Reporting on Disability:

Wyoming's Media and Reporting Reference

Written by: Brittany Mohler, WIND Information Services Intern
Edited by: Sara DiRienzo, WIND Coordinator, Information Dissemination

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Wyoming Institute for Disabilities

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Preface

This guide is written to be a reference for reporters and journalist to have basic understanding on disability issues and language. This guide does not encompass all information on disabilities, but is to be used as a general guide. It has other references included, along with organizations that will be able to provide further information on more specific topics.

As a media professional, you are in a powerful position of depicting people with disabilities in our community. You have the ability to bridge the social gap between people with and people without disabilities. People with disabilities should be placed as part of the mainstream aspect of a news story, rather than have a separate story written on them. This will allow reporters to report more accurately on the lives of people with disabilities. This guide should be a starting point to ensure that what is being reported about people with disabilities is accurate, inclusive and respectful.

This guide was derived from "A Reporter's Guide: Reporting About People with Disabilities" from the West Virginia Developmental Disabilities Council, written by Betsy Southall, and then adapted to fit the Wyoming community.

Introduction

Language is the most essential component to reporting; therefore, this guide details the importance of language when reporting on people with disabilities. We want the media to realize that some language is now outdated and can lead to inaccuracy in reporting. More and more people believe and accept what they hear in the media as truth, without question. Consequently, it is a reporter's job to report as accurately as possible, especially on people with disabilities and other negatively stereotyped people in our society.

Understanding what is classified as disability is sometimes difficult, but is essential to the best reporting as possible. Disability is, according to the Americans with Disabilities Act, a person with a disability is someone who has a physical or mental impairment that substantially limits one or more major life activity. This includes people who have a record of such an impairment, even if they do not currently have a disability.

Similarly, the stories written about people with disabilities is just as important as the language used to describe them. It is inaccurate and unfair to only write the stories on the individuals who "overcome" the "bounds of his or her condition." Or the ever too common story about that individual as the community menace. Instead we should breakdown these social standard walls. We should use people's acceptance of the media as a constant truth to our advantage. Instead of showcasing some groups as special, give everyone equal opportunity to be represented in all parts of life. With the power to shatter these harmful stereotypes, reporters must make the conscious decision to reflect the reality of people with disabilities as a natural part of life, and not a barrier erected by society.

What disability is not…

It is perhaps more important to understand what disability is not than what it is. A person is not his/her disability. It is not his/her defining feature, therefore we should not be treating him/her as such. It is simply a part of a person's identity. Each are still individuals with his or her own hopes, dreams, ambitions and joys that they are working to follow. These qualities define who he or she is as a person. They do not need to be "treated" or "fixed" in order to live a full life. They are already doing that.

During introductions, people with disabilities are often introduced with his or her disability attached to their name, in a similar way as one's occupation. We often hear or see things like, "This is John; he is deaf," while those without disabilities have labels like, "student," "teacher," or "lawyer" attached to their name. These labels make the disability the focus of the person, when really the label may not be needed at all. Unless noting a person's disability is absolutely necessary to the story, consider leaving it out.

Finally, having a disability is not a fate worse than death, so please not write it as so. To avoid this, it is best to write nonjudgmentally and emotionally neutral. **It is also important to stay away from loaded language such as, "suffers from, afflicted with, bound, confined, sentenced to, prisoner, victim."** These words project a poor quality of life that is not recoverable, when in fact it is quite the opposite. Instead use words such as, "had polio" or "in/uses a wheelchair."

What disability is…

Disability comes in many different forms. There is not a universally accepted definition, even varying in federal legislation. However, the bottom line is a disability is a differing ability to perform a task that is considered typical for an individual's age and situation. Society has consequently created labels for these disabilities that deem who is eligible for accommodations, services and support to be able to work and live in their community.

Disability can be interpreted through several models:
- *Medical model* sees disability as a physical or mental impairment of an individual, which includes personal and social consequences. It focuses on the limitations of people with disabilities resulting solely from their impairments (Wasserman).
- *Social model* describes disability by three barriers created in society. The three barriers are: the environment, through inaccessible buildings and services, people's attitudes, through stereotyping, discrimination and prejudice, and organizations, through inflexible policies, practices and procedures (Creating a Fairer and More Equal Society).
- *The rehabilitation* model is similar to the *medical model*; it notes that person with a disability is in need of services from a rehabilitation professional to provide him/her with training, therapy, counseling or other services to make up for his or her deficiency caused by the disability. Historically, it gained acceptance after WWII when many disabled

veterans needed to be re-introduced into society. The current vocational rehabilitation system is designed according to this model (National Black Disability Coalition).

- The *expert/professional model,* similar to the *medical model,* uses professionals to identify an individual's impairment and consequently his or her limitations, and then take the necessary action to help "better" the individual with a disability. This relationship has been described as that of fixer (the professional) and fixee (the client) and shows clear signs of creating a passive client (National Black Disability Coalition).
- The *customer/empowering model* is the opposite of the *expert model.* Here, the professional is viewed as a service provider to the personal with a disability and his or her family, so that the person with a disability decides and selects what services they believe are appropriate for them. The service provider, therefore, acts as consultant, coach and resource provider (National Black Disability Coalition).

Development Disabilities Assistance and Bill of Rights Act states, "Disability is a natural part of the human experience that does not diminish the right of individuals with developmental disabilities to enjoy the opportunity to live independently, enjoy self-determination, make choices, contribute to society and experience full integration and inclusion in the economic, political, social, cultural and educational mainstream of American society." This act is written only encompassing developmental disabilities, but it is important to note that it applies to all forms of disabilities. (See pages 14-15 for Federal statutory definitions of disability.)

