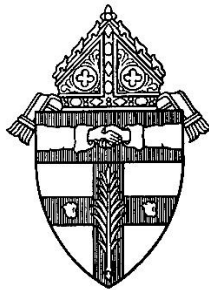




# **Toward Inclusive Community Worship**



**Roman Catholic Diocese of Owensboro**

**Diocesan Disabilities Awareness Committee**

In Memory of  
Sr. Audrey Mary Gold, A.D.



This book is dedicated to Sister Audrey Mary Gold of the Sisters of the Lamb of God. She was instrumental in getting this book together and worked tirelessly to ensure everything was done right. Sr. Audrey Mary worked on the vision and hearing impairment sections with others as she had both impairments. She said that she was able to do the things she did with God's grace. She was with the Disabilities Committee from its inception until her death in 2014.

## **Table of Contents**

Forward by Bishop William Medley.....	4
Thanks for Asking.....	5
Awareness.....	6-7
Prayer.....	7-8
Developmental Disabilities.....	9-12
Mobility Impairment.....	12-15
Vision Impairment and Blindness.....	15-19
Hearing Impairment.....	20-25
Mental Illness.....	26-30
Alzheimer's and Dementia.....	30-35
Grief and Loss.....	35-39
How Do We Start?.....	39-41
Forming an Attitude of Welcome.....	41-43
The Language of Welcome.....	44-45
Directory.....	45-50



DIOCESE OF OWENSBORO

Catholic Pastoral Center

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Dear People of the Diocese of Owensboro,

The Diocesan Disability Awareness Committee has created this booklet to help raise awareness of families and persons with disabilities in your Parish. As part of a faith community, I ask you to read this booklet and become aware of those around you with disabilities that may need a helping hand or a place to turn in a crisis.

As always, thank you for all you do to make our parishes places that the people meet the Lord in word, sacrament and deeds.

Yours in Christ,

Most Reverend William F. Medley  
Bishop of Owensboro

## **Thanks for Asking**

When asked by John's disciples, "Are you He who is to come or do we look for another?" Jesus said to them in reply, "Go back and tell John what you hear and see; the blind regain their sight, the lame walk, lepers are cleansed, the deaf hear, the dead are raised, and the poor have the good news proclaimed to them." (Mt. 11:3-5)

These words of Jesus show His love of those who are suffering and the importance of helping persons with disabilities. As members of the Body of Christ in the Owensboro Diocese, we are called to welcome all to fully participate in all the activities of our Diocese. We have prepared this booklet to help you understand the needs of those with disabilities. We hope that it helps create an environment that recognizes the dignity, rights, needs and potential of all in our Church Family.



## **Awareness**

Awareness education is the main tool for parishes wishing to bring about a change in attitude, leading to acceptance, understanding and appreciation of the uniqueness of each of God's children. Each member of the Parish should be respected and accepted because they were created by God.

- About 56.7 million people, or 19% of the population living in the U.S., had a disability in 2010.
- About 8.1 million have a visual disability, including two million who are blind or unable to see.
- About 7.6 million people experience difficulty hearing. About 5.6 million use a hearing aid.
- Roughly 30.6 million people have difficulty walking, climbing stairs, or are using a wheelchair or walker.
- About 19.9 million people have difficulty lifting and grasping; this includes lifting an object like a bag of groceries or grasping a glass or a pencil.
- Difficulty with at least one activity of daily living was cited by 9.4 million noninstitutionalized adults; these activities include getting around inside their home, bathing, dressing and eating.
- About 15.5 million adults have difficulty with one or more activity of daily living.

These include doing housework, using a phone, or preparing meals.

- Approximately 2.4 million people have Alzheimer's disease, senility, or dementia.
- Frequent depression or anxiety which interferes with the ordinary activities was reported by seven million adults (facts reported after the 2010 Census).

### Prayer

*Lord make me an Instrument of your peace:*

*Where there are those who cannot see, may I be their eyes.*

*Where there are those who cannot hear, may I sign for them.*

*Where there are those who cannot walk, may I push their chairs.*

*Where there are those who are challenged intellectually, may I listen to their dreams.*

*Where there are those with chronic pain, may I show them sympathy.*

*Where there are those who have AIDS, may I show acceptance.*

*Where there are those who have problems breathing, may they feel the Breath of the Holy Spirit.*

*Where there are those who suffer from depression, feel alone, or misunderstood, may they find a friend in me.*

*Where there are those who have learning disabilities, may they find kind teachers.*  
*Where there are those who have epilepsy, may I be a helping hand.*  
*Where there are those with poor self-esteem, may I show them true respect.*  
*Where there are those who are caregivers to their elderly parents, or to children with disabilities, may I befriend and support them.*  
*Where there are those who have violent headaches, may I show empathy when others judge them.*  
*Where there are those who are told that the child they are awaiting will be born with birth defects and should be aborted, may I encourage them and be there to listen when the baby arrives.*  
*Where there are those in need, may they find my door always open.*  
*Lord, may I not so much seek many friends, but that I be a friend to many.*  
*That I not so much spend time on solving my problems but I be there to listen to the problems of others.*  
*That in all things I may put other's needs and wants before my own.*  
*For it is in listening that we learn.*  
*It is in helping that we are helped.*  
*It is in loving that we are loved.*



## **Developmental Disabilities**

**Facts:** A developmental disability is characterized by three marks: originating at birth or during childhood, continuing indefinitely, and restricting ability in multiple life activities. There are many types of developmental disabilities as well as causes (Source: Institute on Community Integration Developmental.) Disabilities occur among all racial, ethnic, and socioeconomic groups. Recent estimates in the United States show that about one in six, or about 15%, of children aged 3 through 17 years have one or more developmental disabilities, such as:

- Autism
- Attention Deficit Disorder
- Brain injury
- Cerebral palsy
- Down syndrome
- Fetal alcohol syndrome
- Intellectual disability
- Learning Disability
- Spina Bifida

Source: Centers for Disease Control and Prevention (CDC)

### **We Can All Help By:**

- Being aware of each individual's need for understanding, love and acceptance as a person.

