Exploring for People with Disabilities

Exploring—as with all phases of the Learning for Life program—encourages the involvement of youth with disabilities in all activities. Leaders should seek out and invite young adults with disabilities. Exploring’s career emphasis has particular value to young people with disabilities who want in-depth information on the training, qualifications, and demand for specific vocations.

In addition, Explorer posts should plan service projects of value to centers, programs, and organizations that support people with disabilities. Swimming, tours, field trips, Special Olympics, public facility surveys, Wheelchair Olympics, and similar projects are common across the United States.

Many young adults with disabilities may prefer to be in a post with others who have similar disabilities. Or, in the case of institutions or organizations that meet special needs, posts can be organized just for young adults with disabilities.

Special education Explorer posts with programs designed for young adults interested in careers related to teaching or working with individuals with disabilities have proven successful in many Learning for Life offices. These posts can render a worthwhile community service, as well as provide their participants with the experiences and encouragement to continue toward a rewarding career.

Exploring can offer a great and worthwhile service to people with disabilities, both by involving young adults with disabilities in posts, and by giving service to people in the community who are disabled. The guiding factors are

▲ An understanding of and a willingness to involve people with disabilities
▲ An attitude of giving persons with disabilities fair and equal treatment
▲ Making every effort to involve all Explorers in disability awareness
▲ Remembering, above all, that young adults who have disabilities want the same thing all other young people want—an opportunity for a better future
Disability Awareness

The following outline is a good Explorer post meeting program. The purpose of Disability Awareness is to

▲ Help post participants better understand and develop self-confidence in dealing with people who have disabilities.

▲ Invite young adults who have disabilities to join the post.

▲ Promote service projects and programs for persons who have disabilities.

Instructor’s Outline

The instructor could be the Advisor, a post participant, or an outside consultant. The instructor must carefully review the outline, gather the necessary materials, and give strong leadership to the agenda to ensure a successful program. The post officers and Advisor must give the instructor their wholehearted support.

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Program Outline

1. Opening Statement (post president) 5 minutes
   The post president begins the program by introducing any guests and reviewing the agenda.
   a. Participation in the program will provide an opportunity to
      ▲ Perceive things from another’s point of view and witness the frustration associated with impaired functioning.
      ▲ Know the impact of physical, social, and psychological barriers, and understand the meaning of accessibility.
   b. The program objective will be met if and when participants learn to accept differences, look beyond externals, and understand the commonality of our human needs; develop self-confidence in their ability to understand and relate to peers with disabilities; and learn to involve people with disabilities in Explorer post activities.

2. Terminology
   (Advisor or consultant) 5 minutes
   a. Define the following terms:
      **Empathy.** Seeing or understanding things from another person’s point of view; the capacity for participating in another’s feelings or ideas.
      **Simulation.** Under test conditions, reproducing phenomena likely to occur in actual situations; assuming the characteristics of something by imitating its symptoms.
      **Barrier.** A factor that restricts movement (physical barrier), impedes interaction with others (social barrier), or causes feelings of separation (psychological barrier).
      **Disability.** Impaired functioning in an area such as walking, seeing, or hearing; a disadvantage that makes performance or participation difficult.
   b. Explain the interrelationship of these terms. Imitating (through simulation) physical, visual, and hearing impairments (disabilities) will permit you to see things from another person’s point of view (empathy). You will be incapable of participating (disabled) in some activities when environmental factors (barriers) interfere.
   c. Cite examples.
      Can everyone swim, use sign language, type 60 words per minute, ride a bicycle, and read Braille? No. We all have disabilities.
      Some of you require glasses to see properly. Your disability, impaired vision, will be a hindrance only if there is a barrier, i.e., lack of corrective lenses.
      Similarly, someone who is wheelchair-bound will be disabled when entering a building only if there are no alternatives to stairs.

3. Definitions of Disabilities
   (post participants) 10 minutes
   Pass out 3” × 5” cards with definitions of several types of disabilities. Ask participants to read the definitions. Encourage questions and discussion. Ask post participants if they know anyone who has the disability.

