Students with Disabilities: A Paradigm Shift

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Objectives

• Identify key events re-shaping definitions of disability.
• Examine new conceptualizations of disability.
• Discuss the role of the social model of disability in nursing education.
Disability Community

Disability Activists and Scholars

• Achieved many successes in the disability rights movement over the last century.
  • Many historic events remain relatively obscure.
  • Disability Studies – interdisciplinary field of study on history, contributions, experiences, and culture of people with disabilities.
• The field of teaching and research in the area of disability studies is growing worldwide.

They are an important part of our American heritage
Disability Legislation

- The Rehabilitation Act of 1973 (Section 504)
- The Education For All Handicapped Children Act of 1975 (reauthorized in 2004 and renamed the Individuals with Disabilities Education Act "IDEA")
- The American with Disabilities Act (ADA) of 1990

Legislative Initiatives

1. A little-noticed provision of the 1973 Rehabilitation Act, Section 504 (a paragraph 42 words long), proved to be a watershed legislation for the disability community. Section 504 guarantees access to all Federally-financed institutions, schools, hospitals, and transportation systems. In 1977, the lack of implementation of Section 504 mobilized the disability community to stage protests until implementation was guaranteed. Independent Living Movement created Centers of Independent Living (CIL) (information and referral services, independent living skills training). CILs became mandated by the Rehabilitation Act, section 504. Each county in the US should have a Center for Independent Living and they should be run by people with disabilities.

2. The Education For All Handicapped Children Act of 1975, which guaranteed public education to children with disabilities for the first time. It was re-authorized in 1997 and renamed the Individuals with Disabilities Education Act (IDEA). IDEA guarantees children the right to free, appropriate education.

3. In 1990, congress enacted the American with Disabilities Act (ADA). The ADA is a sweeping mandate to end discrimination on the basis of disability in employment, state and local government, public accommodations, commercial facilities, transportation, and telecommunications. The ADA which stands with women's suffrage and the Civil Rights Act of 1964 in the effort to bring fundamental rights and equality to all Americans. For the disability community and parents of children with disabilities, these events are the equivalent of Brown versus Board of Education, and the repeal of Jim Crow laws. Although not all Americans with disabilities know about these events, they deeply feel the consequences of the revolution: they, and their families, recognize that some profound change in the early 1980s allowed them to have access to the world, far more easily than previously – curb cuts, handicap parking places, bathrooms, and more—they expect expectations and sense of possibility grew. As a civil rights law, the ADA focuses on arbitrary, unjust, and outdated societal attitudes and practices that prohibit and/or restrict access for people with disabilities, and seeks to eliminate practices that make people unnecessarily different. According to ADA, a person with a disability is someone who meets at least one of the following criteria: a) has a physical or mental impairment that substantially limits one or more major life activities, such as, caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working; b) has a history or record of such an impairment; or, c) is perceived by others as having such an impairment.

The legal changes over the past 30 years continue to have a dramatic impact on the lives of persons with disabilities. Unfortunately, despite the creation of laws protecting the rights of people with disabilities, people are still deprived of many opportunities due to unnecessary barriers and fears. The 1998 National Organization on Disability/Harris Survey found that people with disabilities continue to lag well behind Americans without disabilities in many key areas of community life, such as, securing jobs, pursuing post-secondary education, and, obtaining accessible public transportation and health care.

Reference(s): A Guide to Disability Law (www.usdoj.gov/crt/ada/cguide.htm); P.L. 101–336. U.S. Department of Justice, Civil Rights Division, Disability Rights Section
For More Information: Disability and Business Technical Assistance Center (DBTAC) (wwwadata.org/)
ADA Definition of Disability

1. has a physical or mental impairment that substantially limits one or more major life activities;
2. has a history or record of such an impairment;
3. is perceived by others as having such an impairment.
Reconceptualizing Disability

• Legislation is a major force behind paradigm shift
  • Ongoing struggle by people with disabilities to gain full citizenship.
• Reclaiming identities and redefining language
  • Disability activists and scholars are reclaiming identities and redefining language and paradigms for conceptualizing disability.
  • This is similar to other 20th-century civil rights struggles by people denied equality, independence, autonomy, and full access to society.
Medical Model of Disability

• **Medical model**
  • Typical perspective across many health–related fields.
  • Intellectual, sociocultural, ethical, political, and policy conclusions are deeply rooted in our thinking and shape our teaching, practice, and research.

