Spring 2014

Student Disability Services Campus Newsletter, Spring 2014

University of Northern Iowa. Office of Student Disability Services.

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Thanks for another great year!

With the end of the semester upon us, I wanted to take a moment to thank everyone for their commitment to helping UNI’s students with disabilities gain access to both the educational and extracurricular opportunities our campus has to offer.

I also wanted to take a moment to recognize our graduate and undergraduate student staff members who have helped in administering accommodations and services, including: editing books and captioning videos, serving as readers/scribes during exams, meeting with students for weekly mentoring, and developing outreach activities and materials (including this newsletter!).

These students include:
- Ellie Hail, Graduate Assistant
- Precious Mseba, Intern
- Shelley Hartman, Practicum

I wish everyone the best of luck as we enter into finals week and thank you again for your dedication!

Ashley Brickley
Coordinator, Student Disability Services

The Hot Seat! with SDS Staff

Get to know a different Student Disability Services staff member each semester.

This semester, get to know Ashley Brickley!

What is your role in the SDS office?
I am the coordinator for Student Disability Services. I serve as the point of contact for students, parents, faculty, and staff regarding student accessibility and accommodations on campus; collaborate with students and faculty regarding the implementation of academic accommodations; and oversee management and operation of the office.

What is your educational and employment background?
I have my Bachelor's degree from Iowa State University in Genetics and Psychology. While at ISU, I worked as an office assistant in their Academic Success Center, a department that housed tutoring, supplemental instruction, and disability resources. After graduating from ISU in 2007, I was offered the disability specialist position within the SDS office here at UNI and was promoted to coordinator in 2010. I recently completed my Master's degree from the University of Northern Iowa in Postsecondary Education: Student Affairs.

What do you like to do when you’re not at work?
I love to read and typically will end my day by reading. My favorite author is Stephen King. Besides reading, I really love the outdoors and enjoy working in the yard, hiking, camping, and going for rides in our Jeep!

What is your favorite quote?
"Life is a journey, not a destination." - Ralph Waldo Emerson
Many of us know that managing our time can be difficult with the number of projects, classes, extracurricular activities we have in our lives. However, by doing so, we can be more productive at work, in class and stress levels will drop. Below are 10 tips for managing your time.

1. Keep a To-Do List
The key to using a to-do list is to prioritize the tasks. Some people like to use an A-F coding system where A is high priority items and F is low priority items. Another type of coding system could be by using numbers and ranking the tasks. It is also important when writing to-do lists that your tasks are attainable. For example, you have a 15 page paper due by the middle of April. Your task list for this week could be to “write 3 pages for paper” instead of “start working on paper.”

2. Set Personal Goals
Goals help you have something to reach for and work towards. By writing out your own personal goals for the project it helps enable you with direction and guidance to meet deadlines and help manage your time on the project. Another tip is to always think of SMART when setting goals. SMART stands for Specific, Measurable, Attainable, Relevant, and Time-bound. Also make sure to think of these items when setting goals, alongside SMART; clarity, challenge, commitment, feedback, task complexity.

3. Prioritize
It is easy to work first on all of the simple tasks and get those done, but then a deadline for a bigger more complex project may pass or you’re finding that you’re cramming a large project in at the end.

About a Disability: PTSD

What is it?
Post-traumatic stress disorder can happen after a traumatic event, such as combat exposure, a terrorist attack, sexual assault, natural disasters and serious accidents, among others. Most people have some stress-related reactions after a traumatic event. However, if these symptoms persist and disrupt your life you could have PTSD.

Facts:
7.7 million Americans age 18 and older have PTSD. 67% of people exposed to mass violence have been shown to develop PTSD, a higher rate than those exposed to natural disasters or other types of traumatic events. People who have experienced previous traumatic events run a higher risk of developing PTSD. PTSD can also affect children and members of the military.

How can one develop PTSD?
Most individuals will experience some of the symptoms immediately where others will develop the symptoms over time. There are multiple factors that lead into someone having PTSD. Some of the factors are the intensity of the trauma, how long the trauma lasted, if you were injured, how close you were, physically or mentally, to the trauma, your level of control of the situation, and how you may have received therapy following the trauma.
A Student Hands Me A SAAR Form...Now What?

Accommodation Basics: ALTERNATE TEST FORMATS

Alternate test formats is one type of examination accommodation granted to the students with disabilities at the University of Northern Iowa.

This accommodation is given to individuals whose disabilities make traditional or common test-taking methods extremely difficult or impossible. Examples of alternate test accommodations are writing directly on an exam and not using a Scantron sheet, dictating answers into a tape recorder and not writing them out, or having an exam printed in large print.