- Offering opportunities to participate in meaningful activities.
- Using various means of communication, including the use of simple vocabulary, the use of all of the senses, and the use of hands-on experiences in worship services.
- Eliminating practical barriers to participation in the worship services (installing ramps, arranging transportation, etc.).
- Involving people with developmental disabilities in worship services as ushers, acolytes, greeters, choir members and full participants in the worshipping community.
- Be an advocate for people with developmental disabilities and get involved in local committees.

### **Agencies That Can Help**

*ARC of Owensboro, Inc.*

721 Jackson Street

Owensboro, KY 42303

(270) 685-2976

[www.thearc.org](http://www.thearc.org)

*Autism Society of Western Kentucky*

230 Second Street

PO Box 1647

Henderson, KY 42419

(270) 270-826-0510

*Cabinet for Health Services Dept. for MH/MR*  
*State of Kentucky*  
100 Fair Oaks Ln., 4EE  
Frankfort, KY 40621  
(502) 564-7702  
[www.chfs.ky.gov](http://www.chfs.ky.gov)

Green River Area Down Syndrome Association  
GRADSA  
<https://www.gradsa.org/>

*Special Parent Involvement Network (SPIN) of KY*  
10301-B Deering Rd.  
Louisville, KY 40272  
(502) 937-6894  
[www.kyspin.com](http://www.kyspin.com)

*Wendell Foster's Campus for Developmental*  
*Disabilities*  
815 Triplett Street  
Owensboro, Ky. 42303  
(270) 683-4517  
[www.wfcampus.org](http://www.wfcampus.org)

*RiverValley Behavioral Health*  
1100 Walnut Street  
Owensboro, KY 42302  
(270) 689-6500  
[www.rvbh.com](http://www.rvbh.com)

Centers for Disease Control and Prevention  
<http://www.cdc.gov/ncbddd/developmentaldisabilities/facts.html>

National Center for Learning Disabilities  
<http://www.ncld.org/>

### **Educational Resources**

*American Association on Intellectual and  
Developmental Disabilities*

501 3rd Street, NW Suite 200  
Washington, D.C. 20001  
(202) 387-1968  
[www.aaid.org](http://www.aaid.org)

*Autism Speaks*  
(888) 288-4762  
[www.autismspeaks.org](http://www.autismspeaks.org)

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## **Mobility Impairment**

**Facts:** People with mobility impairments may have difficulty walking or be unable to walk. Uneven ground and stairs may pose special problems. Many use adaptive equipment or require physical assistance in order to be mobile. With adapted environments, many people with mobility impairments can live independently. With adapted worship environments people with mobility impairments can take an active part in worship services.

In 2014 there were approximately 8 million Americans who had some type of mobility impairment that necessitated the use of adaptive equipment such as a cane, crutches, walker, wheelchair, or scooter. A person with mobility impairment simply uses different ways to get around. Often, assistive devices help him or her overcome mobility obstacles. Mobility impairments may result from a number of different medical conditions such as multiple sclerosis, cerebral palsy, spina bifida, diabetes, muscular dystrophy, and paraplegia. Temporary impairments, like broken legs, can also result in mobility impairments (University of Kentucky Human Development Institute, Cooperative Extension Service, "Those of Us DisLabeled: A Guide to Awareness and Understanding,").

**We All Can Help By:**

- Always ask the person if he or she would like assistance before you help. Your help may not be needed or wanted.
- Talk directly to the person in the wheelchair rather than to someone with him or her. A person in a wheelchair is perfectly capable of talking for him or herself.
- When possible, sit down so you are on eye level with the person in the wheelchair.
- Push a wheelchair only after asking the person if assistance is needed.

- When assisting someone in a wheelchair over a curb, ask if the person prefers to go forward or backward.
- In guiding a wheelchair down an incline, hold the push handles to ensure that the chair does not go too fast.
- Learn the location of wheelchair ramps, restrooms, elevators and telephones.
- For more than one stair step, keep the wheelchair tilted back while going up or down.
- Remember that a wheelchair is an expensive piece of equipment. Do not treat it with extreme roughness or as a toy.
- Do not hang or lean on a person's wheelchair, which the person often considers part of their body space. You probably do not lean on a person's shoulder, so do not lean on someone's wheelchair.
- Consider the parish buildings in terms of accessibility.
- Consider various aspects of the worship service in terms of disability. How might it be possible to include people with disabilities in participatory and or ministerial roles in the service?

## **Agencies That Can Help**

*Center for Accessible Living (CAL)*

501 S 2<sup>nd</sup> St., Suite 200

Louisville, KY 40202

502-589-6620

[www.calky.org](http://www.calky.org)

*Americans with Disabilities Act Information Line*

800-514-0301 (Voice)

800-514-0383 (TTY)

[www.ADA.gov/infoline.htm](http://www.ADA.gov/infoline.htm)

## **Educational Resources**

*Office of Social Concerns*

Diocese of Owensboro

600 Locust St.

Owensboro, KY 42301

270-685-1545

*Accessibility Audit Parish Facilities:* based on national accessibility standards; this resource assists in self-study of parish accessibility. Found in “Opening Doors: Ministry with Persons with Disabilities”, which is available as a hard copy for loan at the McRaith Catholic Center in the Office of Social Concerns.

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## **Vision Impairment and Blindness**

**Facts:** Vision impairment is a general term for a variety of visual problems. Vision impairments include: a person's eyesight that cannot be corrected to a "typical" level; loss of vision that

makes it hard to do daily tasks without specialized adaptations; and loss of visual activity/field.

