

Applying Disability Identity Models in Counseling Practice

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Learning Objectives

Participants will be able to...

- Conceptualize disability as an aspect of cultural identity rather than a medical condition or impairment
- Explain key disability identity models relevant to counseling practice
- Describe clinical strategies and skills that support exploration and integration of disability identity

Disability Culture

“People with disabilities have forged a group identity. We share a common history of oppression and a common bond of resilience. We generate art, music, literature, and other expressions of our lives and our culture, infused from our experience of disability. Most importantly, we are proud of ourselves as people with disabilities. We claim our disabilities with pride as part of our identity. We are who we are: we are people with disabilities.”

- Steve Brown PhD (2001)

Disability Culture Example



Kinetic Light [Video](#) Embedded with Provided link

Model of Disability Identity Development

Stages:

- Passive Awareness
- Realization
- Acceptance

(Gibson 2006)

Model of Social and Psychosocial Disability Identity Development

- ❑ Statuses:
 - ❑ Acceptance
 - ❑ Relationship
 - ❑ Adoption
 - ❑ Engagement

(Forber-Pratt and Zape 2017)

Strengths of the Models

- ❑ Held identity of researchers
- ❑ Consideration of community as part of development
- ❑ Moving away from medical or moral frameworks
- ❑ Explain, build awareness of and put words to some common processes that may arise as people navigate disability identity development

Limitations of the Models

- ❑ Models do not consider differences across disability adequately
- ❑ Models do not entirely account for impact of medical systems on identity development
- ❑ Researchers who created models have both left Academia, one is no longer active in research
- ❑ Models not taught (particularly outside of rehabilitation programs), leaving a potential awareness gap for clinicians
- ❑ Potential for bias toward certain outcomes (goal of 'arriving' at identity development points rather than exploration and a non-linear process)

Why is this Clinically Relevant?

- ❑ Disability Identity is associated with higher self esteem (Bogart, 2014; Nario-Redmond et al., 2013)
- ❑ Disability Identity has been shown to predict lower rates of anxiety and depression (Bogart 2015)
- ❑ Disability Pride is shown to be an effective way in which disabled clients protect their self esteem (Bogart, Lund & Rottenstien 2018)

Examples of Clinical Interventions to Explore Disability Identity

** All interventions require a disability affirming, anti-ableist approach*

Narrative Rewriting

- ❑ Places disability within sociocultural and relational contexts
- ❑ Allows disabled individuals to identify and reauthor narratives that may have been written for them
- ❑ Assists in the formation of a positive disabled identity
- ❑ When applied to diagnosis, can help clients reinterpret beliefs and messages given new information

Narrative Rewriting in Session

- ❑ What does ___ lead you to believe about yourself?
- ❑ If your disability had a voice, what would it say to you?
- ❑ Identify a story you tell yourself repeatedly Now write about three specific moments that contradict that story.
- ❑ Who's is that? Or who does that belong to?

Diagnostic Narrative: Sample Prompts

- Tell me about a time when (symptom/disability experience/item of interest) was true for you
- You're seeing (symptom) differently now that we know about this diagnosis. Looking back, where else might that have presented?
- What explanations were offered for your experiences over time?
- How did other people respond to your needs before/after diagnosis?
- Tell me about a time you felt believed or disbelieved
- What has changed as you have language for this experience?
- What parts of your experience still feel unnamed?

Meaning Making

- ❑ Interpreting Experiences: Understanding the personal and broader significance of life events.
- ❑ Integrating Experiences: Incorporating these interpretations into one's life narrative to create a coherent sense of self.
- ❑ Finding Purpose: Identifying the underlying reasons or values that give life direction and meaning.

Other Notable Areas of Exploration

- ❑ Community connections and collective identity development
- ❑ Relational and ecological/systems
- ❑ Grief and loss
- ❑ Embodiment, body relationship, and somatic

Additional direct disability identity integration exploration (after hearing invitations to broach this or very strong rapport)

Why Does it Matter?

- ❑ There are not enough disabled clinical practitioners to treat all disabled clients with only around 3% of practitioners identifying as disabled (E. E. Andrews & Lund, 2015; Callahan et al., 2018)
- ❑ Disability is a culture and understanding how that identity develops is similar to how we work with folks in other marginalized identities (Olkin 2017)
- ❑ It is the responsibility of clinicians to ensure they are understanding the cultures they are working with and engaging in a culturally competent manner

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