4. Disability Simulation Activity
   (activity instructor) 45 minutes
   a. Have each participant select a partner.
   b. Give each team a kit of materials (listed on this page).
   c. Decide who will simulate and who will assist (reverse roles after completing tasks).
   d. Have each team simulate one of the disabilities on the next page using a simulation apparatus listed there.
   e. Have each team attempt to perform the daily living activities as outlined below.
   f. Do not let teams spend too much time on one task. Keep in mind, however, that some of the tasks will be difficult and may take longer than usual to perform. Team members should provide the minimum amount of help required for their disabled partner to complete the task.
   g. When finished, have partners reverse roles. As time permits, simulate other disabilities or combinations of disabilities.

**Materials Needed**

For Each Team of Two Participants:
- 6 to 8 cotton balls
- 2 strips of gauze at least 3 inches wide and 36 inches long
- large garden-type gloves (stuff the fingertips with cotton)
- 2 gummed name tags and crayons
- 1 strip of rope or thick cord about 36 inches long
2 small pocket combs
1 tennis ball
2 paper cups
1 copy of the American Sign Language Alphabet

For Disability Simulation Activity Teams:
7 pitchers of water
7 glasses
1 or more wheelchairs
1 set of 3” × 5” cards with a definition of each disability

Disability Simulation Apparatus

Hearing
Use no speech; use other means to communicate (i.e., sign language alphabet).

Visual
Place cotton over eyes; wrap gauze around head to secure cotton.

Physical

Hands
Put gloves on backward.

Arm
Place dominant arm in sling (use gauze).

Legs
Sit in wheelchair (take turns).

DAILY LIVING ACTIVITIES FOR DISABILITY SIMULATION

Interpersonal/Communicative
Shake hands with your partner and introduce yourself.
Ask your partner when and how (means of transportation) he or she arrived at this meeting.

Environmental/Manual Dexterity
Write your name on the name tag and put it on.
Tie the rope around your waist. Untie and remove it.

Personal Fitness/Hygiene
Comb your hair.
Pour water from the pitcher into a cup. Take a drink.

Recreation/Physical Fitness
Pick up the tennis ball. Toss it to your partner. Catch the ball your partner tosses.

Mobility/Transportation
Open door, go through doorway, close door.
Travel a short distance. Reenter room.

5. Discussion (post president and instructor) 25 minutes
Discuss what happened during the simulation activity. Encourage each participant to suggest ways to involve young adults with disabilities in Exploring. Use the following questions to stimulate discussion.

a. In what ways have your thoughts or feelings about people with disabilities changed?
b. How will your behavior be different the next time you interact with someone who is disabled?
c. What kinds of barriers did you encounter, and how did they affect your performance?
d. Do you understand the distinction between a disability and a handicap? (Refer to the definitions of disabilities discussed in part 3 of the program.)
e. In what ways would limited interaction with one’s peer group affect social development? What is the importance of role models?
f. How can we share the skills and expertise of our post’s special interest with people who have disabilities?
g. What are some activities that we could invite young adults with disabilities to attend?
h. How can we locate young people who have disabilities who might be interested in joining our post?

6. Closing Comments (Advisor) 5 minutes
In your own words, discuss with the post what has happened during this program. Share your convictions and your enthusiasm for working with people who have disabilities.

End of Program
Definitions of Types of Disabilities

The following definitions can be printed on 3” × 5” cards or photocopied for use in part 3 of the Disability Awareness program.

**Impairment.** A loss or abnormality of any part of the body. An impairment will cause a body part or parts to not function, or to function at less than optimal levels.

**Disability.** A lack of ability to perform a function that most other people can do. Disabilities are caused by impairments that restrict normal functions.

**Handicap.** What a disability becomes when society’s attitudes and physical obstacles make it difficult to do what is expected in life. An impairment or a disability need not become a handicap if the person can satisfy his or her needs and society’s expectations using alternative techniques.

**Arthritis.** Includes several different conditions that cause swelling, stiffness, and tenderness in one or more joints of the body. The swollen joints cause the surrounding muscles to become stiff and tense. Arthritis can occur at any age and can affect people differently. The degree of swelling and stiffness can change from day to day. Medication, physical and occupational therapy, exercise, and other treatments could help to lessen the effects of the disease.

**Asthma.** A condition in which there is a sudden onset of breathing difficulties because the bronchial tubes, which lead to the lungs, become too narrow. This may be caused by something the individual is allergic to, by an emotional upheaval, or by something unknown. In many cases, asthma can be treated by medication or relaxation techniques. Asthma can continue into adulthood, sometimes taking on a milder or more severe form.

