McBurney Disability
Resource Center

Disability Spectrum

Communicating issues about disability, access and education at the University of Wisconsin-Madison

April, 1994 Volume 13, Number 2

"ETIQUETTE" AND DISABILITY: UNDERSTANDING HUMAN DIFFERENCES

by Becky Rice

Readers' Note: The information in this two-part article is primarily for those who have limited information about or experience with disabilities.

Etiquette: for some, the word carries a vaguely formal, even old-fashioned air about it. We may associate it with childhood lectures about soup spoons and salad forks, thank-you notes, and other conventions of civilized living.

Whatever the word means to us, the reality is that we are called upon daily to practice social skills we have learned – or to find out what we haven't learned. Depending on our life experiences, we may respond with openness, or with discomfort and confusion, to someone who somehow seems different from us.

For a person who has little or no experience with disabilities, early encounters have considerable power to shape attitudes. Readers may recall being scolded not to "stare" at a person with a disability, or not to blurt out "rude" or "embarrassing" questions. In Business and Social Etiquette with Disabled People, by Chalda Maloff and Susan Wood, a person with a disability recalls:

> I was in a restaurant with a man who had lost a leg and used crutches. Two children and a mother passed in front of us, and the kids stared at us and started asking questions. The mother pulled them along, whispering, "Don't stare!" My dinner companion turned to me and said, "You know, because of people like us, a lot of kids have one arm longer than the other." (p. 42)

Unfortunately, such parental admonitions don't tell us much about how to approach or respond to someone we perceive as "different." It isn't surprising that some people learn little else than a fear of offending someone or embarrassing themselves. Then again, we may just find it hard to understand and accept other people's differences.

Is There a "Right Thing" To Do?

Etiquette may seem more "user-friendly" if we think of it as a set of considerations that help us interact more comfortably, with respect for the feelings and dignity of others. It doesn't imply that there's always a "correct" way, an easy formula for a situation. Often, all we need to see the possibilities is simply a willingness to let go of our assumptions about human differences. With this openness, we learn to act in more honest, direct and positive ways, less constrained by fears and limited understanding of disabilities.

cont. page 3

Inside...

Spectrum Subscription.......2
Spectrum Spotlight.......5
McBurney Awards Ceremony.......5
Counselor's Corner.......6
Electronic Access Update.......6

Etiquette...*continued from page 1*

This three-part article will explore perspectives you can bring to your interactions with people who have disabilities.

Part I - Psychological Disabilities

Because they may not be initially apparent to others, hidden disabilities such as psychological disabilities may seem more difficult to understand. If people equate "disabled" with visible assistive devices like wheelchairs or guide dogs, they may have trouble fitting hidden conditions into their personal framework about disabilities. The common assumption that success means just "trying harder" or "getting your act together" also reflects lack of insight about the real impact hidden disabilities have on people's lives.

Stereotypes about mental illnesses, and about the people who experience them, make psychological disabilities one of the most misunderstood areas of all. Rebecca Woolis, in her book When Someone You Love Has a Mental Illness, reflects: "While there are campaigns to educate people about cancer, AIDS, and drug and alcohol abuse, little has been written about schizophrenia and affective disorders. As a result, many are afraid of those with a mental illness". (p. 14)

The lack of public understanding is further compounded by how mental illness is presented in the media. Clinical social worker Mike Sweet of the outpatient mental health clinic at Madison's William S. Middleton Veterans' Hospital points to newspaper accounts of violent incidents that may say the suspect has a history of mental illness. Sweet, also a clinical assistant professor in the U.W. Madison's Department of Psychiatry, notes that people with mental illness in fact have a lower rate of committing violent crimes. "More often, they may be victims of violent crime, because of their vulnerability," he adds.

Psychological disabilities can take many forms, among them depression, anxiety disorders, bipolar illness and schizophrenia. The intensity of symptoms and their effects on individual functioning can vary widely.

Sweet suggests that people can better understand psychological disabilities by reflecting more closely on their own life experiences. Think about a time "when you've felt depressed about something, felt shy and self-conscious upon entering a roomful of strangers, or experienced the irrational and frightening effects of a nightmare" he suggests. For a person with a psychological disability, the difference can merely be a matter of degree and duration over time.

It's likely you may never even be aware that someone has such a condition, unless their symptoms are troubling them. What should you consider to help you respond with courtesy, sensitivity, and respect for the individual's dignity?