The interviewing process

The following steps will help make your interview respectful, comfortable, and inclusive.

Before the interview:

When you are setting up an interview with a person with a disability make sure to ask he or she questions about a specific location, his or her parking needs, wheelchair accessibility, an interpreter or his or her assistive technology. Always have extra time. Some individuals need more time with his or her interpreters or assistive technology to articulate what he or she wants to say. Therefore plan for more time in the event that it is needed.

Make sure there is a clear understanding between you and the interviewee about the time and location of your meeting. Also be as clear as you can with him or her about what you are wanting to discuss. This will allow him or her to feel comfortable, prepared and help the interview run more smoothly.

Find an accessible location

Things to look for when planning where to meet:
- Is there ample accessible parking available?
- Is the parking within walking distance to your meeting location?

- Are there ramps and curb cuts on the sidewalk?
- Are there automatic doors, a ramp lift or elevator available?
- Are the restrooms accessible?
- Are the water fountains low for wheelchair use?
- Is your meeting location on a public transportation route?
- Did you consider the weather conditions for when and where you will be trying to meet?
- Will you still be able to get there if the weather is not ideal?

Practice respectful interviewing techniques

There is basic etiquette that should be followed when doing an interview with an individual with a disability, just as there is with any other interview. The following tips may seem intuitive, but they are important to keep in mind for all involved in the interview.

- Talk directly to the interviewee. He or she can speak for themselves. Do not talk to his or her interpreter or personal assistant. These individuals are there to assist in communication, but are not communicating for a person with a disability; therefore, your conversation should be between you two even if he or she needs assistance from someone else.

- It is appropriate to offer shake hands with people with disabilities. Even those with limited arm use or prosthetic devices will generally shake hands.

- Always ask if you can help him or her and wait for his or her answer. Do not assume he or she needs your help.

- Be patient. Especially with an individual with a speech difficulty. He or she understands that sometimes it is difficult to understand what they are saying and will repeat him or herself as many times as necessary. Don't pretend that you understood if you didn't and don't try to finish their sentences.

- Just be yourself. Don't be overly worried about being "politically correct." General phrases like, "see you later" when said to a person who is blind should not be stressed.

- Don't be afraid to ask questions when you don't understand. They will appreciate your eagerness.

Interviewing people with physical disabilities

- Do not lean on a person's wheelchair. A wheelchair is part of person's personal space. It is no different from leaning on someone's shoulder or putting your arm around him or her during an interview. It is considered unprofessional.

- Always place yourself at the same level as the interviewee. Standing above him or her gives a sense of superiority and it can be uncomfortable for both of you.

Interviewing people with visual disabilities

- Make sure to identify yourself and who is in the room with you. Make sure you also inform him or her if you leave the room.

- It is appropriate to ask if you can shake his or her hand.

- Remember that service animals are not pets. They are working; therefore, do not pet or play with the animal.

- If you are moving from one location to another, ask if you can assist him or her. In general, the individual will ask you to stand on his or her left and he or she will gently hold on to your right arm around the elbow. Never grab onto a person.

- When offering him or her a place to sit, show him or her where the back or the arm of the chair is as a guide.

- Make sure you inform him or her if you are leaving the room for any reason.

Interviewing people with hearing disabilities

- Gently tap him or her on the shoulder or wave to get their attention.

- Always face the person and don't conceal your mouth so that he or she can read your lips.

- Avoid backlighting to aid in lip reading as well.

- If a person has a partial hearing loss ask him or her where it is best for you to sit.

- Always talk directly to him or her, not his or her interpreter.

Creating positive images

Pictures have a way of sticking in people's minds more than words do. We all know the expression, "actions speak louder than words." The actions shown in pictures are speak louder than your words ever will. Therefore, pictures taken of people with disabilities need to be carefully considered before taken to the press. It is imperative that stereotypical representations are avoided. As previously stated, people with disabilities live full lives and should not be portrayed as perpetual children. If portrayed as individuals with the same hopes, dreams, and ambitions as all other people, we will soon be able to more fully understand the people in our community.

Positive example	Negative example
(Photo credit: http://www.altardstate.com/blog/2013/07/girls-like-you-lindsay/364/)	(Photo credit: http://www.amsvans.com/blog/article-tips-for-depression-due-to-new-disability/)
Pictures should show an individual doing something they enjoy doing or are passionate displaying his or her indepence, rather than dependence.	Pictures should not portray a sense of isolation or rejection. There shouldn't be an ambiguity of gender or silhouette that makes the individual appear less human.

Image Checklist

- Are the images you chose of good quality and in focus?

- Are they shot from a traditional and flattering point of view?

- Do the images provide a fair, accurate and respectful portrayal of the individual?

- Does the image portray the individual as independent?

- Are the disabled individuals working/living/learning in inclusive environments with their non-disabled peers?

- Are you sure the images do not inadvertently support negative stereotypes?

- Have you portrayed this individual in an accurate and respectful manner?

- Is the person portrayed in a way that is age and culturally appropriate?

- Will the use of the person's image possibly subject him or her to ridicule or victimization?

- Is he or she making his or her own choices?

