**Lecture Notes for Chapter 8: Physical Challenges and Supportive Services**

Over 54 million Americans, about one out of every five individuals, have a disability. Accidents, genetic diseases, viruses and illnesses rendered many people disabled to a different degree. They often face limitations, stigma, discrimination, abuse, as well as poverty and a loss of dignity. Laws for disability rights, disability activism, and expanded coverage of disability issues have helped to increase awareness and knowledge, yet old attitudes, experiences, labeling language, and stereotypes exist in school settings, the workplace, health care settings, and within families. Challenging issues that continue to affect quality of life for individuals with disabilities include accessible transportation, affordable health care, discrimination, employment opportunities, and housing. In following the NASW Code of Ethics, social workers support the worth and dignity of all people—including those with disabilities.

Definitions of Disability

Disabilityis a temporary or permanent reduction in function that can include physical or health-related, psychosocial, sensory, mental or psychiatric, cognitive or learning, neurological, intellectual, and developmental disabilities.

In order to qualify for legal protection:

* A person may be disabled if she or he has a physical or mental condition that substantially limits a major life activity (such as hearing, learning, seeing, talking, or walking). [For adults—this is reflected in whether they can engage in work; and for children—this is reflected in their ability to engage in age-appropriate activities.]
* A person may be disabled if she or he has a history of a disability (such as cancer that is in remission).
* A person may be disabled if she or he is thought to have a physical or mental impairment that is not transitory (lasting or expected to last six months or less) and is severe and interferes with normal activities of living. The condition must have existed for at least twelve months.

Types of Disability

People can experience more than one disability, or **co-occurring disabilities**. An example of co-occurring disabilities is when a person with an intellectual disability may also have vision and neurological impairments.

**Categorical disabilities** have a significant sensory impairment or mental illness and have developmental delays. They are likely to need long-term care and are eligible for special education. **Functional disabilities** limit a person’s ability to perform physical activities, and they often can be ameliorated with assistive devices or technology.

* Developmental Disabilities - a severe chronic disability that is manifested before the age of 22 and is likely to continue indefinitely. It may occur because of a genetic predisposition or an issue before, during, or after the person is born.
  + Autism - generally appears before age three and affects the normal development of the brain in areas of social interaction, communication skills and cognitive functions. People with autism have trouble in non-verbal and verbal communication, social interactions, and leisure or play activities.
  + Cerebral Palsy - a chronic condition affecting control of the body and/or limb movement, muscle tone and coordination.
  + Down Syndrome – chromosomal disorder caused by the presence of an extra 21st chromosome. It is associated with some impairment of cognitive ability and physical growth, as well as facial appearance.
  + Epilepsy - a brain disorder that causes people to have recurring seizures. Epilepsy is more prevalent than autism, cerebral palsy, multiple sclerosis, and Parkinson’s disease combined. Globally approximately 65 million people have epilepsy and nearly 80% of cases occur in developing countries.
  + Fetal Alcohol Syndrome - a pattern of physical and mental defects which develop in some unborn babies when their mom drinks alcohol (or use drugs) during pregnancy. It is one of the most common causes of intellectual disability. It may also include: growth deficiencies, central nervous system problems, poor motor skills, mortality, malformations of the skeletal system and major organ systems (heart and brain), and problems with learning, memory, social interaction, attention span, problem solving, speech and/or hearing. Their facial features may include small eyes, short or upturned nose, thin lips and flat cheeks.
  + Fragile X Syndrome - the most common cause of inherited mental incapacities. The impact can range from learning disabilities to more severe cognitive or intellectual disabilities.
  + Prader-Willi Syndrome - symptoms include short stature, poor motor skills, weight gain, underdeveloped sex organs, mild cognitive impairment, and learning disabilities. The section of the brain that controls feelings of fullness or hunger does not work correctly in people with PWS. Their overeating leads to obesity.
* Physical or Mobility Disabilities - A physical condition that substantially limits one or more basicphysical activities in life (e.g. walking, climbing stairs, reaching, carrying, or lifting). A mobility impairment describes any difficulty that limits functions of moving, in any of the limbs or in fine motor abilities. They can stem from multiple causes and be permanent, intermittent, or temporary. The most common permanent physical challenges or disabilities are musculoskeletal impairments such as partial or total paralysis, amputation, spinal injury, arthritis, muscular dystrophy, multiple sclerosis, cerebral palsy, and traumatic brain injury.
  + Orthopedic problems - diseases or defects of the muscles and bones that cause people to not be able to move normally.
  + Hearing and vision problems – a mild visual impairment can be corrected with glasses, contact lenses or laser surgery. The vision of others cannot be corrected and they become functionally limited, or visually impaired (“legally blind”). People’s ability to hear also varies greatly. The term *hard of hearing* actually refers to people with mild to moderate hearing loss. By comparison, people who are deaf have moderate to severe hearing loss. Individuals who are deaf may identify themselves as part of Deaf Culture.
  + Epilepsy - In addition to being known as a Developmental Disability, epilepsy is also known as a seizure disorder that is considered a physical disability. A seizure may involve a sudden change in a person’s consciousness level, or sensory distortions.
* Neurocognitive Deficits – any characteristics that block the cognition process. The term may describe deficits in specific cognitive abilities, global intellectual performance, or drug-induced cognitive/memory impairment. Cognitive impairments may be congenital or caused by environmental variables such as brain injuries, neurological disorders, or mental illness.
  + Intellectual Disability - characterized by significant limitations both in intellectual functioning and in the ability to adapt to circumstances, or adaptive behavior. Previously known as mental retardation.
  + Learning Disability - neurological disorders that can make it difficult to acquire certain academic and social skills.
  + Traumatic Brain Injury - usually results from a violent blow to the head or body, or when an object, like a bullet, penetrates the skull.

