



Accompanying Materials

Written materials prepared to accompany *This Is YOUR Right* are produced in a camera-ready format, to allow the purchaser to make crisp copies for use as overheads or handouts. This packet contains the following materials:

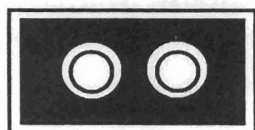
- Viewing/Training Tips & Suggested Uses (inside front cover)
- Your Rights at Home (checklist)
- Your Medical Rights (checklist)
- Your Right to Opportunity (checklist)
- The Same Rights as Everyone Else (checklist)
- Your Right to Expectations of Systems That Serve You
- The Essentials of Supporting Choice
- With Rights Come Responsibilities (2 pages)
- Thinking About Responsibilities
- Managed Care Consumer Bill of Rights
- Personal Assistance Services (PAS) (2 pages)
- Goodbye Ed: A Tribute to Ed Roberts (2 pages)
- Ethical Guidelines for Professionals in Supported Employment (2 pages)
- Results of Survey of Corporate Executives
- Keeping "Natural Supports" Natural (3 pages)
- About Our Commercials
- The Nth Degree T-shirt Collection
- To Learn More About Your Rights . . . and Other Resources (2 pages)
- Speakers Bureau (inside back cover)
- Michael Martin & Tim Harrington - Speakers/consultants (outside back cover)

The video, *This Is YOUR Right*, and accompanying written materials are protected by copyright. Irene M. Ward & Associates hereby grants to the purchaser of single product sets of this training package, the right to duplicate the written materials for internal use within their company, organization or school, or for use in community awareness training, as long as the author's name remains on the materials. Duplicating, copying or broadcasting of the video is specifically prohibited without prior authorization from the Executive Producer.

Viewing/Training Tips

Two Tapes, Four Segments

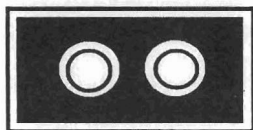
Each training packet comes with two videocassettes and a packet of camera-ready handouts. There are two *SEGMENTS* on each cassette. We suggest you review the information below and preview both cassettes to determine the best way to present the materials to your audiences.



Part Uno

Content Segments

- Your Rights at Home
- Your Medical Rights



Part Dos

Content Segments

- Your Right to Opportunity
- Same Rights as Everyone Else

Written Materials

- There is a camera-ready checklist for each *SEGMENT* outlining the rights presented.
- There are other camera-ready materials from which you can choose additional handouts to suit a specific audience.

Presentation Options

We recommend that you adapt the materials to suit your unique needs. Each tape may be too lengthy to show at one time. You may choose to stop the tape at a natural break . . . such as when a segment ends and the scene changes back to the Anchors. This will allow you, the trainer, to review the main points that were covered in smaller chunks, rather than running the two segments all at the same time. You may also want to promote discussions or augment the video with additional materials unique to your needs.

Suggested Uses

Show segments of this production to the following groups:

Public Sector Uses

- ☐ Use in self-advocacy workshops
- ☐ Use during person-centered planning sessions
- ☐ Share with families
- ☐ Use in school to work programs
- ☐ Use in staff orientation sessions or inservices
- ☐ Share with case managers and counselors
- ☐ Share with physicians, psychologists, nursing and other medical personnel
- ☐ Use in university pre-service and graduate classes
- ☐ Share with your community partners

Private Sector Uses

- ☐ Use in diversity training. This video provides a strong perspective on where people with disabilities have been, where they are and where they want to be . . . It provides a strong overview of the culture of disability.
- ☐ Share with elected officials at the local, state and national level
- ☐ Share with community organizations
- ☐ Share with places of worship
- ☐ Use to build greater awareness with local media

This video was funded in part under P.L. 101-496 in accordance with the goals established by the Ohio Developmental Disabilities Planning Council (ODDPC) and administered by the Ohio Department of Mental Retardation and Developmental Disabilities (ODMR/DD). Endorsement by the ODDPC and/or the ODMR/DD is not necessarily inferred.



Your Rights at Home

These things we hold to be self evident ... that you have the right ...

- ☐ To a safe clean place to live ...
- ☐ To live in a community setting ...
- ☐ To live with people, you choose to live with ...
- ☐ To choose your own friends ...
- ☐ To have friends over for a visit, whether they are male or female ...
- ☐ To make phone calls and have phone privacy ...
- ☐ To write letters ... and have mail privacy ...
- ☐ To be treated nicely by everyone ... (No one should use abusive language, hit or harm you ...)
- ☐ To speak up and tell others about how you feel if you don't believe they are treating you right ... (And not be fearful that people will punish you for doing so ...)
- ☐ To speak up about anything you want to, or to speak up about the way you want things to be done ... (And have people listen to you, with courtesy ...)
- ☐ To discuss changes you want to make ...
- ☐ To voice your opinions ...
- ☐ To help others and work things out with others ...
- ☐ To be alone, when you want to be ...
- ☐ To have privacy, when you want it ...
- ☐ To expect the support and assistance you need to be as independent as possible ...
- ☐ To have access to good healthy food and enough to eat each day ...
- ☐ To have a life of your own choosing ...
- ☐ To go out and do the things you enjoy doing ...
- ☐ To control your own destiny and follow your dreams ...
- ☐ To expect that the people who work for you have good attitudes about you and your potential ...



Your Medical Rights

Detailed medical rights vary widely from state to state. If you want more information about your medical rights, consider contacting resources similar to those outlined below:

- Independent Living Centers
- State Governor's Council
- State Independent Living Councils (SILCS)
- Advocacy & Protective Services
- State Medical Boards
- Legal Aid Societies
- Your doctor
- A case manager
- State departments
- State legislators
- An attorney
- Libraries

Regardless of the laws in your state, advocates everywhere should be promoting the following rights for all people.

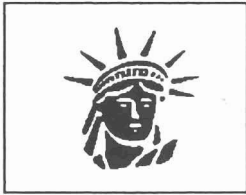
- ☐ Access to a doctor, dentist or hospital, when you need services ...
- ☐ The right to confidential treatment of all information in your medical records ...
- ☐ Access to counseling and psychological services ...
- ☐ Access to physical and occupational therapies ...
- ☐ The right to refuse to participate in medical, psychological, or other research and experiments ...
- ☐ The right to receive appropriate care in the least intrusive manner ...
- ☐ The right to participate in decisions related to health care ...
- ☐ The right to refuse any adverse behavior techniques including shock therapy, the infliction of pain, or the use of unnecessary restraints ...
- ☐ The right to refuse medication ...
- ☐ The right to choose a family member or advocate to act on your behalf ...



Your Right to Opportunity

These opportunities we hold to be self evident ... that you have the right ...

- ☐ To access opportunities to reach your full potential ...
- ☐ To shop, recreate and do other things in the community ...
- ☐ To access public transportation ...
- ☐ To access public buildings and public accommodations ...
- ☐ To access a public education ...
- ☐ To get a job (and pay taxes!) ...
- ☐ To be treated at all times with courtesy, respect and dignity ...
- ☐ To access reasonable accommodations that aid you in your place of work ...
- ☐ To access universal and assistive technologies that enhance your independence ...
- ☐ To access qualified American Sign Language (ASL) interpreter services when you need them ...
- ☐ To access well-trained help and guide dogs raised by qualified breeders and trainers ...
- ☐ To speak out, voice grievances, and recommend changes in policies and services without restraint, interference, coercion, discrimination or reprisals.
- ☐
- ☐
- ☐
- ☐
- ☐



The Same Rights as Everyone Else

**We hold the following to be self evident ... that all people with disabilities
have the right ...**

- ☐ To practice the religion of your own choosing or choose not to practice a religion ...
- ☐ To vote and participate in the political process including contact with legislators,
helping out in campaigns and even running for office, yourself!
- ☐ To expect equal treatment under the law ...
- ☐ To own personal property ...
- ☐ To have relationships and to get married ...
- ☐ To make your own financial decision (and get or ask for help when you need it ...
just like everyone else) ...
- ☐ To be responsible for your own actions and deeds ...
- ☐ To believe in yourself and try your best ...
- ☐ To take advantage of all of the opportunities the world has to offer ...

Just for Kids

- ☐ To receive a free and appropriate integrated education in your own regular
neighborhood school ...
- ☐ To have a sense of belongingness, just like other kids ...
- ☐ To have access to technology, while in school, that aids your educational
performance ...
- ☐ To have healthy one-on-one relationships with other kids your age ...
- ☐ To expect that parents and teachers receive adequate training about IDEA and
inclusion ...
- ☐ To expect that teachers have support from their school administration ...
- ☐ To believe in yourself and try your best ...
- ☐ To take advantage of all of the opportunities the world has to offer ...