Person first language

Person first language can sometimes sound intimidating and overly complicated. However, once you understand the principle behind the idea, using it is quite simple. "People first language is exactly what the name implies. It is language which places the focus on the person, not the disability. Often times, people mistake it as just being 'politically correct,' and dismiss it. People

first has nothing to do with political correctness. It is an attitude. It has to do with respect and dignity. It is a language that rejects labeling individuals. It is a language that recognizes that the individual is what is important, not the disability. No one would dare say that someone is 'cancerous.' To say that would be to say that they are dangerous and deadly. It is an inaccurate term. Instead, we would say that the individual has cancer. Saying that someone is 'disabled' is just as inaccurate. People with disabilities live full, rich and productive lives" (Southall).

While, person first language is a good rule of thumb it is not a definitive rule. There are a few exceptions to the rule and a few groups of people who don't generally prefer it.

- **Deaf/deaf.** As a group, this population typically refers to itself as *the Deaf* or *Deaf community* (with a capital D) rather than *people who are deaf*. They identify with a specific community made up of those who share a common language, American Sign Language, and culture.
- **Disability humor.** Some people with disabilities who embrace the culture of disability refer to themselves with the same offensive terms that we urge you to avoid. This familiarity is a form of disability humor and should not be adopted by those outside of the group.
- **Identity language.** Some people prefer "identity language" to person-first language as a way to signal their disability pride. Thus, a person who values her autism as an inseparable and important part of who she is might proudly say, "I am autistic," in the same way she describes herself as an American. Similarly, many regard a *blind man* as a neutral descriptor (the same as a *tall man*), and *amputee* is more often used than *a person with an amputation* (University of New Hampshire Institute on Disability).

Additionally, as with many cultural groups around the world, there are inside terms that are acceptable only when used by the people within the group, but not when used by outside individuals. Within the disability rights movement, individuals may refers to themselves as "crips," "gimps," "deafies," "paras," and "quads." These terms are considered "in" terms that are acceptable when an individual is referring to him or self. However, during an interview if the interviewee uses this "slang" it is not considered appropriate to be used in the press. Below is a chart of words that should be avoided with suggestions of what to replace it with.

Avoid	Replace with
Able-bodied - This term implies "us" vs. "them" since it excludes the majority of people with physical disabilities.	Person without a disability or non-disabled person.
Afflicted with - This term assumes that a person is prohibited from enjoying their life because of their disability. It is meant to elicit pity from the reader.	If it is necessary to the story, simply state the nature of the disability. For example, "David has cerebral palsy."
Birth defect - The word "defect" or "defective" implies that there is something inherently wrong with the individual or they are somehow less than human.	"Congenital disability" is the preferred term. "Person born with a disability" is also acceptable.

Brain damaged – The word "damaged" carries a negative connotation about the condition of the person.	Use "brain injury" or traumatic brain injury (TBI), which describes a long-term or temporary disruption of brain function resulting from an injury to the brain.
Confined to a wheelchair - Wheelchairs give a person the freedom to live active and productive lives. If a person didn't have a wheelchair, they would be confined.	Say that someone "uses a wheelchair" or is a "wheelchair user." If the fact that someone uses a wheelchair isn't directly related to the story content, it shouldn't be mentioned at all.
Cripple or crippled - These are archaic terms which have become derogatory and are frequently shortened to slang terms. They are offensive and should be avoided at all costs.	Again, using "person with a physical disability" or "person with a disability" is preferred.
Deformed - Avoid using this term. It is offensive and implies that the individual is not fully human. Never say things like "She has severe facial deformities."	Consider if it is truly necessary to the story to mention specifics about someone's disability. Generally speaking, it probably isn't. Saying "she has a disability" is probably sufficient.
Handicapped - This is an archaic term generally reserved for legislation and legal statutes. It should be avoided when writing about people with disabilities.	"Person with a disability" is preferred.
Hyper/lazy – These terms are often used to describe the actions of people with AD/HD (Attention Deficit/Hyperactivity Disorder) or ADD (Attention Deficit Disorder). Using these terms in generalizing and demeaning to the individual.	Use person with ADHD or ADD to describe his or her clinical diagnosis.
Invalid - This term should never be used to describe a person with a disability. It implies that the person has no abilities at all and is completely inactive. For the vast majority of people with disabilities, nothing could be further from the truth. Generally, this term is used to elicit pity.	Consider why you would want to use this term. If you are writing an article meant to elicit pity for people with disabilities, consider changing the angle. People with disabilities do not want to be pitied.
Lunatic, looney/looney bin - These are slang terms and have no place in professional journalism. Sadly, on occasion, they make it into news stories. They should be avoided at all costs.	Because of their position of influence, professional journalists should model the use of People First Language. Use "person with a mental illness" or "hospital." If it is necessary to the story, you can use "psychiatric facility."
Midget – this term has a circus sideshow connotation and should therefore be avoided.	Use "short stature" to describe a variety of genetic conditions that cause people to grow less than 4'10" tall. Some people prefer "little people" though. Dwarfism is an accepted medical term, but is not used for general terminology.

Retarded - This is an outdated term and now carries derogatory meanings in our society.	"Person with intellectual disabilities" is the preferred term. "Person with mental retardation" is acceptable, but not preferred.
Schizophrenic - Terms such as this focus primarily on the disability, not the person.	"Person with schizophrenia" or "person living with a mental illness" is preferred.
Seeing eye dog – is no longer the preferred term to describe a dog that assists someone with disabilities. Many other animal are now being used making this term too specific.	Use "service animal" or "service dog." These animals are used to assist people and perform trained tasks for them. It is often dogs, but miniature horses are also now used.
Stricken with or suffers from - These are terms which assume that the person with the disability has a reduced quality of life compared to a non-disabled person.	Use respectful and neutral terms like "person with a disability." Never make assumptions about the quality of someone's life. If it is important to the story, ask the person.
Vegetable/vegetative - Sadly, these terms are still used by media professionals. They are highly offensive and compare human beings to something that is not human. The general public comes to view people with disabilities, particularly those with profound disabilities, as being less than human.	It is preferable to use precise medical terminology such as "comatose" or "non-responsive." Depending on the situation, it may also be appropriate to say "profound disability."
Victim - Never say that a person is a "victim" of his or her disability. Disabilities are a natural part of the human experience and should be reported as such. People with disabilities live full and rich lives. Calling them victims is offensive and inaccurate.	Simply say "person with a disability." Again, do not try to elicit pity. People with disabilities do not want to be pitied.

