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

Learning Objectives:

- Increase cultural competency of disability and multiculturalism
- Explore the impact of societal beliefs about disability
- Identify what can be done
DISABILITY EXERCISE: “IF YOU EVER..”

- Click, Clap, Tap, Nod... “if you ever”:
  - Felt sad when encountering someone with a disability?
DISABILITY EXERCISE: “IF YOU EVER..”

- Click, Clap, Tap, Nod... “if you ever”:
  - Felt scared when encountering a person with a disability?
DISABILITY EXERCISE: “IF YOU EVER..”

- Click, Clap, Tap, Nod... “if you ever”:
  - Felt impeded and/or slowed down by a person with a disability?
DISABILITY EXERCISE: “IF YOU EVER..”

- Click, Clap, Tap, Nod... “if you ever”:
  - Avoided a person with a disability?
DISABILITY EXERCISE: “IF YOU EVER..”

- Click, Clap, Tap, Nod... “if you ever”:
  - Felt inspired by a person with a disability?
DISABILITY EXERCISE: “IF YOU EVER..”

- Click, Clap, Tap, Nod... “if you ever”:
  - Felt pity when seeing a person with a disability?
DISABILITY EXERCISE: “IF YOU EVER..”

- 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

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

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.

**Employment**
- 73.7% 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

Consider: 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

Sterilization for Human Betterment

Some Outstanding Results of 10,000 Operations in California

HUMAN STERILIZATION TODAY

During the last 20 years, California state authorities have sterilized average 6,000 insane and feebleminded persons.

The following pages contain valuable data of a statistical of the best known of these cases.

Sterilization is a surgical operation which may be performed without pain, which is attended by no danger, and which is not an operation to save the patient's life or limb. It is a means of stopping the transmission of hereditary diseases, and is therefore, a public health measure.

One of the most important points is that sterilization is not a punishment. It is a treatment for a disease. The patient is not forced to undergo the operation, but is given the option to do so. The operation is performed on a voluntary basis.

The sterilization process involves the removal of the reproductive organs, which prevents the patient from being able to have children.

A sterilization certificate is issued to the patient, which serves as proof of the operation.

Sterilization is a method of controlling the population, and is used to prevent the spread of genetic disorders.

The sterilization process is reversible in many cases, and the patient has the option to have the operation reversed.

The sterilization process is a safe and effective method of controlling the population, and is recommended for individuals who are at risk of passing on genetic disorders.
RIGHT TO DIE, EUTHANASIA, ASSISTED SUICIDE (AKA COMFORT CARE)

- The Disability Resistance

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

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