Most people with impaired vision do not lose their sight totally. The likelihood of vision impairments increases with age. Vision impairments also include "color blindness". Most vision impairments can be treated with corrective eyewear and/or visual therapy. Corrective surgery may be another option. (Indiana Institute on Disability and Community)

By age 65, one in three Americans has some form of vision impairing eye disease. Of the 119 million people in the U.S. who are age 40 or over, 3.4 million are visually impaired or blind. People with diabetes are 25 times more likely to become blind than people without diabetes. Glaucoma is one of the leading causes of blindness in the U.S., and the most common cause of blindness among African Americans. Nearly 3 million people have glaucoma, but half do not realize it because there are often no warning signs (Eye Care America, "Facts about Blindness and Eye Health." Blindness and Visual Impairment Defined).

There are four leading causes of blindness in the U.S: age-related macular degeneration (AMD), cataracts, diabetic retinopathy and glaucoma. AMD is a leading cause of vision loss in Americans aged 60 and older, affecting an estimated 10 million people. AMD blurs the sharp, central vision needed for activities such as reading, sewing, and driving. It is a painless disease that



destroys the macula, the part of the eye that helps you see fine detail. A cataract is the clouding of the lens, which commonly occurs in older adults. By the age of 80, more than half of all Americans have had a cataract or cataract surgery, amounting to 1.35 million cataract operations annually in the United States.

Diabetic retinopathy is a leading cause of blindness in American adults and the most common diabetic eye disease affecting an estimated 4.1 million adults over the age of 40 in the United States. It is caused by changes in the blood vessels of the light-sensitive retina tissue in the back of the eye.

Glaucoma is a group of eye diseases that affect an estimated 2.2 million Americans. Glaucoma occurs when the normal fluid pressure inside the eye slowly rises, which can damage the optic nerve and decrease vision. African Americans over age 40, everyone over age 60, especially Mexican Americans, and people who have a family history of glaucoma, are at a higher risk for this eye disease (National Eye Institute).

**We Can All Help By:**

- Following some simple courtesies when speaking to a person with visual impairment. Using their name to indicate you are speaking to them and identifying yourself, so that they will know to whom they are speaking, and

letting a person who is blind know when other people are leaving.

- Letting a person with visual impairment take your arm and walk one-half step behind you to anticipate steps and curbs. Giving the person a choice of using personal assistance or an available handrail when going up or down stairs.
- Giving a play-by-play account of what we are seeing. Words like “look” and “see” are alright to use.
- Being specific when giving directions and avoiding phrases like “over there” and “sit here.”
- Providing Braille manuscripts, large print materials, and audiobooks, when requested.
- Some with vision impairments or other disabilities have service dogs to help them in their daily lives; it is important to never pet a service dog without permission.
- When in doubt, ask the person how you can help rather than try to be an expert on their disability.

### **Agencies That Can Help**

*National Federation of the Blind*

410-659-9314

<https://nfb.org>

*American Foundation for the Blind*

212-502-7600

[www.afb.org](http://www.afb.org)

*American Council of the Blind*

800-424-8666

[www.acb.org](http://www.acb.org)

*National Eye Institute*

301-469-2234

[www.nei.nih.gov](http://www.nei.nih.gov)

*Eye Care America*

877-887-6327

[www.eyecareamerica.org](http://www.eyecareamerica.org)

*KY Office for the Blind*

800-321-6668

<http://blind.ky.gov>

*KY Talking Book Library*

800-372-2968

<http://kdla.ky.gov/librarians/talkingbook>

*KY Lions Eye Foundation*

502-583-0564

[www.kentuckylionseyefoundation.org](http://www.kentuckylionseyefoundation.org)

*Xavier Society for the Blind*

800-637-9193

[www.xaviersocietyfortheblind.org](http://www.xaviersocietyfortheblind.org)

*Midwestern Braille Volunteers*

314-966-5828

[www.mbvvol.org](http://www.mbvvol.org)

*Prevent Blindness America*

800-221-3004

[www.preventblindness.org](http://www.preventblindness.org)

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### **Hearing Impairment**

**Facts:** A hearing impairment is a hearing loss that prevents a person from totally receiving sounds through the ear. If the loss is mild, the person has difficulty hearing faint or distant speech. A person with this degree of hearing impairment may use a hearing aid to amplify sounds. If the hearing loss is severe, the person may not be able to distinguish any sounds. There are four types of hearing loss:

1. *Conductive*: caused by diseases or obstructions in the outer or middle ear that usually affect all frequencies of hearing. A hearing aid generally helps a person with a conductive hearing loss.
2. *Sensorineural*: results from damage to the inner ear. This loss can range from mild to profound and often affects certain frequencies more than others. Sounds are often distorted, even with a hearing aid.
3. *Mixed*: occurs in both the inner and outer or middle ear.
4. *Central*: results from damage to the central nervous system.

People with hearing impairment can communicate using numerous methods of communication, such as:

- American Sign Language (ASL): This is the primary language of people who are deaf. It consists of a combination of hand movements and positions to express thoughts and phrases.
- Finger spelling: This is a manual form of communication in which the hand and fingers spell out letters of the alphabet to form words.
- Lip reading: This is a difficult skill used only by about 10% of people with hearing impairments; therefore, don't assume that a deaf person to whom you are speaking can lip read. Even if a person cannot lip read being allowed to see the speaker's mouth provides helpful visual cues.
- Written communication: This is a fairly simple way to communicate with a person who is deaf. However, remember that sign language is the primary language for most persons who are deaf; auditory English is a second language, so use clear language.
- Oral communication

(University of Kentucky Human Development Institute, Cooperative Extension Service, "Those of Us DisLabeled: A Guide to Awareness and Understanding")

### **Things to Know About Hearing Loss**

- About 20% of adults in the US, or 48 million people, report some degree of hearing loss.

