

HCPF Case Manager Training: Introduction to Disability

Answer Key

Exercise 1: What is okay and not okay to say?

1. Choose the best option in each of the following 3 groups.

1. Pick the best language:

Has a hearing loss

Hearing challenged

2. Pick the best language:

Has an intellectual disability

Differently-abled

3. Pick the best language:

Courageous, brave, special

Has Down Syndrome

Don't patronize — always presume competence. When we sugar coat our words with euphemisms, they can convey false perceptions of inferiority or damage. By choosing words that are factual and direct, you acknowledge a person's ability, while remaining respectful of their disability. Asking beats assuming.

2. Choose the best option in each of the following 3 groups.

1. Pick the best language:

I feel your pain.

I have a question.

2. Pick the best language:

Can you help me understand?

I empathize.

3. Pick the best language:

I'll help you with that.

Would you like my help?

Don't be afraid to admit when you don't know something. Asking politely is far better than assuming or saying something that may be hurtful. Support open dialogue and seek out the appropriate resources that will help you learn more.

HCPF Case Manager Training: Introduction to Disability

Answer Key

3. Fill in the blanks

SAY THIS	NOT THIS
A person diagnosed with...	The person suffers from, is afflicted by...
1. Accessible parking,	Handicapped parking
People with disabilities	2. The handicapped,
People without disabilities	3. Normal person
4. A Person of short stature, little person	Midget
5. A child with Down Syndrome	Downs kid
6. A person with a physical disability	Cripple, handicapped
7. A person who speaks in ASL or a person who doesn't speak verbally	Mute, dumb
A person diagnosed with a cognitive disability	8. Mentally retarded or slow
A student who receives SPED services	9. Special Ed student
10. Uses a wheelchair	Wheelchair-bound

HCPF Case Manager Training: Introduction to Disability

Answer Key

Exercise 2: What to do when someone is demonstrating communication needs

A man comes into your office and seems to be in distress. The office manager comes and tells you that “there is a man who is out of control in the front office, waving his arms wildly, and making animal sounds”. As you greet the man, you quickly realize he is deaf and using sign language. **Which of the following steps do you take to facilitate effective communication?** (choose as many as you feel apply)

- ✓ Relax and don't allow yourself to get agitated. Remember to just be yourself and be patient..
- ❑ Find some paper and a pencil and attempt to initiate communication by writing. Note writing is often ineffective as many people who are born deaf speak ASL as their first language. English and writing are frequently foreign to them. If the person initiates note writing then that will be a signal that this is acceptable. Some people that are able to do this will have a tablet or phone and initiate this way.
- ✓ Immediately ask the office manager to contact the ASL interpreter assigned to your department. Once you have determined that the man is speaking sign language, you should immediately do what you can to get an interpreter. While in person interpreters are always preferred, if you cannot get one immediately you can get one using Video Remote Interpreting or VRI. VRI is NOT preferred by most Deaf people so make sure it is clear that you will schedule an in-person interpreter as soon as one can be sent to your location. You can use the VRI to explain this and reschedule. If the individual wants to use the VRI you can do that but only after you offer a live interpreter.I.
- ✓ After the man leaves, sit down with the office manager and talk about the situation - offering alternatives to the language she used. Nothing about the office manager's description represented people-first language. Help her understand a better way to talk about disabilities.
- ❑ Speak very slowly and exaggerate your lip movement so that he can “read” what you are saying. Reading lips is often ineffective and can lead to misunderstandings. Exaggerated movements also make it more difficult. Exaggerated movements also make it more difficult.
- ❑ Ask if there is a family member that will translate for you during your meeting. If there is someone there who signs, you can ask them to assist only enough to establish you have called for an interpreter, or to determine how the person would like to

HCPF Case Manager Training: Introduction to Disability

Answer Key

communicate. However, you may not have them interpret for your meeting. You need a certified interpreter to be there. You must never require a Deaf person to bring their own interpreter including but not limited to a family member. If a person wants a family member they can have that person there as a family member but you should still get a certified interpreter. The only time this might not be true is if someone uses home signs or has multiple disabilities and only has a couple of people that can understand and interpret. However in this case it is highly unlikely that the person would be there alone. If there is someone who signs there this whole drama would not play out. I would change the response here. Maybe there is a coworker who knows some sign but is not a certified interpreter.

