



Talking about Disability



by Maria Zabertsi
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What is Disability



A disability is any condition of the body or mind that makes it more difficult for the person with the condition to do certain activities and interact with the world around them.

Disability results from the **interaction** between individuals with a **health condition**, such as cerebral palsy or Down syndrome, with personal and **environmental factors** including negative attitudes, inaccessible transportation and public buildings, or/and limited social support.

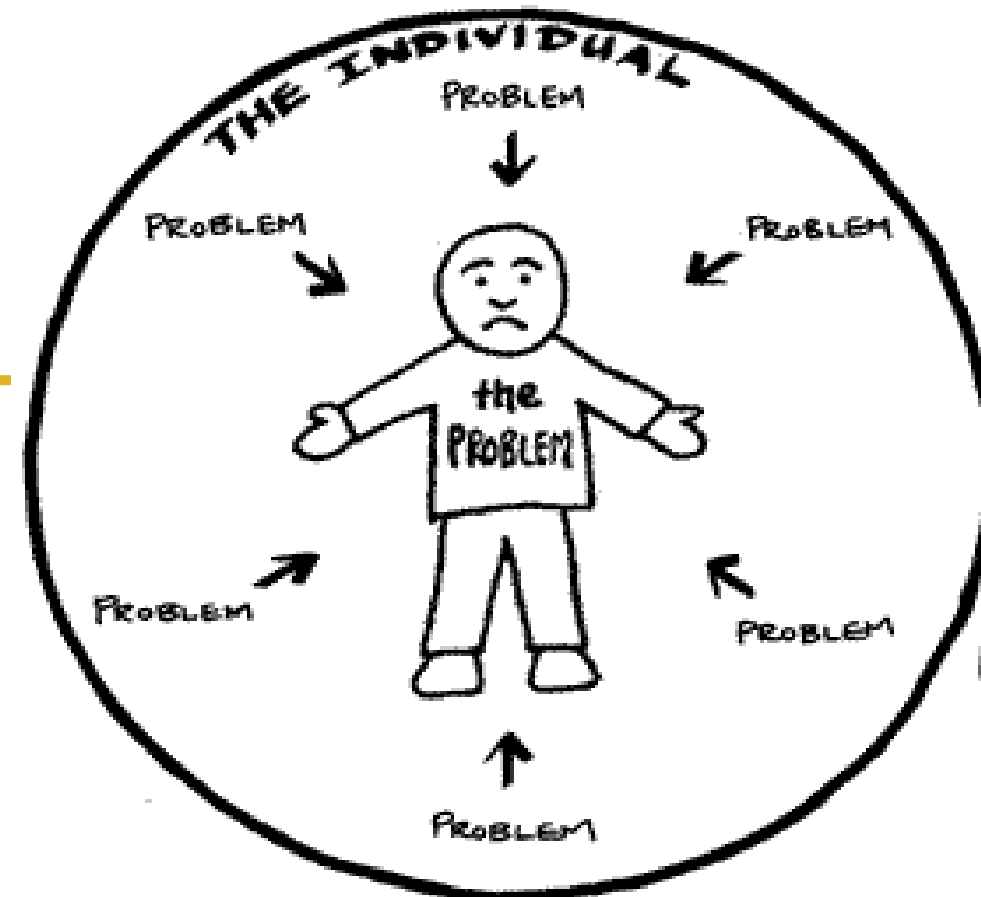


THE MEDICAL MODEL OF DISABILITY

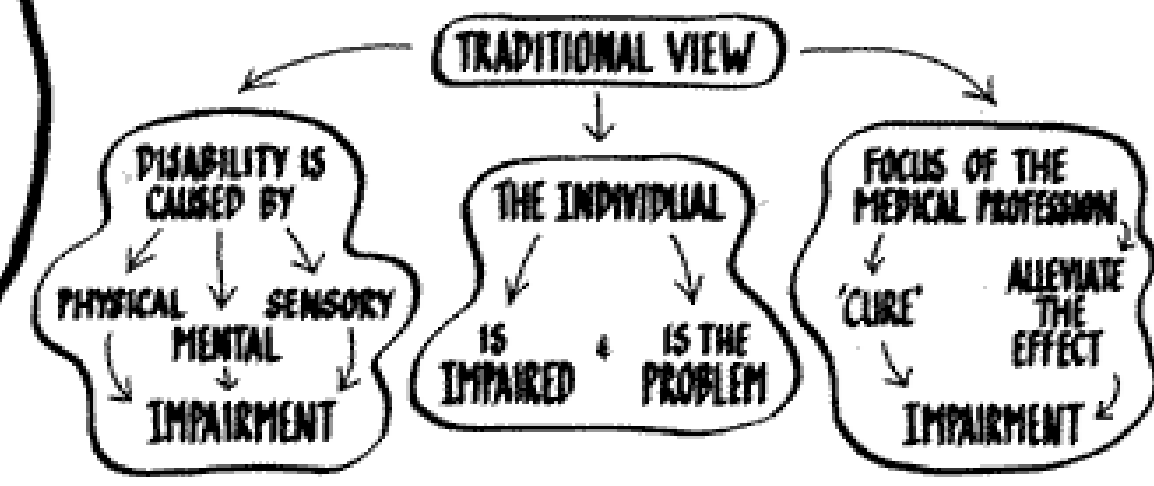
Models of Disability

What are the models of disability in practice?

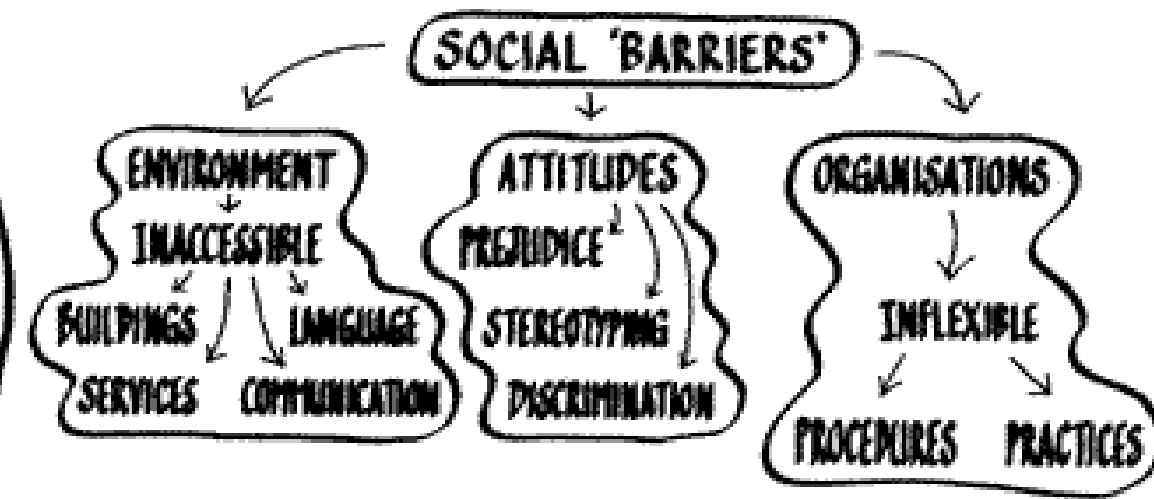
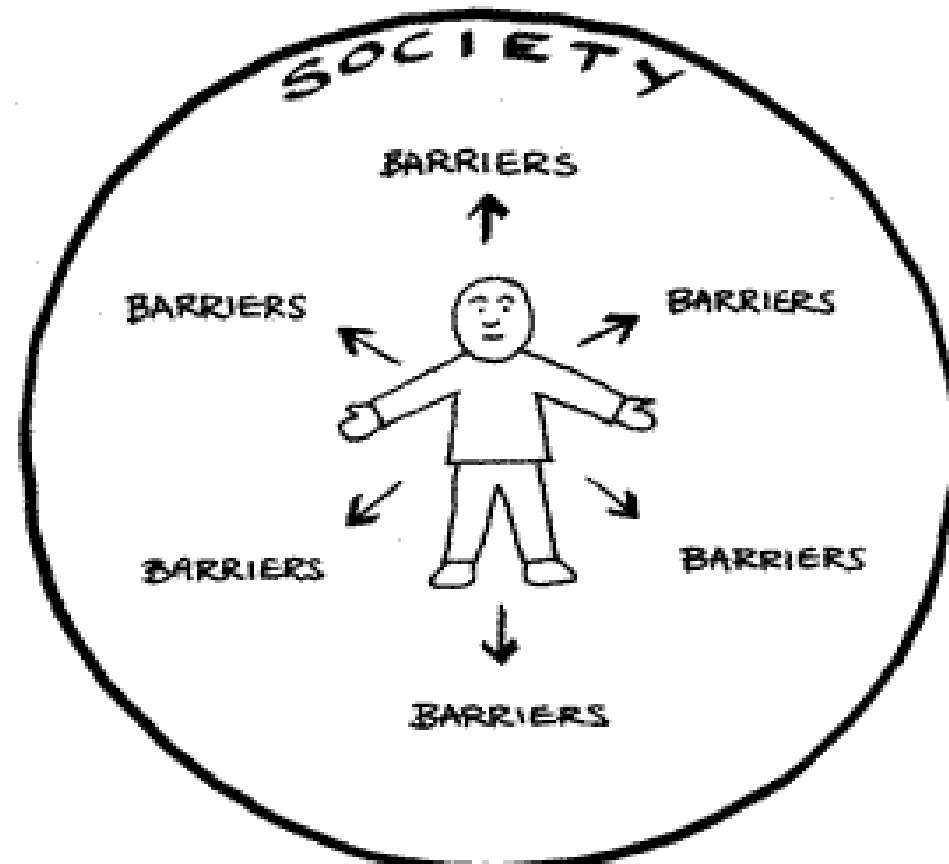
- The social model of disability says that disability is caused by the way society is organised.
- The medical model of disability says people are disabled by their impairments or differences