- At age 65, one out of three people has a hearing loss.
- 60% of the people with hearing loss are either in the work force or in educational settings.
- About 2-3 of every 1,000 children are hard of hearing or deaf; about 30 school children per 1,000 have a hearing loss.
- Hearing loss can affect people of all ages, and varies from mild to profound. It can be sudden or gradual, mild or severe, temporary or permanent; it all depends on the cause.
- Congenital hearing loss means you are born without hearing, while gradual hearing loss happens over time.
- Hearing loss is an invisible condition; we cannot see hearing loss, only its effects. Because the presence of a hearing loss is not visible, these effects may be attributed to aloofness, confusion, or personality changes.
- In adults, the most common causes of hearing loss are noise and aging. There is a strong relationship between age and reported hearing loss.
- In age-related hearing loss, known as presbycusis, changes in the inner ear that happen as you get older cause a slow but steady hearing loss. The loss may be mild or severe, and it is always permanent.
- In older people, a hearing loss is often confused with, or it can complicate, such conditions as dementia.

- Noise-induced hearing loss may happen slowly over time or suddenly. Being exposed to everyday noises, such as listening to very loud music, being in a noisy work environment, or using a lawn mower, can lead to hearing loss over many years.
- Sudden, noise-induced hearing loss from gunfire and explosions is the number one disability caused by combat in current wars.
- More often than not severe tinnitus (or ringing in the ears) will accompany the hearing loss and may be just as debilitating as the hearing loss itself.
- Other causes of hearing loss include earwax buildup, an object in the ear, injury to the ear or head, ear infection, a ruptured eardrum, and other conditions that affect the middle or inner ear.

(Johns Hopkins Medicine & Hearing Loss Association of America)

### **We Can All Help By:**

- Smile and maintain eye contact during the time you are talking to a person who is hearing impaired. The person always needs to be able to see your lips if he has learned to read lips. If a sign language interpreter is present, talk directly to the person who is deaf, not the interpreter.
- Speak slowly and clearly, but do not exaggerate. Be expressive, but not overly so.

- If a word is not understood, try another word. Demonstrate if possible.
- Use sign language only if you're qualified. Otherwise, incorrect information may be conveyed.
- If a person has a cochlear implant, a device which allows a deaf person to hear, it is important to speak clearly and not to shout. These devices are very helpful but not perfect.
- If all else fails, use a pad and pencil to communicate. Since this often isolates the person with a hearing impairment from the group, try to use writing only if oral speech, lip reading, sign language, gestures, and finger spelling have failed.
- During group gatherings, seat the person with a hearing impairment so he can see others in the group. Try a semi-circle arrangement. If possible, arrange to have an interpreter or note-taker. Use visual aids whenever possible.
- Watch the person who is deaf or hearing impaired carefully for facial expressions and body language, this will help you determine the success of your communication.
- If you have trouble understanding the speech of a person who is deaf, don't hesitate to ask him to repeat what he said. Your willingness and desire to communicate is what is most important, not the ease with which you understand.



## **Agencies That Can Help**

Director of the Office of Social Concerns

600 Locust St.

Owensboro, KY 42301

270-683-1545

Found with the Office of Social Concerns:

- Resources for Ministry with Deaf and Hard of Hearing Persons

*Guidelines for Celebrations for Sacraments for Persons with Disabilities*

<http://www.usccb.org/beliefs-and-teachings/how-we-teach/catechesis/upload/guidelines-for-sacraments-disabilities.pdf>

*National Catholic Office for the Deaf*

7202 Buchanan St.

Landover Hills, MD 20784

301-577-1684

*National Information Center on Deafness (NICD)*

Gallaudet University

800 Florida Avenue NE

Washington, D.C. 20002-3695

<http://clerccenter.gallaudet.edu>

(telephone 202-651-5051 voice; 202-651-5052 TTY)

*National Association of the Deaf*

814 Thayer Avenue

Silver Spring, MD 20910-4500

[www.nad.org](http://www.nad.org)

(Telephone 301-587-1788 voice; 301-587-1789  
TTY)

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## **Mental Illness**

**Facts:** Mental illness, as commonly understood, is the improper functioning of the brain. Such illnesses are characterized by alterations in thinking, mood and behavior (or some combination thereof). Mental illness may occur at any age with the initial onset of some types manifesting in particular age ranges. For example, the onset of schizophrenia or bipolar disorder usually occurs during the teenage years or early adulthood. Mental illness is also indiscriminate of gender, race or socioeconomic background.

A mental illness is characteristic in the following: involve a number of different conditions; can occur at any age to anyone; manifests itself in a range of severity; is cyclical in nature; encompasses biological, psychological, social and spiritual dimensions of the individual. According to *Mental Health: A Report of the Surgeon General*, an estimated 22-23% of the US population experiences a mental illness in any given year, but almost half of these individuals do not seek treatment due to the stigma associated with mental illness. About 20% of children in the US live with a diagnosable mental illness. Children with

emotional difficulties are often perceived as children who are misbehaving. Also, their parents may be judged as incapable of managing them. Understanding that this behavior may be due to mental illness can transform a once judgmental attitude to one with compassion and support needed by children and their families (US Department of Health and Human Services 2002; US Surgeon General, 2001).

Of those individuals who experience a mental illness, approximately 6% (or one in seventeen) of individuals experience a severe and persistent mental illness. These illnesses are constant or frequently reoccurring, and significantly interfere with one's ability to function in family, job, school, or community. Some of these severe and persistent mental illnesses include:

- Addiction
- Post-traumatic stress disorder (PTSD)
- Schizophrenia
- Anxiety disorders
- Bipolar disorder (formerly manic depression)
- Major depressive disorder
- Obsessive-compulsive disorder (OCD)
- Borderline personality disorder

Certain other conditions, although they may reoccur, are mistaken for mental illness: intellectual disabilities, dementia (Alzheimer's, vascular), seizures. Proper diagnosis and treatment

are critical in ensuring the individual's mental health needs are properly addressed. Treatment of a mental illness may consist of medication, psychotherapy, counseling, hospitalization and spiritual direction (alone or in combination). Along with various treatment modalities available, an individual's social well-being through positive family support, employment, friends and hobbies are equally important in providing the appropriate care required by an individual. One must acknowledge that the treatment objective of mental illness does not necessarily involve the eradication, i.e. cure, of the condition, but rather its ongoing management so as to minimize the adverse effects of the mental illness on the everyday functioning of the individual. Stigma, or bias, distrust, stereotyping, fear, embarrassment, anger and/or avoidance of persons diagnosed with mental illness contribute to the impact of the illness and impose hurdles that must be overcome to ensure proper care and treatment.