• **Limitations of the medical model**
  • Ignores the context of the environment.
  • Does not address attitudinal barriers (e.g. fear, prejudice, ignorance).

Longmore, 2003

Fear – Disability forces an awareness of the precariousness of the human condition. Everyone is subject to illness, accident, the declining powers of aging – all forms of human vulnerability. It’s the one minority we all can join.
Changing Attitudes

• Critical factor to real change in attitudes is the shift in definition of disability from medical and economic model to a socio-political model.
Models of Disability

- Within the medical model, disability is viewed from the standpoint of functional impairments and vocational limitations.
  - Being disabled is negative.
  - Disability resides in the individual.
- Within the social model, disability is the product of the interaction between the individual and the environment.
  - Focuses on disabling qualities of the environment that limit opportunities for people with disabilities.
  - Being disabled, in itself, is neutral.
  - Most activists and scholars define disability as a condition imposed on individuals by society.
  - Definition is mirrored by ADA of 1990 (based 1973 Rehab Act).
Medical versus Social Model

• Medical Model
  – disability is deficiency/abnormality
  – remedy for disability-related problems is cure or normalization of the individual
  – agent of remedy is the professional

• Social Model
  – disability is a difference
  – remedy for disability-related problems is change in the interaction between the individual and society
  – agent of remedy can be the individual, an advocate, or anyone affecting the arrangements between the individual and society

Gill, 1994
Social Model of Disability

• According to Dr. Longmore:
  “the medical model [has become] the institutionalized expression of societal anxieties about people who look–different or function differently. It regards them as incompetent to manage their own lives, as needing professional, perhaps lifelong, supervision, perhaps even as dangerous to society.”

• Using a socio–political model encourages:
  A focus on attitudes that lead to the marginalization of people with disabilities and making functional changes in the physical environment.
Disability Discrimination

What is discrimination based on disability status?
• The meaning behind unkind words and actions against many minority groups are understood.
• Prejudicial attitudes toward disability are less understood.
• Discrimination (or ableism) is often misrepresented as a health, economic, technical, or safety issue.

Lack of knowledge and diverse group
The Civil Rights Act of 1964 passed after tremendous amounts of consciousness-raising and demonstrations.
ADA passed very quietly with little understanding of what disability discrimination (ableism) entails.
perpetuate stereotypes
Ableism in action...

- **disability is a health issue:**
  - If he was able to see, then...

- **disability is an economic issue:**
  - It’s too expensive to make accommodations, so...

- **disability is a technical issue:**
  - It’s too difficult to make changes in the program...

- **disability is a safety issue:**
  - It may be harmful for persons with disabilities or for persons without disabilities to...
2 Phases of DRM

- Paul Longmore, a noted disability historian and disability activist, talks about two phases of the disability rights movement.
  - 1st Phase – quest for disability rights
  - 2nd Phase – quest for collective identity

Longmore, 2003
Phase 1 – Disability Rights

- Focused on equal access, equal opportunity, and inclusion in everyday life.

- Started in the 70s with greater momentum via the Internet in the 90s – people have been forging relationships to compare experiences of inequality.

- Work in this phase is still ongoing.
According to Dr. Paul Longmore, the movement of disabled Americans has entered its second phase.

Focused on exploring and/or creating a disability culture.
Developing a Collective Identity

This is being done on many different levels including the following:

1. Youth Leadership Forum for Students with Disabilities (YLF) sponsored by the U.S. Department of Labor’s Office of Disability Employment Policy cultivates leadership, citizenship, and social skills among students.

