

Disability as a Multicultural and Diversity Component

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Disability and Multiculturalism Activity

Instructions: Please read the following scenario and determine what could be the possible "issues," strategies to solve those issues, and how you would solve those issues.

Scenario #1

You are a professor at John Q University. It is the first day of fall semester, and you receive documentation

that one of your students is requesting "reasonable accommodations" due to their disability.

The "ility" jingle (author unknown)

Though I fully appreciate life, sometimes it makes me blue
To hear I can't do something, when I know that's not true
I never wanted any pity, please look me in the eye
and listen to me carefully as I say most respectfully
I'm just your average guy

Now this disability is a total liability
When seen as inability to achieve possibilities

The access to some facilities has tested my agility
and someone's inability to use common sensibility

So if I act with hostility when I hear some senility
That questions my abilities you'll understand my sincerity

To direct **your** ability to see **my** abilities
So we can use **our** abilities to create possibilities

The walls will start to crumble, the doors will open wide
Your former ways of thinking, will fall by the wayside
You'll see how much we can achieve, by stamping out this curse
So remember through this ditty, I never wanted any pity
And to always put "people" first!

Disability Etiquette Tips

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One in five Americans has a disability. There is a good chance that you interact everyday with somebody who has a disability, perhaps without even knowing it. Sometimes people are uncomfortable around people with disabilities because they don't know how to act or what to say. Here are some general tips to make communicating easier.

1. First and most important - people with disabilities, like everyone else, deserve to be treated with dignity and respect. People with disabilities have different personalities and different preferences about how to do things. To find out what a person prefers, ask.
2. When you meet someone with a disability, it is appropriate to shake hands - even if a person has limited hand use or artificial limbs. Simply touch hands (or the person's prosthesis) to acknowledge his/her presence. Shaking the left hand is also fine.
3. Always ask before you assist a person with a disability, and then listen carefully to any instructions. Do not interfere with a person's full control over his/her own assistive devices. For example, before you push someone who uses a wheelchair, make sure to ask if they want to be pushed. Likewise, never move

crutches or communication boards out of the reach of their owners without permission.

4. Remember, most people with disabilities want to serve as well as be served and enjoy assisting others.

5. Usually people with disabilities do not want to make the origin or details of their disability the first topic of conversation. In general, it's best not to ask personal questions until you've become real friends.

6. Be considerate of the extra time it might take a person with a disability to get some things done.

7. Speak directly to the person with a disability rather than to a companion or sign language interpreter who may be along.

8. Relax. Don't be embarrassed to use common expressions such as "I've got to run now," "See you later," or "Have you heard about" even if the person doesn't run, see or hear well. People with disabilities use these phrases all the time.

9. Some terms that might have sounded acceptable in the past, such as "crippled", "deaf and dumb" and "wheelchair-bound" are no longer accepted by people with disabilities. Many have negative associations. Instead say "person with a disability," "Mary is deaf (or hard of hearing)" "Denise uses a wheelchair," and "Joe has mental retardation." This type of language focuses on the person first, and their disability afterwards.

10. Avoid excessive praise when people with disabilities accomplish normal tasks. Living with a disability is an adjustment, one most people have to make at some point in their lives, and does not require exaggerated compliments.

11. Don't lean on a person's wheelchair - it's considered an extension of personal space.

12. When you talk to a person in a wheelchair for more than a few minutes, try to sit down so that you will be at eye level with that person.

13. Don't pet a guide or companion dog while it's working.

14. Give unhurried attention to a person who has difficulty speaking. Don't pretend to understand when you don't -- ask the person to repeat what they said.

15. Speak calmly, slowly and directly to a person who is hard of hearing. Don't shout or speak in the person's ear. Your facial expressions, gestures, and body movements help in understanding. If you're not certain that you've been understood, write your message.

16. Greet a person who is visually impaired by telling the person your name and where you are. When you offer walking assistance, let the person take your arm and then tell him or her when you are approaching inclines or turning right or left.

17. Be aware that there are many people with disabilities that are not apparent. Just because you cannot see a disability does not mean it doesn't exist.

18. Whatever you do, don't let fear of saying or doing something "wrong" prevent you from getting to know someone who has a disability. If you are unsure of what to say when you first meet, try "hello."

19. Help make community events available to everyone. Hold them in wheelchair accessible locations. This makes it easier for everyone!