Unfortunately, research shows that nearly two-thirds of all people with a diagnosable mental illness do not seek treatment. In many instances, failure to seek treatment results from the stigma associated with having a mental illness. With community education, comprehensive care and treatment, many individuals are relieved of suffering and experience improvement in function and quality of life ("Welcomed and Valued: Building Faith Communities of Support and Hope with

People with Mental Illness and Their Families” pp. 10-12).

Seeking help is not a sign of weakness but of wisdom. Reach out for help when your loved one needs it.

**We Can All Help By:**

- Becoming more informed about mental illness, to alleviate those fears which may be barriers to relationships with church members who have mental illness.
- Listen to the other person without having to have the answer; become accepting and understanding; do not assume responsibility for a person’s life or treatment, but help when you can.
- Invite families of people with mental illness to share their sorrows, joys, methods of coping, and information.
- Combating the stigma of mental illness by objecting to negative stereotyping of people with mental illness, recognizing it as an illness, not a fear.
- Not being scared of the person with mental illness, particularly if he or she has just come home from the hospital. They may have many concerns about the future and fear of abandonment will be one of those concerns.
- If questions arise about something, politely ask, explaining that you want to understand their journey. If the person is reluctant to answer

questions, don't take it personally and move on.

### **Agencies That Can Help**

*Catholic Charities of Owensboro Counseling Program*

270-683-1545

[www.rcdok.org/ministries/catholic\\_charities/counseling.php](http://www.rcdok.org/ministries/catholic_charities/counseling.php)

*National Suicide Prevention Lifeline*

1-800-273-8255

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

*River Valley Crisis Line*

(270) 684-9466

*Mental Health America of Kentucky*

120 Sears Ave. #213

Louisville, KY 40201

502-893-0460

[www.mhaky.org](http://www.mhaky.org)

*National Catholic Partnership on Disability*

415 Michigan Ave., N.E., Suite 95

Washington, DC 20017

202-529-2933

[www.ncpd.org](http://www.ncpd.org)

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### **Alzheimer's & Dementia**

**Facts:** According to WebMD, dementia is the loss of mental functions such as thinking, memory and

reasoning severe enough to interfere with a person's daily functioning. Dementia is not a disease itself, but rather a group of symptoms caused by various diseases or conditions. Symptoms can also include changes in personality, mood, and behavior. In some cases, the dementia can be treated and cured because the cause is treatable. Examples of this include dementia caused by substance abuse, combinations of prescription medications and hormone or vitamin imbalances. In some cases, a severe depression could be causing the symptoms; this is known as pseudo-dementia (false dementia) and is highly treatable. In most cases, however, true dementia cannot be cured.

Dementia develops when the parts of the brain that are involved with learning, memory, decision-making and language are affected by one or more of a variety of infections or diseases. The most common cause of dementia is Alzheimer's disease, but there are as many as 50 other known causes. Most of these causes are very rare.

Because some causes of dementia can be cured or partially treated, it is very important that your doctor is thorough when making the diagnosis, so as not to miss potentially treatable conditions. The frequency of treatable causes of dementia is believed to be about 20%.

Alzheimer's disease causes 50-60% of all dementias. However, researchers have found that two nervous diseases, which were originally

incorrectly diagnosed as Alzheimer's, are emerging as major causes of dementia: Lewy body disease and Pick's disease.

Alzheimer's disease is a condition in which nerve cells in the brain die, making it difficult for the brain's signals to be transmitted properly. Alzheimer's symptoms may be hard to distinguish early on. A person with Alzheimer's disease has problems with memory, judgment, and thinking; this makes it hard for the person to work or take part in day-to-day life. The death of the nerve cells occurs gradually over a period of years.

Most patients' symptoms of Alzheimer's disease progress slowly over a number of years. Symptoms may not be noticed early on. Sometimes, it is only when family members look back that they realize when the changes started to occur.

It is important to visit a doctor if you or a loved one experiences any of the symptoms of Alzheimer's disease so you can receive the proper evaluation and diagnosis. There are other conditions such as depression, a head injury, stroke, certain chemical or vitamin imbalances or the effects of some medications that can produce symptoms that are similar to Alzheimer's disease. Many of these conditions are treatable.

Only your doctor can determine if the symptoms are probably due to Alzheimer's disease after a thorough medical, psychiatric, and neurological evaluation. A PET scan of the brain



may be useful if the person meets certain criteria. Because drugs exist that may lessen the symptoms of Alzheimer's disease, the doctor will evaluate other possible causes of dementia to rule out all other factors before settling on Alzheimer's disease as a diagnosis.

Currently, no definitive diagnostic test for Alzheimer's disease exists. The diagnosis can only be confirmed by a pathologist after death who examines the patient's brain for the telltale changes associated with the disease.

According to the Alzheimer's Association Factsheet, it is estimated that in 2014 over 5 million Americans were living with Alzheimer's disease, including approximately 200,000 under the age of 65. Of Americans aged 65 and older, one in nine have Alzheimer's and in ages 85 and older, one in three people have Alzheimer's. It is the sixth leading cause of death in the United States.

