

MAKING CLIENTS WITH DISABILITIES FEEL WELCOME

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>You and a friend enter a restaurant and are seated by the

>maitre' d. After perusing the menu, a waiter approaches to take

>the order. Your friend chooses the daily special, and, to your

>consternation, the waiter disregards you and asks your friend

>what you would like to order. Although this situation seems

>implausible, it is a commonly played out scenario in the lives of

>disabled people. The waiter in this case does not want to

>offend, but is unaware of how to interact with a disabled patron.

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>One of the most common and disturbing experiences for people with

>disabilities is being infantilized or disempowered by members of

>the nondisabled community. Waiters are not alone in their

>feelings of discomfort in the presence of a disabled person.

>Store keepers, theater managers, hotel clerks and even >veterinarians and their staffs may not know the rules of

>etiquette when meeting and interacting with a person with a

>disability. By getting beyond the veil of fear and incorporating

>the people first concept, you and your staff can become

>comfortable in interacting with such clients. Knowledge of

>preferred patterns of interaction will have a positive impact on

>your practice in terms of client satisfaction and retention.

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>Current estimates place the number of disabled Americans at 54

>million. Based on these figures, one out of five clients may be

>classified as disabled and covered by the regulations of the

>Americans with Disabilities Act (ADA). Although provisions of

>the ADA, such as ramps, wide doorways and accessible toilets,

>apply to the physical aspects of your practice, in this session

>the authors will focus on accessible and welcoming attitudes and

>behavior.

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> From the receptionist answering the phone and greeting the

>client, to the veterinary technician taking the history or

>getting the animal's temperature, to the veterinarian working

>with patient and client, a number of general recommendations can

>be made to increase the comfort level of clients with >disabilities.

>

>GENERAL CONSIDERATIONS

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>Many disabled clients visit their veterinarians accompanied by a

>friend, paid assistant or volunteer. As blind clients we

>usually have someone drive us to the veterinary clinic. Some

>individuals in wheelchairs may be accompanied by personal

>assistants. Deaf clients may bring along a sign interpreter. In

>such cases, staff members should recognize that the disabled

>person is the client and every effort should be made to directly
>communicate with that individual. If a sign language interpreter
>is present, it is proper to ask Tom what his cat's symptoms are.
>It is insensitive to say to the interpreter, "Ask Tom what his
>cat's symptoms are."
>
>Clients with different disabilities have different needs. Even
>those with the same disability have developed a wide range of
>adaptive techniques. As an example, some blind people prefer to
>be guided by a staff member, while others prefer using their
>guide dogs or white canes in maneuvering around your veterinary
>hospital. A friend whose disability causes extreme fatigue,
>tells us that her veterinarian will alter his routine to assist
>her. When her condition makes it difficult to deploy the
>wheelchair lift and use the ramp into the office, he comes out to
>her van for routine examinations and vaccinations of her dogs.
>
>When in doubt, ask the disabled client what, if any, accommodation would be helpful. It's never all right to assume
>you know what accommodations are needed. It's always all right
>to ask. By taking this approach, you empower the disabled
>client to express and meet his/her specific needs.
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>Many disabled people do not drive. These clients depend on
>public transportation, friends or taxi service to meet

>appointments. Therefore, it would be helpful to have a flexible
>scheduling policy for such clients. For example, when we need to
>schedule an appointment in advance, we have time to coordinate
>getting a ride to the office. However, if we need to get in that
>day, we appreciate the ability to negotiate a time depending on
>when a friend or driver is available.

>
>When initially meeting a disabled client maintain eye contact and
>offer to shake hands. Relax. Don't be embarrassed if you use
>common disability-related expressions such as "See you later,"
>"I've got to be running along" or "Have you heard about that."

