

# Disabilities Awareness

A special issue prepared by and for high school students

SUMMER 2001 EDITION

FOCUS ON...

## AUTISM

### Dr. Bobby Newman Talks to Editorial Board About Autism

by Liam Harte, Guilderland High School

Undaunted by a major snowstorm that was brewing last February, we all boarded the train to NYC in expectation of meeting an expert in the field of autism. The senior members of the editorial board had been invited to sit down with Dr. Bobby Newman, an internationally known expert on autism, and none of us was about to miss the opportunity.

Autism has always been one of the subjects that this staff has kept coming back to and exploring as a group. We knew from the packets of information we had reviewed from our Newsletter editorial board orientation meetings that autism is a complex developmental disability which is the result of a neurological disorder affecting the function of the brain. One in 500 individuals may be affected by it. It is four times more common in boys than girls. The areas of social interaction and communication are dramatically affected by this disability. The disorder makes it hard for kids and adults with autism to connect to the outside world. They may exhibit unusual body movements or responses. They may be hypersensitive to one or all of the five senses. More than half a million people in this country have autism. Many kids with autism are in schools with us. We wanted to know more about them and how we can advocate for them and make our peers more aware of their needs.

Dr. Bobby Newman is definitely an interesting character. He currently serves as President of the NYS Association of Behavior Analysis. Dr. Newman started out by telling us that he wasn't planning on growing up to be an expert on autism. He had always wanted to be a professional boxer and had won a scholarship to college based on his boxing skills. But it wasn't meant to be. An accident lost him his scholarship and forced him to come back home to New York and give up boxing. His bad luck turned out to be a lucky day for kids with autism.



Members of the Editorial Board with Dr. Bobby Newman, international expert on autism.

Dressed in casual clothes, with a ponytail, Dr. Newman did not quite fit our expectations knowing he had traveled all over the world (he was just back from a trip to Ireland when he met us) to teach people about autism. We didn't expect the author of so many important books on autism to be so down to earth and downright humorous. He not only taught us but he entertained us as well with lots of personal stories from his years of working with kids who have autism. The humor he brings to this very serious subject is a big part of who he is.

Dr. Newman explained to those of us not yet familiar with the term "applied behavior analysis" (or ABA) just what it is. ABA has been used to help children with autism for many years. It includes a variety of methods and techniques which can be used to promote, decrease, or maintain skills for daily living. ABA is a combination of behavior management, systemic instruction, generalization and socialization. An ABA program works to eliminate the maladaptive behaviors associated with autism. It then encourages a child to come into our world by positively reinforcing any actions which lead in that direction.

If a child's behavior is maladaptive, ABA can help to extinguish the behavior. For example, if a child cannot sit down, ABA can address that be-

# Being Part of the Disabilities Awareness Newsletter

by Allison Sheedy, Shenendehowa High School

When I was in the fourth grade, I helped judge my first Disabilities Awareness art contest. Every year, elementary school children from all over New York State submit posters they have created portraying their thoughts and ideas concerning people with disabilities. I loved sorting through those crayoned designs. The enthusiasm the children had for their projects was so apparent. What wasn't always apparent, however, was that these young people had the appropriate ideas about how people with disabilities should be treated and portrayed. This is why to be young and impressionable can be both a blessing and a curse. Teaching awareness to children is so important and so key.

Being part of the Disabilities Awareness Newsletter has been such a positive influence in my life. It has been extremely gratifying to know that I am helping to give young people insight and knowledge and am creating awareness among one of the most important groups of people in my life-my peers. I have met and formed relationships with incredible people who have taught me, through their own uniqueness, that being different is a beautiful thing and is not debilitating by any means.

I want to take this opportunity to thank everyone that I have worked with on this project and give my sincerest thanks for the honor of being its editor. I hope, for many years to come, that this Newsletter will continue to serve its purpose to the young people of New York.

## Disabilities Awareness on the Internet

by Sara Pawlowski, Averill Park H S

In the world of cyberspace, "the differences between rich and poor, high and low, disabled and able melt away," Zhang Zu, a physician and quadriplegic expressed in his letter to the online community of The International Center for Disability Resources. While running an online consultation service, the entire medical field population has become his colleagues. Up to date information and professionals are easily accessed, with the click of a mouse. Dr. Zu states that "Disability is still a difficult experience, but the opportunity, joy, and convenience that the Internet brings me is also unlimited."

Dr. Zhang Zu's story speaks to the connotation of today's new digitalized world. In this community, notions of disabilities are literally erased with the simplicity of communication via the Internet. All kinds of people can make full use of their talents by the equality brought by the ability to communicate via the digital world.

The disabled community is estimated to be about 12% of the Internet population. This statistic emphasizes the need for universal accessibility of the Internet, which can aid people who may not be able to communicate with each other in other circumstances. The Internet is a valuable resource for communication in not just work-related subjects, but leisure and recreation as well. For example, the Thinkquest online community recently hosted an Internet competition for the design of an innovative web page for International Education. The winner of the challenge entry was "Just because we have a disability doesn't mean we byte!" The site was made to "help understand how it is difficult to be different." The web site succeeds admirably with an open and sensitive treatment of disability issues. Simulations, a "3D world," and videos are offered to help the visitor to the web site step into another's shoes and imagine a life with

different abilities. The web page is "a place where differences, whether it be a disability (visible or invisible), religion, race, or ethnic group are able to live in harmony."

Other great places to visit on the Internet are supportive web communities for people affected by disabilities, supplying online magazines, chat rooms, and a morass of disability related information. My favorite was:

- ◆ (<http://disabilityresources.org>)  
An excellent resource for information on disabilities

The Internet has vastly improved communication and the connections we have as people within a worldwide community setting. Take advantage of the resources on the Internet to further the awareness and acceptance of people with disabilities by visiting the web sites and becoming part of the online community devoted to understanding.

# PEOPLE WITH DISABILITIES BENEFIT FROM CAREER COUNSELING

by Liam Harte, Guilderland High School

There is a certain time in one's life, usually in high school, where the pressure really starts being placed on an individual to decide what he wants to do for a living. The answer to this question seems so important and so enduring that one is sometimes overwhelmed by the magnitude of the decision. Although this process can be very difficult for people, it may be even more complicated for persons with disabilities. A disability can occasionally pose as an obstacle in a person's choice for an occupation. Career counselors are people who help persons with and without disabilities to decide on careers and find jobs.

Career counselors help people to recognize the wide variety of occupations available and encourage their clients to explore their own interests before settling on a career path. Issues considered in career counseling include identifying an individual's primary areas of interest among realistic, investigative, artistic, social, enterprising and conventional career interests. Clients are also helped to assess their level of social comfort. Are they a "people person" who would enjoy dealing with the public? Would they prefer working in small groups, or alone? The level of education an individual has, his or her motivation and ability to compete is also considered. Technical training, two and four year colleges and graduate and professional schools are among the possibilities. Clients are also asked to consider what their salary requirements and financial goals might be. For individuals with disabilities, technical adaptations required should also be explored. These are the building blocks of career choices.