Source: <http://www.nod.org/index.cfm?fuseaction=page.viewPage&pageID=1430&nodeID=1&FeatureID=124&redirected=1&CFID=1921580&CFTOKEN=94271420&noheader=1>

A General Guide to Using Appropriate Language When Talking About Disability

Do not refer to a person's disability unless it is relevant.

Use "disability" rather than "handicap" to refer to a person's disability. It is okay to say that a person is handicapped by obstacles, such as architectural barriers or the attitudes or ignorant or insensitive people. Never use "cripple/crippled" in any reference of disability

When referring to a person's disability, try to use "people first" language. In other words, when necessary, it is better to say "person with a disability" rather than "a disabled person" in the first reference. Since "disabled" is an adjective, it is important to avoid ridiculous - and improper - constructions such as "disabled group" or "disabled transportation." Instead, build phrases using the word "disability." For example, "disability activist," or "disability community," are correct and not contradictions to the "people first" ideas.

Avoid referring to people with disabilities as "the disabled, the blind, the epileptics, the retarded, a quadriplegic," etc. Descriptive terms should be used as adjectives, not as nouns.

Avoid negative or sensational descriptions of a person's disability. Don't say "suffers from," "a victim of," or "afflicted with." Don't refer to people with disabilities as "patients" unless they are receiving treatment in a medical facility. Never say "invalid." These portrayals elicit unwanted sympathy, or worse, pity toward individuals with disabilities. Respect and acceptance is what people with disabilities would rather have.

Don't portray people with disabilities as overly courageous, brave, special, or superhuman. This implies that it is unusual for people with disabilities to have talents or skills.

Don't use "normal" to describe people who don't have disabilities. It is better to say "people without disabilities" or "typical," if necessary to make comparisons.

Never say "wheelchair-bound" or "confined to a wheelchair." People who use mobility or adaptive equipment are, if anything, afforded freedom and access that otherwise would be denied them.

Never assume that a person with a communication disorder (speech impediment, hearing loss, motor impairment) also has a cognitive disability, such as mental retardation. On the other hand, people with mental retardation often speak well.

Source: <http://www.nawcwpns.navy.mil/~hrd/disability/etiquette.html>

The following information first appeared in 1992, when it was published simultaneously in ACA's Journal of Counseling and Development and in the Journal of the Association for Multicultural Counseling and Development (AMCD). Since that time, the multicultural competencies outlined in the article have become an important part of the counseling literature and a central aspect of all counselors' work.

For more information about multicultural counseling, we suggest that you make frequent visits to AMCD's web site that is located at www.amcd-aca.org.

In April 1991, the Association for Multicultural Counseling and Development (AMCD) approved a document outlining the need and rationale for a multicultural perspective in counseling. The work of the Professional Standards committee went much further in proposing 31 multicultural counseling competencies and strongly encouraged the American Counseling Association (then known as the American Association for Counseling and Development (AACD)) and the counseling profession to adopt these competencies in accreditation criteria. The hope was to have the competencies eventually become a standard for curriculum reform and training of helping professionals.

Cross-Cultural Competencies and Objectives

I. Counselor Awareness of Own Cultural Values and Biases

A. Attitudes and Beliefs

1. Culturally skilled counselors have moved from being culturally unaware to being aware and sensitive to their own cultural heritage and to valuing and respecting differences.
2. Culturally skilled counselors are aware of how their own cultural backgrounds and

experiences and attitudes, values, and biases influence psychological processes.

3. Culturally skilled counselors are able to recognize the limits of their competencies and expertise.
4. Culturally skilled counselors are comfortable with differences that exist between themselves and clients in terms of race, ethnicity, culture, and beliefs.

B. Knowledge

1. Culturally skilled counselors have specific knowledge about their own racial and cultural heritage and how it personally and professionally affects their definitions of normality-abnormality and the process of counseling.
2. Culturally skilled counselors possess knowledge and understanding about how oppression, racism, discrimination, and stereotyping affect them personally and in their work. This allows them to acknowledge their own racist attitudes, beliefs, and feelings. Although this standard applies to all groups, for White counselors it may mean that they understand how they may have directly or indirectly benefited from individual, institutional, and cultural racism (White identity development models).
3. Culturally skilled counselors possess knowledge about their social impact on others. They are knowledgeable about communication style differences, how their style may clash or foster the counseling process with minority clients, and how to anticipate the impact it may have on others.

