

# BRSS TACS

Bringing Recovery Supports to Scale

TECHNICAL ASSISTANCE CENTER STRATEGY

## Increasing Access to Treatment and Recovery Supports for People with Disabilities: Overview

*This content is part of a set of informational sheets about improving access to recovery supports. Related topics include mobility limitations; disabilities affecting reasoning, memory or learning; deafness or hearing loss; and blindness or vision loss. Refer to the accompanying **Tips and Suggestions to Increase Accessibility** table to assess your organization's readiness and overall accessibility.*

According to the United States Census Bureau, nearly one in five Americans lives with a disability.<sup>1</sup> The spectrum of disability ranges from conditions that are easily observed by others, including physical disabilities that result in wheelchair use or other assistive devices, to less outwardly apparent conditions such as traumatic brain injury and chronic pain.

On average, people with disabilities are more likely than people without disabilities to develop substance use disorders (SUD)<sup>2</sup> or to experience poor mental health.<sup>3</sup> Yet many encounter difficulties finding treatment and recovery supports that are accessible. For this reason, it is important to make accessibility a priority in developing recovery support services.

### Selecting Person-First Language

Person-first language refers to individuals as people first (as opposed to naming their disabilities first) and is essential to demonstrating respect.<sup>4</sup>

Here are some examples of person-first language to use and outdated language to avoid.

Person-First Language	Outdated Language
People with disabilities	The disabled, the handicapped
Person without a disability	Normal person, healthy person
Person who uses a wheelchair	wheelchair bound, crippled
Person with an intellectual disability	Retard, mentally retarded
Person with a physical disability	Lame, deformed, invalid
Person in recovery	Recovering addict
Person who is blind	Blind person
Person with a mental illness	Crazy, mentally ill
Person with spinal cord injury, person with paraplegia, quadriplegia, or paralysis	Cripple, gimp
Person with (name of condition)	A victim of (name of condition)

### Connection between Disability and Recovery

The Americans with Disabilities Act of 1990 recognizes people with behavioral health conditions as having protected status. This includes people in recovery from substance use disorder (SUD) and those living with serious mental illness (SMI). More information about the rights of people living with SMI or SUD is contained in the SAMHSA publication [Know Your Rights](#).<sup>6</sup>

Individuals in recovery can and do take part in activities at local Centers for Independent Living (CILs). CILs are community-based, cross-disability, non-profit organizations designed and run by people with disabilities. They offer peer support as well as individual and system-level advocacy. There are more than 400 CILs embedded in communities across America. A directory of CILs is available on the [Independent Living Research Utilization website](#).<sup>7</sup>

Independent living philosophy has much in common with recovery-oriented approaches. Both are based on the concept of self-determination and seek to reduce discrimination. Organizations can learn more about creating more welcoming and inclusive environments by reaching out to local CILs for ideas on addressing facility-related and programmatic barriers, building referral relationships, and identifying areas of common purpose.

In recent years, advocacy and education about people with disabilities have led to important changes in the language used to describe various conditions. For example, Rosa’s Law (Pub. L. 111-256) replaced the term “mental retardation” with “intellectual disability” in all official federal usage.<sup>5</sup> Similar changes have taken place at the state level. Although the descriptors “special”, “challenged”, “suffers from”, and “afflicted with” are widely used and the names Special Olympics and Very Special Arts are well established, some people object to these and other euphemistic terms.

## Language Land Mines

Some individuals with disabilities may use abbreviated terms to describe their own disability. For example, some individuals with spinal cord injuries may refer to themselves as a “para” or a “quad.” This does not mean that others may use these labels. Even the terms “disabled” or “disability” can be problematic. Some people with a condition that is recognized by the ADA may find this suggestion insulting because they do not consider themselves to be disabled.

## General Etiquette

Always ask before trying to physically assist people with disabilities. Do not push or touch an individual’s wheelchair or other mobility aid without their permission. Also, be aware of an individual’s reach limits by placing necessary objects close enough for easier access. Do not bend over to talk to an individual who is using a wheelchair or presume that the person with a physical disability has any other disability. If the individual has a companion with them, make sure to direct conversation and eye contact towards the person with the disability, not their companion. Finally, instead of inquiring if someone is disabled, ask if they have specific needs that may require program accommodation or facility adaptation.

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## Notes

1. United States Census Bureau, “Nearly 1 in 5 People Have a Disability in the U.S.,” news release, July 25, 2012, <https://www.census.gov/newsroom/releases/archives/miscellaneous/cb12-134.html>.
2. Raymond E. Glazier and Ryan N. Kling, “Recent Trends in Substance Abuse Among Persons With Disabilities Compared to That of Persons Without Disabilities,” *Disability and Health Journal* 6, no. 2 (2013): 107–115. <https://doi.org/10.1016/j.dhjo.2013.01.007>.
3. Jin-Won Noh et al., “Relationship Between Physical Disability and Depression by Gender: A Panel Regression Model. *PLOS One* 11, no. 11 (2016): e0166238. <https://doi.org/10.1371/journal.pone.0166238>.
4. “Portrayal of People with Disabilities,” Association of University Centers on Disabilities, 2011, <https://www.aucd.org/template/page.cfm?id=605>.
5. “Rosa’s Law” (PL 111–256, 5 October 2010). <https://www.gpo.gov/fdsys/pkg/PLAW-111publ256/pdf/PLAW-111publ256.pdf>.
6. Substance Abuse and Mental Health Services Administration, *Know your Rights: Parity for Mental Health and Substance Use Disorder Benefits*. HHS Publication No. SMA–16–4971, (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016). <https://store.samhsa.gov/product/Know-Your-Rights-Parity-for-Mental-Health-and-Substance-Use-Disorder-Benefits/SMA16-4971>.
7. “Directory of Centers for Independent Living (CILs) and Associations,” *Independent Living Research Utilization*, vol. 39, 2017, <http://www.ilru.org/projects/cil-net/cil-center-and-association-directory>.

## Want more information?

The following resources may provide you with further information and guidelines on providing care for people living with disabilities:

- [SAMHSA TIP 29: Substance Use Disorder Treatment for People With Physical and Cognitive Disabilities](https://store.samhsa.gov/product/SMA12-4078) (<https://store.samhsa.gov/product/SMA12-4078>)
- [Effective Communications for People with Disabilities: Before, During, and After Emergencies](https://ncd.gov/publications/2014/05272014) (<https://ncd.gov/publications/2014/05272014>)
- [The National Council on Disability: Resources](https://ncd.gov/resources) (<https://ncd.gov/resources>)
- [Information and Technical Assistance on the Americans with Disabilities Act](https://www.ada.gov) (<https://www.ada.gov>)