In 2013, 15.5 million caregivers provided an estimated 17.7 billion hours of unpaid care for those with Alzheimer's. More than 60% of these caregivers are women; there are 2.5 times more women than men providing intensive on-duty care 24 hours each day for someone with Alzheimer's.



**We Can All Help By:**

- Becoming informed about dementia and Alzheimer's disease.
- Maintaining contact with the family members and the person with Alzheimer's.
- Offering to stay with the person with the illness so that family members can attend church, support group meetings, run errands, etc.
- Be a good listener. Allow families to share their sorrows, joys, and methods of coping.

**Agencies That Can Help**

*Alzheimer's Association –*

*Greater Kentucky / Southern Indiana Chapter*

6100 Dutchman's Lane, Suite 401

Louisville, KY 40205

(800) 272-3900

[www.alz.org/kyin/index.asp](http://www.alz.org/kyin/index.asp)

*GRADD Area on Aging*

3860 US Hwy 60 West

Owensboro, KY 42301

(270) 926-4433

**Educational Resources**

*Alzheimer's Disease Education & Referral Center*

*(ADEAR)*

[www.nia.nih.gov/alzheimers](http://www.nia.nih.gov/alzheimers)

*Wellington Parc, Alzheimer's Education/  
Support Group AWARE Program*  
2885 New Hartford Road  
Owensboro, KY 42303  
(270) 685-2374  
Group offered every third Thursday night

Alzheimer's and Dementia

[www.alzheimers.gov](http://www.alzheimers.gov)

[www.mayoclinic.com](http://www.mayoclinic.com)

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### **Grief and Loss**

**Facts:** After experiencing loss, grief is a normal response. Unfortunately, normal does not mean easy. According to Dr. Ed Beckham and Cecilia Beckham, LCSW, BCD, authors of *A Personal Guide to Coping*, one might compare grief with mild to severe depression (*A Personal Guide to Coping*, Ch. 8, p. 3). In dealing with grief, many are left feeling alone and desperate for help. It is important to note that there are situations that make grieving more difficult; according to Beckham, a few of these are your relationship with the deceased, a sudden or unexpected death, tragedy of the situation and a view of death being an unnatural event in life (pp. 5-6). Understanding these situations that can make grieving more difficult will assist you as you seek help. For more information, you can read chapter 8, "Coping with Grief" *A Personal Guide to Coping* in its entirety at the following website:

[www.drbeckham.com/handouts/CHAP08 COPING WITH GRIEF.pdf](http://www.drbeckham.com/handouts/CHAP08_COPING_WITH_GRIEF.pdf).

Although the Kübler-Ross model of the “Five Stages of Grief” (denial, anger, bargaining, depression, and acceptance) has previously been accepted as the norm in dealing with grief, modern psychologist Ruth Davis Konigsberg challenges our tendency to use that method as a go-to formula for our coping with grief and loss, instead favoring the idea that grief is a much more complicated process. ([www.thetruthaboutgrief.com/about-the-author](http://www.thetruthaboutgrief.com/about-the-author))

However, for those who find comfort in an outlined process, Dr. William Worden may have a refreshing perspective. Instead of stages that one will inevitably face without much control, Worden suggests that we take a more proactive approach with “Worden’s Four Tasks of Mourning”.

- Task #1: To Accept the Reality of the Loss.
- Task #2: To Work Through the Pain of Grief.
- Task #3: To Adjust to an Environment in which the Deceased is Missing.
- Task #4: To Find an Enduring Connection with the Deceased While Embarking on a New Life (What’s Your Grief, “Worden’s Four Tasks of Mourning”).

### **We Can All Help By:**

The following is a brief compilation of tips from 7 *Ways to Help a Loved One Grieve* by Laura McMullen:

- Open a line of communication immediately. Do not wait to send your condolences.
- Listen more than you talk. Realize that there is nothing you can say to make it all better. Instead, be willing to listen and attempt to share the burden of their loss.
- Choose your words wisely. Although you may be inclined to use words of optimism, this is not a good idea. Solidarity is key. Optimism, such as reminding the griever that the deceased is no longer suffering, no matter how well-meaning you may be, could be interpreted as belittling the painful feelings of loss.
- Do more than let your friend know you are there for them; offer specific ways in which to help. Some examples may be to ask what dishes they enjoy, so you can prepare them lunch, offer to drive to and from places such as the cemetery or funeral home, offer to pick up their children from school, etc.
- Say the deceased's name. Contrary to what feels comfortable, it is suggested that saying the name of the deceased could help the mourner feel as though their loss has not been forgotten to everyone else.
- Check in weeks and months later. Support is usually abounding at the time of loss, however in the weeks and months to come, it may seem as though everyone else has moved on with their lives, leaving the mourner feeling alone.

- Share memories. Even if you do not have memories of the deceased, you can ask to hear stories of their life.

### **Agencies That Can Help**

#### *Counseling Associates*

1316 Frederica Street

Owensboro, KY 42301

(270) 686-7999

[www.counselingassociatesky.com](http://www.counselingassociatesky.com)

#### *Compassionate Friends Support Group*

For parents who have lost a child of any age.

