

Confronting Self: Addressing Ableism in Therapeutic Settings

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Learning Objectives

1. Identify ways internalized and structural ableism can influence clinical judgment, diagnostic practices, and treatment planning.
2. Analyze the impact of language and implicit bias on client experience and therapeutic outcomes.
3. Demonstrate strategies for adapting interventions to better align with client values, access needs, and lived experience.

Discussion

- In the virtual space, can you share in the chat (if you are able) or aloud, how you were trained around working with client's with disabilities?
- What type of messages were you given to support clients?



Background

- In the US, there are over 61 million individuals with documented disabilities
- 32.9% report experiencing frequent mental distress (Cree et al., 2020).
- Rate of mental distress is 5x that of people not living with disability.
- Mental health disparities affect people living with disability in several ways:
 - Disparate risk factors
 - Experiences of discrimination (i.e., ableism)
 - Disparate access to mental health treatment
 - Insufficient training of mental health providers related to disability

Disability Defined

Definitions of disability can be broadly categorized under four dimensions: **identity, lived experience, a mechanism for pathologizing, and/or a category within particular systems.**

- Individuals who view disability as **identity** understand it as a central aspect of their sense of self and experience of the world.
- Disability as an **experience** includes two distinct understandings. The first aligns with the social model of disability, which posits disability as arising from the interplay between an individual's impairment and their socio-environmental context. The second conceptualizes disability in relation to an individual's experience of ableism.
- Under the medical model, disability is seen as arising from **pathology**, and efforts to cure or rehabilitate individuals with disability are the primary goals.
- Disability as a category within **particular systems** could be related to disability benefits, university or work accommodations, etc.

What Ableism looks like:

Ableism Defined

- Disability-based discrimination
- Set of beliefs about what people with disabilities can/cannot do
- Assumption that not being disabled is best/preferred
- Can be structural and interpersonal



Believing Disability is only visible or physical.



Telling someone they don't look Disabled.



Asking a Person to prove they are Disabled.



Making a judgment on a Disabled Person's capability.



Designing or creating something inaccessible.



Not making your recruitment process accessible.



Refusing to make an event/environment accessible.



Using outdated or offensive language..



You asking a Person to prove they are Disabled.



Reflective Activity

- What internalized messages do you hold as it relates to individuals with disabilities/disabled folx?
- How familiar are you with ableist messages that you or others perpetuate explicitly or implicitly?
- What do we do when we encounter these messages as a professional?

Lack of Preparation

- Counselors' and mental health practitioners' lack of knowledge, education, and training lead to harmful interactions with disabled clients.
 - Avoided speaking about client's disabilities
 - Hyper-focused on their disability
 - Made discriminatory assumptions about abilities, life, relationships
 - Treated clients as if they were a part of a homogenous disability community
 - Invalidated the experience of clients (questioning symptoms)
 - Mistakenly attribute a client's mental health symptoms to disability
 - Imposed own biases
 - Not asking about accommodations or implementation

(Connor et al., 2023; Weise et al., 2018)

Flexibility of the Counselor

- Inability to be flexible/barriers
 - Unwilling to educate self on client's disability
 - Not being accommodating to disability-based cancellations
 - How can you incorporate these conversations at your sites?
 - Utilizing assessments that were not accessible
 - Not providing more time for sessions
- Let's become flexible with:
 - Creating policies that are least restrictive for disabled clients
 - Providing options for accommodating the space
 - What else?

Let's Consider Disability Across the Lifespan

Children – play therapy

Adolescents and adults – individual therapy

Adult Relationships – relationship counseling

Children



Questions to Consider for Children

What type of mobility aids or assistive technology might the child use?

How does the caregiver respond to their child? (i.e., A.R.E)

What environments do they have access to?

What types of access or accommodations do we need to consider?

Assessing the Therapeutic Environment

Types of toys (representation)

Set up of the room

Accessibility & accommodations

Caregiver experience

Linguistic differences

Your Role

- Assess child development with additional considerations (i.e., school, family, services)
- Complete thorough intake with caregivers or important figures with specific developmental questions
- Avoid perpetuating ableist messages to children
- Create safe space for children and families
- Know your resources in community to provide additional support
- Validate the experiences of caregivers
- Coordinate services with school and other providers involved



Adolescents and Adults

Questions to Consider

What type of mobility aids or assistive technology might the person utilize?