Consider this. If the person has to disclose to you the nature of their condition, understand it may take great courage for them to do so. Appreciate their willingness to be open and honest. Accept what they choose to share about their condition, and do not feel you have to ask a number of probing questions.

Sweet suggests asking the person "how they feel about sharing this information, simply because afterward the individual may feel an overwhelming sense of shame" at revealing something so intensely personal, especially if the disclosure is met by lack of feedback. By expressing your respect for their openness, and assuring confidentiality, you can help dispel fears of "Now what will this person think of me?"

We all have different thresholds of stress tolerance. It may be particularly important for someone with a psychological disability to minimize potential external sources of stress as a preventive strategy. This is not a sign of "weakness;" rather, it's a realistic approach to what the person feels is manageable. Sweet points out the potential difficulty in educational settings if teaching staff feel skeptical of a student's inability to complete coursework, wondering if this is, in fact, a way of avoiding responsibility.

Coping with a psychological disability is itself stressful for the individual, and can consume a great deal of personal energy and attention. Make whatever accommodations you reasonably can to lessen the stress in this person's life.

Separate the person from the condition. This can be difficult, because it seems to be a human tendency to define and categorize people by what they say and do. Remember that the disability at times produces certain symptoms in the same way a cold or the flu

Etiquette *continued from page 3*

cause symptoms. "A psychological disability does not negate the other qualities of the person; try not to let this interfere with your ability to see those qualities," recommends Sweet.

It may help to think about any boundaries you may need to set. Understand what you can and cannot do; where your role ends and that of a mental health professional begins. If you are working with a student experiencing such difficulties, you might empathetically but neutrally help the individual review options and make realistic, manageable choices. If the discussion needs more focus, ask something like "What is it specifically you need from me at this time?"

Sweet also cautions teaching staff against ignoring a student who appears to be in distress, and struggling with coursework, observing that "people would not ignore someone in a wheelchair who obviously needed help in opening a door." It's better to approach the student privately, observe that their work is being affected, and encourage them to seek help.

Possible alcohol or drug abuse can further complicate matters. Sweet notes that if this is happening, "the person may be using alcohol or drugs as a way to medicate themselves when their condition is causing symptoms."

Although public education about psychological disabilities has come a long way over the years, considerable effort is still needed to dispel myths and misunderstandings about such conditions.

If you would like more information on campus and community mental health resources, you can contact:

- UW-Madison Counseling & Consultation Services 263-1744
- First Call For Help/United Way, 246-4357
- Alliance for the Mentally Ill, 257-5888
- Mental Health Service of Dane County, 251-2341

Useful reading materials include:

Maloff, Chalda and Wood, Susan Macduff. Business and Social Etiquette with Disabled People. Springfield, IL: Charles C. Thomas, 1988 (143 pgs.)

Woolis, Rebecca. When Someone You Love has Mental Illness. Los Angeles: Jeremy P. Tarcher, Inc. 1992.

Becky Rice is a free-lance writer living and working in Madison, Wisconsin.

Accessible Canoe Trips

The Madison School Community recreation and Wilderness Inquiry II will hold their annual canoe workshop and picnic on Sunday, June 5 from 10-4 at the Knickerbocker boat ramp on Lake Wingra. Adaptive canoe equipment and small group instruction will be provided. Interpeters provided upon request.

No experience is necessary however fledgling paddlers need to schedule a time for the canoe instruction by calling 266-6071/V or 266-6076/TDD.

Wilderness Inquiry II is a Minneapolis-based company that provides outdoor experiences for people with and without disabilities. Fully trained guides provide small group training and tours nationally and internationally. Come join the fun!

Wisconsin Telecommunication Service Tips

- Need to find someone's phone number? TTY users can call WTRS and tell the CA to dial that person's area code plus 555-1212 (Directory Assistance). HINT: Give the CA the city name and name of the person as this time for faster call processing.

- TRS Town Meeting schedule for 1994 is:
  Tuesday, May 3rd, 7pm, Milwaukee
  Wednesday, Sept. 21, 7pm, Wausau
  Thursday, Sept. 22, 7pm, Green Bay

— Roger Kraft, Customer Service Manager

McBurney Disability
Resource Center

Disability Spectrum

Communicating issues about disability, access and education at the University of Wisconsin-Madison

October, 1994 — Volume 13, Number 4

"Etiquette" and Disability - Part II: Mobility, Vision, Speech and Hearing Disabilities

by Becky Rice

This is the second in a three-part series on Etiquette. and Disability. You may call or write the McBurney Center for a copy of Part One.