However, self esteem and feelings of self-worth may be the all important foundations for these building blocks. "The most important thing, whether they have a disability or not, is how they feel about themselves." According to Toby Bickwheat, a University at Albany professor who teaches a course on career counseling for persons with disabilities, self-efficacy is the most important component in finding an occupation that one will enjoy. Self-efficacy is an individual's belief in his/her ability to accomplish a goal. That can be a major focus in the approach one takes for career counseling for persons with disabilities, as opposed to persons without. A disability may or may not hamper the chances of getting a certain job, but it may have been far more devastating in its effects on self-esteem, according to Bickwheat. If a person who is blind feels that he/she is unable to do anything

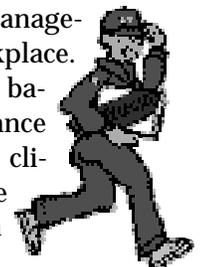
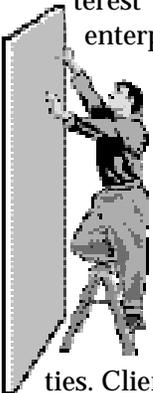
because he/she has no sight, then that person will most probably end up doing nothing.

Thanks to technology though, some of the setbacks that disabilities might pose can be overcome. For instance, the vibrating beeper enables deaf people to be called to the office. There is new computer software which reads back what has been typed on the computer. This gives great economic opportunity to blind people.

The American with Disabilities Act has been vital in increasing employment opportunities for people with disabilities. This act provided tax incentives for employers who hired people with disabilities. Although the tax credits lessen after the first few years for most of the jobs, the incentive allows people with disabilities to bring their skills and talents into the workforce. There is also a tax deduction for employers who remove barriers in the workplace to make it more accessible to people with disabilities. Many jobs are now open to people that were not available a few years ago. Career counselors can help people choose careers and inform them about the availability of many jobs, and about technological advances that make them more accessible.

Career counseling is available at most schools, and some corporations. Most guidance counselors have some career counseling training, but there are specialized career counselors as well. According to Bickwheat, when one is looking for jobs, with a counselor or alone, it is important not to downplay the skills that he/she has already acquired. There are skills that can be learned through washing the dishes or cleaning one's room. Even the most menial duties around the house can teach skills like organizational ability and time management. These skills can be used in the workplace. It is a mistake for a person to ignore those basic abilities. This goes back to the importance of self-efficacy. Counselors can help their clients to overcome the tendency to see themselves as unqualified, and to focus on strengths and possibilities.

Career counseling can play an important role in any person's quest for a fulfilling career. These clinicians can provide a valuable service for individuals with disabilities by assisting them in opening doors to many jobs and careers and providing valuable information about adaptations and technology that may allow their dreams to come true. In addition, society as a whole benefits because motivated personnel are building careers in their prospective fields.



# Ignorance with a Capital ME

by James Barrett, West Genesee High School

"There is nothing more frightful than ignorance in action" -Johann Wolfgang von Goethe

I have always been a good impressionist. Throughout elementary school, one sure crowd-pleaser was my "dead-on" parody of a developmentally disabled person. I would act as I believed a "slower" person would. I crossed my eyes, began drooling and stuttered in a deep-throat voice. I babbled on and flailed my hands in odd patterns against my chest.

In all honesty, I don't think my peers or myself had ever come in contact with a developmentally disabled person. We held ignorant biases based on stereotypes and false generalizations. In popular culture, to be different is to be "wrong." I adopted the policy of intolerance and practiced it, without ever questioning the severity of its impact.

When I was fifteen, my mother accepted a job for less money, fewer benefits and diminished prestige. She told me that she was following her heart. She was working with people she loved, which meant more to her than affluence and status. I denied her constant requests to visit her at her office. In my immaturity, I never even thought to ask what type of work she did, what her occupation entailed, or what sort of business her firm dealt with.

Months passed. I turned sixteen and practiced driving all summer long. In the fall, I made an appointment to take my road test. My mother told me that morning, "drive to my office and tell me that you passed your test." Not only would my passing the test allow me to drive but I would finally find out what my mother's job was all about.

As I walked through the entrance to a large red brick building with the letters ARC on the door, I found myself in the center of a large crowd. I glanced to my left and right. Standing in the entrance were adults who were developmentally disabled and mentally challenged. I looked around with a sense of fear. The territory was unknown. Immediately my mind was flooded with thoughts and emotions. What were these people doing here? Did my mother really work in this building? I took another step into a crowded lobby. Sounds of laughter and voices filled the room.

"Hey!" someone grabbed my arm. Shaking me from my unconscious disbelief. I turned sharply.

"Hi!" a short woman smiled up at me. I examined her. She had curious blue eyes, dark hair, and a quivering lip. She wore a bright flowered shirt and dark pants. She stood with her hand out.

I tentatively held out my hand in response. "Hi!" I answered back.

She lightly grabbed my palm with both of her hands and smiled wider. "I'm Deborah," she said excitedly. "Who are You?"

"My name is Jim Barrett."

"Oh, are you Lorraine's son?" she asked still smiling.

"Yes, I am," I replied, a bit more at ease.

"You are beautiful. You are so handsome," she stated matter of factly. "It's great to meet you. Why are you here?"

"Well, I wanted to see my Mom. I just got my license a few minutes ago," I explained.

"You did!" She clasped her hands to her chest. "Wow! That's great!" She shook her head. "Congratulations, sweetie," she cried, visibly pleased.

It seemed as if it took me twenty minutes to walk the ten feet into my mother's office after talking with Deborah. I was at the same time regretful and touched by our conversation. I kept thinking of the playground and the hill behind the rusty back-stop and the lunchroom and the sound of constant teasing. I was disgusted with myself and ashamed to realize how wrong my views had been during most of my childhood. Up to this point I had never really talked with an individual who was developmentally disabled and yet I had formed plenty of opinions about them. For years I had used the term "retard" in a derogatory manner.

I had never taken into consideration the fact that my ideas might have been formed by mainstream intolerance and false bias. But as I stared back into the lobby that morning my views had been changed dramatically. One cannot choose to have a disability but one can choose to have a heart. Deborah had a heart in expressing her congratulations to me, a total stranger.

I stepped into my mother's office completely changed. "So, how is my son the licensed driver?" she asked seeming not to recognize the change in me.



*Ignorance* continued from previous page

"Good!" I answered triumphantly. I looked at her seriously.

"Mom, I was so wrong about things," I blurted out at her.

"What happened?" she asked.