Your Right to Expectations of Systems That Serve You

by Irene M. Ward

Advocates across the nation have pushed for changes to systems that provide services to individuals with disabilities. These “systems” include public schools, case management, job development, personal assistance services, residential services, sheltered workshops, habilitation, therapeutic, medical and clinical services (counseling, psychological, etc.) at the local, state and federal levels.

At the forefront of this movement has been the notion that:

“I’ll only go as far as your attitude will let me.”

Citizens with disabilities have expectations that professionals in systems that serve them, view them as people, not as a medical diagnosis. Along with this concept is the desire to receive services tailored to the unique strengths, abilities and choices of every individual.

With these thoughts in mind, a list of specific expectations drawn from interviews of people who starred in *This Is YOUR Right*, are outlined below.

- ☐ The right to expect RESPONSIVE SYSTEMS that don’t put my life on hold.
- ☐ The right to expect that systems that serve me operate with the highest integrity and principals.
- ☐ The right to expect GOOD CUSTOMER SERVICE that includes good follow-up and follow-through.
- ☐ The right to expect ACCESS to RESOURCES that will help me be successful.
- ☐ The right to expect to receive the supports I need to be successful.
- ☐ The right to choose staff who will serve me.
- ☐ The right to expect that the professionals who serve me are competent and skilled (e.g. knowledge of Social Security work incentives, resources for technology, laws, incentives, etc.).
- ☐ The right to expect that systems that serve me are working to streamline processes and operating efficiently (including the reduction of paperwork that often seems more important than I am!).
- ☐ The right to expect a rapid response, when I am in dire need of assistance.
- ☐ The right to expect cross-systems coordination when I am working with more than one agency or system.
- ☐ The right to expect that professionals will include me in every decision effecting my life.
- ☐ The right to expect that systems that seek my input and participation truly value my input and participation.
- ☐ The right to expect that vouchers will become a reality so that true choices can be instituted.

The Essentials of Supporting Choice

by The Accreditation Council

As many people have discovered, understanding and supporting choice is not as simple as it sounds. Each person brings unique abilities and experiences to the act of choosing.

Personality, preferences, life experiences and social context all influence what people want. Enabling people to make choices requires forming a relationship with each person and making a commitment to providing opportunities for them to make choices and learn from their experience.

Understanding what is most important to each person is the first step in supporting people to make choices.

While traditional planning activities include setting individual goals and objectives, too often service goals are identified based on the service organization's perception of the person's needs. Service goals may not reflect the personal goals and desires of the person.

Personal goals are a true reflection of each person. These cannot be developed for the person by others.

Discovering each person's individual priorities involves taking time to listen to, interact with and learn from the person. Formal assessment activities may not uncover the issues most important to the person.

The person's family, friends and other people who know the person well may be important sources of information. People are most likely to tell things of

personal significance to others they know and trust.

Everyone's understanding of the person and his or her life priorities will deepen as a relationship develops with the person.

Each person's experience is also important to consider when helping people to exercise choice. People are likely to seek and want things they know and with which they are familiar.

Choice may be limited when options are unknown or not fully explored. A review of the person's past and experience is an essential part of assessing individualized supports for each person.

Opportunities to learn about and experience a variety of things in life provide people with a point of reference from which they can evaluate what they want. Without a broad range of life experiences, people may choose what they are most familiar with instead of what really interests them.

Careful observation and trial experiences can help us to understand what people want.

Assessment of the person's preferences for people, places and activities provides baseline insight into the person's unique personality. These initial indications about the person can be used to suggest or select new experiences which people may find interesting.

We can then further our understanding of the person's prefer-

ences and desires by paying attention to how the person reacts in these new situations.

An honest and respectful relationship between support staff and the person served can facilitate individual choice. Staff demonstrate respect for the person by working cooperatively with the person to make decisions.

Commitment to supporting personal choice is expressed by searching for ways to honor choices whenever the person expresses a preference or desire for something.

Most importantly, taking everything the person says seriously promotes honest dialog about the person's desires.

Each person's choices are uniquely individual. The choices people make must be understood within the person's priorities and situation.

We can help people to explore choices and seek alternatives, but, a strong relationship based on mutual respect is the most effective tool for assisting people to make choices in life.

Supporting individual choice requires commitment to discovering and respecting each person's priorities. Through caring and creative support, we can expand the opportunities for people to direct their lives.

Reprinted with permission by
The Accreditation Council, 100
West Road Suite 406, Towson,
Maryland, 410/583-0060

With Rights Come Responsibilities*

With rights come responsibilities. Here's a checklist you may want to consider.

General Responsibilities:

- ☐ Always treat others nicely ...
- ☐ Let others know if you're not being treated nicely or as an individual ...
- ☐ Make your own arrangements for transportation to places you want to go, like places of worship, appointments, social engagements and other stuff ...
- ☐ If you change your mind or decide not to go somewhere, let others know not to expect you ...
- ☐ If you don't understand something, ask questions ...
- ☐ If you don't agree with something, say so. Be honest ...
- ☐ Understand the laws or ask for help if you don't ...
- ☐ Respect the rights of others under the law ...
- ☐ Never hurt others ...
- ☐ Let others know if someone is hurting you ...
- ☐ Know what is in your plan and ask good questions ...
- ☐ Register to vote ...
- ☐ Learn about candidates and what they stand for ...
- ☐ Let people who make the laws, know how you feel ...
- ☐ Say no when you mean no ...

Responsibilities at Home:

- ☐ Let others know if there is something wrong at your home ...
- ☐ Keep your home safe and clean ...
- ☐ Respect other people's right to privacy ...
- ☐ Let others know if you need help ...
- ☐ Choose and make foods that are healthy for you ...
- ☐ Allow others to eat the food that they have chosen ...

continued on page 2

* The content of this checklist was drawn from materials developed by People First of Hamilton County. Additional topics were added by Irene M. Ward & Associates.

With Rights Come Responsibilities* Page 2

Responsibilities at Home: (continued)

- ☐ Let others know when you're sick or not feeling well and always follow your doctor's orders ...
- ☐ Speak up if you feel you are being forced to do something ...
- ☐ Let others know when you want to be by yourself ...
- ☐ Respect the privacy of others, too ...
- ☐ Always use the telephone in a responsible way ...
- ☐ Keep your things in a safe place ...
- ☐ Take good care of the things you own ...
- ☐ Find and choose programs or work with people that will help you if you need help ...

Responsibilities at Work:

- ☐ Always get to work on time ...
- ☐ Always look your best on the job ...
- ☐ Follow all the rules where you work ...
- ☐ Do your work and do your best ...
- ☐ Be friendly with your coworkers ...
- ☐ Work well and get along well with others so you can be the best you can be ...
- ☐ If you run out of work to do, ask your supervisor or others how you can help ..
- ☐ Be willing to learn new things ...
- ☐ If you have a problem at work, talk to your supervisor ...
- ☐ Always return from breaks or lunch in a timely manner ...
- ☐ Keep your work area neat, clean and organized ...
- ☐ Develop other good work habits. They'll last you a lifetime!

* The content of this checklist was drawn from materials developed by People First of Hamilton County. Additional topics were added by Irene M. Ward & Associates.

Thinking About Responsibility

by The Accreditation Council

Although often considered in relationship to individual rights, **responsibility** may have more connection to social position and active participation in community life.

Responsibility is not a thing, it's a concept. It is a social concept that enables groups of individuals to live in relative harmony.

We are considered responsible if we answer for our conduct and live up to the obligations and promises we make to others.

The concept of responsibility has little meaning for people with limited knowledge or access to different and valued social roles. Social roles provide a context for individual choice and decision making.

Supporting people with disabilities to be responsible citizens requires ensuring access to the full range of opportunities within our community and enabling people to learn about the demands and requirements associated with those opportunities.

We learn to be responsible through a combination of example, opportunity and experience.

In most cultures, parents are charged with the task of teaching responsibility to their children. The roles we fill, first within our families, and later within the larger community, define expectations for our behavior.

Learning about accepted behavior and living up to those expectations is a lifelong endeavor. The nature of what is expected changes with time as we form new relationships and begin new experiences.

The elements of learning responsibility—**example, opportunity and experience**—can be used to shape efforts to support people with disabilities.

Examples of desired action in natural settings by people who are significant to the learner are the most effective tool for learning.

Providing concrete examples of behavior judged to be responsible supports people to learn through modeling and shared experience.

Opportunity for trial allows the person to experiment with different actions and to individualize general concepts and ideas to one's own life experiences.

Experience is repeated opportunity over time. This enables the person to practice and perfect the behaviors associated with responsibility.

Responsible behavior is a learned choice, a reflection of the social roles each person assumes and values.