In an earlier article, etiquette was described as a set of considerations to help us respond more comfortably, with respect for others' feelings and dignity. For those not familiar with disabilities, part two of this article will suggest how to be mindful of what individuals with mobility, visual, and communication difficulties may need.

Though most non-disabled people are well-intentioned, their efforts may not always reflect a real understanding of how to best accommodate individuals with mobility, visual, speech or hearing disabilities. Readers looking for guidance on these issues will find a wealth of information in Business and Social Etiquette with Disabled People, by Chalda Maloff & Susan M. Wood (Springfield, IL: Charles C. Thomas, 1988). This readable book offers insightful advice, illustrated by quotes from individuals with disabilities. There are also sections on entertaining, visiting, explaining disabilities to children, as well as special tips for customer service and health care personnel.

As a general rule, Maloff and Wood point out that "offering help is never the wrong thing to do. It can always be declined if not wanted." (p. 7) Here are selected suggestions and other highlights from their book.

MOBILITY DISABILITIES

Before beginning to assist, ask whether help is wanted. Be prepared to take "no" for an answer without being offended. Act without asking only if you see an immediate physical danger. If the offer of help is accepted, get specific instructions about what is needed, and be sure that you feel capable of doing it.

Follow through with whatever needs to be done, as unobtrusively as possible. Make sure nothing further is needed before you depart. Regarding doors and elevators: hold the door itself as the person approaches rather than trying to grab an arm, cane, or wheelchair. Keep the door open long enough for the person to get completely through.

If assisting a person into an elevator, be sure s/he can reach the buttons inside; offer help if needed. According to one wheelchair user, here's what can happen otherwise:

> Sometimes, when a person has helped me into an elevator, he rushes off before I can ask him to press the button for my floor. Since I can't move my hands, I'm then stranded until such time as someone else summons the elevator (Maloff and Wood p. 10).

cont. page three

Inside Spectrum

Spectrum Spotlight....page 5
Counselor's Corner....page 6
McBurney Goals....page 7
Film Series....page 7
Peer Networking Survey....page 9
Service Deadline Schedule....page 11

continued from page one

A wheelchair user will find talking with you more comfortable if you are seated face-to-face and at eye level. Users of adaptive equipment will also appreciate sensitivity to issues of personal space. Don't use any equipment such as wheelchairs, crutches or canes without the user's permission. This includes not leaning on someone's wheelchair as you talk to them, or moving them to another position without asking first.

> Sometimes at parties, people set their drinks on the tray of my wheelchair as if it were a coffee table. I can't move my hands well enough to set them elsewhere... (Maloff and Wood, p. 22)

VISUAL DISABILITIES

Maloff and Wood state that "the single most useful thing a friend or stranger can do for a visually impaired person is to furnish relevant information about the immediate surroundings. Often just a few words can make a welcome difference." (p. 50) You can easily offer useful verbal information as appropriate; however, always inquire whether active assistance is wanted before pursuing it, and then always be sure you understand what is needed.

A person with a visual disability describes the difficulties a well-meaning but misinformed helper can cause:

> People tend to make assumptions without stopping to listen to me. It's happened more than once that I was standing on a street corner and a stranger pulled me across a street I was not planning to cross. (Maloff and Wood, p. 51)

The authors also recommend if you give directions to a person with a visual disability, be sure you really know the requested location well enough to describe it verbally, and then be as detailed as you can in giving instructions, using precise terms such as left, right, number of blocks, etc.

> I can't make heads or tails of the things some people say to me when they give me directions. One man told me, "Go straight up and to the left." I thought to myself, "If I had a beanie with a propeller on top, I could do that." (Maloff and Wood, p. 51)

If you are walking with a person with a visual disability, offer your arm, rather than grabbing the person by the arm or cane. It is best to walk at your usual speed, pausing to describe anything unusual you are approaching (such as a stairway, escalator, obstacle, etc.) When you part company, orient the person to their location.

Regarding guide dogs, Maloff and Wood recommend avoiding actions that might interfere with the dog's performance. Specifics include not touching the dog without the owner's permission, not feeding or speaking to the dog or giving it commands, and keeping other pets away from it.

The National Easter Seal Society publication, " Tips for Portraying People with Disabilities in the Media," also suggests the following:

> -When greeting a person with a severe vision disability, always identify yourself and introduce others present.
>
> -When offering a handshake, say something like "Shall we shake hands?"
>
> -When offering seating, place the person's hand on the back or arm of the seat.
>
> -Let the person know if you move or need to end the conversation.