"I spoke to Deborah in the lobby. She was so sweet and friendly," I mumbled.

"I know" my mother answered. "You know, James, the people here are the absolute sweetest people I have ever met. They are kind, compassionate, warm, and innocent."

She laughed, "aren't they wonderful?"

A knock interrupted my response. I looked behind me. A man stood in the doorway with his arm to his forehead. He saluted my mother. She returned his salute and he marched away. A woman then appeared. "Can I get a hug?" she asked my mother with timidity. "Sure!" my mother laughed and pulled a sticker from her top drawer. "Here, Virginia," she said looking at her friend.

"Thanks, Lorraine. That's L\_O\_R\_R\_A\_I\_N\_E. Right?"

"Yes, good," my mother replied.

As Virginia stood behind the desk, she peered out at me. "Your son is lucky," she said. "He looks just like you."

I glanced up at the ceiling for a moment and then I looked at Virginia and said, "Yes, I am lucky."

# Therapeutic Riding

by Jessica Schubmehl, Bishop Maginn High School

In a century of new scientific discovery every day doctors are coming up with new ways to cure people. Though there are so many new kinds of medicines, doctors are turning to something that has always been there helping people with mental and physical disabilities. Doctors really are proving that animals are man's best friends.

In 1969, the North American Riding for the Handicapped Association (NARHA) was formed to coordinate the efforts of those working in this growing field. NARHA functions as an advisory and regulatory body, dedicated to promoting horseback riding for people who are disabled. Horseback riding for people who are disabled has now become recognized as one of the most modern forms of progressive therapy. Currently more than 500 riding centers for people who are disabled are in operation in the United States, with more than 26,000 riders taking part in a therapeutic riding program. The NARHA also includes more than 1,100 instructors, 20,000 volunteers, 600 licensed therapists and 4,000 horses.

A special kind of horse or pony is needed for therapeutic riding. Not every animal is patient enough to handle people with disabilities. A therapeutic horse or pony usually has to have 10 or more years of experience with children, before they are even eligible for the job.

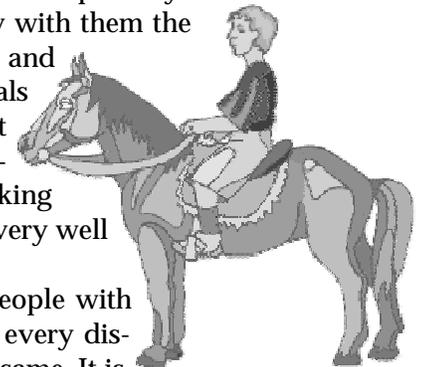
Even then there are many other qualities a horse or pony

must have before it is able to join a therapeutic riding team.

When a person first arrives at one of the farms the first thing that needs to be done is an assessment of how much help will be needed. Next, the new rider will be carefully helped to mount the horse by two or more volunteers. The first time is always the hardest, but most people soon learn to do it with little or no help if they are physically able. After the person is on the horse, two volunteers are needed to stay with them the rest of the time. One stands on the side of the horse giving tips and moral support and ready to help the person down if anything goes wrong. Horses are very large animals and sometimes people are too scared to stay on them long. They may try to get down themselves. So it is always good to have someone by their side. The other person walks the horse. While they do so, they are constantly talking to the horse making sure that they too are calm and relaxed at all times. Surprisingly, things usually go very well after a very short practice session.

Therapeutic riding is beneficial to almost anyone with a disability, from people with mental or emotional disabilities to people with severe physical limitations. Just as every disability is different, every cure is different also, but the procedure is pretty much the same. It is to simply let people bond with the horses or ponies and to have fun doing so. It helps children and adults with ADD to learn how to stay focused on one thing for a long period of time. It helps people with physical disabilities like Cerebral Palsy to loosen up the muscles and joints and lets them regain some flexibility and balance. Therapeutic riding can also help develop a sense of responsibility and self-confidence while giving the body adequate exercise.

Most importantly are the bonds formed between the people and the horses. They love one another unconditionally. The horses often seem to give those who need it a reason to live, a reason to keep going. The horses do not judge; they just love. They do not care what you look like, or if you are considered different. They just want your friendship. Wouldn't it be wonderful if humans could be the same?



# Sunnyview Art Exhibit Showcases Talent

by Aidan Harte, Guilderland High School

Visitors to Sunnyview Rehabilitation Hospital in Schenectady, NY have a treat in store for them. As they walk the halls of the hospital, they have the opportunity to view many beautiful pieces of art, produced by gifted artists. One factor that makes this artwork especially unique is the fact that all the pieces were created by artists with disabilities.

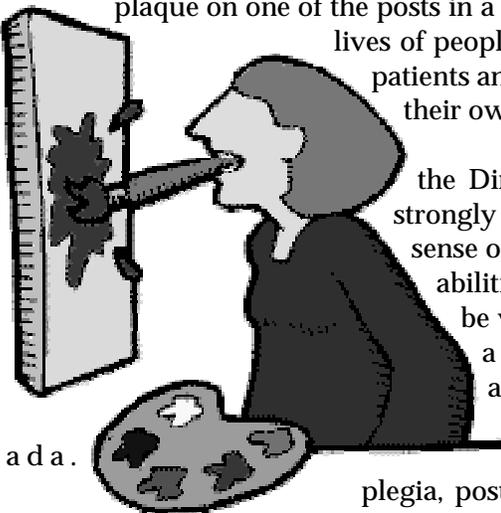
For over 70 years, Sunnyview Hospital has been striving to improve the lives of individuals with disabilities. Three years ago, Sunnyview took yet another step toward their goal. They organized an art show and covered the halls of Sunnyview with varied works. The mediums used were watercolor, oil, acrylics, colored pencil, egg tempera. Photography, sculpture, textiles, and functional art were also featured. Every year, the show contains 50 pieces of art that constitute two shows worth. If you happened to walk down the hall at the hospital, you would also notice a small plaque on one of the posts in a waiting room. The plaque reads: "Sunnyview Hospital's goal is to improve the lives of people with disabilities. It is our hope that our growing art collection will improve patients and visitors alike to reach beyond limitations and encourage everyone to explore their own abilities and creativity."

Although the art show has been running for three years, Wanda A. Fisher, the Director of Public Relations, has been organizing it for only one year. Fisher strongly supports the art show. "I think there's a real therapeutic value to art...it's a real sense of renewal for people." She hopes that it will help people to cope with their disabilities, and will act as an example showing others that people with disabilities can be very productive and beneficial to their community. Although it was originally a regional art show, the quality of the work displayed attracted much publicity and admiration. The show now includes contributors from far and wide. Artists send their paintings to Sunnyview from all over the United States and Canada. Parkinson's Disease, Multiple Sclerosis, quadriplegia, hemiplegia, T-8 paraplegia, post-Polio, strokes, Rheumatoid Arthritis, legal blindness, and muscle disorders are a few of the disabilities with which these artists have had to contend. Still, these serious disabilities have not stopped these individuals from continuing their penchant for art.