Most people choose to live up to the expectations of the roles they play because they value the benefits and acknowledgment received.

Others reject typical social roles, choosing instead to be guided by what they believe will provide them with the most benefit and reward without great concern for others. Encouraging responsibility means that we support people in choosing social roles and conducting activities associated with those roles.

People with disabilities may experience real difficulty in assuming different social roles due to the specific challenges with which they live or their limited life experiences.

The service process should assist people to overcome barriers to active social participation.

While teaching specific skills and behavior are important, providing access to opportunity and information as well as supporting people with technology are even more critical elements for ensuring people have access to social participation.

People cannot learn about individual responsibility without the competency gained through active participation in community life.

Reprinted with permission
by The Accreditation Council,
100 West Road Suite 406,
Towson, Maryland, 410/
583-0060.

Managed Care Consumer Bill of Rights

- I Consumers shall have timely access to a full range of appropriate health care providers and services in appropriate settings.
- II Consumers shall have choice of providers and plans.
- III Consumers shall be guaranteed comprehensive benefits.
- IV Consumers shall be guaranteed access to affordable care.
- V Consumers shall be guaranteed access to quality care, and be protected by quality assurance oversight.
- VI Consumers shall be guaranteed consumer protections, including an appeals process, the right to challenge plan decisions, and information about their rights.
- VII Consumers shall have the right to disclosure of information about the plan, including oversight reporting information about the plan.
- VIII Health plans shall not discriminate against any consumer based on medical or mental health condition or needs (directly or indirectly).
- IX Consumers shall have representation in plan governance and oversight.
- X Consumers shall be protected by vigorous monitoring and oversight of managed care plans.

Personal Assistance Services (PAS)

What is it? Who should receive it? What kinds of service are included?

The Consortium for Citizens with Disabilities (CCD) is a working coalition of more than 70 national disability groups.

A 1991 Task Force developed recommendations for comprehensive federal legislation to promote equitable access to a full array of lifelong services for Americans with disabilities of all ages.

The CCD and other disability organizations view the passage of a comprehensive law as essential to realizing the full promise of the Americans with Disabilities Act (ADA).

The information contained in this paper summarizes CCD's earlier work, including the definition of PAS contained in Table A.

Eligibility

CCD said that any child or adult should be eligible for PAS, who:

- (a) has a permanent or temporary physical, sensory, cognitive or mental impairment;
- (b) has an impairment which substantially limits one or more major life activities; and
- (c) requires personal assistance services as defined in the legislation.

The term "major life activities" should be defined to include everyday tasks such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, remembering, concentrating, reasoning, information and stimulus processing, understanding, and working.

Guiding Principles

CCD recommended that personal assistance services should be designed to:

Table A Personal Assistance Services Defined

One or more persons assisting another person with tasks which that individual would typically do if he/she did not have a disability. This includes assistance with such tasks as dressing, bathing, getting in and out of bed or one's wheelchair, toileting, eating, cooking, cleaning house, and on-the-job support. It also includes assistance from another person with cognitive tasks like handling money or planning one's day or fostering communication access through interpreting and reading services.

Source: Developed by the Consortium for Citizens with Disabilities (1992)

- be guided and directed by the choices, preferences and expressed interests and desires of the individual;
- increase the individual's "control over one's life based on the choice of acceptable options that minimize reliance on others in making decisions and in performing everyday activities";
- enable PAS users to select, *direct and employ* their own paid personal assistants, *if desired, or contract with an agency for these services, if desired*;
- foster the increased independence, productivity and integration of the individual into the community;
- be *easily accessible and readily available* to all eligible persons where and when desired and needed;
- meet individual needs irrespective of labels;
- allow payment to family members for the *extraordinary* personal assistance they provide;
- be provided in any setting, including in or out of the person's home;
- be based on an individual services plan; and,
- offer PAS users of all ages the opportunity and support needed to assume greater freedom, responsibility, and choice throughout life.

Types of PAS Services

CCD defined the types of Personal Assistance Services that should be funded under a comprehensive federal PAS law.

■ **PERSONAL SERVICES** including, but not limited to, those appropriate for carrying out activities of daily living in or out of the home e.g., assistance with bathing and personal hygiene, bowel and bladder care (including catheterization), dressing and grooming, lifting and transferring, eating (including feeding), giving medications and injections, menstrual care, operating and maintaining respiratory equipment and the provision of assistive technology devices and services;

■ **HOUSEHOLD SERVICES** including, but not limited to, assistance with meal planning and preparation, shopping, light housekeeping, laundry, heavy cleaning, yardwork, repairs and maintenance;

■ **CHILD AND INFANT CARE ASSISTANCE** for eligible persons with disabilities who are the parents of children under the age of 18 meant to assist them in carrying out the functions of parenting *at times when they would typically do so if they did not have a disability* (e.g., assistance with diapering, feeding, lifting or transporting a child);

■ **LIFE SKILLS SUPPORT SERVICES** including, but not limited to, assistance with money management, planning and decision-making including computer assisted directions, home management, use of medications, following instructions, positive behavior management, companion or roommate services which provide regular supervision up to 24 hours for daily living, peer support, advocacy, and support for participation in social, community or other activities. Life Skills Support Services assist the individual to acquire, retain, regain, improve, or execute the self-help, socialization, decisionmaking, and adaptive skills necessary to achieve and maintain independence, productivity and integration and to live successfully in his/her home. These services can include training, prompting, cuing, support or substitute functioning;

■ **COMMUNICATION SERVICES** including, but not limited to, assistance with interpreting, reading, letter writing and the use of communicative devices, *augmentative communication devices* and/or telecommunication devices;

■ **SECURITY-ENHANCING SERVICES** including, but not limited to, monitoring alarms or systems and making or arranging for periodic contact in person and/or by telephone;

■ **MOBILITY SERVICES IN AND OUT OF HOME** including, but not limited to, escort and driving, mobility assistance including on the use of public transportation;

■ **WORK-RELATED SUPPORT SERVICES** including, but not limited to, ongoing services to assist an individual in performing work-related functions necessary to obtain and retain work in an integrated work setting, and to fulfill the functions of a job *and personal services* on the job;

■ **SERVICE COORDINATION** including assistance with recruiting, screening, referring and managing personal assistants;

■ **ASSISTIVE TECHNOLOGY SERVICES** including assistance with evaluating the needs of an individual in his or her everyday environment; purchasing, leasing or obtaining assistive technology devices for use by individuals with disabilities; selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing such devices; coordinating and using other therapies, interventions or services with AT devices (e.g., those associated with existing education/rehabilitation plans or programs); training or technical assistance for an individual with disabilities or where appropriate the family; or personal assistants; and

EMERGENCY SERVICES including substitute or *back-up* for any of the above services needed on an emergency basis or *when usual PAS providers are unable to provide the service*.

■ **EDUCATION SERVICES:** children and adults with disabilities needing PAS shall be offered such services as part of their right to inclusive education. Such education and PAS shall include age appropriate opportunities to learn to use and control PAS effectively.

For Further Information

To find out more about personal assistance services in your area, contact your local independent living center, or one of the national organizations listed below:

- World Institute on Disability (WID)
510 16th Street
Oakland, CA 94612
510/763-4100
510/763-4109 Fax
- ADAPT
1339 Lamar Sq. Dr. #B
Austin, TX 78704
512/442-0252
- National Council on Independent Living
2111 Wilson Boulevard
Suite 405
Arlington, VA 22201
703/525-3406
- ILRU
2323 South Shepherd
Suite 1000
Houston, TX 77019
713/520-0232
713/520-5136

Goodbye, Ed

A Tribute to Ed Roberts

Ed Roberts, godfather of the independent living movement, has died. A heart attack took him on March 14, 1995 at the age of 56. He is survived by his son, his mother Zona, two brothers, and the World Institute on Disability.

The article which follows is an excerpt from Mouth's interview with Ed in 1992.