IMPAIRMENTS AND CHRONIC ILLNESS OFTEN POSE REAL DIFFICULTIES BUT - THEY ARE NOT THE MAIN PROBLEMS



THE SOCIAL MODEL OF DISABILITY





Types of Disability

- I. **Physical Disabilities** (A physical disability is a limitation on a person's physical functioning, mobility.)
- II. **Sensory Disabilities** (Deafness, Blindness, etc.)
- III. **Mental Disabilities** (eg bipolar disorder, schizophrenia, etc.)
- IV. **Multiple Disabilities** (Multiple disabilities is a term for a person with a combination of disabilities, for instance, someone with both a sensory disability and a motor disability.)
- V. **Developmental Disability** (eg autism, down syndrome, intellectual disability, etc.)

An estimated 1.3 billion people – about 16% of the global population – currently experience significant disability.





What is Intellectual Disability

World Health Organisation Definition:

“a condition of arrested or incomplete development of the mind, which is especially characterised by impairment of skills manifested during the developmental period, which contribute to the overall level of intelligence, i.e., cognitive, language, motor, and social abilities”





What is Intellectual Disability

Conditions linked to intellectual disability

- Down syndrome
- Fragile X syndrome
- Autism
- Apert syndrome
- Williams syndrome
- Fetal alcohol spectrum disorder (FASD)
- Prader-Willi syndrome





Characteristics of Intellectual Disabilities

The common characteristics of intellectual disabilities:

- Difficulty learning and processing information
- Problems with abstract thought
- Problems with social interactions occur at varying levels unique to each individual
- Communication difficulties such as delays in speech and language development
- Problems in understanding and using speech
- Difficulty in social interactions
- Difficulty acquiring basic academic skills such as reading, writing and numeracy





Levels of Intellectual Disability

Mild ID (IQ 50-70): Individuals can live independently with minimal support. They may struggle with complex tasks but can typically work, engage in social relationships, and live in the community.

- IQ 50 to 70
- Slower than typical in all developmental areas
- Able to learn practical life skills
- Attains reading and math skills up
- Able to blend in socially
- Functions in daily life





Levels of Intellectual Disability

Moderate (IQ 35-49) People with moderate ID require more support for daily living and may work in structured settings. They can engage in social activities with some assistance.

- Noticeable developmental delays (i.e. speech, motor skills)
- May have physical signs of impairment (i.e. thick tongue)
- Can communicate in basic, simple ways
- Able to learn basic health and safety skills
- Can complete self-care activities
- Can travel alone to nearby, familiar places





Levels of Intellectual Disability

Severe (IQ 20-34): Individuals may require significant support for most daily activities and may live in residential care facilities.

