

## **STRATEGIES FOR INCLUSIVE COMMUNICATION:**

### **Pointers for Positive Interactions**

As often as not, *how we say things* is just as important as *what we say*. Our body language and facial expressions are equally, if not more, important than the words used. In brief, the correct idea is to interact with the person with a disability in the same manner in which you interact with the person who does not have a disability. That is inclusive communication. Disability is not the defining aspect of a person, just one facet of the many qualities and experiences that shape us all. By being aware of and incorporating inclusive communication skills into our everyday exchanges, we increase our chances of positive and effective interactions with all people. The following suggestions are intended to inform and guide you in being a more inclusive communicator. They apply to interactions with anyone.

- Approach people in your usual manner, without assuming that they need special attention.
- Introduce yourself. It may also be appropriate to introduce other people who are present during the conversation. This is particularly useful for people with vision impairment who may not be able to see or clearly identify those present.
- Maintain eye contact, even if the person has no sight or vision impairment. If you are engaged in a prolonged conversation with a person in a wheelchair, sit down to keep eye contact.
- The art of conversation works best when kept natural. Speak in your normal voice. Most effective communication occurs when people speak clearly at a normal volume, pitch, and speed. Use normal language while considering your choice of words. Regardless of your intent, language can be disempowering and exclude a person with a disability.
- Allow time. Communication that is rushed is rarely inclusive. The nature of some disabilities means that a person cannot participate equitably in conversations if adequate time is not available. Also allow time to check that information has been understood and, if necessary, clarify. Nor should you pretend that you understand something when you don't. Ask for repetition to ensure you have received the correct message.
- When you make a mistake, apologize for your error and return to being natural. There is no reason to gush over your faux pas or burden yourself with excess guilt.

When communicating with a person with a disability, the type of disability and personal communication preferences will influence the most appropriate strategies to use. The following suggestions may prove helpful.

**When talking with a person who is hearing impaired**, ask the person how they prefer to communicate. Do not assume that verbal information is the best method of communication. Be open to using alternatives such as writing notes or using gestures combined with plain language to convey information. Remember to talk to that person, not to any **interpreter or captioner** who may be present. If there is a need to reposition you or the interpreter, then the person with the hearing impairment will let it be known. Talk to the person with whom you are interacting, not their prosthesis. Any physical limitation is not cause to change the pattern of interaction. In a group discussion involving a person who is hearing impaired, remember the interpreter can only sign for one speaker at a time. Therefore, avoid interruptions and cross-conversations. Remember that the interpreter/captioner may lag a few words behind, especially if technical terms need to be finger-spelled by an interpreter, so pause occasionally to allow time for complete interpretation. When speaking to a person who is **hearing impaired and reads lips**, gain the person's attention by coming into his/her line of vision before starting a conversation. When speaking, face the light and look directly at the person, keeping your hands away from your mouth. Avoid smoking or chewing gum during conversations. Use short simple sentences and avoid writing and speaking at the same time.

Be especially patient **when talking with a person with a speech impairment**. That person wants you to hear her/his words as badly as you want to hear them. There is nothing as frustrating as being unable to finish your sentences, whether you are speech impaired or not. It does take a bit of patience but when you let the person speak, you hear her/him out in the same manner you wish to be heard—completely. People can have difficulty with speech for many reasons. Among these are hearing loss, cerebral palsy, stroke, acquired brain injury, or stuttering. Anxiety and stress can often make communication more difficult for someone with speech impairment. Allow time. Do not attempt to finish the other person's sentences. If you are unsure what was said, repeat it back and give an opportunity for clarification. Ask the other person if an alternative means of communication would be preferred, such as use of e-mail for extended communication.

**When talking with a person who has a vision impairment**, describe things specifically. Avoid generalities such as "over there" or down here." Be specific and descriptive in giving directions to places and include approximate distances. Remember to give information that is visually obvious to individuals who see, such as the approximate number of approaching steps. On stairs, guide the person's hand to the handrail. Offer assistance while walking, but do

not take the person's arm until offered. One effective technique when at a fixed setting such as an office, is to describe things in terms of a clock face. For example, you might say that the tape recorder is at 3:00 or the Braille machine is at 9:00. Let the person know when you are leaving the room. Do not touch or distract a guide dog without first asking the owner.

**When talking with a person who is in a wheelchair or who has crutches,** NEVER touch the crutches or the wheelchair unless you intend to touch the person. If you touch the crutches or wheelchair, you ARE touching the person since crutches and wheelchairs are extensions of the person using them. Do not attempt to assist without asking first if assistance is needed. Offer assistance if the person appears to be having difficulty opening a door. It is appropriate to offer to clear a pathway or a chair away from a table to make space for a person using a wheelchair. Be aware of your language and refrain from using "wheelchair bound" or "confined to a wheelchair." Such phrases focus on an aid and not on the person. In fact, wheelchairs enable mobility and do not "bind" or "confine" the user. As you get to know the person, listen to how s/he describes her/himself. Ask the person what words or phrases you can or cannot use to describe her/him. When and how a person became disabled is irrelevant. If you have some reason to know about their condition, then ask the question in terms of their functioning. For example, if you are worried about a visitor who is mobility impaired and you do not have a grade level entrance but do have a small step, ask the person if they can manage that threshold or whether you need some form of portable ramp. If you inquire with polite dignity about the function, all should be fine.

**When talking to a person who has a mental health impairment,** keep in mind that the person's mental health condition will likely have no bearing upon the nature or content of your communication. In most cases, it will be impossible to tell whether the person has a mental health condition unless they tell you directly. "Mental health condition" is a broad term covering a range of specific illnesses which include eating disorders, depression, bipolar disorder, obsessive compulsive disorder, and anxiety disorders. It is best not to make assumptions about or inquire into any particular mental health diagnosis and, when implemented, the accommodations noted in the letter received from Disability Support Services should be adequate.

### **A Final Note**

Although historic misconceptions have evolved, today's reality is that persons with disabilities are now recognized as an intrinsic part of society and are numbered as the largest minority group. Other minority groups have developed new words and phrases which are now preferred, because the language mirrors our attitudes. Impairments or disabilities are physiological. They become handicaps when accommodations are not made. Attitudinal barriers can create and perpetuate other barriers in the physical environments as well as in routine interpersonal interactions.

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Disability Rights Guide, Media Publishing 1991, pp. 14-18.