There are some particular artists whose disabilities are very profound, and their artwork is amazing. For instance, Stanley McEntire, a quadriplegic residing in Belgrade, Montana, paints with his mouth. Barbara Gallagher, after being stricken by a stroke, had to re-learn how to draw and write with her left hand because the stroke left her without the power of her right hand. Joseph Dawly has Parkinson's Disease and, although his original medium was realism, as the disease worsened, he lost control of his fine motor nerves and naturally changed to impressionism. John Adomec lives in Schenectady, New York and is afflicted by Parkinson's Disease. In 1999, he won the Colonie National Exhibit Award. These are only a few of the cases where people have learned to live with their disabilities and have not allowed the disabilities to slow them down.

The exhibition is open to all artists, regardless of experience or academic training, who have or have had a physical disability. However, all of the artwork must have been done after the onset of the disability. Both inexperienced and experienced artists are welcome to send in their art. Each artist must submit a minimum of 5 pieces, and a maximum of 10. Juror members do not take the disability into consideration when judging the art pieces. Sunnyview hosts an annual art show and sale, where all of the artwork exhibited throughout the year is displayed. Last year, the winner of the Best of Show Award was Tara Innmon's "Alone in the Hospital". The Juror's Choice Awards were given to Kathleen Flannigan for "Oasis Box," Charlotte Walwyn for "My Visit," Paula Grcevic for "Secluded in the Mountains," and Jim O'Toole for "Laromine River." Many of these pieces of art are bought by companies, hospitals, and personal collectors.

The Sunnyview Rehabilitation Hospital has provided a stage for individuals with disabilities to display their considerable talents and skills. They also provide the public with an opportunity to experience the beauty and wonder of the work of these artists. Sunnyview has made a considerable contribution in educating the public about the varied talents that many individuals with disabilities possess.



# Learn to be a Friend to Someone with Tourette's Syndrome

by Gina Shields, Lindenhurst High School

Tourette's Syndrome is a neurological disorder which compels the person who has it to make involuntary sounds and movements. Some people think Tourette's is a disease, but you do not die early if you have Tourette's. That is one of the major differences between a disease and a disorder. Tourette's is a condition you need to learn to live with and it may be difficult. By understanding it better, we may be able to help a friend who has it.

The involuntary sounds and movements made by someone with Tourette's Syndrome are called tics. These tics are not the kind of ticks that give you lime disease. These tics are more similar in meaning to the word habit. The only difference is that a habit is something you can quit. Smoking is a habit. It may be difficult to quit, but it's possible. Tics come and go on their own, and you have no control over them. If a tic makes you move in some way, like blinking a lot or twitching, it is called a motor tic. If a tic forces you to make a sound, like screaming or cursing, it is called a vocal tic. There are many different levels of Tourette's Syndrome. Some cases are minor and some are major. Most cases don't have to be treated with medicine but if a tic appears intolerably distracting or embarrassing to the person with Tourette's, medicine can be used to either change the tic or slow it down.

Still, the symptoms of Tourette's can make us uncomfortable or self-conscious around someone who has it. Our ignorance of the condition and what is causing someone's uncontrollable behavior may make us shy away from being friends. Overcoming our fears of being different can be a big challenge to us especially in high school where differences seem to matter a lot. We all value being an individual with unique characteristics but when someone seems really different and unique, most adolescents head in the opposite direction. Before running away from them, we may take time to make fun of or imitate the person. Let's think about this some more.

How do you know if you have Tourette's, and if you do, how serious is it? Doctors usually attempt a first diagnosis at the age group of four to seven, mainly because this is how early tics may start to appear. Sometimes the diagnosis comes much later. Jim Eisenreich, the famous Detroit Tiger's baseball player, didn't discover he had it until he was almost an adult. It is also important to note that one out of every five Americans have tics and do not have Tourette's. If parents observe their child's tics continuing for over a year, this is when the final decision is usually made that the child does in fact have Tourette's Syndrome.

## WE ARE ALL EQUAL

by Donovan Richards, Redemption Christian Academy

Just because I cannot hear or see,  
Does that make you better than me?  
Just because you have two legs and I have none,  
Does that make you better than me?  
Just because I cannot read as fast as you,  
Does that make you smarter than me?  
You may be able to hear and see,  
But I can smell the roses and I can feel.  
You don't think I can read,  
But I know Braille.  
Even though sometimes the road I take seems  
hard,  
I always finish regardless of how badly I may start.  
So ask yourself,  
Are you better than me?  
Or are you just blinded mentally?  
We all have some type of disability.  
So no, you are not better than me.  
We are all equal in God's eyes!



The presence of tics isn't the only sign to this syndrome. People with Tourette's Syndrome may have a condition called obsessive compulsive disorder (OCD) as well, which makes them check things many times and count things repeatedly. They may be afraid to step on the cracks in the sidewalk, and may have trouble sleeping at night. People who are unfamiliar with this condition may think all of these compulsive behaviors are silly and unnecessary. But we have to learn to respect the fact that a friend with OCD is struggling with these symptoms and usually doing the best they can to control them.

Once diagnosed with Tourette's there are many positive things that you can do. People with this condition can lead very productive lives. They can go to school and have their educational program accommodated to meet their needs. Just like everyone else in school, they need friends who will be supportive and understanding. By learning more about Tourette's Syndrome, you can be the one to provide the kind of friendship someone in your school may need.

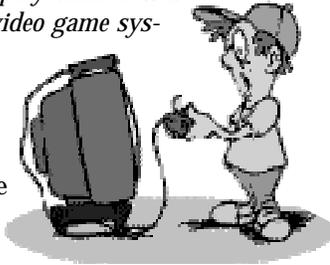
# ASK US

*By Frances Ford, Bethlehem HS &  
Jessica Murphy, Bishop Maginn HS*

Dear F&J,

*I have a son with a minor case of Multiple Sclerosis. He goes to his cousin's house quite frequently where they have a number of video game systems. Although my son adores these games, he lacks the coordination to play them. I was wondering if there are any special video game systems for disabled children?*

*-From a Mother in LA*



Dear Mother in LA,

Adaptive joysticks are made that enable you to play most games on SONY's PlayStation, Nintendo 64, SEGA Dreamcast, and Super Nintendo. They give you access to all the buttons on a regular controller but are easier to maneuver. These joysticks can be mounted on wheelchairs and tables too. Their cost is quite reasonable ranging from 20-50 dollars. There are also mouth controllers for people who have no use of their hands. For more information, contact KY Enterprises by calling 1-562-433-5244 or email them at info@quadcontrol.com.

