DISABILITY AWARENESS: A CALL TO BUILD COMMUNITY PARTNERS MPH GRAND ROUNDS

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GOALS AND OBJECTIVES

Goal: To understand disability as a socially constructed experience and methods to build collaborative

Learning Objectives:

- Increase cultural competency of disability and multiculturalism
- Explore the impact of societal beliefs about disability
- Identify what can be done

- Click, Clap, Tap, Nod... "if you ever":
 - Felt sad when encountering someone with a disability?

- Click, Clap, Tap, Nod... "if you ever":
 - Felt scared when encountering a person with a disability?

- Click, Clap, Tap, Nod... "if you ever":
 - Felt impeded and/or slowed down by a person with a disability?

- Click, Clap, Tap, Nod... "if you ever":
 - Avoided a person with a disability?

- Click, Clap, Tap, Nod... "if you ever":
 - Felt inspired by a person with a disability?

- Click, Clap, Tap, Nod... "if you ever":
 - Felt pity when seeing a person with a disability?

- Click, Clap, Tap, Nod... "if you ever":
 - Presumed competence of someone with a disability, FIRST

PERCEPTIONS/IMAGES OF DISABILITY

When you think of disability what comes to mind?

- Who
- What
- Where
- When

DO YOU KNOW THE ANSWERS?

- Is ADA a special rights law or civil rights law?
- Who is responsible to provide interpreting services for a Deaf client?
- What to do and where to go if your patient and/or consumer with a disability is experiencing intimate partner violence in the home?
- Who to call if your consumer with a disability is attempting to get out of a nursing home and return to community housing?
- Which domain of healthcare is often inaccessible to individuals with disabilities?
- What does quote, "not about us, without us" mean or refer to?

DISABILITY EXERCISE

Consider self and important identities

Consider how your world informed you about disability

- Who were your informants?
- What were the messages?

Are you a person with a disability?

Are you a member of the disability community?

Are you an ally?

SOCIETAL BELIEFS ABOUT DISABILITY

(OLKIN, 1999)

Stereotypes

Attitudes

Negative and/or heroic

Factors that affect attitudes toward disability

- Perceiver characteristics
- Characteristics of PWD
- Characteristics of disability
- Characteristics of context

ATTITUDES ABOUT DISABILITIES

Negative

Pity

Hero

Tragic

Burden

Asexual

DISABILITY HISTORY

Models-Inform every aspect of the disability experience including the gender experience (Orto & Power, 2007).

- Moral/Religious Model
- Medical Model
- Social/Minority Model

MANIFESTATIONS OF BARRIERS IN HISTORY/CURRENTLY

Models of Disability	Disability is	Society's Response
Moral Model	 Test of faith or divine retribution for sin Family/individual is responsible for disability "Cure" lies in faith 	CharityPrayerPunishment/BlameForgiveness
Medical Model (Normalcy Model)	 Bodily defect or abnormality "Defect" needs to be cured in order for the individual to function in society Primary model used today 	 Fix it Correct it Eliminate it or prevent it Eugenics? End of Life Decisions? Adapt and Adjust "Blend" and / or "Pass" Psychology: Facilitate acceptance
Minority Model (Social or minority group model)	 Defined and maintained by socio-political factors Social constructionism 	 Empowerment/Social justice Promote voices from within Not about us without us Disability is Natural and Normal Presume Competence Psychology: Facilitate disability identity formation and pride!

THE NEW PARADIGM OF DISABILITY

(NIDRR, 1999; OLKIN AND PLEDGER, 2003)

New Paradigm of Disability

- Locates enablement within the interaction of the person and several dimensions of the environment
- Disability as a diversity variable
- Multicultural perspective-intersecting identities
- Feminist Perspectives-power/privilege

DISABILITY CULTURE

(GILL, 1995)

Acceptance of human variation

Matter-of-fact orientation

Tolerance for unpredictable and living with uncertainty

Disability humor

Skills in managing multiple problems

A sophisticated future orientation

A flexible adaptive approach to tasks

ISSUES CENTRAL TO QUALITY OF LIFE: CHOICES

Independence

Transportation

Healthcare

Personal Assistance Services/Care-giving

Access to resources

Employment

Sexuality

- Activity
- Relationships
- Fertility/Parenting

QUALITY OF LIFE ASSUMPTIONS

 Medical personnel appraised quality of life in terms of satisfaction lower than spinal cord injured patients

Basnett, I. (2001). Health care professionals and their attitudes toward decisions affecting disabled people. *In Handbook of Disability Studies*. (Chapter 18 pp. 450-467). Thousand Oaks, CA: Sage Publications.