Stigma and Discrimination Against People with Disabilities

People with physical, neurocognitive and developmental disabilities experience discrimination and injustices. Sometimes the discrimination is subtle and unconscious, as when people talk over the head of an individual in a wheelchair. Other times the prejudice and discrimination is blatant and intended.

* Discrimination is often due to **social stigma**, which is generally a “stain” on the way a person is perceived that leads them to be shunned by others. The three forms include:
  + visible or outer deformations like scars, a cleft lip, and obesity –physical or social disability
  + deviations in personal traits, like mental illness, alcoholism, drug addiction, or having a criminal background
  + imagined or real traits, of an ethnic group, nationality, or religion that are thought to deviate from the prevailing norm, or “tribal stigmas”
* Stigmatization can occur in multiple environments, such as at work, in health care, in educational settings, in the criminal justice system, and in one’s own family.
* People who are stereotyped and stigmatized because of their disability begin to act the way that the people who are stigmatizing them expect them to act.
* Stigma can also shape people’s beliefs and emotions, leading them to feeling depressed or having low self-esteem.

Social Work and Disability

Whether a disability is short term or long term, social workers can help individuals navigate services, resources and health care.

* Historical Background of Disability Services
  + Early colonists introduced the notion that those who were disabled, along with children and newcomers, should not be punished for failing to observe some of the laws.
  + Following the Revolutionary War, individuals with disabilities were often sent to almshouses, prisons, and asylums. Treatments included, including purging, bleeding, frights, hard labor, and immersion in cold water.
  + While teaching Sunday school at a prison in Massachusetts, Dorothea Dix observed that individuals with disabilities and mental illness were sometimes penned up together with criminals, sometimes chained and naked. She began advocating for them.
  + Following World War I and World War II, new forms of rehabilitation and adaptive technologies were identified and implemented.
  + The League of the Physically Handicapped was formed after the Great Depression, began promoting the idea that people with disabilities are entitled to the full rights of citizenship.
* Deinstitutionalization
  + Public asylums were an alternative to prison, but the living conditions continued to be wretched. In the 1960s there was a movement to remove individuals with disabilities from public institutions and move them back into the community. They were moved from institutions to community based group homes, with support from community mental health centers.
  + **Independent-living centers** began to appear in the late 1960s. They promoted principles of self-determination and deinstitutionalization. They are community agencies, usually staffed by people with disabilities, that use peer counseling and advocacy to assist others to live on their own.
  + One unfortunate consequence was that many of these individuals ended up homeless.
  + In 2009 the Department of Health and Human Services created the **Community Living Initiative** to develop and implement strategies that increase opportunities for Americans with disabilities to participate in community living.
* Americans with Disabilities Act
  + Passed in 1990 to protect persons with disabilities from discrimination based on stigma. The ADA defines disability as any 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.
  + Individuals who are eligible for protection under ADA have a disability that substantially limits their ability to perform major life activities. A four-stage framework categorizes the level of difficulty experienced by an individual, ranging from least to most severe:
    - pathology
    - impairment
    - functional limitation
    - disability
  + The law places strict limits on employers when it comes to asking job applicants to answer medical questions, take a medical exam, or identify a disability.