Recognizing and avoiding stereotypes

It is our natural tendency to process and categorize information as we discover it. However, when doing this the stereotypes that can accompany the information can often be misleading or even inaccurate. Especially for vulnerable populations, those who are regularly discriminated against or have prejudices attached to them, these stereotypes are be particularly harmful. It works like a cookie cutter, only allowing one thought to occur repeatedly, often leading to over generalized and limited understandings.

The media is in a very important and unique position when it comes to stereotypes. Because they are so prevalent in our society we accept them as true, and dismiss contradictions as exceptions. However, media professional have the ability to work towards remedying negative or misunderstood views, by searching for the truth and portraying it in the correct light. You can write the truth to adjust society's misconceptions to reshape public views.

The following list describes stereotypes with the behaviors that perpetuate them. You should avoid these stereotypes in your reporting and writing and learn to recognize them while editing and review other's work.

People with disabilities as perpetual children

- Encouraging age inappropriate interests, hobbies, possessions or dress.
- Locating services for adults next to services for children.
- Encouraging the perception of lowered competence.
- Encouraging the acceptance of childlike roles, means of expression or language.
- Using age inappropriate or degrading forms of personal reference, such as "sweetie" or "baby" or using a patronizing voice when addressing someone.
- Using age inappropriate personal contact such as a pat on the head or other forms of contact generally reserved for children.

People with disabilities as sick or medically fragile

- Treating non-medical concepts with medical terms: e.g. "bathing therapy."
- Using hospital schedules, shift changes and having "visiting hours."
- Using nurses or other medical professionals to administer medicines.
- Interpreting ordinary problems or challenges as attributes of an illness: e.g. a person who has a mental illness is angry about something and the anger is viewed as a manifestation of the mental illness, rather than a genuine human response.
- Facility design, appearance or history is medical in nature.
- Labeling non-medical programs or services with medically charged names: e.g. "mental health clinic" or "nursing home."

People with disabilities as an object

- Facility design or history as a warehouse.
- Recognizing common stereotypes about disability in our society
- Language which objectifies individuals such as "cases," "beds" or "slots."
- Speaking about someone in their presence as if they were not there.
- Referring to individuals by their disability or mental illness or condition, such as "MRs," "the poor," or "bipolars."
- Reimbursement policies that cast people in consumer roles.

People with disabilities as an object of pity

- Donation plaques on walls, personal belongings, doors.
- Signs, plaques, logos, etc. declaring "service is funded by…."
- Images associated with recycled goods.
- Grossly underpaying workers with disabilities or mental illness.
- Agency names which suggest pity or charity.
- Use of "poster children."
- Referring to people as "victims" of a condition or as "suffering" from a disability.

People with disabilities as not fully human
- Denial of human dignity, such as no privacy for toileting, mass showers, etc.
- Use of easy to clean or soil proof furniture and bedding, and drains in the floors.
- Lack of support or encouragement of proper grooming, bathing, personal hygiene.
- Bathrooms and other areas for exclusive use by staff.
- External control of lights, temperature, and access.
- Use of animal names for people, conditions or programs.
- Talking about individuals in their presence as if they were not there.

People with disabilities as an object of ridicule
- Clown or circus imagery in or around facility.
- Use of clowns for fundraising or entertainment.
- Displaying people to satisfy curiosity.
- Encouraging or teaching bizarre or inappropriate behaviors for entertainment or ridicule.
- Dressing individuals to look like clowns or hobos.
- Failure to provide support and encouragement to eliminate devalued mannerisms.

People with disabilities as a menace
- Use of external control devices. E.g. locks on doors, security monitors, one way mirrors.
- Bars on windows, security stations, seclusion rooms, prison imagery.
- Signs which cause alarm: e.g. "Caution Handicapped," or "No Firearms."
- Located adjacent to or in close proximity to a detention center.
- Dressing individuals as prisoners.
- Absence of private space for individuals (Southall).

Wyoming disability facts and figures

As of the 2012 census, Wyoming is the smallest state in the United States, with a population of 567,082. Between 2011 and 2012, Wyoming had a 4 percent population change, going from 63,853 to 66,426 respectively.
Wyoming has a fairly high percentage of people with disabilities, at 11.7 percent. While the highest is West Virginia at 19 percent and its close followers Kentucky at 17 percent, and Alabama and Arizona with 16.4 percent.

Our 11.7 percent of people with disabilities translates to about:
- 66,426 people with a disability
- 500,656 people (88.3 percent) without disabilities.

The U.S. as a whole in 2012 had a population of 312,538,222. About
- 38,397,863 people (12.3 percent) have a disability
- 274,140,359 people (87.7 percent) without a disability

In looking at just children ages five through 17:
- total is 98,116 people
- 4,895 (5.0 percent) have a disability

In looking at adults between the ages of 18-64:
- Total is 358,028 people
- About 34,620 of those people have a disability
- 10,256 (29.6 percent) have a hearing disability
  - 2.9 percent of the total disability population
- 5,081 (14.7 percent) have a vision disability
  - 1.4 percent of the disability population.
- 13,942 (40.3 percent) a cognitive disability
  - 3.9 percent of the total disability population.