What is the person's relationship to their disability?

What systems of care do they engage with? (i.e., SSA; VR)

What types of access or accommodations do we need to consider?

Your Role

- Engage in broaching during intake/rapport building sessions (Day-Vines et al., 2013).
- Use proper language to describe the person and the disability (Stuntzner et al., 2014)
- Avoid harmful and non-inclusive language: “invalid, suffering, afflicted, victim, handicapped, crippled, and wheelchair-bound” (Titchkosky, 2001, p. 127).
- Understand that having a disability doesn’t mean they are in counseling for that reason
- Identify personal and societal barriers experienced (i.e., discrimination, oppression)

Your Role (2)

- Examine the ways identified barriers inhibit their functioning or prevent them from navigating their life (Olkin, 2017)
- Pay attention to the abilities and strengths to integrate in counseling relationship
- Respect the differences in lived experience
- Recognize clients with disabilities do not live life “focused” on their disability or limitations

Relationships and Families

Questions to Consider (2)

What type of mobility aids or assistive technology might the disabled person utilize?

How does each partner make meaning of the disability?

What systems of care do they engage with?
(i.e., S.S.A.; VR)

What types of access or accommodations do we need to consider?

If the disability was acquired during the relationship: What was the relationship like before?

If the disability was acquired during the relationship: How has the couple responded to the disability?

Additional Considerations: Stages of Life for Couples

- Younger adults experience greater distress when dealing with an onset of a chronic illness or disability (Berg & Upchurch, 2007)
 - Collective dreams have not yet been achieved (Rolland, 2008)
- Midlife couples may experience unmet relationship needs which interact with the onset of a chronic illness or disability (Rolland, 2018)
- Later life couples may have realistic views of what their relationship can handle with a chronic illness or disability (Rolland, 2018)

Additional Considerations: Role Shifts

- Relationship growth vs. deterioration
- Intimacy and connection
- Caregiver/spouse/partner/family member
 - Discussion of limits (Olkin, 2017; Rolland, 2018)
- Power and control
- Financial changes
- Parenting
- What else?.....

Your Role (3)

- Conduct an in-depth biopsychosocial and spiritual history at intake
- Understand their relationship history
- Understand level of acceptance with disability from both partners
- Provide equal support and validation for both partners
- Promote reciprocal self-disclosure in vulnerability
- Create new bonding events
- Create moments of shared understanding of each other's experience and needs (Johnson, 2019)

Your Role (4)

- Assist in creating safe space to discuss love, loss, and death
- Structure time to discuss serious matters
- Work to address the couple's concerns as a "we" and not one individual's problem
- Work with each partner to address their biases, attitudes, and beliefs of people with a disability/chronic illness
 - Stay curious!
- Work to explore each partners goals of the relationship
- Externalize the disability to support the couple in distress (Rolland, 2018)

Disability-Responsive Practices

How can we ensure our mental health practices are accessible and inclusive for people living with disabilities?

Disability- Responsive Practices (1)

How accessible are your services?

Accessibility in your office/clinic

- Entrances
- Restrooms
- Paperwork
- Therapy rooms


Spatial considerations

- Width of door to accommodate standard wheelchair = 36 inches wide
- Minimize travel distance from parking lot to office
- Moveable furniture



Disability Responsive Practices (2)



- Paperwork considerations
 - Ensure font is at least 16-18 on paper
 - Ensure an electronic copy is available
 - Remove jargon difficult to understand
 - Ways of accessing paperwork
 - Website considerations
 - Websites must meet minimum Web Content Accessibility Guidelines (WCAG)
 - Websites or electronic documents should be screen-reader accessible
 - Lighting considerations
 - Ensure multiple settings for lights
 - Dimmer/lamps
 - Types of light bulbs
 - Always ask!
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Disability- Responsive Practices (3)

- Translation and interpreting services
 - Identify service providers to contract with specialized training and certification
 - Identify resources in area
 - Furniture and decorations
 - Identify types of material/texture
 - Select appropriate fidgets for clients
 - Minimize overstimulation
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Research Project

How do people with disabilities describe their experiences in mental health counseling?