HEARING AND SPEAKING DISABILITIES

Disabilities of hearing and speech can vary greatly in how they affect an individual's ability to communicate. Maloff and Wood note a common misconception is that a person who has a hearing disability also has a speech disability, and vice versa. Actually, many people with speaking disabilities have normal hearing, while others with hearing disabilities may have normal speech skills (depending on the extent and duration of their hearing disability).

cont. next page

continued from page three

Hearing Disabilities

Some individuals with hearing disabilities employ lipreading to understand speech, while others may use sign language or fingerspelling. At the outset of a conversation, Maloff and Wood advise people to ask the individual, either orally or in writing, how they would prefer to communicate.

To get the individual's attention, stand in front of the person and call his/her name; if you do not establish contact, tap the person lightly on the arm or wave your hand in his/her line of vision. This person with a hearing disability explains why the initial contact is so important:

> I really have to concentrate to hear and understand what is being said to me. Sometimes a person starts speaking before I see him and before I am mentally connected. Then I'm behind right from the start of the conversation..." (Maloff and Wood, p. 95)

If the person indicates that speaking is the best way for you to communicate, here are some guidelines:

> -Place yourself so that the light falls on your face, about 3-4 feet away from the listener. Hands, food, coffee cups, etc. should be kept away from your mouth; remain facing the person as you speak.
>
> -Do not shout; rather, speak in a moderately loud tone, and a little more slowly than usual; try to speak clearly but without exaggerating lip movements. Using gestures and facial expressions can also help.
>
> -Tell your listener if you must interrupt the conversation to answer the phone or the door.
>
> -A person with a hearing disability may appreciate a break if the conversation is to be lengthy, as the energy required to lipread and/or listen can be tiring.
>
> -Conversations should be held in a quiet environment where background noise and other distractions are minimized.

When written communication is preferred, be sure your writing is legible; use maps and diagrams if it will clarify matters. Maloff and Wood also recommend you watch the person's expression as they reads your note, to gauge whether your message is understood and how it is received.

If the person is using an interpreter, direct your conversation to the person rather than the interpreter. Speak at your normal pace; also, it is not necessary to condense or oversimplify your communications. Remember that the interpreter's job is to translate everything said; do not try to maintain side conversations or make comments that you do not want interpreted.

If a person with a hearing disability is joining in a small group discussion, arrange seating so that other participants are in clear view. Try to keep the pace slower, with one participant speaking at a time. Look directly at the person with a hearing disability as you speak.

According to Maloff and Wood, it's also helpful to offer information readily heard by others but not by a individual with a hearing disability (such as announcements on loudspeakers, radios or t.v. sets, a fire alarm sounding, etc.)

Speaking Disabilities

"When talking with a speaking-impaired person, accept that the conversation will not move along as rapidly as usual; do not try to rush things," advise Maloff and Wood (p. 104). A number of the previous suggestions regarding hearing disabilities will apply in communicating with an individual who has speech disabilities: maintaining face-to-face contact; finding a quiet setting with a minimum of background noise; and slowing the conversational pace.

Be sure the person has finished speaking before responding, and alternate opportunities for the person to speak and to listen.

cont. next page

Disability Spectrum

Communicating issues about disability, access and education at the University of Wisconsin-Madison

April, 1995 | Volume 14, Number 2

Disability and Etiquette

Part III - Learning Disabilities and Attention Deficit Disorder

This is the last in a three-part series about etiquette and disability, intended primarily for those who have limited knowledge of or experience with disabilities. Call or write the McBurney Center for a copy of Parts I and II.

Earlier, we examined the impact of psychological disabilities; similarly, learning disabilities (LD) and attention deficit disorder (ADD/ADHD) are also "hidden" conditions, often less readily understood or accepted than a more apparent physical disability.

LEARNING DISABILITIES

"I have to see it, hear it, touch it, do it, be a part of it, in order to learn it," says an adult with learning disabilities, quoted in Sally Smith's book Succeeding Against the Odds. The complexities of the learning process are mirrored in the wide variety of ways people acquire and retain information. Smith, an expert in learning disabilities, explains further:

> All of us seem to prefer a particular way of learning. Some of us need to see things to learn. Others need to see and touch. Some need to see and hear. Others require a demonstration. Some can learn only by hearing what to do. Others need to write something down to learn it. Many people learn best by doing - by seeing, touching, hearing, and discussing. (pp. 69-70)

According to Smith, learning disabilities are not a single condition but a group of related and often overlapping conditions leading to low achievement by people who have the potential to do much better. Learning disabilities, which are believed to have a neurophysiological basis, can manifest themselves in one or more of the following functional areas: attention; left-right confusion; visual-spatial problems; motor problems; memory; symbol learning; language; cognition; organization; and social behavior. Students are usually diagnosed as having a learning disability when tests indicate a serious discrepancy between true ability and actual achievement.