**Attention deficit disorder.** Also known as “attention deficit hyperactivity disorder” (ADHD). ADHD is characterized by inattentiveness, impulsiveness, and, in many but not all cases, restlessness or hyperactivity. Though the exact cause for ADHD is not known, it has been established that the individual has difficulty learning to talk. ADHD is a neurologically based problem and is not caused by poor parenting or diet.

**Down’s syndrome.** A genetic disorder that usually causes delays in physical and intellectual development. The exact cause and prevention of Down’s syndrome are unknown. There is a wide variation in mental abilities, behavior, and physical development of individuals with Down’s syndrome. Affected individuals have their own unique personalities, capabilities, and talents. Many persons with Down’s syndrome hold jobs, live independently, and enjoy recreational opportunities in their communities.

**Dyslexia.** A reading disability that affects 5 to 10 percent of the population. Dyslexic children don’t develop good skills that call for matching letter groups in words to the sounds of speech; they have trouble learning the letter-sound code and storing the various combinations in their memories. Most dyslexic people stand out because they are intelligent and talented—their reading disability is not related to their general intelligence. Researchers believe dyslexia might be hereditary. While this condition remains for life, studies have shown that early intervention by repetitious daily practice in the first or second grade can help deter severe reading problems. Dyslexic children often are emotionally immature and demoralized by their school failures and, therefore, comradeship is important for them.

**Learning disability.** A disorder in one or more of the basic physiological processes involved in understanding or in using spoken or written language. The disorder might appear as a deficient ability to listen, think, speak, read, write, spell, or do mathematical calculations. Students with learning disabilities might be successful in one academic area but do poorly in another. Those who have learning disabilities tend to have normal or above normal intelligence.

**Mentally retarded.** Persons who are limited in their ability to learn. Some are further impeded by emotional and physical disabilities. Mental retardation is a condition, not a disease, revealed during a child’s developmental period. It is important to realize that retarded persons have the same hopes and emotions as nonretarded persons. They are capable of abstract thinking and can do problem solving. The ability to follow and understand more complex directions varies with age levels and life experiences.

**Autism.** Autistic people have an inability to face reality, characterized by staring at space, not responding to sounds, and a total lack of interest in other people. Autistic children do not make eye contact. Other common characteristics include serious difficulties in toilet training, in feeding, and in the development and use of language. They do not understand common dangers, such
as a busy street, yet may show above-normal skill in some isolated area of mathematics or music. Autism often is mistaken for mental retardation.

**Physically disabled.** Having orthopedic or central nervous system impairment. When a function is diminished or absent, other more functional physical parts must be engaged to compensate. Movement is restricted if crutches, braces, etc., are needed. Difficulties may be caused by the individual’s lack of acceptance of the disability, particularly if the condition is “new” (the disability has come about recently, as opposed to being present since birth). The attitudes of family, friends, classmates, and others can affect the positive self-image and self-acceptance of someone who is physically disabled.

**Seizure disorders (including epilepsy).** These are not diseases, but a malfunction of the manner in which the cells of the brain release energy. Seizure disorders are characterized by sudden seizures—muscle convulsions and partial or total loss of consciousness. While the condition cannot be cured, seizure disorders that began during childhood will sometimes disappear in later years. Seizures can be controlled through the use of medication.

**Sickle-cell disease.** An inherited blood disorder in which the red blood cells change their shape and cease to flow smoothly through the small blood vessels, resulting in blockages. When this happens, it can cause severe pain in the area of the blockage, among other complications. The condition is episodic, with crises varying in length and severity. Sickle-cell disease can be treated with painkillers, intake of additional liquids, and anti-inflammatory medications.

**Speech disorders.** These include stuttering, articulation (pronunciation) problems, and voice disorders. They are sometimes caused by a physical condition such as cleft palate or other oral malformations. Speech therapy sometimes helps.

**Spinal cord damage.** Damage to the spinal cord through accident, illness, or congenital condition, such as spina bifida, which may cause paralysis in certain parts of the body. The most commonly associated disabilities include difficulty in using limbs or inability to use limbs, loss of feeling in the affected parts of the body, and/or loss of bowel and bladder control.

**Visually impaired.** A term usually applied to a person who needs some type of corrective glasses or help in order to go about everyday work and play. Visually impaired indicates that the impairment can be corrected sufficiently so that it is not a disability.
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