- Considerable delays in development
- May have a little ability to communicate
- Able to learn daily routines
- May learn very simple self-care
- Needs direct supervision in social situations





Levels of Intellectual Disability

Profound (IQ 0-20): This level requires lifelong, intensive support for all aspects of daily living, including communication and mobility.

- Significant developmental delays in all areas
- Obvious physical and congenital difficulties
- Requires close supervision
- Requires attendant to help in self-care activities
- May respond to physical and social activities
- Not capable of independent living





Treatment and Support

- **Early Intervention:** Specialised educational programmes and therapies that focus on developing skills, especially during early childhood, can significantly improve outcomes.
- **Speech and Occupational Therapy:** These therapies can help individuals with communication, motor skills, and daily living activities.
- **Techniques** like Applied Behavior Analysis (ABA), Tasks analysis, Individual Planning Programmes can help improve social and adaptive skills.
- **Medication:** While there is no specific medication for intellectual disability, medications may be prescribed to manage co-occurring conditions like anxiety, depression, or epilepsy.





Dos and don'ts of Disability Language

- The term **mental retardation** was used in the American Psychiatric Association's DSM-IV (1994) and in the World Health Organisation's ICD-10
- ICD-11, it was replaced by the term "**disorders of intellectual development**"
- **Intellectual disability** is used in the DSM-5 (2013)
- In the UK, **mental handicap** had become the common medical term and then replaced by **learning difficulties**. In education, "**specific learning difficulty**" may refer to dyslexia or developmental coordination disorder, while "**moderate learning difficulties**", "**severe learning difficulties**" and "**profound learning difficulties**" refer to more significant impairments
- Over the past two decades, the term **intellectual disability** has become preferred by most advocates and researchers in most English-speaking countries



https://en.wikipedia.org/wiki/Intellectual_disability





Dos and don'ts of Disability Language

Avoid

(the) handicapped, (the) disabled

afflicted by, suffers from, victim of

confined to a wheelchair, wheelchair-bound

mentally handicapped, mentally defective, retarded, subnormal

cripple, invalid

spastic

able-bodied

mental patient, insane, mad

deaf and dumb; deaf mute

the blind

an epileptic, diabetic, depressive, and so on

Use

disabled (people)

has [name of condition or impairment]

wheelchair user

with an intellectual disability (singular) with intellectual disabilities (plural)

disabled person

person with cerebral palsy

non-disabled

person with a mental health condition

deaf, user of British Sign Language (BSL), person with a hearing impairment

people with visual impairments; blind people; blind and partially sighted people

person with epilepsy, diabetes, depression or someone who has epilepsy, diabetes, depression

<https://www.gov.uk/government/publications/inclusive-communication/inclusive-language-words-to-use-and-avoid-when-writing-about-disability>