A recent New York Times article, "For Learning Disabled, New Help with College," points out that historically while none of these conditions are new, it has been little more than a decade since they began to be widely diagnosed. The generation now in college is the first to include many students diagnosed as young children.

If we understand that learning styles can be as unique as people's other personal characteristics, we can more readily accept that people with learning disabilities may require certain conditions to

cont. page three

Inside Spectrum

Accessible Recreation Programs	page 5
MAD ARTS TV Series	page 5
Spectrum Spotlight	page 6
Disability Focus: ADD/ADHD	page 6
Counselor's Corner	page 8
Volunteer Thank You	page 9
Services Reminders	page 10
Fall 1995 Service Calendar	page 11

Part III: LD and ADD/ADHD, cont. from page one

demonstrate their real abilities. Consider the following:

- Just as some may require guide dogs, sign language interpreters, or wheelchairs to manage their environments, others may need test accommodations such as extra time or distraction-free rooms to demonstrate their mastery of course material. In two studies allowing extra time for tests, San Fransisco LD expert Kay Runyon found that extra time helped learning disabled students perform much better, but that it had little impact on those without learning disabilities. She concludes, "Traditionally, speed has been equated to knowledge, but for learning-disabled students, it's not true."

- Think about how and where you may have picked up stereotypes about people who learn differently. Our early schooling experiences, and especially the treatment of students labeled as "slow learners," may provide some answers. Teachers and parents may have labeled them as "lazy" or "uncooperative," often adding, "If only he (or she) would just try harder." Since children tend to believe what they hear about themselves, they can carry a profound sense of failure with them for years. "I was called retard, spaz, SpEd, Mr. Weirdo, dork all through school," recalls a person with learning disabilities in Smith's book.

- Recall an experience in which you struggled to assimilate information needed to perform a task, and how frustrating it felt. Perhaps it was trying to assemble a child's bicycle guided by a cryptic instruction sheet, or following instructions in a computer software manual. We can all think of examples in which a skill that may have seemed easy to others defied our efforts to master it.

- Appreciate the motivation and initiative that many learning disabled adults demonstrate in pursuing challenging goals. As Smith notes: "Many adults have become successful because they took charge of their lives and did not succumb to rules or follow procedures that played on their deficits." They include actor Tom Cruise, Olympic gold medalist Bruce Jenner, artist Robert Rauschenberg, singer/actor Harry Belafonte, and former New Jersey governor Thomas Kean.

ADD/ADHD IN ADULTS

"Disorganized? Distracted? Discombobulated?", shouts the cover of Time Magazine's July 18, 1994 issue. *"Doctors Say You May Have Attention Deficit Disorder. It's Not Just Kids Who Suffer From It."* The story goes on to detail a condition known as ADD or ADHD which some estimate may affect anywhere from 1% to 20% of the adult population.

According to Time, no one had ever heard of ADD 15 years ago, although its symptoms have been identified over the years as minimal brain damage/dysfunction or hyperkinesis. Today, ADD is "the most common behavioral disorder in American children, the subject of thousands of studies and symposiums, and no small degree of controversy." Time also reports that while ten years ago doctors believed that ADHD symptoms dissipated with maturity, it is now one of the fastest growing diagnostic categories for adults. (When accompanied by marked symptoms of restlessness, ADD is also known as ADHD, or attention deficit hyperactivity disorder.)

The literature reports that historically more boys than girls have been diagnosed as ADD/ADHD. But because experts believe learning and attentional problems of many ADD females are more subtly manifested (without hyperactivity), the actual incidence among females may well be higher.

• The ADD/ADHD Adult

In her book on ADD, author Lynn Weiss presents a sample profile of the problems that can beset an adult with ADD:

...the adult with ADD is a mass of unfinished tasks, broken promises, and unfulfilled potential, subject to uncontrollable temper outbursts, fidgeting, resistance to being touched, and a tendency toward drug and alcohol abuse or other compulsive behavior. His behavior both creates and expresses a deep frustration and confusion, and a fearful sense of not being in control of his life...they complain of chronic and unspecified emotional pain...friendships and family relationships are rocky and often fail (p. 21).