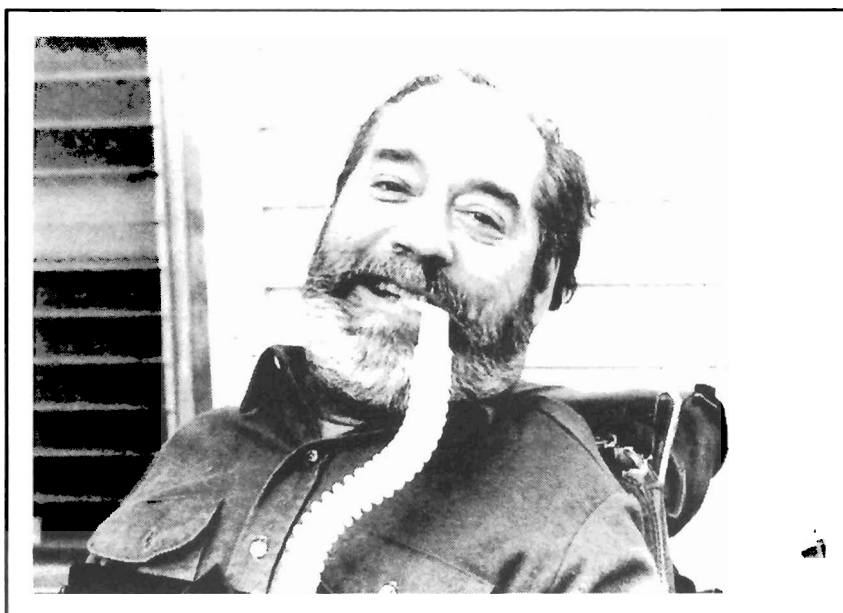
Ed spoke then of the early years of the independent living movement and of what he would like to see Centers for Independent Living (CILs) doing today. At last report, most CILs are taking the role of service providers, a role far different from what Roberts had hoped.

body to stare them down, it was John Hessler. He was six foot eight inches, he had a huge wheelchair. (John Hessler died in 1994 in an auto accident.)

We learned the power of our disabilities. It was all theater. It worked with the governor, it worked with the janitor.

People expected us to fail. That didn't happen. They realized how powerful we were. We stuck together, we worked together, we drew the line of what was unacceptable. There were times when the word "no" was unacceptable.

We got the city to do the first ever curb cut, on Telegraph Avenue. The city wanted to know why we needed curb cuts: "We don't see you out there." You know, that Catch 22 thing they do. So they put in the cut and old people liked it and then women pushing baby strollers liked it and they put in



Whenever we start by believing that people can't do it, we set up all these systems to do it for them. Charities do that. Government does that. Independent Living is something else. IL is independent.

Back at the start of this, we were involved in the civil rights movement, the women's movement, anti-war, the free speech movement. It was an exciting time. So we were well trained. We learned the theater of it. We learned how to play good cop/bad cop. Whenever we needed some-

We had usual extracurricular activities: sex, drugs, rock and roll. When people saw us do that too, it changed the attitude. People in the other movements didn't always see that we were up against damaging stereotypes, just the way they were. We were in their movements but they weren't in ours.

We were being threatened with expulsion (from the University of California at Berkeley) not because we weren't doing well in school but because we were disabled and loud about our civil rights.

more cuts and more of us were out there.

As you begin to get more and more empowered, you see yourself as powerful too. Not only did we (people of the early IL movement) join all the movements, we realized the only way to change things was politics.

Always other people had spoken for us. We were speaking for ourselves. We were strong integrationists and inclusionists. One of our philosophies was this: we would never do a government

agency's job. We didn't want to set up a segregated transportation system. Getting people places was the job of the transportation system. Holding them accountable was our job.

All things change when you get political power. We found real power in disability. If you are going into negotiations with somebody who feels sorry for you, use that to manipulate them. But when you use that sick role all the time, it's toxic. We knew we had something important and it worked. We were very clear that if we were going to be politically powerful, we had to involve all people with disabilities, break down the barriers the charities had created between us. An IL had to be an IL for all groups and all ages, not just for physical disabilities.

This was clearly a political decision. We weren't going to get anywhere nationally or internationally unless we were together. One hundred thousand people die every year of bedsores. Most of them live in nursing homes. I thought by now Centers for Independent Living would have put an end to that. We can do that right now, get older folks, get everybody out of nursing homes.

People with disabilities are aging. I see them putting their parents into nursing homes now, parents who took care of them all their lives. This has to stop. We have not aligned ourselves with the elderly strongly enough. They're written off, written off.

We're still a long way from working equally with people with mental disabilities. We

should be helping parents get kids into regular schools. We should be making a commitment to a generation of young people with disabilities that they know their history, that they're integrated. I'd rather have a kid out there working in the world than a poster child out there crippling herself for charity.

CILs don't do enough reaching out to Asian, African, Hispanic communities. There are starting to be a few ILs for Native Americans. When you look at many CILs, you see white middle class.

I'm glad there are a lot of women in it. That came out of the women's movement. CILs don't do enough teaching of our history, our ideology. Too many teach us to suppress our anger, not to use it. If anything, we're too passive. Anger is wonderful if you get energy out of it and learn. It's terrible when you turn it on yourself or take it out on the people you love.

I'm still angry. Lots of professionals make me angry. They're too much in control of our lives. CILs should be the leaders against sheltered workshops in a national campaign against them. We should be doing that now.

I watch CILs who are doing transportation or building houses or delivering services. Instead of holding agencies accountable for what they're supposed to be doing, we take over their services. If we are co-opted by the system, we are in trouble. More important than being service deliverers is being advocates. We're too heavy into social services. It's

easier to get money that way, harder to get advocacy. We're losing the ideology of independence.

Vocational Rehabilitation has totally failed. Either they shape up or we shape them up or we get rid of them. CILs get their money from Voc Rehab and Voc Rehab is killing IL. They're killing it. CILs should be separated, away from Voc Rehab.

The IL movement is at a crossroads. It's growing internationally but not very much here. A lot of centers are not in touch with the philosophy or their meaning. IL looks a lot like UCP and MDA.

What would I do differently now that I know what can happen to IL? First, I would do a lot more training, getting people in touch with the history and philosophy. We're not grounded in our own ideology.

Second, I would build more leadership as we go along. Give people the basic training we got in Berkeley in the Sixties and that they can get from ADAPT today out on the streets. All too often people make IL their career. Originally it was this: we go in, learn to do jobs, move on in another few years. Let other people get those jobs while we move on and take over government agencies, take over those old-time charities, take the IL philosophy with us.

Third, the leadership would be around advocacy, around political change. We discovered that over and over. All things change when you get political power. Politics changes lives.

the association for persons in supported employment

Ethical Guidelines for Professionals in Supported Employment

Developed for APSE by: Dale Dileo, Rebecca McDonald, and Susan Killam

Contribution in the community as a valued, interdependent member occurs when human dignity is respected and opportunities are provided for each individual to pursue their unique path of development and fulfillment. While paid human service professionals cannot create inclusive communities, they can positively impact their emergence and growth. For trainers of staff in supported employment, these basic human principles should be considered:

Individuality

People receive assistance as unique individuals with varying interests and aptitudes. They should not be grouped together on the basis of label, functioning level, or convenience of support.

Choice

There are sufficient options related to individuals' interests and desires in life in order to exercise control and autonomy over the direction of their lives.

Respect

Services are always dignified, age appropriate, and enhancing.

Participation

People have the opportunity to actively participate in all pursuits of life.

Competence

Individuals are provided opportunities to develop skills of interest and

use in their lives by discovering and expressing gifts and capacities.

Social Connectedness

People have access to diverse individuals in social contexts in order to build friendships, working relationships, and networks of individuals who share interests, settings, or other commonalities.

Community Settings with Minimal Intrusion

Services are designed to support persons in their pursuit of a quality life in natural settings in ways which minimize artificiality or restrictiveness.

Employment

At all times, the individual receiving supports is the central driving force in the development of options and decisions. In the design of training specific to integrated employment, professionals have an obligation to reflect the following principles and accomplishments in an effort to promote services consistent with human dignity:

Career Planning

Employment should be an option for any person interested in working, regardless of label or perceived functioning level.

Persons are able to personally convey information, or invite family or

friends to provide information of their personal interests, skills and aptitudes, and life goals. These considerations are the basis for choices in employment opportunity, rather than program or agency considerations.

In accessing information, maximum use of personal networks and situational experiences provides information to help guide career support, rather than focusing on limitations which exclude people from possibilities.

Individual rights to confidentiality are observed.

Job Development

Approaches for developing employer relations and linking individuals with private and public sector labor needs are respectful and image enhancing.

Jobs developed are reflective of personal interests and abilities as well as employer needs.

Materials and interactions are professional and businesslike.

People are not portrayed in ways which contribute to stereotypes or other misperceptions of individuals with disabilities.

At no time is hiring pursued based on charity.

Job Placement

Job placement decisions are made by the individual based on reliable information of job quality, work culture, and employee/employer benefit.

Jobs are as individually arranged

as possible to match well to a person's interests, skills and aptitudes.

While some work experiences can be productive for building an employment history and developing skills, these experiences are thought of as initial career steps and not as career fulfillment.

Job placements are not made on the basis of service convenience or availability.

Work Support

Existing supports natural to the work environment are maximized for training and ongoing support.

Artificial training or unusual programs to change behavior are minimized. Teaching techniques which may convey poor images, stigma, or devalued status are not used.

Best training practices and technology appropriate to the setting and culture are utilized.