Dear F&J,

*After watching all the recent school shootings on the news, I am very scared that the same thing will happen in my school. What are the warning signs that I can watch for in other students?*

*-Kathy*

Dear Kathy,

Though right now it seems like it's happening everywhere, school shootings are very rare. It's just when one happens, it is on the news all the time. You cannot live your life in fear. It is good, however, that you want to catch the problem before it endangers others. Most often the kids who are responsible for shootings have a history of antisocial behavior and misconduct in school. They may be the victims of abuse or ignored at home. Exclusion from the "in" group and peer rejection can also push a child toward violence. Another common sign is underachievement in school. If you recognize anyone in your school as displaying these behaviors. You should talk to your guidance counselor immediately. Don't worry about the person finding out, all tips are kept anonymous. The biggest thing everyone can do to help stop school violence is to be aware of those who feel left out. Try to include new people in your group and make everyone feel like they belong.

Dear F&J,

*I am a 15 year-old Freshman in a New York High School. I think your newsletter is cool and I want to write an article for it.*

*How could I become involved in your program?*

*-Mike Raderson*

Dear Mike,

Here's how to get an article published and sent out to 50,000 kids to read: Write a story, essay, poem or draw us a picture relating to disabilities and send it to the newsletter editor. See inside front page for the address. Thanks for asking.

Dear F&J,

*My cousin has recently been diagnosed with bipolar disorder. Although I know that this can be very serious, I am confused about what it is. I was also wondering whether or not there is a cure for this disorder.*

*-Sincerely Michael*

Dear Michael,

Bipolar disease is many times referred to as manic depression because people who have this disorder have extreme mood swings, from depths of depression to highs of mania. When they are in the manic stage they are hyperactive, need less sleep, and have feelings of invincibility. Yet, very rapidly they become very depressed and have periods of intense sadness. They very commonly have little to no energy and have trouble sleeping.

You are correct when you say that this disorder is serious. Yet, there are treatments available to your cousin that could help him tremendously. Many times doctors will prescribe medications, such as lithium, which can help stabilize the manic phase and prevent mood swings. Your cousin may also receive some therapy which will help him work through this. Although your cousin is going through a difficult time, remind him that through medication, therapy, and the support of his family, bipolar disorder can be treated.

Dear F&J,

*What is the difference between signing with the use of American Sign Language and signing with The American Manual Alphabet.*

*-Sincerely Mary*

Dear Mary,

American Sign Language (ASL) is based on ideas rather than words. Each gesture expresses a specific idea or concept. Similar to other languages, ASL has its own vocabulary, idioms, and grammar that are different from the English language. The individual signs, which are the elements of ASL,



*Ask Us continued on next page*

*Ask Us* continued from previous page

consist of handshake, position, movement, and orientation of the hands to the bodies and each other. In addition, space, direction and speed of movements as well as facial expressions are used to help convey meaning.

The American manual alphabet, also called the finger alphabet, contains twenty-six hand symbols, one for each letter of the alphabet. The symbols are used to finger spell individual words and are also used in combination with gestures for certain words or names. While conversations can be entirely fingerspelled, fingerspelling is more typically used to augment American Sign Language.

*Dear F&J,*

*I am in sixth grade and sit next to a boy who has difficulty with his speech. Many times I cannot understand what he is saying to me. Should I just nod as if I do understand or ask him to repeat himself?*

*-Sincerely Jane*

Dear Jane,

It is really much better to ask your classmate to repeat what he has said to you. While nodding may sometimes be okay, there will be many times when that response will confuse or frustrate your friend. Just be sure that you use a patient tone, the same tone you would use anytime you are unclear about what someone has said to you. Also, remember that by taking the time to ask your classmate to repeat what he has said you not only let him know that you are interested in his questions and ideas, but you also give him the opportunity to work on and improve his speech.

# ASSISTIVE TECHNOLOGY

*by Justin Leader, Rockland Community College*

Assistive Technology is a tool that helps individuals with disabilities use their own unique abilities to reach their goals. Assistive Technology is defined as any technological tools or devices that let people access communication, education, employment, or recreation, while living as independently as possible.

In schools, Assistive Technology is funded by the Individuals with Disabilities Act (IDEA). Through this program, there are many assessments and services that schools must provide to students with disabilities to enable them to receive a "free and appropriate public education."

For some disabled students, one of the most helpful new assistive technologies is voice recognition (also known as speech recognition). It allows someone to speak to the computer instead of using a keyboard or mouse to input data or control computer functions. It can be used to create text documents such as letters or email, to browse the Internet, and to move between applications and menus by voice. Many students have a disability known as dysgraphia, which causes difficulty and distraction when writing by hand. The use of a

computer for school writing helps students to manage this disability. For the deaf and hearing-impaired, there are assistive technologies such as vibrating alarm clocks, flashing doorbell signals and amplification devices.

Many thanks to the helpful resources available at the Alliance for Technology Access Resource Center. Contact that center and the other agencies listed below for more information:

Alliance for Technology Access Resource Center  
National office 2175 East Francisco Boulevard, Suite L  
San Rafael, CA 94901  
(415) 455-4575 voice  
(415) 455-0491 TTY  
E-mail: [ATAinfo@ATAccess.org](mailto:ATAinfo@ATAccess.org)  
Web site: <http://www.ataccess.org>

Rehabilitation Engineering & Assistive Technology Society of North America  
1700 North Moore Street, Suite 1540  
Arlington, VA 22209-1903  
(703) 524-6686 voice  
(703) 524-6639 TTY  
Web site: [www.resna.org/taproject/index.html](http://www.resna.org/taproject/index.html)



# Ex-Editor Continues Disability Awareness

by Colin Harte, Bard College

It's 8 o'clock in the morning and the corridors of Mill Road Elementary are busier than Grand Central Station. The only difference is that Mill Road students are about a foot shorter and ten times more energetic than your average Grand Central Station commuter. In comparison with the dorm room I have just left, these walls are papered with hundreds of drawings and paintings. The hallways could compete with any modern gallery in terms of sheer bulk and some critics might argue for their content as well. However, I did not wake up at 7 o'clock to view the Mill Road Elementary prized art collection. Instead, I am there to present the 3-step Disabilities Awareness program to several classes of supercharged fifth graders.

Standing in front of 30 or so fifth graders is a lonely position. I feel the burden of all teachers and start my presentation. It is a difficult curriculum to teach to fifth graders because of the many contradictions and situational circumstances. These fifth graders are sharp and ask questions whose answers could easily fill the rest of the year's class time. It is for this same reason that the presentation is such an enjoyable program. A ten-question quiz, designed to "pop" some of the myths about disabilities, is given to the students. The class discusses ideas about independence, differentiating between disabilities and emphasizing that the person comes before the disability. The quiz is an icebreaker that encourages the students to ask questions that pertain to the whole disabilities spectrum.