When: 4th Thursday of every Month

Time: 6:30 PM

Where: HealthPark Chapel Conference Room

For more information contact: Jean Julius

(270) 688-4856

#### *Hospice of Western Kentucky*

3419 Wathen's Crossing

Owensboro, KY 42301

(270) 926-7565

[www.hospiceofwky.org](http://www.hospiceofwky.org)

### **Educational Resources:**

#### *Five Surprising Truths about Grief*

Ruth Davis Konigsberg

[www.aarp.org/relationships/grief-loss/info-03-2011/truth-about-grief.html](http://www.aarp.org/relationships/grief-loss/info-03-2011/truth-about-grief.html)

*Seven Ways to Help a Loved One Grieve*

Laura McMullen

<http://health.usnews.com/health-news/health-wellness/articles/2013/08/07/7-ways-to-help-a-loved-one-grieve>

*A Personal Guide to Coping, Ch. 8*

Ed Beckham, Ph.D. &

Cecilia Beckham, L.C.S.W., B.C.D

[www.drbeckham.com/handouts/CHAP08\\_COPING\\_WITH\\_GRIEF.pdf](http://www.drbeckham.com/handouts/CHAP08_COPING_WITH_GRIEF.pdf)

*Coping With the Loss of a Loved One*

[www.cancer.org/acs/groups/cid/documents/webcontent/002826-pdf.pdf](http://www.cancer.org/acs/groups/cid/documents/webcontent/002826-pdf.pdf)

*Worden's Four Tasks of Mourning*

[www.whatsyourgrief.com/wordens-four-tasks-of-mourning](http://www.whatsyourgrief.com/wordens-four-tasks-of-mourning)

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**How Do We Start?**

Inclusion of all people to fully participate in every aspect of life in their Catholic community is the main focus of the National Catholic Partnership on Disabilities which was established in 1982. Again in 1995, the Bishops of the United States issued the *Guidelines for Celebration of the Sacraments with Person with Disabilities* to encourage the inclusion of all people in the celebration of the life of the Church. However the question still remains: Where do we start?

### **Take a close look at the membership of your parish**

- Are there people in our parish with evident disabilities?
- Is there a question on the form given to new members asking if there is any family member with special needs (enlarged song sheets, hearing devices, special seating, etc.) in order to fully participate in Church Worship? This question should also be on the Annual Stewardship Form.
- Are there children in the parish that need special religious education classes or need to be accompanied by an older friend?
- What support is given to families of people with disabilities?
- Have you noticed someone has not been to Mass in a while or is on the sick list and may need Communion brought to them but may not have the courage to ask?

### **Take a close look at your facility**

- Ask persons with various disabilities to evaluate your facility.
- Are signs posted that indicate the resources of your facility (special seating, location of hearing devices, elevator location)?
- Is the alarm system visible and audible?
- Are all doorways accessible to people in wheelchairs?



- Are plans in place for evacuation of people with disabilities?
- Is there a transportation committee formed to give rides to church to those who are unable to drive themselves?

### **Take a close look at your neighborhood**

- Have you considered inviting people who live in group homes near your church to become part of the parish?
- Can you offer respite (time away) to caregivers? This will allow them to attend church or take a break.

### **Create a Plan**

The Inclusion Representatives of the parish are the advocates for people with disabilities. They are called to help bring awareness to the Pastor, Parish Council or Social Justice Committee of the needs of those with disabilities. However, any Parish member noticing needs should bring them to the attention to anyone of the above. *We must work together to eliminate barriers to worship.*

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### **Forming an Attitude of Welcome**

Today more than ever persons with disabilities are more visible. Since 1990, the Persons with Disabilities Act has made public buildings more accessible and welcoming.

Therefore, those with disabilities are able to participate in activities that they previously were unable to attend. We find many more persons

with disabilities attending church services and taking active part in church activities.

It is important that every parishioner feel welcome and needed in the Church community. Those who have not worked with persons with disabilities may have a fear of saying the wrong thing and hurting the feelings of others. They may question how they should act. Persons with disabilities want to be treated like any other parish member. Give the same courtesy, attention and respect to a person with a disability the same way you would anyone else; introduce yourself, listen to what the person has to say and be careful not to ask too many personal questions.

**A few guidelines to help when meeting persons with disabilities:**

- Speak with respect
- Be careful not to ask personal questions
- Give them their personal space
- Canes, wheelchairs, communication boards should not be touched or moved
- Speak directly to the person (not the parent or caregiver)
- If walking with the person walk at their pace
- Look at the person to make sure that they understand what you are saying

## **Forming an Attitude of Welcome during Services and Beyond**

It is important that the Ministers of Hospitality know where the “special seating” is located and that Ministers of Communion be educated to notice those who need Communion brought to them. Hearing devices, large print missalettes and song sheets may also be necessary.

Offering rides to church to those who cannot drive is another important ministry. The parish should have enough available handicap parking spaces for those who need them. These spaces should be near doors that are accessible.

Continual education is also a part of parish ministry. Adult education such as Bible Study, Faith Formation classes and Catechesis are offered in many Catholic churches. Religious education classes are offered for children grades one through eight. Accommodations should be made so that those with disabilities are able to attend.

It is very important that children with disabilities also receive religious education. Whether they require a special class or are being accompanied by an older friend, accommodations need to be made. Welcoming a child with disabilities is another way the parish shows hospitality and follows Jesus’ direction to “Let the children come” (Matthew 19:14). It also gives everyone the opportunity to appreciate the unique gifts and talents of those with disabilities.

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## **The Language of Welcome**

All persons deserve to be treated with respect. Respect strengthens rather than diminishes. It is important that the following words be defined clearly:

*Disability*: a permanent physical, sensory, emotional, or intellectual impairment that substantially limits one or more of life's major activities, including education, holding jobs, or performing essential functions of life.

*Handicap*: a barrier society places on people with disabilities.

Language that emphasizes the person is primary. The disability is secondary. Each person is a gift from God.

Sometimes actions speak louder than words. Pope Francis embraced and blessed Dominic Pondera who has cerebral palsy on Easter Sunday. The hug quickly went viral. Afterward someone said to the mother of the boy, "You know, your son is here to show people how to love."

Pope Francis showed us, as did Jesus, The Language of Welcome is sometimes spoken without words. Words many times cut deep and leave scars that last a lifetime.

Some words describing people with disabilities are no longer acceptable in any situation. Among these inappropriate terms are: afflicted, cerebral palsied, confined to a wheelchair, or wheelchair bound, crippled, crazy,

deaf and dumb, deaf mute, a drain, a burden, homebound, invalid, poor, retarded and victim. No categorization should begin with the word “the” such as “the” disabled, “the” blind, and “the” deaf or “the” mentally challenged.