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>Some disabled clients will be bringing pet animals into your
>practice, but others will be accompanied by guide, hearing or
>service dogs. Despite the fact that most assistance dogs look
>like they want to be petted, staff members should take their lead
>from the disabled client. Although you and your staff may be
>tempted to greet the dog with enthusiasm, many disabled clients
>would prefer the dog be released from duty with the removal of
>harness, backpacks, capes or other working equipment before
>greeting everyone. The etiquette of assistance dog equipment
>removal should be discussed with the client. Just as a nurse
>would not undress a human patient, staff should not undress a
>working dog without the partner's permission.

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>SPECIFIC DISABILITY CONSIDERATIONS
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>Blind Clients
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>For blind and visually impaired clients, verbalizing is an essential tool in effective interaction. Each member of the staff should introduce him or herself by name and title and indicate when she/he is leaving the room. A common and disturbing experience of blind people is to be talking with someone and continue the conversation not realizing the other person has left the area. All staff should avoid using the four words most dreaded by blind people, "here," "there," "this" and "that." A receptionist suggesting that a blind client take a seat over there and complete the information asked for on this form can create a difficult situation. Pointing a finger and nodding the head breaks down rather than fosters communication.

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>Hearing the veterinarians or technicians comments as the animal is being examined is helpful because the client cannot see what is being done. Commenting that the pet's heart sounds strong, the lungs are clear or the skin looks good can ease a sense of anxiety.

>
>Blind clients may need hands-on demonstrations of treatment

>procedures, such as ear cleaning, administration of eye drops,
>giving a pill, changing dressings, etc. Syringes can be notched
>to indicate the proper level of liquid medication to be
>administered. If more than one medication in similar containers
>is prescribed, some technique such as the use of rubber bands can
>be used to differentiate the containers. If pills need to be
>split, a staff member can offer to provide that service. If
>print hand outs are provided for new pet owners, it would be
>helpful if a staff member would offer to read the material for a
>blind client who does not have access to readers. If forms need
>to be filled out, offer to take the client aside to fill in the
>requested information. Because adaptive techniques differ, blind
>clients should be asked about the preferred accommodations.
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>Deaf Clients
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>People who are deaf or hard of hearing communicate in a variety
>of ways. Some may employ sign language interpreters, some may be
>speech readers and others may prefer communicating in writing.
>If the client is a speech reader, face her/him, speak clearly and
>expressively, using body language wherever possible. Raising the
>voice is usually not helpful. Unlike the blind client who needs
>verbal articulation, for the deaf or hard-of-hearing client

>communication is contextual. It is suggested you use
>as many
>gestures, facial expressions and eye movements as
>possible.
>Providing a written version of instructions is
>important for most
>clients, but is even more essential for those with
>hearing
>difficulties.
>
>Under Title Four of the Americans with Disabilities
>Act (ADA),
>each state must provide telephone service for those
>who cannot
>benefit from amplification. The relay service,
>accessed by
>dialing 711, puts you in touch with a trained
>operator. The
>relay operator transcribes your spoken words into
>typescript
>which appears on a screen or on paper on the deaf
>person's
>telephone. The deaf client then types a response on
>the text
>telephone which the operator reads and transmits back
>to you
>orally. If the client can speak, the voice-over
>system may be
>selected. In this case, your communication is
>transmitted as
>typed text, but the client communicates directly with
>you. An
>additional mode of communication preferred by many is
>e-mail.
>This mode breaks down communication barriers.
>
>Clients with Communication Disabilities
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>Just as hard-of-hearing clients may have difficulty
>understanding
>your spoken language, you may have difficulty
>understanding those
>with disabilities such as cerebral palsy, stroke or
>traumatic