Once the students begin to feel comfortable, I am flooded with questions. Students are able to expand their knowledge on a variety of disability-related issues. The real challenge is to help them change their perception of people with disabilities. Students have to be convinced that a disability is a limitation and every human has his or her own limitations. A disability is not a sickness someone can catch like a cold. When the students begin to see that we are all equal, then the Disabilities Awareness program has really done its job. The students are stubborn at first to new ideas but, after challenging them, they begin to see the truth behind these ideas and start accepting them.

The second and third presentations are follow-up visits that seek to reinforce the same ideas presented in the first session using different activities. Students are engaged in the myth-popping process by participating in disability-simulation activities and in an arts and crafts project. The simulation activity gives the students a small taste of how frustrating certain disabilities can be. The exercises focus on mental disabilities such as dyslexia and ADD. After fifteen minutes, students have had enough and begin to understand the difficulties that people with these disabilities face.

The arts and craft project serves as a summary of what the students have learned from the previous two sessions and is not as strenuous. The project allows the fifth-graders to get creative and to show what they have learned from the program. The third session is the most enjoyable part of the whole process for me, because I get to see how their understanding of disabilities awareness has grown. The program helps clear up a lot of confusion among the kids about disabilities, and the art project lets them document their better understanding.

With the presentations finished, I hope that the students have learned as much from me as I have from them. I continue to present the Disabilities Awareness program as a part of fulfilling my Trustee Leadership Scholarship requirements, which pushes students to reach out to the surrounding communities near Bard College. Last year, I extended the relationship that I had as editor of the Newsletter by starting to teach the curriculum. It was the type of hands-on experience that makes getting up early in the morning worthwhile.

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*Autism* continued from page 1

havior. Through use of an ABA program contact is made with the child and data is collected. ABA is structured to whatever goal a child is trying to reach and the data collected allows therapists and parents to track success. It addresses such important issues as toileting and feeding skills. It helps children with autism learn and everyone in the child's life can be involved.

One of Dr. Newman's many books, *When Everybody Cares*, written in 1996, includes a series of vignettes describing his work with children and adults with autism. He makes the point over and over that therapists

do not just change an individual's behavior through the use of ABA, but leave a portion of themselves with everyone they treat. It is impossible to meet Dr. Newman and not recognize this quality in him. It must be the reason he is such a success at what he does. It was clear to each of the members of the editorial board that kids with autism have been enriched by his devotion to them. In his many roles as teacher, therapist, and author he has made a difference by raising awareness of people with autism. We thoroughly enjoyed meeting him.

# Lunch with Helen Keller

by Ashley Jacobson, Pittsford Sutherland High School



Helen Keller was one of the most successful people in the world. She helped in so many ways to change many people's lives. She was a very humble person despite her successes. I want to tell you about a story I read which touched me and shows what a special person Helen Keller was.

In the summer of 1950, a woman in Italy was asked by a neighbor to pick up two women at a nearby hotel. The reason why her friend, Margot Besozzi, couldn't pick them up is because her jeep was getting repaired and that was the only car they could take to get up the very steep hill to her house. The women of course said that she would be delighted to pick them up. She asked Margot, "whom should I ask for at the hotel?" and Margot replied, "Miss Helen Keller."

She could not believe that she was going to pick up Helen Keller at the hotel. She was so excited that she started to dream about when she was a little girl and her father had given her the story of Helen Keller written by Annie Sullivan. When she arrived at the hotel, she got out of her car to greet Helen Keller and Polly Thomson. She took Helen's hand and placed her in the car with Mrs. Thomson. Then it came to her mind that they were going to be taking a very dangerous ride when they were to go up to the house. There were no sides to the car, so when she took very sharp turns, she was afraid that Helen might fall out of the car. So she warned them about the sharp and steep turns. When they got to this part of the journey, Helen started to sing, "This is fun!" and then she cried out, "Lovely!" When they reached the house, she helped the two women out of the car to greet Margot. She was invited to have lunch with Margot, Mrs. Thomson and Helen. They drove to the restaurant and went to sit down at their table. When Helen sat down, she felt around her area so she knew where her fork, spoon, knife, and plate were, and sat patiently.

After they finished lunch, they were sitting around taking about Italy, and Helen was talking about where she wanted to visit. She wanted to touch all the sculptures and flowers in Italy. Helen said, "There is so much I'd like to see. So much to learn. And death is just around the corner. Not that that worries me. On the contrary." Then the women asked Helen if she believed in life after death. Helen replied, "Most certainly." It is no more than passing from one room into another. There was silence for a moment. Then Helen said very slowly, "But there is a difference for me, you know. Because in that other room, I shall be able to see."

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## "YES, I AM DIFFERENT"

by Bryan Barnes, Garden City High School

I am different, so accept me. Even though I have physical disabilities I am still a normal human being.

When I was four I had a brain tumor. The surgery left me with a paralyzed arm, crossed eye and a deaf ear. To make matters worse, the paralyzed arm was also my writing hand and I had to learn to be right-handed. When I was transferred from North Shore Hospital to Rusk Institute for Rehabilitation in New York City, I learned to use a wheelchair and was fitted for a brace that extended from my hips to my ankles.

After a year of that imprisonment, I started school. At school, I saw the other kids walking and I knew that I had to be able to walk also. My therapist, Phil Koch, gave me a walker and cut the bars that connected the brace to my hips to enable me to walk.

Over the years, I became a rebel and often disagreed with my elders. If I didn't like something, I fought against it until I won. One example, when I started Stewart School, I had to wear a helmet for protection. I hated it because I knew I could walk without it. From second to fourth grade, I protested wearing the helmet. I kept fighting, but I knew I needed an event that would show others the injustice of having to wear a helmet. That occurred on my fourth grade field day. I was about to run the one hundred yard dash when my aide, Mr. Maddan, insisted we had to go inside to get my helmet. When I came back, the race was over and I was mad. I refused to participate in the rest of the events in protest. When I got home, I called my neighborhood friends and asked them to come over to help me destroy the helmet. For twenty minutes we played baseball with the helmet and my metal crutch.

*Different* continued on page 13

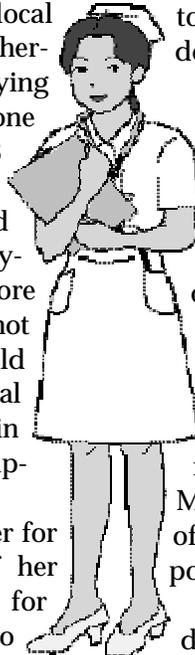
# What Anne Taught Me

by Tai Daniels, Lindenhurst High School

Anne, a registered nurse, is known for her exuberant personality. Talkative, always having an interesting story to reveal, she automatically owns your attention. Someone meeting her for the first time is likely to be fascinated by this flamboyant woman whose liveliness makes her the "life of the party."

