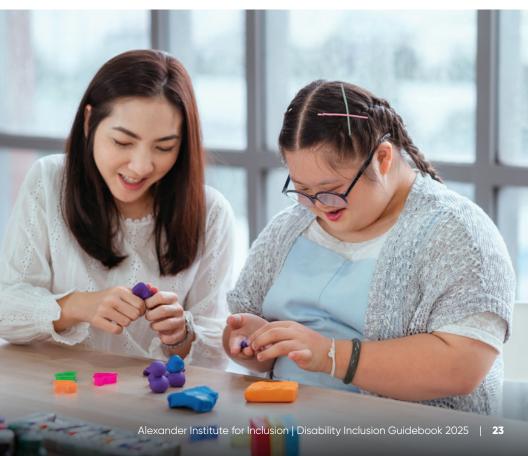
Neurodivergence refers to individuals whose differences affect how they learn, think, and behave, leading to different strengths and challenges compared to those with typical neurological development.

- Think Before Speaking: Use clear, direct language to avoid misunderstandings. Some individuals may interpret figurative or nuanced language differently.
- Avoid Assumptions: Every person is unique don't generalize based on diagnosis or stereotype.
- Honor Accommodation Requests Respond with openness and respect. Be willing to adjust your approach when asked.
- Communicate Clearly: Favor plain language. Avoid idioms, jargon, or sarcasm that can be confusing.
- Allow Processing Time: Be patient. Give people time to think and respond without rushing them.
- Be Flexible in Social Interactions: Adapt to different communication styles and social cues.
- Offer Written Instructions: Written summaries or follow-ups can help reinforce verbal communication.
- Ask Before Touching: Always ask for consent before physical contact. Respect individual boundaries.
- Respect Sensory Needs: Be aware of lighting, noise, and other environmental factors that may cause discomfort, and adjust when possible.



#### **Common Types of Neurodivergence:**

- Autism
- Attention Deficit Hyperactivity Disorder (ADHD)
- Dyslexia



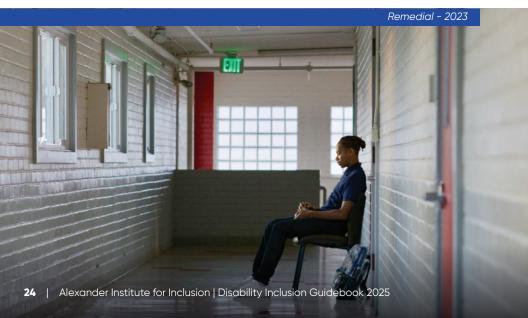
### Neurodevelopmental Disabilities



### **Learning Differences and Disabilities**

Difficulties in acquiring knowledge and skills to the level expected of those of the same age, especially in reading, writing, mathematics, or understanding and using spoken language.

- Use Verbal Explanations and Allow Extra Reading Time:
   Provide verbal explanations alongside written materials and allow additional time for reading to accommodate those with reading difficulties.
- Provide Instructions in Multiple Formats: Using different types of instruction, such as verbal, written, and demonstrated, allows people to understand and process instructions in a way that is easiest and most effective for them.





- **Ask for Preferred Communication Methods:** Always inquire about the preferred communication methods of neurodivergent individuals to ensure effective and comfortable interactions.
- **Be Direct and Clear:** Use clear and direct language as subtle hints or indirect communication can be challenging to understand for some neurodivergent individuals.
- Provide Quiet Environments to Improve Focus and Functioning: Ensure a quiet and distraction-free environment to help neurodivergent individuals concentrate better and function more effectively.

#### **Common Types:**

- Dyslexia
- Auditory Processing Disorder (APD)
- Visual Processing Disorder
- Nonverbal Learning Disabilities (NVLD)
- Language Processing Disorder

### Neurodevelopmental Disabilities



### People with Developmental Disabilities

Chronic conditions that begin during the developmental period and can cause physical, learning, language, or behavioral impairments.

- Benefits from Repeated Exposure and Guided Practice: Individuals may need more time to grasp and use new information. Be ready to provide repeated explanations and hands-on help.
- Use Clear, Simple Language: Speak plainly and avoid jargon. Break down complex ideas into easy-tounderstand parts.
- Avoid Patronizing Language: Use respectful, adult language. Avoid infantilizing phrases that can undermine dignity.
- Respect Autonomy: Trust individuals to make their own decisions and only intervene if they request help.
- Ask Neutral Questions: Phrase questions neutrally to encourage honest and accurate responses, avoiding leading questions.
- Be Patient with Decisions: Allow ample time for individuals to process information and make choices without rushing.
- Use Clear Signage with Pictograms: Provide easy-to-read signage with visual aids to assist navigation.
- Acknowledge Reliance on Routine: Recognize that changes can be difficult. Communicate any alterations in advance and offer reassurance.