- ❑ Speak in calm, soothing tones using simple words as you know people with little verbal language also tend to have lower intelligence. Language and intelligence are not related. However, many times the assumption is made that a person who doesn't speak probably also has a learning or developmental disability. Even if someone has a cognitive disability one should never speak to an adult as if they were a child.
- ❑ When the interpreter arrives, you make certain to speak directly to her so that she is very clear about what you want to say to the man in the office. Always face the person you are talking to, not the interpreter. Often the interpreter will position themselves behind you or to your side to facilitate communication.
- ❑ You remember the only sign you know is "I love you" and so you use that one hoping it will help. Please don't do this as it is never appropriate - especially with someone you don't know.
- ✓ Make certain you have the man's attention before speaking. If he turns away from you, tap him on the shoulder to get his attention before speaking. It is fine to tap on the shoulder of someone who is deaf in order to get their attention. They may also do the same to you if you happen to turn away from them.
- ✓ Immediately sign up for a beginner ASL language class so that you can at least acknowledge the man in his own language. Okay - so maybe this isn't practical, but the more you know, the better you will be as a case-manager. Being able to say the basics in any language you regularly encounter is always a good idea. However, even if you learn some ASL your employer is still required to hire a certified interpreter for all interactions with Deaf clients or applicants or community members.

HCPF Case Manager Training: Introduction to Disability

Answer Key

Exercise 3: The Dignity of Risk Personal Reflection

1. Who is the speaker in the poem and who are they speaking to?

The speaker of the poem is a combination of many individuals with diverse disabilities representing their lived experiences. They are speaking to people without disabilities particularly those who have power and control over their lives. This may be parents, case managers, social workers, guardians, state policy-makers, managers of human services agencies and others who are in a “helping” role.

2. Why is it so hard to allow people to take risks?

Of course, this answer is very personal to the individual, however, there are some generalities you can look for. As a society we tend to be very protective towards people with disabilities, prioritizing safety over individual rights. We tend to feel that the results of risk are graver than the limits placed by an overprotective caregiver, or we are fearful if someone is hurt on our watch, we may be blamed. However, many studies demonstrate that overprotection is far more detrimental to an individual resulting in increased learned dependency, decreased ability for self-care, and psychological damage through undermining an individual’s dignity. A great example is two mom’s talking while their children are playing. Mom A has a child who is not blind, Mom B has a child who is blind. Mom A expresses great concern about what would happen if the child who is blind falls down, suggesting to Mom B that she might want to be more watchful. Mom B asks Mom A what would happen if her child fell down – pointing out the same outcome regardless of disability.

HCPF Case Manager Training: Introduction to Disability

Answer Key

Exercise 4: You Get Proud Personal Reflection

1. Why is the concept of disability pride hard?

This is also a very personal answer but some things you might consider regarding why we struggle with the concept of disability pride:

- Historical beliefs that disability and disease are the same and we should work to “cure” both.
- Ancient (and not so ancient) societies would leave children with disabilities to die believing they would only be a burden to the village and not an individual that could meaningfully contribute. This is still reinforced in children’s stories and rhymes.
- Societal norms preach that perfection is beautiful and something we should all desire to achieve. Therefore, imperfection is not beautiful and thus less desirable and should be shunned.
- Culture values sameness (the basis for racial discrimination/bigotry) over diversity - so celebrating something that sets a person apart feels uncomfortable.
- We all have our own internal fears of disability or feeling “I could never live like THAT”.

2. If someone says to you there have been 4 generations of deaf people in their family, what is your initial reaction?

Of course, this answer is very personal to the individual but our hope is through education and changing social norms we will come to see a generational trait like blindness as a family strength to be celebrated and not pitied. Many people will think (or even say) why don’t they stop having kids if they have a genetic defect? Deaf people do not consider Deafness a deficit. They are a linguistic minority.