Code of Communication

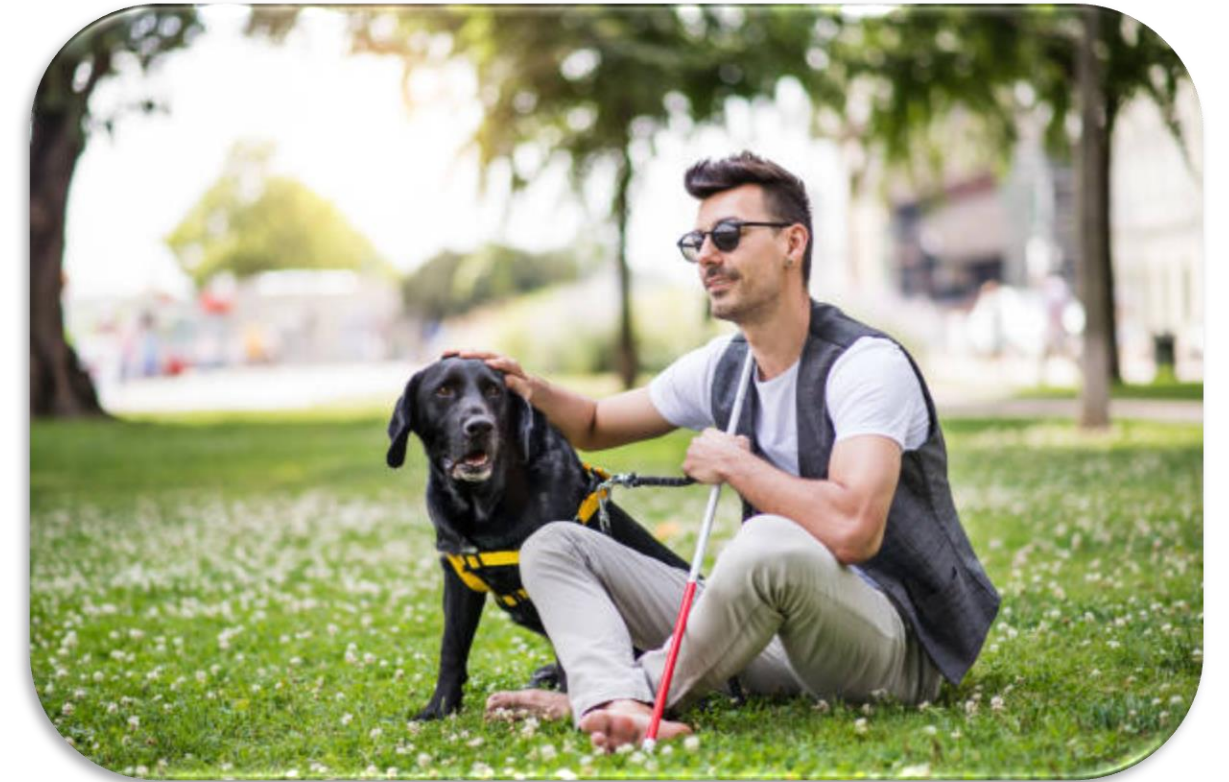
- We speak directly to the disabled person (not their helper or companion).
- We offer help if asked but do not insist.
- When introducing yourself to a person with a disability, a handshake (even with the left hand) is acceptable.
- We only ask about disability if it is necessary for the help we provide.
- Adults should be treated as adults regardless of disability (we're not talking like we're addressing a child).





Interaction with People with Vision Impairments or Blindness

- If they don't greet you with a handshake, just greet them verbally.
- Offer your hand or shoulder for guidance.
- Give them verbal instructions to facilitate their orientation.
- If there is a guide dog, don't mess with it.
- Ask how they prefer the information to be presented (braille, cd, large photocopies)





Interaction with people with Physical Disabilities



- Ask if they need help before offering it. If your offer is accepted, ask for instructions on how to help them.
- Do not move wheelchairs, crutches and canes. They are considered part of the person's personal space.
- It is important to address the disabled person themselves and not the person accompanying them.
- Sit at eye level to facilitate communication.
- Check that there is easy access to your office/place.





Interaction with people with Hearing Impairments



- Ask how they prefer to communicate (sign language, spoken, lip reading, or using headphones).
- Remember that speaking too loudly may not facilitate communication.
- Call the person by their name when you want to address them. If there is no response, then touch it gently on the arm or shoulder.
- Don't pretend to understand if you don't really understand what he/she is telling you.
- Try to make eye contact and keep your face and mouth visible.