Disability legislation

Air Carrier Access Act of 1986 prohibits discrimination against individuals with disabilities to the use of transportation by air (A Guide to Disability Rights Laws).

Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability in employment, State and local government, public accommodations, commercial facilities, transportation, and telecommunications. It also applies to the United States Congress (A Guide to Disability Rights Laws).

Architectural Barriers Act of 1968 requires that buildings and facilities that are designed, constructed, or altered with Federal funds, or leased by a Federal agency, comply with Federal standards for physical accessibility. ABA requirements are limited to architectural standards in new and altered buildings and in newly leased facilities (A Guide to Disability Rights Laws).

The Developmental Disabilities Assistance and Bill of Rights Act (DD Act) is to assure that individuals with developmental disabilities and their families participate in the design of, and have access to, needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life, through culturally competent programs authorized under the law (AUCD - DD Act).

Fair Housing Act prohibits housing discrimination on the basis of race, color, religion, sex, disability, familial status, and national origin. Its coverage includes private housing, housing that receives Federal financial assistance, and State and local government housing (A Guide to Disability Rights Laws).

Individuals with Disabilities Education Improvement Act (IDEIA) the nation's special education law. IDEIA provides billions of dollars in federal funding to help states and local communities provide special education opportunities for approximately six million students with varying degrees of disability. In exchange for federal funding, IDEIA requires states to provide a free appropriate public education (FAPE) in the least restrictive environment (LRE). The statute also outlines a detailed due process procedure to ensure that all students receive FAPE. (IPAS)

Rehabilitation Act of 1973 prohibits discrimination on the basis of disability in programs conducted by Federal agencies, in programs receiving Federal financial assistance, in Federal employment, and in the employment practices of Federal contractors (A Guide to Disability Rights Laws).

History of the disability rights movement

The disability rights movement was closely tied with the civil rights movement in the 1960s. They both were advocating against the social prejudices against the unfair treatment of people. "The movement is based on the philosophy which says that people with disabilities should have the same civil rights and control over their own lives that people without disabilities have" (Southall).

However, this movement had roots way before the 60s. In the 1800s, people with disabilities were considered tragic and unable to contribute to society. They were put in asylums, shunned, and completely segregated in order for them to be "fixed." It wasn't until President Franklin Delano Roosevelt, the first president with a disability, did disability gain a public figure as an advocate. However, there were still those who saw it as a shameful condition that should be treated.

In the 1940s and 50s, World War II veterans put pressure on the government to provide them rehabilitation and vocational training. These veterans made disability more visible, to those who were concerned about the young men who were off fighting for their country. Unfortunately though, these advances still had yet to provide people with disabilities access to public transportation, telephones, bathrooms, and stores. This also prevented them from being able to enter building or offices where they could seek employment. In the 1970s, activists lobbied Congress and marched on Washington to include civil rights language with people with disabilities into the 1972 Rehabilitation Act. Then in 1973, the Rehabilitation Act was passed, which covered people with disabilities by law for the first time. Section 504 of this law provided equal opportunity for employment within the federal government and in federally funded programs. It prohibited discrimination on the basis of either physical or mental disability as well. Section 504 also established the Architectural and Transportation Barriers Compliance Board, mandating equal access to public services, like public housing and transportation services, to people with disabilities, and the allocation of money for vocational training.

In 1975, the Education for All Handicapped Children Act was passed to guarantee equal access to public education for children with disabilities. This act of legislation specified that every child had a right to education, and mandated the full inclusion of children with disabilities in mainstream education classes, unless a satisfactory level of education could not be achieved due to the nature of the child's disability. The Education for All Handicapped Children Act was then renamed in 1990 to the Individuals with Disabilities Education Act (IDEA). This further elaborated on the

inclusion of children with disabilities into regular classes, but also focused on the rights of parents to be involved in the educational decisions affecting their children.

After many years of lobbying, in 1990 the Americans with Disabilities Act (ADA) was passed. This law ensured equal treatment and equal access to employment and public accommodations for people with disabilities. Its intent was to prohibit discrimination on the basis of disability in: employment, transportation, services rendered by state and local governments, and telecommunications services. ADA made it so that business were mandated to provide reasonable accommodations to people with disabilities, public services could no longer deny services to people with disabilities, and all public accommodations were expected to be modified to be made accessible to people with disabilities This legislation people with disabilities were granted full participation, inclusion and participation in all levels of society.

More recently, in 2009 the Convention on the Rights of Persons with Disabilities (CPRD) was signed. On December 4, 2012, the U.S. Senate considered a ratification of the CRPD, but fell short five votes of the super majority vote required. The CRPD is an international treaty that was inspired by U.S. leadership in recognizing the rights of people with disabilities. Many are still working to get it ratified.

On October 5, 2010 President Obama signed legislation requiring the government to replace the term "mental retardation" with "intellectual disability" in many forms of government. This became known as Rosa's Law. The term is no longer used in federal health, education or labor policy, and "intellectual disability" is replacing it. Consequently the acronym "MR" has been replaced with "ID" as well.

Federal statutory definitions of disability	
Americans with Disabilities Act of 1990 (www.usdoj.gov/crt/ada/adahom1.htm)	(a) a physical or mental impairment that substantially limits 1 or more of the major life activities of the individual; (b) a record of such an impairment; or (c) being regarded as having such an impairment The term "qualified individual with a disability" means an individual with a disability who, with or without reasonable modifications to rules, policies or practices, the removal of architectural, communication or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or participation in programs or activities which are provided by a public entity.