VARIABLES IMPACTING CHOICE!

Disability Disincentives

- Employment
- Marriage

Housing-supported living versus institutional care

Health Disparities

- Non-Compliance-transportation/personal care assistance
- Environmental barriers
- Sexual health-accessibility/attitudinal beliefs
- Dental health

EVIDENCE THAT BARRIERS REMAIN

- Depression
- Anxiety
- Suicidality
- Substance Abuse
- Sexual Dysfunction
- Abuse Including: Emotional, Physical, Economic, Medical and Sexual
- Clinical issues identified but out of context:

INTERSECTION OF GENDER AND DISABILITY

With each minority status added, poverty rises. Higher stress and self esteem related to lower SES and social/environmental context

- Employment73.7% of women without a work limitation
- 17% of women with a work limitation

Poverty

- 10.% without a work limitation
- 31.2% with a work limitation

INTERSECTION OF GENDER AND DISABILITY

Median Household Income

- Without a disability \$65,000
- With a disability \$29,000

Physical Abuse

 Women with disabilities twice as likely to be subject to physical abuse

Violence in their lifetime from an intimate partner

- Women with a disability 37.3%
- Women without a disability 20.6%

Study examined the relationship between **disability**, gender and access to physician services due to cost using data from the 2005 Behavioral Risk Factor Surveillance System.

Results:

- Women with disabilities are more likely than women without disabilities
 and men with disabilities to report not having seen a physician due to
 cost.
- A person with a disability is twice as likely to report not having seen a physician due to cost.
- Women are approximately one and one half times as likely to report not having seen a physician due to cost.

Implications:

Focus on socioeconomic factors such as education, employment and training to increase income and improve access to **health** plans that provide access to physician services (Smith, D. & Ruiz, M. Journal of Rehabilitation, Oct-Dec 2009, Vol. 75 Issue 4, p3-10).

DISABILITY IMAGES IN THE MEDIA / CONTROVERSY

Historical Images and Media Representations

Disability to be avoided and feared

Multiple identities ignored

Controversial issues

DISABILITY: UGLY, AND SCARY



Sexual Deviant



Too Late for Him!!

DISABILITY: LITTLE GIRLS / WEAK



DISABILITY: BEAUTIFUL, INVITING AND SENSUAL OR SEXUALIZED?

The "Immaculate" prosthetic arm

Described in press releases as the "sexy prosthesis."



SEXUAL OPPRESSION OF WOMEN WITH DISABILITIES

Negative attitudes towards disability and sexuality include such beliefs that
women with disabilities are asexual, they are incapable of sexual
functioning, they do not have the judgment that is needed to behave in a
sexually responsible manner, and they have more important things to worry
about than sex..

SYSTEMIC BARRIERS THAT REMAIN

Gaps in Services

What to do?

ATTITUDES, KNOWLEDGE AND SKILLS WITHIN SERVICE PROVIDERS/RESEARCHERS

Acknowledge, existential feelings of angst, anxiety and view of disability as tragic.

Challenge, avoidance of discussing reactions to disability and avoidance of discussing disability variables

Understand the lack of knowledge in part due to societal issues and in part due to a lack of coverage in training/higher education curriculums.

POWER, PRIVILEGE AND OPPRESSION

Understand: Disability in an Ableistic Context

<u>Consider:</u> Interventions/Research/Services need to address power differentials

Remember: Ableism is a violation of human rights and that the "Personal is Political" (Brown, 1994)

WHAT TO DO?

Social Constructionist Approach

The individual's disability is seen as informed by social world. Therefore, focus of treatment is not microlevel but rather macrolevel (Smart, J. & Smart, D., 2007).