Kate Kelly and Peggy Ramundo, authors of another book on ADD, point out that the condition is "a complicated syndrome with diverse symptoms of varying degrees of severity," adding that "the symptoms of ADD are an exaggeration of behaviors and experiences that fall within the normal human range. Anyone can sometimes have lapses in memory, act impulsively, or have difficulty

concentrating. The problem with ADD is one of degree and persistence of the symptoms over time and across varying situations."

• Causes

The most recent research in ADD/ADHD point to variables of biology and heredity. Studies have documented differences in functioning of the brain's frontal lobes and cortex. Some evidence also points to a genetic link; ADD/ADHD individuals are more likely to have had a parent or close relative with the condition.

• The Positive Side of ADD/ADHD

Given the right environment and channels for their energy, adults with ADD often display remarkable gifts of vision and creativity. Impulsive, risk-taking behavior, properly directed, can lead to great successes or discoveries. High levels of energy and animation are often will-suited to careers in sales, marketing, public relations and advertising. The daydreaming, ever-restless mind may see connections and relationships that others miss. Indeed, acknowledging and accepting their ADD can help adolescents and young adults plan more realistic career choices that will build on their strengths, not their weaknesses.

• Treatments

Although use of medication (notably the stimulant Ritalin or Cylert) is common in ADD children, author Weiss views its use in adult ADD as erratic, inconsistent, and confusing even from the professional viewpoint. Stimulants create the paradoxal effect of slowing people down, helping them to be more focused and better able to stay on task. Although it is hard to estimate how often medication is used for adults with ADD, the Time article reports that prescriptions for Ritalin are up more than 390% in just four years. ADD adults may unwittingly be self-medicating without prescription: one diagnosed ADD adult reports drinking 30 to 40 cups of coffee daily, saying "the caffeine helped." The drawbacks of self-medication however are numerous. Most notable is the rapid highs and lows experienced when using caffeine or sugar and the effect this cycling can have on mood and productivity.

While appropriate medication can produce a change for the better, it is not a magic cure. Individuals with ADD/ADHD must also be taught organization, time management, stress reduction, and other specifics to distractibility and achieve balance in their lives. For some, these strategies are effective enough without the use of stimulant medication. Certainly, medication should be taken in tandem with appropriate counseling and strategies intervention whether with a professional or in community-based support groups.

• ADD: An Occupational Hazard of Modern Life?

A psychiatrist quoted in an Oct.11, 1994 Wall Street Journal article reflects that there is a "huge philosophical question" about "when is ADD an illness and when does it become a condition of modern life?" The Time article echoes the concern: "The furious pace of society, the strain on families, the lack of community support can make anyone feel beset by ADD."

If we hope to set aside assumptions about how we think people ought to be, the above words may deter our rush to judge those whose struggles we do not entirely understand. At time, most of us have felt overwhelmed be a tidal wave of external demands: family, work or school, financial obligations, illness. For ADD adults, successfully managing the multiple and pressing demands of life is a daily battle that requires different strategies and supports (in some instances, medication).

Controversy will continue to cloud the adult ADD issue until more conclusive research is conducted. While childhood ADD has been fairly well publicized, only recently has ADD/ADHD received attention as a condition affecting adults. Perhaps, as Time concludes, "surely an epidemic of attention deficit disorder is a warning to us all...adults (as well as children) could use a society that's more flexible in its expectations, more accommodating to differences. Most of all, we need to slow down. And pay attention."

• Materials Used in this Article

Lewin, Tamar. "For Learning Disabled, New Help with College." New York Times. Education Life Supplement, Jan. 8, 1995, p. 6.

Kelly, Kate, and Ramundo, Peggy. You Mean I'm Not Lazy, Stupid or Crazy? A Self-Help book for Adults with Attention Deficit Disorder. Cincinnati: Tyrell and Jerem Press, 1993.

Smith, Sally. Succeeding Against the Odds: Strategies and Insights from the Learning Disabled. LA: Jeremy P. Tarcher, Inc., 1991.

Walles, Claudia. "Attention Deficit Disorder." Time, 7/18/94, p. 43.

Weiss, Lynn. Attention Deficit Disorder in Adults: Practical Help for Sufferers and Their Spouses. Dallas: Taylor Publishing, 1992.