There are several other alternate test formats for which students may be eligible to, depending on their disability documentation. However, an arrangement on this should be made with the student, instructor, and disability services staff to avoid any distortion of the basic requirements of the course.
What are the symptoms?
There are four main symptoms associated with PTSD:
1. Reliving the event (aka re-experiencing symptoms)
   a. Bad Memories
   b. Nightmares
   c. Flashbacks
2. Avoiding situations that remind you of the event
   a. Avoiding certain people
   b. Avoiding talking or thinking about the event
3. Negative changes in beliefs and feelings
   a. May think about yourself differently
   b. May feel fear, shame, guilt
   c. May not be interested in activities you once enjoyed
   d. Avoid memories
4. Feeling keyed up (aka hyperarousal)
   a. Jittery
   b. Always alert
   c. Trouble concentrating and sleeping

What are some problems that may arise due to PTSD?
• Feelings of hopelessness, shame, or despair
• Depression or anxiety
• Drinking or drug problems
• Physical symptoms or chronic pain

Can PTSD be treated?
There are treatments to help individuals with PTSD. Not everyone will be “cured”, but they may help the individual cope. The symptoms from PTSD do not have to interfere with your everyday activities, work, and relationships. There are treatments in both medication and therapy depending on what the individual needs.
• Psychotherapy
• Cognitive Behavioral Therapy (CBT)
• Prolonged Exposure therapy (PE)
• Eye Movement Desensitization and Reprocessing (EMDR)
• Medications
• selective serotonin reuptake inhibitor (SSRI)
• Prazosin

Additional resources include:

For more information and resources visit http://www.ptsd.va.gov/index.asp.

Did You Know?
Did you know that students with learning disabilities and/or ADHD constitute the largest population of students served by Student Disability Services?

To learn more about these diagnoses and how you can provide assistance, please visit the following links:
http://www.nclld.org/types-learning-disabilities/adhd-related-issues/adhd/common-myths-about-adhd
http://ldaamerica.org/types-of-learning-disabilities/dyslexia/
http://nichcy.org/disability/specific/ld
Tip: Utilize the Urgent/Important Matrix

**Urgent** = activities that demand immediate attention and often achieve the goals of someone else.

**Important** = activities that have an outcome that leads to the achievement of your own goals, whether professional or personal.

4. **Manage Distractions**
Distractions can be anything from emails, IM chats, talking with a coworker, phone calls, etc. If these distractions are managed well, they will not disrupt the flow of your day. To have a nice flow to your day means that the work you are doing should be more satisfying because you feel as if you are getting the work accomplished.

5. **Do Not Procrastinate**
When you procrastinate it can leave you feeling guilty that you are not getting your work accomplished. This starts the spiral effect of then putting it off even further until you are left in a hurry to finish.

There are multiple tips to help with procrastination. Most of which can be found at [http://www.mindtools.com/pages/article/newHTE_96.htm](http://www.mindtools.com/pages/article/newHTE_96.htm).

One initial tip is by giving yourself only 10 minutes to start the project. Most of the time, the reason for procrastination is because one may believe that the project needs to be completed in one sitting.

Another tip is by using action plans, this is where you break down a large project at the beginning of the semester so it is more manageable to complete.

6. **Learn When to Say “No”**
Do you tend to overcommit and say “Yes” to everything? This wears you thin and can lead to poor performance, stress levels and a low morale.

A great tip would be to learn the art of saying “yes” to the person and “no” to the task. For example, if a classmate wants to meet to work on a project but they’re asking to meet right before one of your large exams, you can say, “I’m sorry, I cannot meet at that time but I can meet after class.” Being able to say no but coming up with a solution makes them see that you are trying to work it out and not just saying no.

7. **Try to Slow Down**
Always having something to do can be exhilarating and can give people a rush from being busy. However, this frantic race to the finish line can take quite a toll on your body, both physically and mentally. Instead, try to slow down, and manage your time better.

8. **Forget Multitasking**
While it may seem efficient to get multiple tasks done at once, it can take anywhere from 20-40 percent more time to complete assignments if trying to multitask. Instead, focus on one task at a time, then your work on each assignment will show that you gave it the full attention it deserved.

9. **Take Breaks**
Your brain does indeed need time to relax and recharge. Therefore, it can be hard to wait until last minute and cram in a 5 hour study session or 4 hour paper writing session. It is important to take those necessary breaks to allow your brain to recharge. You will do better not only on the assignments and quizzes, but also improve the health of your body and soul.

Be sure to schedule in 5 minute breaks every hour or two. If you need help remembering to take breaks set an alarm. These breaks could consist of anything from eating an apple, going for a walk, or taking a coffee break.