2. Centers for Independent Living – codified into law with the Rehabilitation Act of 1973 – offers advocacy, information and referral, peer counseling, skills training, and other supportive services to persons with disabilities.

3. Academic programs in disability studies are increasingly addressing the cultural and political determinants of the disability experience (30 + programs have developed during the past decade).
People with disabilities state they are often treated as a “diagnosis and pathological condition” and not as a person.

Attitudinal and architectural barriers are seen as central to disablement not intrinsic limitations related to the disability.

Students, patients, and funders have different expectations.
Culturally Competent Care

- Like race and gender, disability is now seen as a natural part of the human experience.
- The 1998 N.O.D./Harris national survey data documented that 84% of disabled people (compared to 81% in 1994 & 74% in 1986) feel a sense of identity with others who have disabilities.
- Recruiting students with disabilities into nursing schools can enhance culturally competent nursing care.

Persons are identifying themselves as members of a sociocultural group across diagnostic boundaries: in other words a cultural minority – social, political, and economic barriers are viewed as a large part of daily concerns, not just intrinsic limitations of disability.
The Social Model and Nursing

- Nurses play a critical role in the lives of many disabled people across all specialty areas.
- Social model provides a comprehensive framework to understand the myriad of issues encountered by people with disabilities.
- Social model can guide policies and procedures that impact disabled people.
Retooling Tradition

What can nurse educators do?

• First, address our prejudices toward people with disabilities; and, recognize the value and viability of the hard-won rights of people with disabilities.

• Second, expand our understanding of disability beyond abnormalities or deficiencies.
  – Dr. Carol Gill states that the social model distinguishes an individual’s impairments or differences from their social consequences or social oppression.
What can nurse educators do?

- Third, accept and accommodate people with disabilities. A student’s success is highly dependent on the availability of accommodations and not the type or severity of disability.
  - Creating dynamic and flexible educational programs suitable for all students and an environment will embrace diversity.
- Fourth, the social model of disability encourages us to recognize the intrinsic value that persons with disabilities bring to the nursing profession to enhance culturally competent care.
  - Including persons with disabilities in nursing programs will bring a new set of skills and abilities into nursing.
Advocating for Students

What can nurse educators do?

- Students are not patients – each student has their own disability experience.
- Disability experience varies across “similar” types of disabilities.
- Students must connect with Disability Services Office if they are requesting accommodations.
What can nurse educators do?

- ADA Coordinator or anyone within the College that has authority related to compliance with state and federal discrimination laws (504, ADA, etc).
- Liaison with the Disability Services Office.
Accommodations

What can nurse educators do?

• Change the notion that there is only one way to “teach” something.
  • Accommodations may vary for students with similar disabilities.
  • Conversely, accommodations may be the same for students with different disabilities.

• Must students be able to perform “all” activities and/or methods?
Essential and Modifiable

What can nurse educators do?

• Address what is “essential” and what elements can be modified to meet the desired outcomes but be accomplished in an alternative manner.
  • Some tasks may have steps that have to be taken and modifying them can result in a fundamental alternation.
  • Majority of tasks however there is more than one way to and the focus should be on achieving the desired/required outcome and not as much on the “process.”
Technical Standards

• Should be inclusive of students with disabilities.
• Difficult to write good technical standards given the prevailing model of disability.
• Often use physical attributes as a skill (e.g., “must be able to talk to patients directly” versus “must be able to communicate effectively”).
• Include the "tag-line" “able to meet these requirements with or without a reasonable accommodation.”
Technical Standards, cont.

- Written as the “what” of a skill, not the “how.”
  - (e.g., “must be able to gather vitals using variety of means” versus “must be able to hear a heart murmur through a stethoscope”)

- Often written based on skills that students will actually learn how to do in the program.
  - (e.g., “must be able to hear/detect a heart murmur through a stethoscope”)

Essential Functions

• “Essential functions” is a term used in employment, not education.
Changing Ways of Knowing and Practice

- Creative expression of life, emotions, and experiences – challenges “ways of knowing” and presents new paradigms.