HCPF Case Manager Training: Introduction to Disability

Answer Key

Post-Test: Select all that apply to the question

1. Which of the following are part of the intersection of poverty, disability, and race?

- ✓ Poverty can be a direct cause of disabilities due in part to health disparities including limited access to medical care, unhealthy living conditions, and low-income high-risk employment. **There is a proven relationship between poverty and disabilities as well as the severity and impact a disability can have when individuals do not have equal access to healthcare.**
- ❑ Most disabilities are caused by poor health behaviors common to people living in poverty. **While it is true that disabilities and poverty are related, it is not due to poor health behaviors but rather due to limited access to health care, unsuitable living situations, and other poverty related situations.**
- ✓ People of color tend to face barriers that limit their ability to accumulate wealth resulting in greater poverty rates than whites. **Institutional racism creates and perpetuates poverty which affects people of color to a much greater degree than whites.**
- ❑ People of color generally have family support and do not need as many services. **This is a false belief. Many non-white cultures do have stronger family values but this should not translate to needing fewer supports and services.**
- ✓ Having a disability imposes additional costs on families and individuals often resulting in economic hardships. **Having a person with a disability in a family will often raise the costs related to care, health needs, physical structures, and more. This places an economic burden on these families and individuals that are not required for someone without a disability.**
- ❑ People with disabilities are often in need of assistance with budgeting and money management. **No more so than anyone else. Budgeting and money management is a learned skill that can be taught. However, often people with disabilities are thought incapable of learning and so are forced into this false belief.**
- ✓ Necessary benefits like Long-term services and supports are often regulated by income caps and asset limits. **Some benefits, such as Medicaid, often have strict asset limits that keep individuals from meaningful employment. For example, if you need home care services to get up in the morning, but only are allowed to keep \$2000 or less in your bank, (or risk service loss), most people will forgo working to keep their benefits. Fortunately, Colorado now has Medicaid Buy-in as an option for many working adults that do NOT have an asset limit. However this is not available to people in the HCBS-DD waiver or people over age 65.**

HCPF Case Manager Training: Introduction to Disability

Answer Key

Changes to fix these limits are underway but are 2 or more years from being reality as of June 2020..

- ✓ Unemployment rates for people with disabilities who are people of color are much higher than their white counterparts with and without disabilities. **Statistically this is true. And the rates of unemployment between the two are astronomical. You can look up current statistics about disability at www.disabilitystatistics.org .**

2. Which of the following are questions to ask a client using an asset-based approach?

- ✓ What do you consider your best/strongest skill? **This establishes the belief that the individual has skills and strengths that can be built on through provision of services..**
- ✓ What skills would you like to further develop? **This is not a negative question but suggests that there are existing skills that can be developed..**
- How do you think you can be effective from a wheelchair? **An asset-based approach focuses on what a person can do, not what they can't.**
- As a person who is blind, what problems do you think you will encounter in a job? **An asset-based approach focuses on what a person can do, not what they can't.**
- ✓ What part of working do you value the most? **Asset-based approaches put the emphasis on individual values and their importance.**
- Which of the employment goals that I wrote for you would you like to work on first? **This question violates self-determination by imposing what goals you think are right for your client and not ones **they** have **developed** with your help.**
- ✓ How can I help you? **This question establishes the belief that you are there to help people find what works and not to do it for them.**

3. There is only one definition of disability and it is part of the ADA.

- True
- ✓ False **The definition of disability depends on the program, law, or policy. Those programs that offer funds or benefits tend to be stricter than ones awarding civil rights.**

4. An invisible disability is not as detrimental to a person as a visible one.

- True

HCPF Case Manager Training: Introduction to Disability

Answer Key

- ✓ **False** Invisible disabilities like depression and diabetes, can be as damaging and detrimental to a person as one that can be seen. Often, people with invisible disabilities face additional challenges due to society's belief that if you can't see something, then it really isn't there.

5. Physical disabilities can be either acquired or congenital.

- ✓ **True** All three categories of disabilities - physical, sensory, and cognitive can be either acquired or present at birth.

False

6. Phrases that use words like “have you heard...”, “How about we walk...”, and “watch for the...” should be avoided at all costs as they are highly offensive.

True

- ✓ **False** Common language phrases and expressions are fine. “See you later” and “Did you hear...” are no reason for embarrassment