Assistive Technology Act of 1998 (www.section508.gov/docs/AT1998.html)	The term "individual with a disability" means any individual of any age, race, or ethnicity - (i) who has a disability; and (ii) who is or would be enabled by an assistive technology device or assistive technology service to minimize deterioration in functioning, to maintain a level of functioning, or to achieve a greater level of functioning in any major life area.
Developmental Disabilities Assistance and Bill of Rights Act (www.acf.dhhs.gov/programs/add/DDACT2.htm)	A severe, chronic disability of an individual 5 years of age or older that: (a) is attributable to a mental or physical impairment or combination of the two; (b) is manifested before age 22; (c) is likely to continue indefinitely; (d) results in substantial limitations in 3 or more major life activities: (i) self-care; (ii) language; (iii) learning; (iv) mobility; (v) self-direction; (vi) independent living (vii) economic self sufficiency (e) reflects the individual's need for long-term, individualized supports. The term "developmental delay" may also be applied to infants and children through age 5 who experience significant delay or specific condition with a high probability that it will result in a developmental disability if services are not provided
Individuals with Disabilities Education Act (IDEA) (www.ed.gov/offices/OSERS/Policy/IDEA/index.html)	In general, the term "child with a disability" means a child: (i) with mental retardation, hearing impairments, language impairments, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities and (ii) who, by reason thereof, needs special education and related services.

Rehabilitation Act of 1973 (www.dol.gov/oasam/regs/statutes/sec504.htm)	The term "disability" means a physical or mental impairment that constitutes or results in substantial impediment to employment.

Source: The West Virginia Developmental Disabilities Council - A Reporter's Guide: Reporting About People with Disabilities

Glossary of acronyms and terms

A

AAIDD – American Association of Intellectual and Developmental Disabilities, whose mission is to advance the knowledge and skills of professionals in the fields of intellectual and developmental disabilities by exchanging information and ideas.

ADA – American's with Disabilities Act. 1990 civil rights legislation to protect people with disabilities against discrimination from employment, public services, transportation and business communications.

ADD – Administration on Developmental Disabilities. Federal agency in Department of Health and Human Services charged to administer the DD Assistance and Bill of Rights Act.

ADHD – Attention Deficit Hyperactivity Disorder. Condition or syndrome through inappropriate behavior or impulsivity. Can result in a learn disorder.

ADL – Activities of Daily Living. Daily self-care activities including eating, dressing, bathing and toileting.

APD - Advanced Psychiatric Directive. Legal document developed in advance of involuntary psychiatric commitment that expresses one's choices about treatment.

ASL - American Sign Language. Considered the native language and primary source of communication by many in the deaf community. It is a complex visual-spatial hand gesture language system.

AT - Assistive Technology. An item, piece of equipment, or product system used to increase, maintain or improve the functional capabilities of children or adults with disabilities.

Autism – Developmental disability, found mostly in males, characterized by withdrawal from people, repetitive behaviors, and impaired communication.

C

CCMHA - Comprehensive Children's Mental Health Act. Legislation requiring the development of a family and child focused children's mental health system of supports.

Cerebral Palsy - A condition caused by damage to the central nervous system before, during, or within two years of birth. The disorder is non-progressive and results in various types and degrees of muscle weakness, muscle tone imbalance, and decrease in coordination.

Child Advocate - A parent or professional, paid or unpaid, to protect the rights and interests of a child and their family, and ensure access to eligible services is available.

Child Find - A state and local program mandated by the Individuals with Disabilities Act to identify children with or at risk of developmental delay and refer them to appropriate early intervention services.

CHIP - Children's Health Insurance Program. A federal and state program which provides free or low cost health plans for children from birth to age 19.

CMS – Centers for Medicare and Medicaid Services (previously HCFA). Federal agency with the U.S. DHHS that administers the following: Medicare, Medicaid, State Children's Health Insurance Program (SCHIP), HIPAA (Health Insurance Portability and Accountability Act) and CLIA (Clinical Laboratory Improvement Amendments).

Cognitive Disabilities – Disabilities which effect problem solving, learning and use of language.

Communication Board or Device - An augmentative communication device consisting of a board on which letters, objects, and/or actions are represented.

Congenital - Referring to a condition present at birth that may be hereditary, may be the result of a problem during pregnancy, or may occur due to injury to the fetus prior to the time of birth.

D

Deafness - A partial or complete loss of hearing.

Developmental Delay - A condition marked by a difference between a child's actual development and the expected age of reaching developmental milestones.

Developmental Disability – A long term physical and/or mental disability that occurs before a person reaches the age of 22 and that results in substantial limitations in at least three of the following areas: self-care, language, learning, mobility, self-direction, capacity for independent living and economic self-sufficiency.

Developmentally Appropriate Practice - An educational program based on age-appropriate, developmental, and individual needs of each child, emphasizing learning as an interactive process.

Developmental Milestones - Skills that are recognized as a measurement of a child's functioning or development, and that are typically achieved at a certain age.

Disability - A limitation in a person's ability to perform an activity considered typical for her/his age and general circumstance.

Down Syndrome - A chromosomal disorder that results in variable degrees of developmental delay, medical problems, and cognitive disabilities.

DHHS - Department of Health and Human Services (Federal). The U.S. Government's principal agency for protecting the health of its citizens and providing essential social services, especially for those least able to help themselves.

DE - Department of Education (WY) – State agency charged with administering and monitoring state and federal education programs and policies.