Appropriate evaluations and outcome measures are provided.

Specialized jargon from the disability field is minimized.

At all times, the business culture is respected and integrated into the support network for the individual to succeed.

Use of accommodations, technology or other job modifications needed are explored and developed in consideration of their potential for success and generalization to other life domains.

Life Support

Efforts to provide a holistic and integrated life service support are made. Individuals have consistent service and community opportunities which connect to the fabric of work, home, social, and recreational needs.

Measures are undertaken to ensure that the individual's family members and friends are involved in planning efforts.

Career Advancement

Persons have the opportunity and support to advance to other employment opportunities.

Advancement is based upon the perspective of personal future goals but is not contingent upon restrictive program guidelines concerning employment duration.

Feedback on the success of positions within a career is dependent on the individual employee, employers, and the input of family and significant other to the person.

Staff Training

Training, both in topic and format, is generated by the needs of service recipients and their trainers and promotes skills and value development which will enhance the quality of life of individuals with disabilities. To this end, the following training principles are endorsed:

- Training results in better learning outcomes when it is offered proactively rather than a reaction to crisis situations.

- The best training is an empowerment of individuals or agencies to become competent to provide their own ongoing training.

- Training is an interactive process which needs to be ongoing to respond to dynamic needs and to ensure state-of-the-art practices are being conveyed.

- There is respect and encouragement for what can be learned from each other from all training participants.

- There is an effort to build local capacity and leverage existing local resources, knowledge, and expertise.

- No one trainer, technique, or approach has the one right answer. A trainer has an obligation to bring in the diversity of approaches from the field and to state when she/he does not have an answer.

- Trainers keep current on state-of-the-art in the field and do not present dated information.

- There is an avoidance of presenting "quick-fix" solutions which go beyond the data presented.

- Good adult learning principles are incorporated into training design.

- Trainees are active participants in identifying training outcomes and options based on what is needed to enhance the quality of life of individuals with disabilities.

- An effort is made to assess the audience's needs and level of understanding before any training is offered.

- Whenever possible, follow-ups to training are done to see how the information presented is being implemented.

- Trainers need to stay involved in direct services and with the individuals served so their training remains grounded in reality.

- Confidentiality of individual's personal life experiences are respected and maintained.

- There is a commitment to respond to feedback from the training audience and to consider the evaluative information for future training.

- Skill and value development require application and reinforcement. Trainees are encouraged to participate, reinforced for implementation of new skills, and supported to train others in their organizations and communities.

- Training is structured so that the trainees can apply skills easily and share the informational content in a meaningful way with others.

- The evaluation of training effectiveness is a complex but necessary process that is conducted regularly with trainees.

the association for persons in supported employment **Supported Employment Professional's Statement of Adoption**

As a supported employment professional, I, _____

hereby adopt these Ethical Guidelines and agree to honor the stated principles herein.

Signature _____ Date _____

Results of Survey of Corporate Executives

Louis Harris 1995 Survey on Employment of People with Disabilities
Conducted for the National Organization on Disability

July 1995 marked the fifth anniversary of the Americans with Disabilities Act (ADA). To commemorate this occasion, the National Organization on Disability (N.O.D.) commissioned Louis Harris & Associates, Inc. to survey how the new law has been accepted to date by America's corporate employers.

Executive Summary

I. The N.O.D./Harris survey findings refute two misconceptions about the ADA that have become politically current:

■ FIRST MISCONCEPTION:

Corporate America is not supportive of the ADA.

Most senior corporate executives support the ADA and do not favor weakening it in any way. For example, 70% think the ADA should not be changed; 8% think it should be strengthened; 9% think it should be weakened; and 3% think it should be repealed.

■ SECOND MISCONCEPTION:

ADA has caused many companies to incur heavy additional costs, or badly mire them in litigation.

This is true of only a very small percentage of employers. For example, about half (48%) say their costs to accommodate people with disabilities have increased "a little" as a result of the ADA, while a third (32%) reported "no change at all," and 7% report that their costs have increased "a lot."

II. Companies overwhelmingly report the opportunities that the ADA will provide are worth the costs

of its implementation (by an 82% to 5% margin).

III. The environment for the employment of people with disabilities has improved since the previous Harris survey of corporate employers in 1986. However, it is difficult to gauge how much of this improvement is directly attributable to the ADA.

IV. Current survey findings show significant changes since 1986.

■ Companies making accommodations in the workplace have substantially increased from 51% to 81%.

■ More corporate employers have policies and programs for hiring people with disabilities—from 46% to 56%.

■ Companies hiring people with disabilities have only slightly increased—from 62% to 64%. The increase has been more pronounced among the medium and larger companies (from 63% to 71% and from 69% to 74%, respectively). Smaller companies actually declined (from 54% to 48%).

V. Despite the overall positive attitudes, corporate employment of people with disabilities has only slightly increased since 1986.

VI. Other important survey findings include:

■ The survey confirms earlier research that people with disabilities represent "underused potential"; fully 73% of employers see it that way.

■ 89% of employers say that their employees would support policies to increase the number of people with disabilities in their companies.

■ 79% believed that employment of people with disabilities would be a "boost to the nation." Only 2% said that it posed a "threat to take jobs" from people without disabilities.

■ 76% of corporate managers describe the job performance of employees with disabilities as "pretty good" (59%) or "excellent" (17%). Very few give these employees negative marks (3% say "only fair" and none say "poor").

■ Only 27% of companies say that the average cost of employing a person with a disability is greater than employing a person without a disability. Among those executives who could provide figures, the median cost per employee for accommodation was \$223.

■ As for the future, three quarters (75%) of the managers say that they are likely to make greater efforts to hire people with disabilities in the next three years. Almost all corporate managers (98%) say that there will be at least the same, or more, opportunity for people with disabilities; no one said that these opportunities would lessen.

Summary

The N.O.D./Harris survey shows that corporate America strongly supports the employment of people with disabilities and the basic provisions of the Americans with Disabilities Act (ADA).

Reprinted with permission of the National Organization on Disability (N.O.D.). The complete 63-page report is available for \$25 by contacting Laura Zylstra-Garth at 202/293-1944 or by writing N.O.D. at 910 Sixteenth Street NW, Washington, DC 20006.

Keeping ‘Natural Supports,’ Natural

by Mary Lee Stocks, M.S.W., L.I.S.W.

A great deal of discussion and literature in the field of rehabilitation is currently related to the importance and development of “natural supports” for people with disabilities. However, the substance and critical value of “natural supports” is that they do, indeed, occur **naturally**.

Real, natural supports occur and develop **without** artificial, professional, “expert” interventions.

Yet, when I recently asked a group of 150 mental health practitioners how many of them had used and benefited from natural supports, not one of those 150 professional people raised a hand.

Clearly, they viewed “natural supports” as a service entity, geared to people in need of assistance; not as an integral part of their daily lives. The unique language intrinsic to the field permits us to describe observable events in a language that is understood by field practitioners.

However, an inherent danger in our devotion to “professional” terminology is that it permits us to establish and maintain an artificial distance between ourselves and the people we serve by defining much of our common humanity in mysterious, important-sounding language which is applied only to the people who comprise our particular market niche.

It allows us to feel confident and in control . . . and just

a little bit “better” than *they* are; because we have the inside information—and that information gives us power.

The line between “us” and “them” is infinitesimally fine, and is often not determined by our own efforts. This was graphically brought home to me one December morning in 1987.

A Tardy Wake-up Call

Let me begin by making a drastic understatement: I am NOT a “morning person.” Until about 10:00 a.m., I am strictly running on sonar; so I try not to schedule anything more important than a hot shower. On this particular morning, however, I was operating in overdrive.

It was only a week until Christmas, and I had a million things to do! I was in the midst of making potato latkes for an office breakfast, when I realized that although I had heard my housemate’s alarm clock ring, I had not heard her open her bedroom door.

Knowing that her schedule for the day was as jam-packed as my own, I called to waken her. No answer. Carefully, I poured a thin layer of oil into the skillet, and put a spoonful of the potato batter in to fry. My friend had still not come out of her bedroom.

I went into the hallway and called again; still no response. I knocked loudly on her bedroom door, and she reluctantly awakened.

■ Accidents Can Happen

I had completely forgotten about the pan of potato pancakes on the stove! By the time I remembered and raced to the kitchen, the oiled pan had exploded; the walls and the floor were splattered with fire. It was too late to douse the flames. We had no choice but to get ourselves and our pets out of the house as quickly as possible!

While I called the dogs and collected purses and keys, my housemate called the “911” emergency response number. Almost immediately, we heard the wail of the sirens, and the fire engines careened around the corner, followed by a heavy rescue squad in case we had been injured.