Only those she is close to know how excessive her moods are. Anne often goes off in too many different directions, making plans to take part in the local church bake sale, open her own lamp store, sew herself a new dress with original designs, all while dying her hair. She thinks nothing of picking up the phone and calling an old friend from high school at 3 A.M. since she needs practically no sleep. It doesn't occur to her, however, that her friends do need sleep. She is known to spend money recklessly, buying expensive antiques or artwork to merely store them in her garage. She takes risks in her car, not realizing the consequences of her actions. A wild comedian, and colorful storyteller, she's a virtual filing cabinet of advice on various topics that, in reality, she knows nothing about. This is a description of Anne during a manic phase.

Anne had been living with bipolar disorder for many years without diagnosis. During one of her manic episodes, she determined it was due time for cosmetic surgery. The doctors, required by law to do so, conducted both physical and mental tests on Anne. They noted an inconsistency in moods, but failed to see the underlying problem. The operation was performed, and she was sent home for recovery. She did not heed the doctor's directions for healing, going about her day, in her usual ostentatious fashion. Her family came to visit her and a simple argument with them about directions to a store, set her into a fateful rage. She went into a major depressive episode which can occur with people who have a bi-polar disorder. She was admitted into the hospital, and finally diagnosed.



Bipolar disorder, also known as manic depression, often goes undiagnosed. It can run in families leading some researchers to believe that a genetic component to the illness is possible. Research is ongoing to try to identify the genes that may be responsible. Stressful life events can trigger the illness in some susceptible individuals, but the nature of the susceptibility is not clear. Manic phases can last anywhere from a few days to a few months. Bipolar disorder is a chronic disorder, but fortunately, there is treatment available.

The most common, and oldest treatment is the mood stabilizer Lithium. However, many other anti-depressants can also be prescribed. Individuals with a bi-polar disorder sometimes decide not to take their medications, saying that they are "feeling better." Some stop taking medications because they miss the elevated (manic) feelings that are one part of their disorder. They often go off medication meant to stabilize them in order to recapture that elevated feeling. We can all relate to the desire to be free from medications and to enjoy feeling energetic and full of life, like Anne did. Monitoring medications becomes a challenging part of working and living with people who have a bi-polar disorder.

If you need more information about bi-polar disorders, contact the National Depressive and Manic Depressive Association, 730 Franklin Street, Suite 501, Chicago, IL 60610. Educate yourself about the illness and its treatment. Become aware of your mood states and learn to recognize the warning signs of an impending relapse. If treated early, a full relapse may be prevented. If you learn to recognize the signs you can seek help as soon as possible. Exercise regularly, and establish regular sleep habits. And finally, there are several support groups for people with bipolar disorder which can provide a wealth of information and practical advice. Knowing you are not alone can be the greatest comfort of all.

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*Different* continued from page 11

We simply destroyed it.

Events like this helped me to show people that I can be normal. I'm now entering my tenth year since the surgery, but its effects still live on. After eleven surgeries, I still look strange and my walk is affected, but I always try to be normal. I have progressed from a wheelchair to walking without a cane or crutches and now I only wear one leg brace.

My progress has allowed me to think that I can be the same as my peers, but I know that wish will be hard to grant. No matter how hard it is, I don't care because I will always fight and never give up. I know I am different, but I ask you to accept me as I am. Hate and discrimination exist everywhere. In school, people are tormented about how they dress, who their friends are and how they act. We should accept others equally. Before you judge people just by their outside appearances, take the time to learn who they are on the inside. You might be surprised that they have similar interests or a nice personality. The old adage is really true. "Never judge a book by its cover."

# Help Me Make Our Places of Worship Inclusive Settings

by *Elena Anadolis,*  
*The Renaissance Charter School*

I am a fifteen-year-old Greek-American. Allow me to tell you a few words about my family. I have a brother named Stathi who is twenty-one years old. I also have a twin sister named Elizabeth. Due to complications at birth we both have Cerebral Palsy. My sister is in a wheelchair and attends a specialized education program. I myself attend general education classes within the New York City public schools. At this point, Elizabeth is unable to enter many Greek Orthodox churches. This saddens me greatly for I would like the five of us to attend church as a family. Please join me as we walk together through an average Sunday morning.

The alarm rings at 8:30 and I drag myself out of bed. It's Sunday morning and church begins at 10:30. Once I am dressed, our mother drives me to our local Greek Orthodox Church. It would be fine to drop me off in front, however our church has a huge heavy door, one which I am unable to open on my own. My mother has to double park, open the door for me and, once I am in, she must find a parking spot. Inside I am able to ambulate to a seat. Just to inform you, I walk with the help of two canes. It is my limitation, not my dis-

ability.

My heart begins to ache, not for my physical limitation, but for the emotional limitations of many parishioners. Some people push their way through the church doors in order to get a good seat and literally push me out of the way. If I didn't have my mother to hold on to, I sometimes think I will fall to the ground. When I walk inside the church, I see women staring at me. If in fact they think of me as a disease, is this the message they want to communicate to their children? Kindness and acceptance ought to guide us, particularly in the house of God.

At the age of eleven, I began Sunday school. My parents and teachers taught me that church is the house of the Lord where all people are welcome. I learned that Jesus Christ opened his heart to all human beings and did not discriminate. However, what I saw firsthand didn't always match that doctrine. My experiences have left me with many questions. Why do people go to church if they do not follow its teachings? Isn't it hypocritical to send your children to Sunday school, without teaching any religious values of your own at home?

Does tradition or ignorance drive people's actions? Why isn't the church more accommodating and accessible to individuals with physical disabilities/limitations?

Within the Greek community, I feel that we need increased awareness and sensitivity to the special needs of people with disabilities. When people with and without disabilities attend school together and work side-by-side, the whole of society is enriched and enlightened. All individuals can then be embraced and accepted equally. We are taught Christ embraced and accepted everyone without discrimination. The clergy should emphasize such tolerance and acceptance to peoples' various needs, whether physical, emotional or psychological. For example, Greek Orthodox churches and all other places of worship should begin to install lifts and/or ramps (as needed) so that all people with difficulties can enter their church to pray. My dream is to see every effort made to ensure persons with special needs feel welcome. I hope that I as I grow older I will be able to change the thinking and behavior of the members of my religious community. Please help me with this awesome task.