>brain injury. In this case, you should not pretend to understand
>what is being said. You will not embarrass or distress your
>client by admitting your non-comprehension and asking the client
>to repeat or write down his/her comments. The 711 relay service
>has operators specially trained to handle these communication
>issues over the phone.
>
>Give your full attention when communicating with persons with
>speech impairments. Be patient, and do not try to complete
>sentences or speak for them. When necessary, ask short questions
>requiring short answers, a nod or a shake of the head. Never
>pretend to understand if you are having difficulty doing so.
>Repeat what you think you heard, and look for clarification from
>the disabled person. Remember, impaired speech is not synonymous
>with impaired cognitive ability.
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>Physically Disabled Clients
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>Some physically disabled people may use wheelchairs, scooters,
>crutches, or canes. Because people vary tremendously in their
>hand strength and motor skills, individualizing treatment plans
>is best. If the client is physically unable to carry out the
>treatment protocol, ask if he/she would like you to speak with
>the person who will be responsible for medicating the animal.
>

>Many wheelchair users feel uncomfortable always interacting with
>people who are standing. If possible, after examining the
>animal, sit in a chair when talking with such a client. This
>places you at eye level and breaks the need for the wheelchair
>user to be looking up. It may also provide the opportunity for
>you or a staff member to get a little rest from being on your
>feet all day.

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>People with Hidden or Invisible Disabilities

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>The vast majority of people with disabilities as defined in the
>Americans with Disabilities Act will not be identified as such by
>you or your staff. Their disabling condition may be psychiatric
>or the result of non-observable diseases, such as epilepsy,
>cancer, heart condition, diabetes, etc. If a client who appears
>to be able-bodied requests assistance, ask how you and your staff
>can be accommodating. An underlying tenet of the ADA is that a
>person with a disability does not have to reveal his/her
>disability to receive an accommodation.

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>For the growth of your practice, satisfied clients are your best
>recruiting tool. Treating clients with disabilities with respect
>and consideration, and letting them know they are welcome, is
>your best form of advertising.

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YOUR PATIENT HAS A JOB AND NEEDS TO STAY FIT

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>With more than 25,000 guide hearing and service dogs working in

>the United States and the number growing on a daily basis, more

>veterinarians and their staffs will be seeing disabled clients

>and treating their assistance dogs. For the most efficacious

>treatment protocols to be developed, knowledge of the jobs

>performed by canine assistants is essential. Wellness maintenance

>and treatment of acute and chronic conditions must be tailored to

>the needs of the disabled client and the canine patient.

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>WHAT KIND OF WORK DOES YOUR PATIENT DO?

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>Guide dogs for the blind have been known in this country since >1929, but more recently, dog power has been harnessed to assist >people with other disabilities. Guide dogs assist their blind >and visually impaired teammates to safely negotiate the unseen >environment. They stop at curbs and steps, navigate around >obstacles, locate entrances and exits and avoid moving objects >including cars, bicycles, shopping carts and people. Guide dogs >are taught intelligent disobedience and will refuse a command >they perceive as dangerous or unreasonable.

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>Hearing dogs assist their deaf and hard of hearing teammates by >alerting to unheard sounds in the environment. These dogs make >physical contact with their partners and usually lead them to the >source of the sound. Dogs will alert to the smoke alarm, door >knock or bell, telephone, alarm clock and kitchen timer. Among >other things, hearing dogs can be trained to respond to a baby's >cry or an emergency siren. Although much of the work is done in >the home, alerting to sounds of traffic and the deaf partner's >name being called are tasks taking place in public settings.

>

>Service dogs assist people with disabilities other than blindness >and deafness in a variety of ways. One of their usual tasks is >retrieving dropped or requested items. They also turn switches

>on and off, open and close doors, push elevator buttons, pull
>wheelchairs and act as support for people with balance problems.
>Dogs can be trained to respond to seizures. Newer tasks reported
>to be in the repertoire of some service dogs include alerting to
>medical crises and detecting disease. Among these are diabetic
>lows, panic and angina attacks.

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>HOW IS YOUR PATIENT RECRUITED INTO THE JOB?

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>More than 100 non-profit programs train and place these
>incredible canines with their disabled partners at no or minimal
>cost. Dogs are acquired for assistance work through planned
>breeding, donation and/or rescue. Some programs utilize puppy
>raisers, while others deal with adult dogs who can be put right
>into training. In some cases, disabled students must attend a
>residential program, in other cases the team training takes place
>in the students' home areas and in some situations, disabled
>people train their own dogs or hire a trainer. With the
>increasing demand for service dogs and their limited supply,
>larger numbers of disabled people are taking this last approach.