Specific Aims of AATS

Aim 1: Identify experiences of ableism within mental health services experienced by disabled participants

Aim 2: Determine needs for disability competency training among mental health service providers

Research Design

- **Step 1:** Develop an interview guide to explore experiences in mental health counseling
- **Step 2:** Recruitment and enrollment
 - Inclusion Criteria: aged 18+, self-reported disability, experience in counseling (individual, group, couples, etc.)
 - 65+ Disability-Related Organizations contacted
- **Step 3:** Data collection
 - Screening call, informed consent and survey completed via Qualtrics, semi-structured interview conducted via Zoom
- **Step 4:** Analysis
 - Reflexive Thematic Analysis



Research Design – Tools

	Survey	Interview
Data Collected	Ableist Microaggressions Scale	Overall experience with counseling
	Mental Health Inventory	Goals, benefits and negative experiences in counseling
	Washington Group Disability Scale	Accessibility/inaccessibility of counseling experiences
	Experiences with Counseling	Experiences with ableism
	Demographic information	Relationship of disability and mental health
		Recommendations for training

Results

Participants

- 50 completed the interview and survey
- 29 completed the survey only

Demographics of interviewees:


- 30 Female, 10 male, 7 non-binary, 3 transgender
- 31 white, 9 Asian or Pacific Islander, 3 Hispanic/Latino, 3 Black or African American, 1 Native American or Alaskan Native, 3 did not report
- 19 reported vision as primary disability category, 15 as more than 1 primary type of disability, 9 as cognitive or developmental, 5 as physical/mobility, 2 as hearing.

Theme 1: Barriers and Logistics Limitations

Cost, transportation, availability, and past negative experiences in counseling can sometimes *prohibit* care.

Logistics like scheduling, inaccessible forms/websites, and inaccessible assessments made care-seeking *challenging*.

All participants noted at least one aspect of their previous or current counseling setting that was **inaccessible** to them.



Subtheme: Assessment Limitations

- Many found the assessments themselves inaccessible (e.g., a form that could not be completed on their own, confidentially)
- Cost
- Reduction of their complex lived experience into a short set of questions
- Repetitive/burdensome
- Not enough nuance
- Time crunch to complete with therapist (would prefer doing at home)
- Ethical concerns with care partners/family members providing assistance to fill them out

Theme 2: Relevance of Disability in Counseling

For many participants, disability had little bearing on need for counseling. They experienced therapists insisting on “helping” them adjust to their disability

Other participants wished their therapists could acknowledge that their disability didn't make life harder, but ableism *did* affect their mental health

Some participants did experience mental health conditions as their disability – and thus these participants saw disability and mental health as inextricably linked

Theme 3: Recommendations

Most participants were frustrated by the ongoing labor of disability education they had to provide to their therapists in session (e.g., “it’s on my time, that’s on my dime. I’m literally paying for it.”)

Some emphasized the importance of curiosity, respectful communication and client autonomy over a proscriptive list of topics to teach counselors about.

Others emphasized the importance of including key disability-related policies, ADA rights, digital and physical accessibility standards, condition-specific resources, and communication essentials in the therapeutic process.

Summary – Quote from Quinn

- Just because your brain works one way this day doesn't mean it works the same the next day, and just because [you saw] one person with this condition doesn't mean you understand how to treat every person with this condition and just making sure that it is individualized...
- And then also...letting people know, ***Hey, disability accommodations are a thing,*** and 'Oh, if you need help filling out this paperwork, or, oh, if you need reminders for certain things, we can give that to you' ...
- There's all this paperwork I have to do when I start seeing a new provider and it's so daunting and so I have to be so vulnerable, and then I'm asked to retell 99% of it in the actual session is kind of like, okay, what's really the point of this? And so just **therapists being very clear with their intentions and asking themselves, okay, why am I asking this person to do this? Why do I think this way about this condition?** And being sure to **challenge different assumptions that they may have about how different things work and how they should treat people.**

Discussion / Conclusion

- Participants with disabilities experience ableism, structural and social barriers to therapy and in therapy.
- Participants needs for therapy vary greatly based on how they view their disability in relation to their mental health
- All participants agree that training is needed for mental health practitioners, and provide excellent recommendations for topics to include in that training

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