## WE NEED YOUR HELP!!!

We are looking for creative dedicated students in grades 8-12 who are interested in writing articles, creating artwork, taking pictures, doing layout or designing websites. To find out more please contact us at:

Email: [DAN@cqcapd.state.ny.us](mailto:DAN@cqcapd.state.ny.us)

Or

Attn: Disabilities Awareness Newsletter

NYS Commission on Quality of Care and Advocacy for Persons with Disabilities

401 State Street

Schenectady, New York 12305

# Independence

by Sarah Nettleton, Fairport High School

You say I need to be independent.  
 You demand that I tie my shoes and zip my coat.  
 You push and push and never stop to think how I feel.

I have been trying to zip my coat and tie my shoes since I was four years old.  
 Everyone has tried to teach me.

Everyone complains that I should have learned this before.  
 No one understands.

I would love to tie my shoes and zip my coat all by myself, all the time.  
 I would also love to talk with my voice, run, jump and be a regular kid.

My disability prevents me from doing the things I want to do.  
 It makes my body move like Jello.

I can't always get my body to move like I want it to.  
 I get very frustrated, yet you don't understand.

You say I am not focused, not trying, not doing what I did yesterday.  
 You don't understand that if I could do it, I would.

I hate being the one who needs help.  
 I have learned that people value you less if you need help.

Everyone needs help with something.  
 People just like to believe they are independent.  
 So please think about the things you need help with,  
 Like understanding homework, car repairs, programming the computer,  
 Tax forms, getting a ride somewhere, cleaning your gutters,  
 Being on time, finding things you lose and many other things.

You aren't as independent as you think.

Please give me the help I need when I need it.  
 It is hard to always feel bad because I can't do certain things.

You need to see independence differently.  
 Independence can be very isolating.

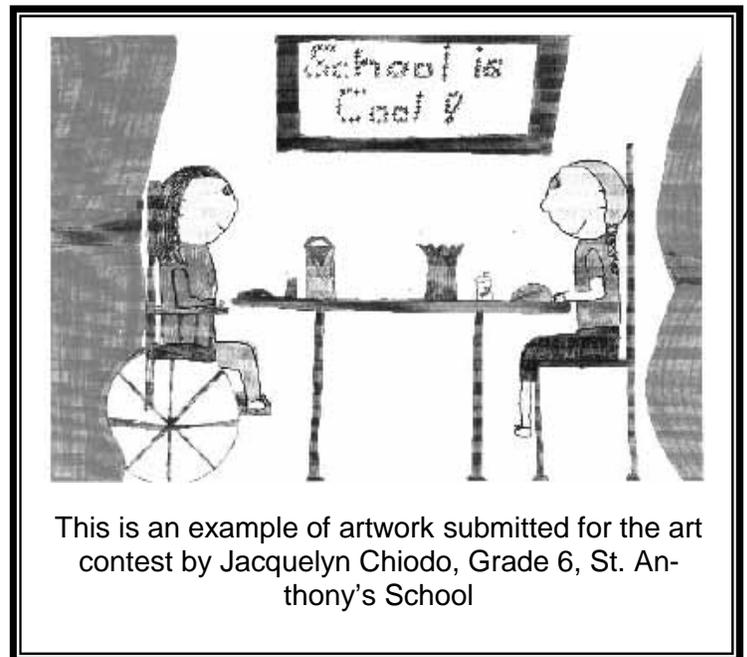
I want to be independent.

I need you and you need me.

There is strength in recognizing you need others.  
 Be careful about thinking you are great because you are able to do things alone.

Be careful about thinking how superior it makes you feel.

Some day you will learn the hard lesson about independence.



This is an example of artwork submitted for the art contest by Jacquelyn Chiodo, Grade 6, St. Anthony's School

# An Interview With Bill Munster

by Matthew Cushing, Albany Academy

We know that the Disabilities Awareness Newsletter has many interesting readers because some of them send us letters commenting on different articles. We always learn more from our readers than they learn from us. Recently I responded to Bill Munster's letter of applause. He found a copy of our Newsletter in his high school mailbox and wanted to congratulate us on getting the word out about disabilities. He has been an English teacher for twenty-five years. He also has a hearing impairment and does a lot to raise awareness among his own students.

I learned from communicating with him that Bill's hearing impairment hasn't prevented him from teaching and it doesn't stand in his way of pursuing writing as a hobby. For the past three years, he has contributed a monthly creative column on journal writing for *Literary Cavalcade*, a magazine that reaches over 250,000 students. *Literary Cavalcade* is published by Scholastic Publications, which also publishes the Harry Potter books. An avid writer, Mr. Munster has his own magazine *FOOTSTEPS*, which he has been publishing for 20 years. When asked about his love for writing, he simply replied "I don't have to hear anything when I write."

Hearing impaired from an early age, Bill has had seven operations on his ears. In 1965 he had a radical mastoidectomy. This procedure intrigued me so I looked it up on the Internet and found a brief description written by Dr. Mark Loury. A mastoidectomy is a surgical procedure to remove all or part of a mastoid bone which is the bone directly behind the ear. It is usually done if a person has an infection or inflammation of the mastoid. Bill has no hearing in his left ear but he wears a hearing aide in his right ear where he does have some hearing.

Thinking about how our Newsletter is always trying to raise kids' awareness of disabilities in order to encourage them to make friends with their disabled classmates, I asked Bill what his experience as a kid had been. He told me he was routinely picked on by kids in school. He remembered when he felt the stigma of being disabled.

"When asked to read something aloud, I would not know when teachers told me to stop reading because I couldn't hear their voices above my own. It wouldn't be till the class started to laugh, or yelled, 'SHUT-UP, MUNSTER!' that I realized I was being spoken to."

Bill learned the value of humor at an early age. He still maintains his humorous attitude, frequently reminding his students to treat him like Julius Caesar and "walk and talk" on his right side. Julius Caesar was also hearing impaired. Bill also needs to remember to look in the direction of someone talking to him and to concentrate on what is being said. He doesn't do well with background noise and consequently avoids parties.

And life is not without its hardships. He doesn't have a telephone with volume control at his work place or a quiet place to use the telephone. But he continues to deal with his hearing impairment as best he can and he handles his frustrations with patience.

His daily routine is similar to anyone else who has to get up and out of the house for work every day. After showering, he puts on his hearing aide. He doesn't listen to any music on the radio with bass because he can't hear bass and he uses closed captioning on his TV set. After his day teaching at school he stops for his mail on the way home because he is a writer and is always awaiting a response from someone he may have sent an article to. If he is not working on his column he may be reading a Stephen King novel. He also enjoys his home DVD player. Bill says that people with hearing impairments have a way of seeing things beautifully. They're visual people and that is probably why he is such a great movie fan.

Not long ago he took an American Sign Language course but like most people who study a foreign language, he hasn't had anyone to practice it with and has lost a lot of his fluency. Maybe someday he will teach creative writing to students who are deaf and pick it up again.

I look forward to reading Bill's recently completed novel about a character who is deaf. Keep in touch and let us know when it's published, Bill!