10. **Effectively Schedule Tasks**
The way to set up a schedule is not mainstream because everyone has different cycles for what works best. Some people enjoy waking up early to get things done while others enjoy working into the late evenings. Find when you are the most productive and plan in your assignments during those times. You can also schedule the items that are low-energy during those low-energy times of your day and high-energy items during the high-energy times of your day. This will improve the efficiency of your time and your assignments will be completed.
Portrayal of People with Disabilities

You may be aware of the movement “Spread the Word to End the Word”. If you are not, there is a national awareness day the first Wednesday of every March to end the “R” word. So what is this word? The word is ‘retard(ed)’. This word is exclusive, derogatory and offensive. However, it is not the only derogatory word.

Words are very powerful. Using derogatory language can be dehumanizing and give off the idea that people with disabilities are not able to achieve the things that others can achieve. This is absolutely not the case, that is why it is important to be aware of proper language to use (and not use!). People with disabilities do not want to be defined by their disability, therefore it is preferable to use “people first” that places the emphasis on the person rather than the disability.

Also, people with disabilities do not want to be referred to as a victim or object of pity, they are not victims. Avoid using phrases such as “suffers from,” “afflicted with,” “confined,” etc. For example, instead of saying “confined to a wheelchair” say “person who uses a wheelchair”.

For more examples of proper language, see table below as prepared by the Texas Council on Developmental Disabilities.

HOW DO YOU TALK ABOUT PEOPLE WITH DISABILITIES?


<table>
<thead>
<tr>
<th>Use People First Language...</th>
<th>...Instead of Labels that Stereotype and Devalue</th>
</tr>
</thead>
<tbody>
<tr>
<td>People/individuals with disabilities</td>
<td>The handicapped</td>
</tr>
<tr>
<td>An adult who has a disability</td>
<td>The disabled</td>
</tr>
<tr>
<td>A child with a disability</td>
<td>Normal people/healthy individuals</td>
</tr>
<tr>
<td>A person</td>
<td>Atypical kids</td>
</tr>
<tr>
<td>People/individuals without disabilities</td>
<td>The mentally retarded; retarded people</td>
</tr>
<tr>
<td>Typical kids</td>
<td>He/she/they is/are retarded; the retarded</td>
</tr>
<tr>
<td>People with intellectual and developmental disabilities</td>
<td>Moron, idiot, imbecile</td>
</tr>
<tr>
<td>He/she/they has/have a cognitive impairment</td>
<td>He/she/they’re a Downs kid; a Mongoloit; a Mongol</td>
</tr>
<tr>
<td>A person who has Down syndrome</td>
<td>Austistic</td>
</tr>
<tr>
<td>A person who has autism</td>
<td>The mentally ill; the emotionally disturbed</td>
</tr>
<tr>
<td>People with a mental illness</td>
<td>He/she/they is/are insane; crazy; demented; psycho; a manic; a lunatic</td>
</tr>
<tr>
<td>A person who has an emotional disability</td>
<td>He/she/they is/are learning disabled</td>
</tr>
<tr>
<td>A person with a psychiatric illness/disability</td>
<td>The deaf</td>
</tr>
<tr>
<td>A person who has a learning disability</td>
<td>He/she/they is/are deaf and dumb</td>
</tr>
<tr>
<td>A person who is deaf</td>
<td>A mute</td>
</tr>
<tr>
<td>He/she/they has/have a hearing impairment/loss</td>
<td></td>
</tr>
<tr>
<td>A man/woman/person who is hard of hearing</td>
<td></td>
</tr>
<tr>
<td>A person who is deaf and cannot speak</td>
<td></td>
</tr>
<tr>
<td>A person who has a speech disorder</td>
<td></td>
</tr>
<tr>
<td>He/she/they uses/use a communication device</td>
<td></td>
</tr>
<tr>
<td>He/she/they uses/use synthetic speech</td>
<td></td>
</tr>
</tbody>
</table>

Continued on page 7.
Portrayal of People with Disabilities (continued)

Use People First Language...

- A person who is blind
- A person who has a visual impairment
- A man/woman/person who has low vision
- A person who has epilepsy
- People with a seizure disorder
- A person who uses a wheelchair
- People who have a mobility impairment
- A person who walks with crutches
- A person who has quadriplegia
- People with paraplegia
- He/she/they is/are of small or short stature
- He/she/they has/have a congenital disability
- Accessible buses, bathrooms, etc.
- Reserved parking for people with disabilities

...Instead of Labels that Stereotype and Devalue

- The blind
- An epileptic
- A victim of epilepsy
- A spaz
- He/she/they is/are wheelchair bound
- He/she/they is/are confined to a wheelchair
- A cripple
- A quadriplegic; a quad
- A paraplegic
- A dwarf
- A midget
- He/she/they has/have a birth defect
- Handicapped buses, bathrooms, etc.
- Handicapped parking