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>All assistance dogs are trained to a high standard of public
>behavior. That includes no barking, snarling or aggressive
>posturing. In addition, the assistance dog must be under the
>control of the disabled handler at all times.

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>WHAT BREEDS WILL YOU SEE IN THE OFFICE?

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>When the only assistance dogs being trained were guide dogs, the

>three breeds dominating the field were Labrador Retrievers,

>Golden Retrievers and German Shepherd Dogs. These breeds are

>also frequently used as service dogs, although many other medium

>to large breeds are used as well. Since the majority of hearing

>dogs are shelter rescues, many all-American mixes are recruited

>into this field of work. In addition, smaller breeds or mixed

>breeds may be employed as service dogs helping with laundry,

>pressing, pushing automatic door openers and elevator buttons.

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>HOW SHOULD YOU AND YOUR STAFF INTERACT WITH THE ASSISTANCE DOG?

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>Despite the fact that most assistance dogs look like they want to

>be petted, staff members should take their lead from the disabled

>client. Although you and your staff may be tempted to greet the

>dog with enthusiasm, many disabled clients would prefer the dog

>be released from duty with the removal of harness, backpacks,

>capes or other working equipment before greeting everyone. The

>etiquette of assistance dog equipment removal should be discussed

>with the client. Just as a nurse would not undress a human

>patient, staff should not undress a working dog without the

>partner's permission.

>
>Because of the close bond between client and canine
assistant,
>every effort should be made to keep the team together.
Physical
>examinations can be conducted, blood drawn and
temperature taken
>in the presence of the human partner. Another
consequence of the
>close relationship is that many assistance dog
partners are
>acutely aware of any changes taking place in the
behavior of
>their working partners. As an example, Ed detected a
slight limp
>while working with his guide Kirby well before the
diagnosis of
>chondrosarcoma was made by his veterinarian. Thus,
reports of
>problems should be taken seriously.

>
>POINTS TO PONDER
>Our basic premise is that fostering the health of the
assistance
>dog is essential in maintaining the working canine's
ability to
>continue serving the human partner. To help maintain
the
>relationship, appropriate diagnostic and treatment
protocols must
>be developed. We draw upon some of our own
experiences as well
>as those of others to explore this issue.

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>When our guide dogs, Latrell and Keebler require tooth
cleaning,
>they usually are not anesthetized for this procedure.
Like our
>veterinarian, many other veterinarians believe that
with dogs who
>are placid and compliant, it is better to do a less
thorough job
>more frequently than to expose assistance dogs to the
risks of

>anesthesia. Another negative consequence of
anesthesia for tooth
>cleaning is that the disabled person is forced to cope
without
>the essential services of the dog for an extended
period of time.
>By understanding the years of effort and training it
takes to
>develop an effective working team, veterinarians need
to consider
>the merits of the non-anesthesia position on this
procedure.

>
>When Ed's first guide, Perrier, needed a cyst removed
from his
>ear, the veterinarian administered a general
anesthetic for the
>procedure, but failed to warn Ed that Perrier might
not be an
>effective guide for a couple of days. A friend drove
Ed and
>Perrier home from the hospital with instructions to
rest the
>Labrador for the remainder of the day. The following
morning
>Perrier was willing to work but was not able to make
clear-headed
>decisions. While crossing a major thoroughfare, the
dog was
>disoriented and confused. Fortunately, a colleague
rescued and
>escorted them to Ed's office.