#### **Common Types:**

- Down Syndrome
- Fragile X Syndrome
- Fetal Alcohol Spectrum Disorders (FASD)
- Williams Syndrome
- Prader-Willi Syndrome (PWS)

### **Brain Injuries**

Experience damage to the brain due to trauma, illness, or other conditions that affect brain function.

- Structure Environment: Establish a structured, predictable work environment with clear expectations and routines to help manage impulsive behaviors.
- Minimize Distractions: Noisy or busy settings can overwhelm individuals with Traumatic Brain Injury or TBI. Create a guiet workspace to help them concentrate and organize their thoughts.
- **Provide Written Information:** Offering written instructions can aid understanding and retention for individuals with TBI.
- Repeat Information and Use Reminders: Use calendar alerts or task management apps to help with memory
- Be Patient: Creating a calm, distraction-free environment and practicing patience are crucial for supporting individuals with TBI in managing tasks and interactions.

### **Neurodevelopmental Disabilities**



### **Epilepsy and Seizure Disorders**

People with Epilepsy and other seizure disorders have recurrent seizures due to abnormal electrical activity in the brain.

- What to Do If You See Someone Having a Seizure:
  - Stay Calm: Keep yourself composed to help the person effectively.
  - Protect From Injury: Move nearby objects away to prevent harm but do not try to restrain the person.
     Give the person space and keep bystanders back.
  - Do Not Put Anything in Their Mouth: Never place objects or fingers inside their mouth.
  - Turn Them on Their Side: If possible, gently roll them onto their side to keep the airway clear and prevent choking.
  - **Time the Seizure:** Note how long it lasts if it goes beyond 5 minutes, call emergency services.
  - Stay with Them: Remain until the seizure ends and the person is fully alert again.
  - Offer Reassurance: After the seizure, calmly explain what happened and offer to help as needed.
  - Call for Emergency Help If:
    - 1. The seizure lasts longer than 5 minutes.
    - 2. Another seizure starts soon after the first.
    - 3. The person has difficulty breathing or doesn't regain consciousness.
    - 4. They are injured, pregnant, or have diabetes.



- **Provide Privacy Post-Seizure:** After a seizure, offer privacy as the person may feel disoriented. Give them time to recover and ensure their comfort.
- Avoid Seizure Triggers: Minimize the use of beepers, strobe lights, or other flashing lights that could trigger seizures.
- Regular Safety Checks: Conduct regular safety checks to ensure the workplace is free from potential hazards that could pose a risk during a seizure



Mikayla Holmgren, Fashion Model

### **Mental Health**



#### **Mental Health Conditions**

Mental health conditions and disorders effect mood, thinking, and behavior often intruding on day-to-day life and routines.

- Show Empathy and Understanding: Practice active listening, approach conversations without judgment, provide support, and seek to educate yourself about their situation.
- Be Supportive and Patient: Recognize that routine tasks and social interactions may be challenging, and offer practical support and patience.
- Advocate for Inclusivity: Challenge misconceptions about disabilities that may not be visible, addressing misunderstandings and stigma.
- Minimize Stress: Reduce stressors in environments to enhance functioning, creating a supportive atmosphere.
- Respect Individual Differences: Acknowledge how individuals manage their condition and tailor support to their specific needs.
- · Remain Calm During Crises: Maintain a calm demeanor in crises, providing reassurance to help stabilize the situation.
- Offer Assistance and Stay Close: Help when needed and stay with the individual in distressing situations to ensure they are not alone.



#### **Common Types:**

- Depression
- **Anxiety Disorders**
- Post-Traumatic Stress Disorder (PTSD)

### **Key Takeaways**





Disability is one aspect of a person's identity.

Respect individual's preferences.

Ask before you help.

Make environments, physical and digital, accessible.

Treat people with disabilities the way you want to be treated.

Avoid assumptions.

Clear communication.

### **Thank You!**

We hope you found his information helpful. If you have suggestions for how we can improve future editions, we would love to hear from you. Please email suggestions to disabilityservices@alexanderjfs.org

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