Disability Affirming Therapy:

 Disability Affirming Models of Psychotherapy-disability recognized as a viable identity to be celebrated, not tolerated and not suffered (Olkin, 1999).

AND MORE....

Build Bridges!!!!

- Examples of productive collaboratives
 - Focus groups, community meetings, bring PWD to table
- Look for Examples of successful collaboratives
 - VERA Institute
 - FACES-SARDI WSU

DISABILITY ETIQUETTE

Rules to follow: (Olkin, 1999)

- Staring is not OK
- "Some of my best friends are disabled"
- Giving assistance
- Third parties within interactions
- OK to say that you don't understand
- OK to use words like "see" and "walk"
- Watch terminology and word choice

DISABILITY ETIQUETTE

Don't touch assistive devices

Temperature and sounds in environment

Rules can vary

WHAT ELSE??

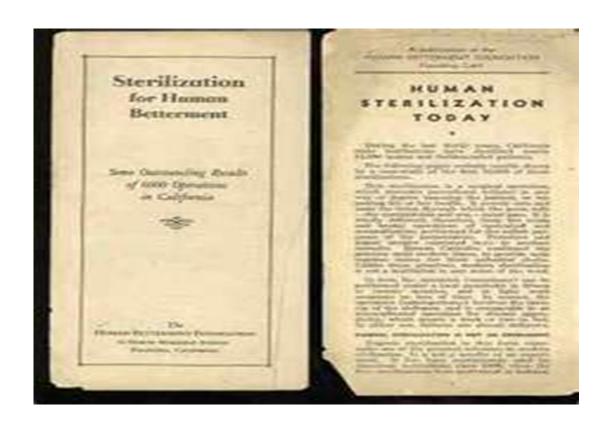
- Invite PWD to the table
- Promote presence of PWD
- Consider Disability as an Identity intersecting with other identities
- Look at where are we going?
- Know what the issues are to pay attention to?
- And know who is leading the movement?

REPRODUCTIVE RIGHTS PARENTING





DISABILITY: ASEXUALIZED AND STERILIZED



RIGHT TO DIE, EUTHANASIA, ASSISTED SUICIDE (AKA COMFORT CARE)

Though often described as compassionate, legalized medical killing is really about a deadly double standard for people with severe disabilities, including both conditions that are labeled terminal and those that are not.

In the photo, members of Not Dead Yet from across the nation protest in Boston Masachusetts outside of the 2000 conference of the World Federation of Right to Die Societies



The Disability Resistance

Million Dollar Baby (3/5) Movie CLIP - Get Home (2004) HD

URL: "http://www.youtube.com/watch?v=DlwuwiBLAmM&feature=relmfu"

Maggie's Final Request - Million Dollar Baby (4/5) Movie CLIP (2004) HD

URL: "http://www.youtube.com/watch?v=o4SUU7XoRI8&feature=related"



DEADLY PERCEPTIONS

"It's the ultimate form of discrimination to offer people with disabilities help to die without having offered real options to live."

-Diane Coleman, founder of Not Dead Yet

Not Dead Yet is a national disability rights group which opposes the legalization of assisted suicide and euthanasia, because of the lethal danger to this nation's largest minority group, people with disabilities.



No Pity: Youth Realized / Playful



Disability: Women Strong/Athletic/Beautiful





APA DISABILITY NETWORKING



CDIP



EVIDENCE OF PROGRESS

ADA

Increasing coverage of disability at APA conferences

Examples of other areas of inclusion

- APA women with disabilities conference
- Multicultural and Diversity Conference and Summit Microaffirmations

Increasing attention to disability in peer reviewed articles

Efforts to collaborate and build partnerships

Efforts to bring PWD to leadership positions

FINAL THOUGHTS....

Lean into disability!

Identify disability allies

Become one

Employ micro-affirmations

- Teaching
- Interventions
- Research-PAR Models
- Programming

FINAL POINTS:

- Accessibility insures inclusivity
 - Break down programmatic barriers
 - Time, materials, alternative formats
 - Deconstruct environmental and social barriers
 - Community locations, restaurants, restrooms
 - Be willing to be wrong and corrected

STAR FISH

Remember the Star Fish

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