  + The law mandates access and accommodations for individuals with disabilities, such as ramps to public buildings, communication access via closed captioning and sign language interpreters, curb ramps, parking spaces, and Braille on elevator buttons.
* Disability Social Work Practice

Employment options when working with individuals with disabilities may include hospitals, mental health organizations, supportive rehabilitative services, vocational rehabilitation, an employee assistance program, resettlement programs for refugees, sports clinics, HIV/AIDS clinics, disaster relief, the military, or residential treatment centers.

* Best practices when working with individuals with disabilities include:
  + be person-centered and involve people with disabilities in decision-making processes that directly affect his or her life
  + facilitate access and respect in a person’s environment
  + focus on helping the person and his or her support system cope well with challenging situations
  + incorporate a strengths-based and resilience oriented perspective to build on the person’s inherent strengths and resources
  + Person First Language – Instead of describing people by their labels or medical diagnoses, which devalues and disrespects them as people, we use terminology that can foster positive attitudes about people with physical/neurocognitive challenges and developmental disabilities.
    - Emphasize the person, not the disability. For example, we refer to a person with a disabilityrather than a disabled person. By placing the person first, the disability is no longer the primary, defining characteristic of an individual, but one of several aspects of the whole person.
  + Services for Persons with Disabilities – social workers are advocates, educators, clinicians, facilitators, group leaders, and program developers. They assist their clients with four specific issues relevant to their condition:
    - Civil rights
    - Income support
    - Education and rehabilitation
    - Genetic counseling

Diversity and Disability

* Age – education and health can be impacted
* Class – assistive technology can be expensive
* Race and ethnicity – may experience multiple forms of discrimination
* Gender – high risk of abuse, lower access to health care screenings
* Sexual orientation – may feel marginalized in two communities
* Intersections of diversity – multiple dimensions of difference

Advocacy on Behalf of People with Disabilities

* Economic and Social Justice – Resources are available, but access to these resources and services is limited for individuals who do not have the economic means. Stigma and discrimination are present in many work environments.
* Environmental Support – Social workers can maximize client self-determination and service provision for PWD by being consumer-centered, acquiring knowledge about resources and agency services, and advocating for PWD across practice levels.
* Human Needs and Rights – During institutionalization, many individuals were deprived of civil rights. Social workers advocate for individuals to have self-determination.
* Political Access - Politically correct People First Language puts the person before the disability, and describes what a person has, not who a person is. Social workers may help update or create brand new policies for corporations that cater to or employ people with disabilities.

Your Career in Disabilities Social Work

* Job availability for social workers is expected to increase with this population.
* Settings may include community non-profit hospitals, out-patient public or ambulatory care clinics, inpatient for-profit hospitals, transitional care rehabilitation units, assisted living, long-term care settings, and home health care.
* Skills needed include:
  + understanding of the classification systems and diagnostic terminology
  + understanding of the roles of all vocational rehabilitation specialists
  + Understanding of health disparities and stigma
  + Understanding of the bio-psychosocial-cultural and spiritual aspects of multiple types of disabilities
  + crisis intervention and short-term counseling skills
  + knowledge about culturally competent assessment, counseling, and community resources