A group of neighbors, including the minister from a nearby church gathered on the lawn, some weeping with us as in disbelief. We watched everything we owned disappear into the rolling smoke. Looking at the charred remnants of our home, the myriad plans we’d had for the day didn’t seem very important. We were in shock. It hadn’t even registered to us that we had nothing but our flannel nightgowns, and nowhere to live. That had, however, occurred to others.

■ Supports Begin to Pour In

The emergency response system we called had alerted the American Red Cross. A kindly-looking gentleman

wearing a Red Cross vest approached us, and asked permission to assess our losses.

He gave us each a small plastic bag containing a washcloth, soap, and other toilet articles. The simple act of washing our faces helped us begin to feel more human. The Red Cross also gave us vouchers for clothing, and advised us about where to call if we needed additional assistance.

Our neighbor generously offered us a place to stay, and bundled us out of the frosty air into the warmth and safety of her kitchen. With her calm, "take charge" attitude, our friend helped us begin to organize priorities such as calling our jobs and insurance agents. Meanwhile, the minister was busily mobilizing the neighborhood, to assure us that we had a "back up" plan for housing and other kinds of material assistance.

Within twenty minutes, it was all over, and the firemen were rolling their hoses and reloading their trucks. Friends were scouring the neighborhood for our pets, who had run away in terror. The insurance agents were pulling into the driveway. Our hostess had put on a fresh pot of coffee and started cooking bacon and eggs.

More Help Arrives

We'd barely begun our breakfast when my housemate's boss and secretary arrived with hugs, money, and reassurance. Her boss went to a nearby mall, returning with sweatsuits, underwear, and sneakers so we had clothing to wear for the day. A hot

shower and clean clothes made us feel more capable of making decisions and coping with the realities of our situation.

We called our families; my housemate's son and my parents were enroute within minutes of our calls, bringing comfort, love and assistance. My parents offered to care for our animals until we could secure more permanent living arrangements.

By mid-morning, one insurance investigator had viewed the damage, made an assessment, and engaged a contractor to secure the house and begin to plan its rebuilding. He authorized an initial check for expenses, and advised us of several places to call regarding temporary housing.

We called our physicians who responded immediately to replace prescription medications and offer support as needed. Friends from my office arrived with an enormous box of clothing, and money to help us relocate.

A neighbor's son busily dug through the rubble in hopes of finding some of our cherished holiday ornaments which might have escaped the flames.

A Semblance of Normalcy

By afternoon, our families had arrived, and the contractors were surveying the house. Obviously, these builders were experienced in working with people in crisis, as they took time to point out some positive aspects related to the rebuilding. When they left, we were hopeful that at some point, our lives might return

to some semblance of normalcy.

We contacted our friends to tell them about the fire, reformulate previously made plans, and let them know where we were staying. Throughout the evening, friends flowed into our neighbor's family room, bearing personal items, cosmetics, food, and offers of help.

Their support continued through the three and one-half months in which we were displaced from our home, and the longer period during which we continued to recover from the trauma of the fire.

Friends hosted showers for us to replace personal and kitchen items; and celebrated with us when at last, we were able to move back into our home.

■ The Kindness of Strangers

We were continually amazed and strengthened by the "kindness of strangers." A clerk at a local department store bought me a cold drink and helped me re-establish my equilibrium when she found me confused and crying in an aisleway, having forgotten where I was, or why I'd come in to the store.

The chaplain at the hospital where my housemate works took time with her everyday, just to give her a little extra support.

The staff at the hotel where we lived brought treats for the animals and asked us about the progress on the house.

And of course, the insurance adjusters wrote the checks that paid our living expenses and enabled us to

replace our clothing and household goods.

A True Safety Net of Supports

From the time we dialed "911," the fire was, for all intents and purposes, out of our hands. The safety net of supports and services intrinsic to our community fell into place beneath us, and we could not have escaped it had we wished to do so.

An amazing array of "natural supports" was almost immediately at our disposal. In reality, these are very ordinary, everyday supports that most of us take for granted, and we are confident that these kinds of services will be available to us when we need them.

For the people with severe disabilities whom we serve, however, that is not always the case. The reality is, those supports and services occurred "naturally" for my housemate and me because (1) we knew how to access them; and (2) we have not been identified out as "other," and disenfranchised from the mainstream of the community.

■ Knowledge Is Power

Because as service systems, we perpetuate and even encourage people with severe disabilities to rely upon us to meet their needs, they often lack adequate information and expertise with which to access the supports which are *naturally* available in their communities. John O'Brien has wisely said that "90% of the community's resources go unused because we do not ask."

A key to developing systems of "natural supports" is

to give people information regarding the resources that are available, and to empower them to ask for them. My housemate and I were able to access the respective strengths, and support of our families, friends, and insurance companies *because* we knew to call them.

People with severe disabilities are too often disenfranchised from the supports and services others take for granted because they lack the financial resources to purchase assurances such as full insurance coverage. Coupled with others' view of them as "different" or in-some-way frightening, their poverty of resources denies them access to social and employment-related opportunities through which others develop systems of "natural," community support.

Our Obligation

As *helping* professions, we have the obligation to facilitate opportunities for people with disabilities to achieve their optimum levels of income and expand their purchasing power.

Poverty keeps people in "second-class" status by denying their access to experiences and counterments that encourage acceptance and inclusion. This also severely limits their options to acquire physical supports, such as adequate insurance coverage and medical benefits, for themselves.

Looking at a list of pre-defined, "natural" supports and attempting to secure some of them in specific circumstances for the people we serve is not enough. It is

merely the tip of the proverbial iceberg.

If we are to truly be *helping* systems, we can no longer ignore the larger issues of exclusion and disenfranchisement of people with disabilities. As long as we continue to allow the dollar bill to drive our systems and services, we will not do the right things. When the dollar is king, maintaining the distance between "us" and "them" assumes critical importance; and the withholding of information and inequitable access to resources which that distance reinforces is perpetuated.

The field of rehabilitation is perhaps the most logical place for a revolution in thinking to begin: presumably, *change* is our stock and trade.

What is needed is a commitment to the core values of equality, self-determination, self-actualization, and hope which drew us to this field in the first place.

That may mean re-thinking and perhaps re-learning our language. But then, actions have always spoken louder than words: that's only NATURAL.

Mary Lee Stocks is a Licensed Independent Social Worker at the Ohio Department of Mental Health. She is Artistic Director of the IMPROV(E)-OHIO Players, a social drama troupe which educates community audiences about mental health and other disability issues; and is active in disability and professional organizations. The opinions in this paper are solely the author's, and do not reflect those of the Ohio Department of Mental Health.

About Our Commercials

The humorous commercials featured in *This Is YOUR Right* are intended to lampoon situations that people with disabilities encounter in everyday life. The fictitious products (and services) are either *things we'd like to see go away*, or *things we wish were on the market*.

As a guide for those who intend to use this video production to instruct others, we have provided a brief discussion of each commercial below.

Sleepy Time ASL Tapes

People who are deaf have the right to demand that interpreters have good skills. Learning American Sign Language (ASL) takes years of practice.

Advocates believe that making certification a requirement of all ASL interpreters will help guarantee that a certain level of skill has been attained by the individual providing the service. Those providing specialized services in courts of law, graduate school and other technical areas, are expected to have a mastery of the terminology used.

More and more, people who are deaf are speaking up when an interpreter provides poor communication services. After all, isn't it their right to do so?

Empower Cologne & Perfume

There are two versions presented. The first, in Tape I, depicts some of the negative stereotypes that still permeate the rehabilitation field. People are only seen as a diagnosis or in terms of what they can't do . . . not what they can do.

The second version, in Tape II, depicts assumptions made by prospective employers. Here, the typical employer's historical experience with disability has been associated with someone too ill or injured to return to work in their regular jobs.

With this said and done, what is our best course of action? Well, we doubt if there will be a magic "fragrance of respect" out on the market any time soon. So perhaps

it's best to remember the following: No one can empower you. Only you can empower you. It is both your right and your responsibility.

Heavenly Healthcare

Although this commercial focuses on Personal Assistance Services (PAS), adequate medical coverage could have been easily substituted under the same premise. Both topics should be at the top of every advocates "hot issues" list.

After all, it's a chicken and egg situation. How can one contemplate employment while living in an institutional setting? How can one accept employment without adequate healthcare coverage?

Worse yet? Have helping systems done an adequate job accessing work incentives like 1619 a) and b), to protect existing medical coverage?

Hamper Stamper

This is our favorite commercial. Paper pushing bureaucracies have been the "bane" of anyone attempting to navigate governmental systems (whether you're a person with a disability or not).

Our advice to advocates? Root out redundant paperwork everywhere. Insist that processes be streamlined. Promote cross-systems coordination. Demand person-centered approaches based upon strengths and choices.