E

Early Intervention – Applies to children of school age or younger, who have or are at risk of developing a disability or other special need that may affect their development.

EBD - Emotional or Behavioral Disorder. Condition characterized by mild to severe disruptive/acting out behaviors that are evident and persistent in different settings and environments.

Epilepsy - A condition characterized by recurrent seizures caused by abnormal electric activity in the brain.

F

Family Support Services - A statewide program that provides supports for the family to improve quality of life and care for an individual with a developmental disability in their home.

FAS - Fetal Alcohol Syndrome. A severe and definitive cluster of developmental difficulties arising from fetal exposure to alcohol. Can include delayed developmental milestones, moderate to severe cognitive disabilities, inappropriate social behavior, and behavioral issues.

FERPA - Family Educational Rights and Privacy Act. Entitles the parent to confidentiality of information, the ability to review and request amendments to the child's early intervention record, and the right to manage the release and receipt of information through informed written consent.

H

Head Start/Early Head Start - Federally funded comprehensive child development programs that serve children from birth to age 5. Each program must accommodate 10% of total enrollment of children with disabilities.

Hearing Impaired - Loss of hearing in one or both ears that can be recorded by an audiometric test. Degree of hearing loss is classified as mild, moderate or severe. Moderate to severe hearing loss affects an individual's speech and language abilities.

I

ICF/ID - Intermediate Care Facility/Intellectual Disability and related conditions. An optional Medicaid benefit program consisting of care and active services in group facilities with at least 4 beds.

ID/DD – Intellectual Disability/Developmental Disability. Refers to diverse group of severe, life long, chronic mental and physical conditions that affect language, learning, mobility and other functions occurring before age 22.

IDEIA - Individuals with Disabilities Education Improvement Act. The Federal law originally passed by Congress in 1975 as the Education of All Handicapped Children Act, P.L. 94-142. Established the legal right of all children to appropriate public education in the least restrictive environment.

ID/DD Home and Community Based Waiver Program – A federal and state program for individuals with mental retardation and/ or developmental disabilities designed to deliver services to individuals in their home and community surroundings as an alternative to receiving services in an Intermediate Care Facility (ICF).

IDT - Interdisciplinary Team. In behavioral health services, a planning team consisting of representatives from medical, behavioral health, advocacy and specialized therapy services who work with the consumer and family to develop an Individual Program Plan.

IEP - Individualized Education Program. This is a contract between the public school and the child with special needs and his/her family. Evaluations are completed prior to the child entering public school. The IEP states the child's present levels of functioning, the specific services to be provided, long range goals for the child, and specific objectives for the year.

IFSP - Individualized Family Service Plan. A written plan describing the infant's or toddler's current level of development, the family's strengths and needs related to the enhancement of their child's development, goals for the child and the other family members, and criteria, procedures, and timelines used to evaluate progress.

Inclusion - In education, it is the process by which children with disabilities and children without disabilities participate together in all activities. In adult community living, it includes the supports that allow people with disabilities to participate in community life, develop lasting and meaningful relationships, and choose where they live and work.

Intellectual Disability – "Intellectual disability is a disability characterized by significant limitations in both intellectual functioning and inadaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18" (American Association on Intellectual and Developmental Disabilities).

L

Lead Agency - State agency designated by the Governor to administer and implement a statewide, coordinated, multi-disciplinary, interagency, service delivery system for individuals with specialized support needs including disabilities.

Low Birth Weight - Infants born weighing less than 2 pounds.

LRE - Least Restrictive Environment. An educational placement that ensures that, to the maximum extent possible, children with special needs are educated with children not in need of special education services.

M

Medicaid – Federally funded health insurance program for low- income individuals and eligible individuals with disabilities. Medicaid pays for general healthcare costs, social services, habilitative and rehabilitative services and some specialized medical services.

N

NCLB - No Child Left Behind. Sweeping educational legislation (2002) requiring new standards in student testing affecting all grade levels, as well as teacher training. NCLB provides parents with the option of transferring their child out of failing schools.

NICHCY - National Information Center for Children and Youth with Disabilities. Information dissemination resource concerning children with disabilities with focus on education law and rights for children and families. Funded by the federal Office of Special Education.

O

OMCFH - Office of Maternal, Child and Family Health. Administers multiple programs targeted to mothers, families and children including Birth to Three and Adolescent Health, Perinatal and Women's Health and Early Childhood Health Projects.

"One Stop" - This concept came from the Workforce Investment Act. It is an employment service organization that provides a comprehensive range of services and supports to all persons, regardless of disability label. One stops must provide consistent core services (service coordination, entitlement information, etc.) They are affiliated with other related programs and share a network of communication and collaboration.

OSE - Office of Special Education. State education agency responsible for oversight of the State's special education services for children from age 3 through 21.

OSERS – Office of Special Education and Rehabilitative Services. Agency of the federal Department of Education addressing educational needs of people of all ages. Comprised of the Office of the Secretary, Office of Special Education Programs (OSEP), National Institute on Disability and Rehabilitative Research (NIDRR), and the Rehabilitative Services Administration (RSA).

P

PAS - Personal Assistance Services. Help provided to people with disabilities to assist them in tasks essential for daily living including bathing, dressing, eating and shopping.

PBS - Positive Behavior Support. Structured, collaborative assessment and behavior analysis process, within the context of person-centered values, to develop supportive interventions for individuals with challenging behavior.

PDD - Pervasive Developmental Disorder. A childhood condition in which there is a delay across all areas of development: speech and language, cognitive, fine and gross motor, social, emotional, and adaptive behaviors.