Interaction with people with Autism

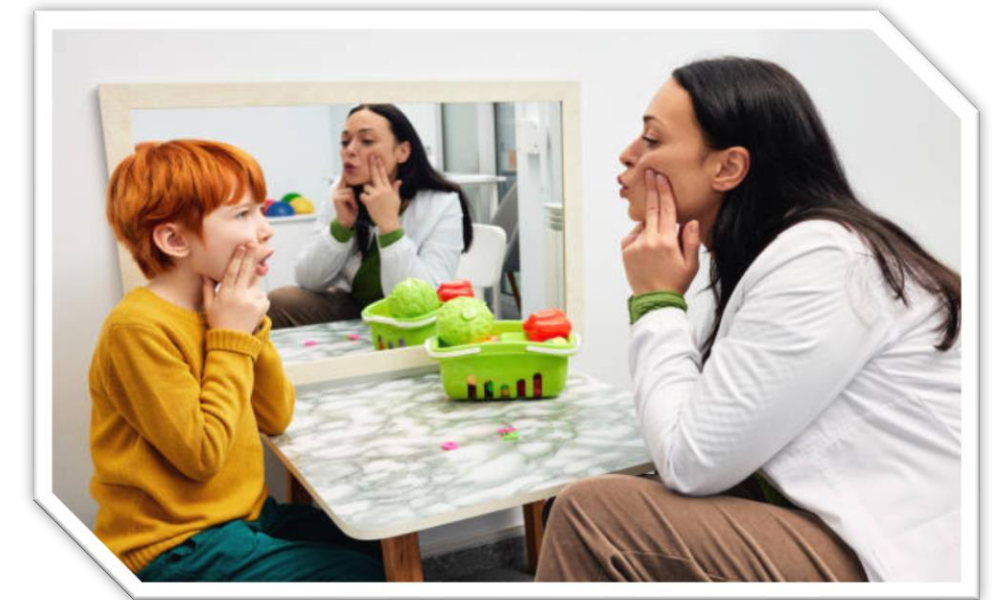
- Avoid loud noises, strong smells and general strong stimuli.
- Avoid crowded places.
- Use simple short sentences.
- Take the necessary time to listen to what he wants to tell you.
- Adults should be treated as adults.





Interaction with people with Speech and Language disorders

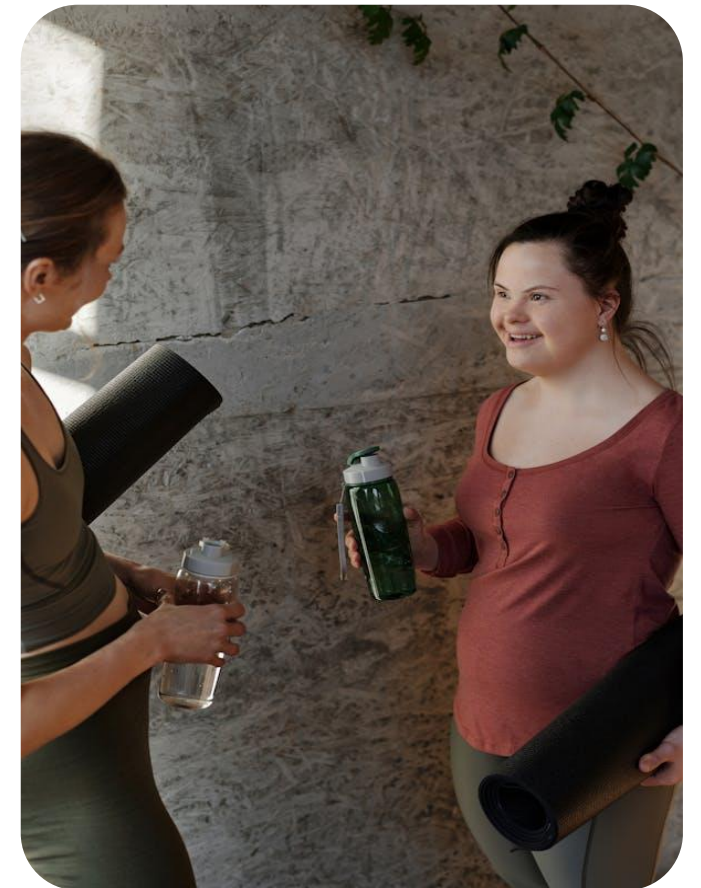
- Allow them to finish what they have to say before you take the floor.
- Please note that communication may take longer. Don't rush in general.
- Have direct contact and be able to look him/her in the eyes.
- Don't pretend to understand if you don't really understand what he/she is telling you.
- Use closed-ended (yes – no) answers when necessary.
- Confirm that you have understood what it is conveying to you.
- Keep in mind that people with speech difficulties do not have limited intelligence.





Interaction with people with Intellectual Disabilities

- The sentences should be simple, clear and with simple vocabulary.
- If they don't understand what you say, you repeat it.
- You ask simple questions to see if you were understood.
- You are discreet and patient, sometimes they need more time to speak their minds.
- Try to get to know the person behind the disability.





Interaction with people with Intellectual Disabilities



Interact with the person and not with his/her disability





Talking about Disability

Thank you for the attention!!!!





Panevėžio socialinių pokyčių centras



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For further details: primemobilityproject@gmail.com

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