Professional Consumers, Ink.

We are indebted to the IMPROV(E)-OHIO Players for allowing us to adapt one of their excellent skits for this production.

People with disabilities and their families are intimately familiar with the scenario presented here. To say it bluntly, people are frequently asked to serve on boards or task forces to rubber stamp decisions that have already been made by a given system.

One wonders whether input is really a sought-after commodity or whether systems are only interested in giving the appearance that "consumer input" was obtained.

Most disturbing of all is the fact that some individuals enjoy this role as an official rubber stamper. They can frequently be used to block real input into systems, often unknowingly.

True Grease

This is our tribute to all the misguided people out there who believe that the accessibility guidelines contained in the Americans with Disabilities Act (ADA) are an unfunded mandate.

Helper Schmelper

We owe Jenine McKeown and Kent Stanley a heartfelt thanks for suggesting this commercial. Many users of guide dogs and help dogs have horror stories to tell about "back yard breeders" or unskilled operators.

This raises serious questions. Should the service dog industry be regulated? Should dogs from animal shelters be banned? And can the industry be regulated without severely raising the cost of a service animal?

Attitude Adjusters

It was actually Henry Ford who said "Whether you think you can or can't, you're right." We goofed by attributing this wonderful quote to Ralph Waldo Emerson.

But the greatest goof of all was the concept of segregating kids with disabilities from other kids to begin with. How could we have blundered so badly?

We wish there was a miracle drug that could convert nay-sayers into instant "can-do" advocates. After all, we can't go back and "undo" all the abuses, the neglect and denial of opportunities that the "grand experiment" of the last hundred years or more delivered. We can never adequately make it up to people either.

But we can have hope for the children. All we have to do is to keep building those wonderful examples, like the O'Hearn School in Boston, and believing that we can make a better more inclusive world.

A Few Advocacy-Related Shirts from

The Nth Degree



"Me?!
Not Me!
I love
you
people!"
*White
On Wine*



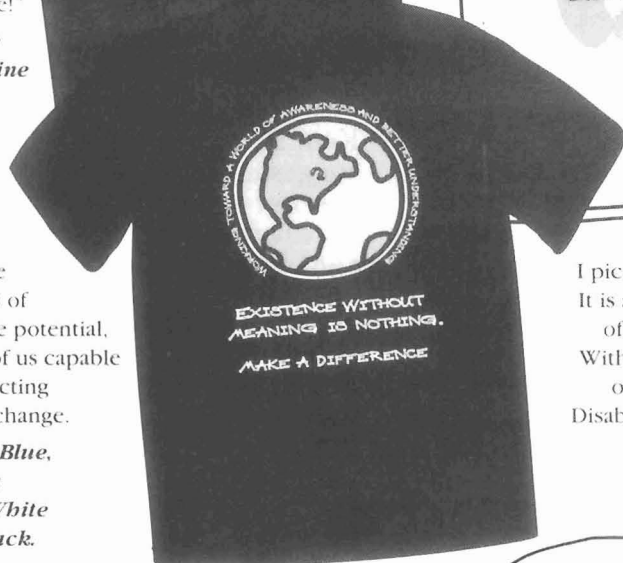
I picked this up in Iceland.
It is a personalized version
of "Nothing About Us
Without Us", the Rally Cry
of the South African
Disability Rights Movement.

*Teal and Black
on Natural*



A little
something
for the
next time
someone
says,
"How'd
ya get
that way?"

*White
on Black*



We are
beings of
infinite potential,
each of us capable
of affecting
great change.

*Light Blue,
Green
and White
on Black.*



It appears
that there's
a big
difference
between
the two

*Light Blue,
Green
and White
on Black.*



Front



Back

To realize that you belong and that you have great things to contribute simply because of who you are can be both enlightening and empowering...doubly so should you choose to share this same knowledge with your community. *Dusky Red and Hunter Green on Natural*

Adult Tee:

S,M,L,XL \$15 XXL \$17

Adult Sweatshirt:

S,M,L,XL \$23 XXL \$25

Kids Tee:

10/12, 14/16 \$12

Kids Sweat

\$19

(Kids Sizes 50/50
and color may vary
from adult shirts)

TO ORDER: Send check or money-order for the above amount + \$3 S&H per T (\$4.35 per Sweat) To:

The Nth Degree, 21325 Bradner Road, Luckey, Ohio 43443

For quantities (12+) or fundraising discount info for your organization: 1-800-241-8468

To Learn More About Your Rights . . .

GENERAL RIGHTS

Campaign for Health Security
1120 19th Street NW, Suite 630
Washington, DC 20036
202/775-1575 V, 202/296-4054 Fax

Child Care Law Center
415/495-5498
• Offers publications for parents on the ADA and child care.

Commission on Mental and Physical Disability Law (catalog),
American Bar Association
1800 M Street NW, Suite 200 South
Washington, DC 20036
202/331-2240 V, 202/331-3884 T

Disability Rights Education and Defense Fund
800/466-4232, 800/986-0375 both V/T

National Association of Protection and Advocacy Systems
900 Second Street NE, Suite 211
Washington, DC 20002
202/408-9514 V, 202/408-9521 T

National Center for Law and Deafness
Gallaudet University
800 Florida Avenue NE
Washington, DC 20002
202/651-5373 V/T

National Council on Disability
1331 F Street, NW, Suite 1050
Washington, DC 20004-1107
202/272-2004 V, 202/272-2074 T
202/272-2022 Fax

National Institute on Disability & Rehabilitation Research
U.S. Department of Education
330 C Street SW, Room 3511
Washington, DC 20202
202/205-8134 V, 202/205-5479 T

National Organization on Disability
910 16th Street NW
Washington, DC 20006
800/248-2253

Office of the Americans with Disabilities Act
Civil Rights Division
U.S. Department of Justice
Box 66118
Washington, DC 20035-6118
ADA Info. Line: 800/514-0301 V
800/514-0383 T

Paralyzed Veterans of America
801 18th Street NW
Washington, DC 20006
202/872-1300 V, 202/416-7622 T
800/424-8200 V/T

Project Action, National Easter Seal Society
1350 New York Avenue NW, Suite 613
Washington, DC 20005
202/347-3066 V, 800/659-6428 T

Rehabilitation Services Administration
U.S. Department of Education
Office of Special Education & Rehabilitation Services
330 C Street SW, Room 3024
Washington, DC 20202
202/205-5482 V, 202/205-8298 T

The Council for Exceptional Children
1920 Association Drive
Reston, VA 22091-1589
800/845-6232

ACCESS

Architectural and Transportation Barriers Compliance Board (Access Board)
1331 F Street NW, Suite 1000
Washington, DC 20004
800/USA-ABLE (872-2253) V/T
202/653-7848 V, 202/272-5449 T

U.S. Department of Transportation
400 7th Street SW
Washington, DC 20590
202/366-9305,
202/366-4011 or 202/366-9306 V
202/755-7687 or 202/366-2979 T

ASSISTIVE TECHNOLOGY

National Rehabilitation Information Center (NARIC)
800/346-2742 V/T

ABLEDATA (Assistive Technology Product Info.)
800/344-5405 V/T

Special Education Software Center
800/722-8666, 800/435-7639 both V/T

COMMUNICATION

AT&T Office of Devices for People with Disabilities
800/233-1222 V/T

Federal Communications Commission
1919 M Street NW
Washington, DC 20554
202/632-7260, 634-1837 or 632-7000 V
202/632-6999 or 634-1855 T

EMPLOYMENT

U.S. Equal Employment Opportunity Commission
1801 L Street NW, Room 9024
Washington, DC 20507
nearest field ofc.: 800/669-4000 V
800/669-6820 T
publications: 800/669-3362 V
800/800-3302 T

Job Accommodation Network
P.O. Box 6080
Morgantown, WV 26506
800/526-7234, 800/ADA-WORK
both V/T

Job Opportunities for the Blind
800/638-7518 V

President's Committee on Employment of People with Disabilities
1331 F Street NW, 3rd Floor
Washington, DC 20004
202/376-6200 V, 202/376-6205 T

ADVOCACY/POLICY GROUPS

ADAPT
1339 Lamar Square Dr. #B
Austin, TX 78704
512/442-0252

Universal Health Care Action Network (UHCAN)
2800 Euclid Avenue, Suite 520
Cleveland, Ohio 44115
216/241-8422 V, 216/241-8423 Fax

. . . and Other Resources . . .

World Institute on Disability (WID)
510 16th Street
Oakland, CA 94612
510/763-4100, 510/763-4109 Fax
• Call or write for *Publications List*
• A rich resource on PAS, IL policies, health care policies, etc.

UCPA
1660 L Street NW, Suite 700
Washington, DC 20036
800/872-5827
• *Washington Watch* weekly newsletter is superb.