Mother Teresa was fond of saying, “Small acts with great love.” That quote describes The Language of Welcome. Let the modern day followers of Jesus show us how to welcome those with disabilities with few words and loving actions.

## **Directory**

### *American Foundation for the Blind*

Two Penn Plaza, Suite 1102

New York, NY 10121

1-800-232-5463

[www.afb.org](http://www.afb.org)

### *American Printing House for the Blind*

1839 Frankfort Ave., P.O. Box 6085

Louisville, KY 40206

1-800-223-1839

[www.aph.org](http://www.aph.org)

### *Americans with Disabilities Act Information Line*

P.O. Box 6618

Washington, DC 20035

1-800-514-0301

[www.ada.gov](http://www.ada.gov)

*Catholic Charities USA*  
2050 Ballenger Ave., Suite 400  
Alexandria, VA 22314  
703-549-1390  
[www.catholiccharitiesusa.org](http://www.catholiccharitiesusa.org)

*Center for Accessible Living*  
1051 N 16<sup>th</sup> Street, Suite C  
Murray, KY 42071  
270-753-7676  
[www.calky.org](http://www.calky.org)

*Diocese of Owensboro*  
Catholic Charities  
Office of Social Concerns  
McRaith Catholic Center  
600 Locust Street  
Owensboro, KY 42301  
270-683-1545  
[www.rcdok.org](http://www.rcdok.org)

*Hearing Loss Association of America*  
7910 Woodmount Ave., Suite 1200  
Bethesda, MD 20814  
301-657-2248  
[www.hearingloss.org](http://www.hearingloss.org)



*KY Offices of Vocational Rehabilitation*

District 1 Office

416 South 6<sup>th</sup> Street  
Paducah, KY 42003  
270-575-7304

District 2 Office

1071 Thornberry Drive  
Madisonville, KY 42431  
1-888-640-2713

District 3 Office

1901 Southeastern Pkwy  
Owensboro, KY 42303  
1-888-443-2811

District 4 Office

955 Fairview Ave., Suite 100  
Bowling Green, KY 42101  
1-800-442-6055

*Kentucky-Southeast Indiana Chapter*

National Multiple Sclerosis Society

1201 Story Ave., Suite 200

Louisville, KY 40206

[kyw@nmss.org](mailto:kyw@nmss.org)

[www.nationalmssociety.org/chapters/kyw](http://www.nationalmssociety.org/chapters/kyw)

*KY School for the Blind*  
1867 Frankfort Avenue  
Louisville, KY 40206  
502-897-1583  
[www.ksb.kyschools.us](http://www.ksb.kyschools.us)

*National Catholic Office for the Deaf*  
7202 Buchanan Street  
Landover, MD 20784  
301-577-1684  
[www.ncod.org](http://www.ncod.org)

*National Catholic Partnership on Disability*  
415 Michigan Ave. NE, Suite 95  
Washington, DC 20017  
202-529-2933  
[www.ncpd.org](http://www.ncpd.org)

*National Institute of Health*  
31 Center Drive, MSC 2320  
Bethesda, MD 20892  
1-800-241-1044  
TTY 1-800-241-1055  
[www.nidcd.nih.gov](http://www.nidcd.nih.gov)

*U.S. Architectural & Transportation Barriers  
Compliance Board*  
1331 F. Street NW, Suite 1000  
Washington, DC 20004  
202-272-0080  
[www.access-board.gov](http://www.access-board.gov)



*U.S. Conference of Catholic Bishops*

3211 Fourth Street NE  
Washington, DC 20017  
202-541-3000  
[www.usccb.org](http://www.usccb.org)

*U.S. National Library of Medicine (NLM)*

8600 Rockville Pike  
Bethesda, MD 20894  
1-800-346-8656  
[www.nlm.gov](http://www.nlm.gov)

*Xavier Society for the Blind*

Two Penn Plaza, Suite 1102  
New York, NY 10121  
1-800-637-9193  
[www.xaviersocietyfortheblind.org](http://www.xaviersocietyfortheblind.org)

**Comprehensive Care Centers**

*Communicare, Inc.*

Counties Served: Breckenridge and Grayson  
1311 North Dixie Hwy, Bldg D  
Elizabethtown, KY 42701  
270-765-2605  
24 Hour Crisis Line  
1-800-641-4673

*Four Rivers Behavioral Health*

Counties Served: Ballard, Calloway, Carlisle, Fulton,  
Graves, Hickman, Livingston, Marshall, and  
McCracken

425 Broadway, Suite 201

Paducah, KY 42001

270-442-7121

24 Hour Crisis Line

1-800-592-3980

*Life Skills, Inc.*

Counties Served: Allen, Butler, Edmonson, Logan,  
Simpson, and Warren

822 Woodway Drive

Bowling Green, KY 42102

24 Hour Crisis Line

1-800-223-8913

*Pennyroyal MH/MR Board*

Counties Served: Caldwell, Christian, Hopkins, Lyon,  
Muhlenberg, Todd, and Trigg

3999 Ft. Campbell Blvd.

Hopkinsville, KY 42240

270-886-7171

24 Hour Crisis Line

1-877-473-7766

*River Valley Behavioral Health*

Counties Served: Daviess, Hancock, Henderson,  
McLean, Ohio, Union, and Webster

1100 Walnut Street

Owensboro, KY 42301

270-689-5344

24 Hour Crisis Line

1-800-433-7291



**Special thanks to:**

**Knights of Columbus Our Lady of Lourdes  
Council Owensboro**

**Knights of Columbus Bishop Soenneker  
Council Owensboro**

**Knights of Columbus Kentucky State  
Council**

**Diocese of Owensboro, Disabilities  
Awareness Committee**

**Mr. & Mrs. David & Stacy Green**

**An Anonymous Donor**