S

SAMHSA - Substance Abuse Mental Health Services Administration (DHHS). Provides funds and assistance to states on a variety of mental health and safety issues, including systems reform, prevention, substance abuse model programs, children and family services, co-occurring disorders, disaster response, homelessness, HIV/AIDS & Hepatitis treatment, older adult services and criminal & juvenile justice.

SCI - Spinal Cord Injury. Service Coordinator - This person's role is to coordinate assessments, IFSP planning, the evaluation and delivery of services listed on the IFSP, transition, advocacy, and help in the completion of necessary forms and paperwork.

SMI - Serious Mental Illness. Refers to a group of biochemical/ neurological conditions of the brain resulting in distorted perceptions, delusions, hallucinations, disordered/confused thinking, unstable emotions and behavior.

Social Worker - A specialist who is trained in the evaluation and treatment of child and family issues arising from family life circumstances.

SSA - Social Security Administration.

SSI - Supplemental Security Income. Federal entitlement program based on disability and income. Qualified persons receive monthly SSI payments.

T

TANF - Temporary Assistance for Needy Families. Federal program that replaced the AFDC (Aid to Families with Dependent Children) as part of welfare reform legislation in 1996.

TBI - Traumatic Brain Injury. Acquired injury to the brain caused primarily by external force (such as motor vehicle accident). A person with a TBI often requires both acute and long term care rehabilitation. TBI that occurs before age 22 may result in a developmental disability.

Transition – Planning and support for persons with disabilities that prepares them for successful integration into school (and pre-school), work and community living environments.

U

UCEDD - Center for Excellence in Disabilities. At the University of Wyoming it is the Wyoming Institute for Disabilities (WIND). Since 1963, UCEDD has been working to accomplish a shared vision that foresees a nation in which all Americans, including Americans with disabilities, participate fully in their communities. Independence, productivity, and community inclusion are key components of this vision. Currently, sixty-seven UCEDDs in every state and territory are located in a university setting.

W

WIA - Workforce Investment Act. Federal legislation seeking to simplify and expand access to employment for a wide range of groups through the creation of "One Stop" service programs. Legislation requires coordination of services between federal departments of Labor, Education, Health and Human Services and Housing and Urban Development.

WDH – Wyoming Department of Health. Their mission is to promote, protect, and enhance the health of all Wyoming citizens.

WSIL – Wyoming Services for Independent Living. Provides for continually increasing opportunities for individuals with disabilities to live as independently as possible. To do so for all within the State of Wyoming through judicious and aggressive management of resources.

Wyoming disability resources

Cheyenne VA Medical Center
2360 East Pershing Blvd.
Cheyenne, WY 82001
Phone: (307) 778-7550, (888) 483-9127
Website: www.cheyenne.va.gov/

Parent Information Center
500 W. Lott Street Suite A,
Buffalo, WY 82834
Phone: (307) 684-2277
E-mail: tdawson@wpic.org (Executive Director)
Website: www.wpic.org/

People First Wyoming
P O Box 15734
Cheyenne, WY 82003
Phone: (307) 214-3521
E-mail: peoplefirstofwyoming@yahoo.com

Self Advocates Becoming Empowered (SABE)
P.O. Box 12239
Florence, SC 29504
E-mail: SABEnation@gmail.com
Website: www.sabeusa.org/

Special Olympics Wyoming
239 West 1st Street
Casper, WY 82601
Phone: (307) 235-3062, Toll-free: (800) 735-8345
Fax: (307) 235-3063
E-mail: pdowse@specialolympicswy.org (CEO/President)
Website: www.specialolympicswy.org/

UPLIFT Wyoming
3701 Ridge Road
Cheyenne, WY 82001
Phone: (307) 778-8686, 1-888-UPLIFT 3 (1-888-875-4383)
Fax: (307) 778-8681
E-mail: mheinen@upliftwy.org (Executive Director)
Website: www.upliftwy.org/index.html

Wyoming Department of Education
2300 Capitol Avenue
Hathaway Building, 2nd Floor

Cheyenne, WY 82002-2060
Phone: (307) 777-7690 Fax: (307) 777-6234
E-mail: wdewebsite@wyo.gov
Website: www.edu.wyoming.gov/

Wyoming Department of Health Developmental Disabilities Division
6101 N. Yellowstone Rd. 259A
Cheyenne, WY 82002
Phone: (307) 777-7115, (800) 510-0280
Fax: (307) 777-6047
E-mail: link provided on website
Website: www.health.wyo.gov/ddd/index.html

Wyoming Governor's Council on Developmental Disabilities
122 W. 25th St., 1st. Fl. West
Herschler Building, Rm. 1608
Cheyenne, WY 82002
Phone: 307-777-7230, 1-800-438-5791 (in Wyoming)
Email: wgcdd@wyo.gov
Website: www.ddcouncil.state.wy.us/

Wyoming Institute for Disabilities (WIND)
Dept. 4298, 1000 E. University Ave.
Laramie, WY 82071
Phone: (307) 766-2761
E-mail: wind.uw@uwyo.edu
Website: www.uwyo.edu/wind

Wyoming Protection and Advocacy
7344 Stockman Street
Cheyenne, Wyoming 82009
Phone: (307) 632-3496
E-mail: wypanda@wypanda.com
Website: www.wypanda.com/

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Wyoming Institute for Disabilities (WIND)

Dept. 4298, 1000 E. University Ave.
Laramie, WY 82071

Phone: (307) 766-2761

E-mail: wind.uw@uwyo.edu

Website: www.uwyo.edu/wind