

# Disability Etiquette

There are many types of disabilities. Some disabilities you may see while others may not be visible.

## PHYSICAL

Mobility limitations  
Vision loss  
Hearing loss

## SPEECH

## INTELLECTUAL, COGNITIVE, DEVELOPMENTAL

Includes autism, attention deficit hyperactive disorder (ADHD), brain injury, down syndrome

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## General Guidelines

### How to address individuals with disabilities

Use the term “disability” when talking about, or talking to, people with disabilities.

Avoid these terms: handicapped, differently-abled or special needs.

- Best practice: Refer to individuals by their name
- Some people prefer person-first language while other prefer identity-first language
  - Person-first: “He is a person with Autism” or “She is a person who is deaf”
  - Identity-first: “He is Autistic” or “She is a deaf person”
- It is always best to ASK, or simply use the person’s name

### Golden Rules

1. Talk directly to the person.
2. When in doubt, ASK.
3. Model how you want to be treated.

### Offering Assistance

1. It is okay to offer assistance.
2. Always ask before providing assistance.
3. Clarify what type of assistance is desired.
4. Be the assistant, not the director.

### Service Animals

- A guide dog should never be petted or talked to without permission of its owner.  
The dog is working and needs to concentrate.

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### References and Resources

1. Disability Etiquette Brochure <https://www.unitedspinal.org/pdf/DisabilityEtiquette.pdf>
2. Respect Ability <https://www.respectability.org/inclusion-toolkits/etiquette-interacting-with-people-with-disabilities/>
3. [National League for Nursing](#)

# Guidelines for Specific Types of Disabilities

## Physical

- Mobility aids are to be treated as extensions of someone's body.
- Do not touch someone's wheelchair, crutches, walker, cane, or other mobility aid without permission
- Talk face to face, positioning yourself at eye level when possible.

## Hearing

- Always speak to and face the individual, not an interpreter.
- If writing, do not attempt to speak while writing.  
The individual cannot read lips and write/read at the same time
- Ensure you have the attention of the individual you are addressing. Waving, lightly tapping on the shoulder, or other visual/tactile signals can get their attention

## Vision

- Introduce yourself, your role, and others in a group. Say hello and goodbye to let the individual know you are entering and exiting the conversation or area.
- Speak in a normal tone of voice – do not shout.
- You may offer mobility assistance. If the person accepts, best practice is to offer your elbow and allow the individual to direct you when assisting.

## Speech

- Relax and listen. Do not attempt to rush conversations or guess what someone is saying. Don't attempt to finish their sentences
- It's okay to say "I don't understand." It's okay to ask the person to repeat themselves.
- Repeat your understanding when necessary.
- Talk to someone with speech difficulties as you would anyone else.  
Speak in your regular tone of voice.

## Developmental/Cognitive/Intellectual

- Adults with disabilities should be treated as adults.
- Do not assume someone's abilities from looks alone. Many individuals with disabilities can read and write.
- It can be helpful to have the person say back to you what they heard and understood.
- Don't defer to staff person or caregiver. Address the individual directly and allow them to speak for themselves
- Some individuals may have more limited skills. They may have limited verbal skills or be non-verbal. They may not respond to your requests or questions. They may repeat words and phrases (including your body language or emotional reactions). Individuals may have difficulty expressing moods or pain. They may also seem to understand better than they do. You should still engage with the person, but also rely on caregiver for responses.

# Individuals with Autism Spectrum Disorder (ASD)

**What is it?** A developmental disorder characterized by difficulties with social interaction and communication, and by restricted and repetitive behavior

**Behavior:** Individuals with autism may display different types of behavior. It's possible that you may not know an individual is diagnosed with autism.

## Some common behaviors include:

- May display tantrums or extreme distress for no apparent reason.
- May laugh, giggle, or ignore your presence.
- May be extremely sensitive to lights, sounds, or touch.
- May display lack of eye contact.
- May have no fear of real danger.
- May appear insensitive to pain.
- May exhibit self-stimulating behavior: hand flapping, body rocking, or attachment to objects. These can be clues of escalating anxiety.
- May not understand their vocal volume and at times may speak or vocalize loudly, or scream.
- May engage in unsafe behavior including aggression, destruction, self-injury, or elopement.

## New Settings:

- May become anxious in new situations
- May not understand consequences of their actions
- May wander

## Tips for Responding:

- Display calming body language and give personal space.
- Use simple language or pictures.
- Speak slowly, repeat, and rephrase questions.
- Use concrete terms, avoid slang.
- Allow extra time for a response.
- Give praise and encouragement.
- Given time and space, person may de-escalate their behavior.
- Allow time to prepare for transitions/changes.
- Introduce new staff, equipment, procedures, expectations.
- Control environment – noise, lights, number of staff
- Try using sensory items (string, bubbles, lighted wands, headphones).
- Seek advice from others who know the person; allow them to be involved as much as possible.
- Look for possible sources of discomfort.
- Ask before touching and use firm touch to direct instead of light touches.

Remember to ask individuals or their caregivers what you can do to help before intervening, especially during bursts of problem behavior. It is important to be patient and stay calm.