>
>After Cheryl reported to her veterinarian that service
dog Misty
>had been nervous on their first flight together, the
doctor told
>her not to worry and the next time she and Misty flew
to just
>give her one of the pills he provided. On the next
flight they
>took several months later, the pill was given and
Misty slept

>through the entire trip. However, when they landed Cheryl's
>husband had to carry the 70 pound German Shepherd off the plane!
>Once again, the practitioner failed to consider the functions of
>the dog and the need for Misty to be alert and available for work
>as soon as the plane landed.
>
>A guide dog must be alert in order to safely guide the blind
>partner. In treating a guide dog, the veterinarian must be
>aware of the necessity for alertness when prescribing medication
>or other treatment procedures. If alternative treatment
>protocols are not possible, the blind person must be advised not
>to rely on the dog.
>
>When Perrier was diagnosed with lymphocytic gastritis, an
>extremely high level of prednisone was prescribed. A young
>resident specializing in gastrointestinal problems, at a
>university hospital had little knowledge of the working role of a
>guide dog. He did not realize Perrier accompanied us to lectures
>and meetings, where he had to lie quietly for several hours
>before being taken out for relief, and that Perrier flew with us
>in the passenger cabin when we traveled by air. Until the
>prednisone was reduced to a manageable level, we had to cancel
>all activities outside our home.
>Since we are retired, we could make the necessary adjustments.

>However, this medical regimen would have been impossible in New York City where Ed traveled one-and-half hours by subway to his office located on the fifteenth floor. Some knowledge of the lifestyle of the disabled client may enhance the development of appropriate procedures.

>
>One of the most disturbing incidents we heard involved a guide dog user whose elderly Golden Retriever exhibited signs of disorientation. The young blind woman took a taxi to a well-known animal hospital where the dog was diagnosed as having had a mild stroke. Medication was prescribed and the dog was allowed to go home. Wanting to avoid the additional expense of a taxi ride and believing the condition was under control, the woman and dog set out for home by subway. It was not until they were on the train platform that the dog showed further signs of disorientation and slipped off the edge onto the tracks. Fortunately, a good Samaritan rescued the dog and assisted the team home safely. Whether this situation resulted from a lack of knowledge on the part of the veterinarian or from a lack of communication between veterinarian and client is irrelevant.
>What happened on that subway platform could have led to a major disaster.

>
>A student who attended a lecture we presented at Tuskegee

>University was interning at a major animal hospital in New York

>City where many blind clients bring their guide dogs. The

>resident in charge of the case felt additional tests were needed

>and decided the guide dog would have to be kept overnight. He

>went over to the client and informed him of this decision and was

>walking away with the dog when the intern intervened. Explaining

>to the resident that they had just taken the client's means of

>mobility away, they had the obligation to make sure he could get

>home safely. The intern's awareness saved the day!
>

>One of the most general recommendations that can be made about

>treating assistance dogs is to focus continuing diagnostic

>emphasis on those elements most closely related to the dog's

>function. Every guide dog's eyes should be checked, every

>hearing dog's ears should be checked and every service dog's hips

>should be checked on a regular basis.
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>Working with an assistance dog will be one of the most rewarding

>aspects of your job.
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> Bio for introduction or publicity.
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>Toni Eames M.S. and Ed Eames Ph.D., Adjunct Professors of

>Sociology at California State University, Fresno, live with

>Golden Retriever guide dogs, Keebler and Latrell and cats,

>Bonanza, Kismet, Bambi and Nifty. Toni has been
partnered with
>guide dogs since 1967 and Ed since 1981. Ed and Toni
have co-
>authored A Guide to Guide Dog Schools and "Partners in
>Independence: A Success Story of Dogs and the
Disabled." Fort
>Dodge Animal Health sponsors their lectures at
veterinary schools
>and veterinary conferences. Ed and Toni publish in
many animal
>and disability-related magazines. In addition, they
are
>itinerant educators and do workshops focused on people
with
>disabilities, particularly those partnered with
assistance dogs,
>for airlines, hotels, graduate social science
programs, nurses,
>disaster relief workers and other organizations. Ed
and Toni are
>founding board members and officers of the
International
>Association of Assistance Dog Partners, a consumer
advocacy
>organization with more than 2,000 members.