Special Education Consulting
P.O. Box 117
West Point, IN 47992
• *Footprints* newsletter with latest info on legal decisions and legislation.

National Action Coalition for Disability Rights in Housing
c/o Becca Vaughn
Topeka ILRU
501 SW Jackson
Topeka, KS 66603
913/233-4572

National People First
1031 Rosewood Lane
Tacoma, WA 98466
206/565-3091
• Learn how to set up an advocacy group in your home town.

National Council on Independent Living
2111 Wilson Boulevard, Suite 405
Arlington, VA 22201
703/525-3406
• Call NCIL to obtain the name of a Center for Independent Living (CIL) near you.

PERSON-CENTERED RESOURCES

* New * New * New * New * New * New *
Self paced *Person Center Planning* learning tools on CD Rom!
• for staff: "The Power To Be . . ."
• for consumers: "Taking Charge"
IBM or Macintosh versions.
Contact Karen Flippo, VCU-RRTC for brochure. 804/828-1851 V
804/828-2494 TTY

Communitas, Inc.
P.O. Box 374
Manchester, CT 06045
203/645-6976
• Community Inclusion Booklets and Resources

The Arc Publications Department
P.O. Box 1047
Arlington, TX 76004
• *A Family Handbook on Future Planning* by Richard Berkoben (\$15)

COOL PUBLICATIONS/RESOURCES

Mouth
61 Brighton Street
Rochester, NY 14607
716/442-2916 Fax
• *Mouth* is an off-the-wall "Voice of Disability Rights" magazine published six times per year. Send SASE.

The Disability Rag & Resource
Advocado Press
P.O. Box 145
Louisville, KY 40201
• Another publication devoted to disability rights published six times per year. Send \$4 for a sample issue.

Inclusion News
Marsha Forest & Jack Pearpoint, Ed.
Centre for Integrated Education and Community
24 Thome Crescent
Toronto, Ontario M6H 2S5

InfoLines
TRN Publications
316 Saint George Street
St. Augustine, FL 32084
904/823-9800
• The best newsletter out there on supported employment.

Concrete Change
1371 Metropolitan Avenue SE
Atlanta, GA 30316
404/378-7455
• *Building Better Neighborhoods*, a 15-minute video showing how easy and inexpensive it is to build "visitability" into all homes. Only \$24 (includes postage/handling).

Silent News
Silent News, Inc.
1425 Jefferson Road
Rochester, NJ 14623-3139
716/272-4900, 716/272-4904 Fax

Incitement
1339 Lamar Square Drive #B
Austin, TX 78704
512/442-0252
• A free publication/newsletter of ADAPT. Send name and address.

Kaleidoscope: International Magazine of Literature, Fine Arts & Disability
326 Locust Street
Akron, OH 44302
216/762-9755

One Step Ahead
1050 Connecticut Ave. NW, Suite 1250
Washington, DC 20036
800/386-5367
• A newsletter, published twice per month, by people with disabilities, for people with disabilities, their families, and their friends.

Disabilities Digest
P.O. Box 44275
Cincinnati, OH 45244
513/272-ABLE
• New publication. Call or write for a sample issue.

Braille Works
7535 Hopkins Road
Mentor, OH 44060
216/255-7235, 216/974-7077 Fax
• Braille and large print transcription

United Free Spirits
379 University Avenue
Saint Paul, MN 55703
612/224-8779
• Call or write for catalogue of screen print gear with mental health (tongue in cheek) slogans.

The Humor Project, Inc.
110 Spring Street
Saratoga Springs, NY 12866
518/587-8770
• A wonderful catalogue filled with books and creative training tools.

SPEAKERS BUREAU

DISABILITY-RELATED PRESENTATIONS FROM THOSE WHO KNOW FIRSTHAND



Inspiration
Information
& Insight

From Some of the Most Entertaining Speakers in the Disabilities Field Today

No matter who the audience, no matter what the topic, let Irene M. Ward & Associates arrange an exciting speaker to fit your group's exact needs. From luncheon speakers to inspirational keynoters to full-day workshop leaders, Irene M. Ward represents the most talented trainers, educators, and business consultants in the disabilities field today.

Now your group or organization can host nationally respected consultants like Michael Martin and Tim Harrington, stars of *This Is YOUR Right*. Or, any of a number of highly qualified, highly engaging, highly provocative speakers. Speakers who can stimulate and motivate any audience, whether it's a youth group, a consumer conference, or a roomful of CEOs.

- | | |
|----------------------|-------------------------------------|
| ◆ Motivation/Humor | ◆ Self Defense |
| ◆ Communications | ◆ Attitudes & Accessibility |
| ◆ Self-Esteem | ◆ Technical Aspects of ADA Provided |
| ◆ Customer Relations | by People with Disabilities |

One-Hour Speeches to Full-Day Sessions

Perfect for Businesses, Families, Customer Service Personnel, Consumer Groups, Media, Diversity Workshops, Fire and Police, Executives & More.

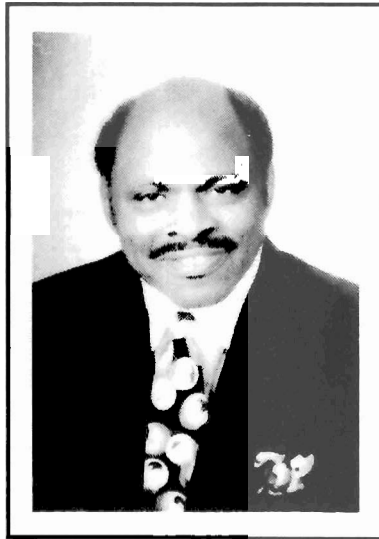
Call today for more information and booking details.

Put an Irene M. Ward Speaker to Work for **You**.

614/889-0888

Michael L. Martin M.Ed. LPC

“With anecdotal flair and sparkling sincerity,” was a phrase recently used to describe an inservice provided by Michael Martin. As a family therapist, Michael is used to seeking out the positive in sometimes impossible situations. These same insights carry over into his inspirational keynote speeches and training seminars.

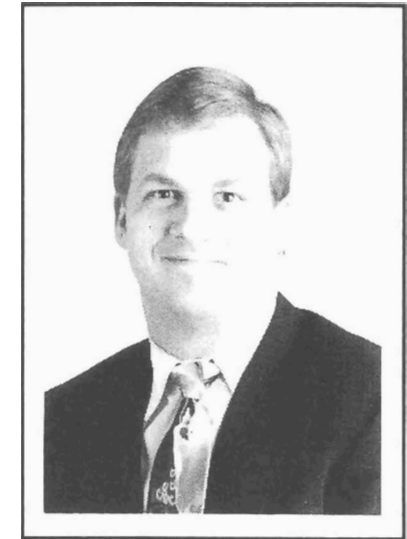


Born with cerebral palsy, Michael was the first in his family to finish college, earning his degree in four years. Characteristic of his upbeat perspective on life, Michael views his disability in terms of the opportunities it has afforded him, not in terms of barriers. Michael incorporates this “strengths perspective” in all facets of his life, especially in his family counseling work for Children’s Hospital.

The ability to relate to audiences ranging from kids to adults is one of Michael’s trademarks. Stories from his personal arsenal of experiences, accent his message. Michael’s strong background in counseling, pre-employment training, development and public relations, coupled with his organizational and administrative skills, provide an exciting mix for his keynote addresses and seminars. Michael has branched out and is now accepting speaking engagements throughout the U.S. as his popularity has grown among conference and inservice planners. He will typically tailor his presentation to the learning objectives and needs of the sponsoring organization.

Tim Harrington B.A.

Few speakers, with or without disabilities, can match Tim Harrington’s ability to grab an audience’s attention. His quick wit, inspiring enthusiasm, and in-depth knowledge of disability-related issues, have made him a favorite speaker among corporations and non-profit groups alike.



Born with cerebral palsy, Tim attended a special education grade school and was expected to graduate from a segregated special education school. However, when he reached high school age, Tim insisted on being mainstreamed into public schools. Surprising many “experts,” Tim not only graduated high school but went on to the University of Toledo, where he received a Bachelor of Science in Business Administration.

Combining a hard-edged business sense with a keen sensitivity to the rights of people with disabilities, Tim has become one of the region’s leading corporate consultants in areas of accommodation, accessibility, and ADA implementation. He has administered benefits packages for major U.S. corporations, managed a nationwide customer service network, and started his own transportation company. Tim has kept busy in the public sector as well, managing an independent living center, setting up a camp for children with disabilities, and working with city planners to develop accessible housing, recreation facilities and public buildings.

Put an Irene M. Ward Speaker to Work for **You.** Call 614/889-0888 ■