C. Skills

1. Culturally skilled counselors seek out educational, consultative, and training experience to improve their understanding and effectiveness in working with culturally different populations. Being able to recognize the limits of their competencies, they (a) seek consultation, (b) seek further training or education, (c) refer out to more qualified individuals or resources, or (d) engage in a combination of these.
2. Culturally skilled counselors are constantly seeking to understand themselves as racial and cultural beings and are actively seeking a nonracist identity.

II. Counselor Awareness of Client's Worldview

A. Attitudes and Beliefs

1. Culturally skilled counselors are aware of their negative emotional reactions toward other racial and ethnic groups that may prove detrimental to their clients in counseling. They are willing to contrast their own beliefs and attitudes with those of their culturally different clients in a nonjudgmental fashion.
2. Culturally skilled counselors are aware of their stereotypes and preconceived notions that they may hold toward other racial and ethnic minority groups.

B. Knowledge

1. Culturally skilled counselors possess specific knowledge and information about the particular group they are working with. They are aware of the life experiences, cultural heritage, and historical background of their culturally different clients. This particular competency is strongly linked to the "minority identity development models" available in the literature.
2. Culturally skilled counselors understand how race, culture, ethnicity, and so forth may affect personality formation, vocational choices, manifestation of psychological disorders, help-seeking behavior, and the appropriateness or inappropriateness of counseling approaches.
3. Culturally skilled counselors understand and have knowledge about sociopolitical influences that impinge upon the life of racial and ethnic minorities. Immigration issues, poverty, racism, stereotyping, and powerlessness all leave major scars that may influence the counseling process.

C. Skills

1. Culturally skilled counselors should familiarize themselves with relevant research and the

latest findings regarding mental health and mental disorders of various ethnic and racial groups. They should actively seek out educational experiences that foster their knowledge, understanding, and cross-cultural skills.

2. Culturally skilled counselors become actively involved with minority individuals outside of the counseling setting (community events, social and political functions, celebrations, friendships, neighborhood groups, and so forth) so that their perspective of minorities is more than an academic or helping exercise.

III. Culturally Appropriate Intervention Strategies

A. Attitudes and Beliefs

1. Culturally skilled counselors respect client's religious and/or spiritual beliefs and values, including attributions and taboos, because they affect worldview, psychosocial functioning, and expressions of distress.
2. Culturally skilled counselors respect indigenous helping practices and respect minority community intrinsic help-giving networks.
3. Culturally skilled counselors value bilingualism and do not view another language as an impediment to counseling (monolingualism may be the culprit).

B. Knowledge

1. Culturally skilled counselors have a clear and explicit knowledge and understanding of the generic characteristics of counseling and therapy (culture bound, class bound, and monolingual) and how they may clash with the cultural values of various minority groups.
2. Culturally skilled counselors are aware of institutional barriers that prevent minorities from using mental health services.
3. Culturally skilled counselors have knowledge of the potential bias in assessment instruments and use procedures and interpret findings keeping in mind the cultural and linguistic characteristics of the clients.
4. Culturally skilled counselors have knowledge of minority family structures, hierarchies, values, and beliefs. They are knowledgeable about the community characteristics and the resources in the community as well as the family.
5. Culturally skilled counselors should be aware of relevant discriminatory practices at the social and community level that may be affecting the psychological welfare of the population being served.

C. Skills

1. Culturally skilled counselors are able to engage in a variety of verbal and nonverbal helping responses. They are able to *send* and *receive* both *verbal* and *non-verbal* messages *accurately* and *appropriately*. They are not tied down to only one method or approach to helping but recognize that helping styles and approaches may be culture bound. When they sense that their helping style is limited and potentially inappropriate, they can anticipate and ameliorate its negative impact.
2. Culturally skilled counselors are able to exercise institutional intervention skills on behalf of their clients. They can help clients determine whether a "problem" stems from racism or bias in others (the concept of health paranoia) so that clients do not inappropriately personalize problems.
3. Culturally skilled counselors are not averse to seeking consultation with traditional healers and religious and spiritual leaders and practitioners in the treatment of culturally different clients when appropriate.
4. Culturally skilled counselors take responsibility for interacting in the language requested

by the client and, if not feasible, make appropriate referral. A serious problem arises when the linguistic skills of a counselor do not match the language of the client. This being the case, counselors should (a) seek a translator with cultural knowledge and appropriate professional background and (b) refer to a knowledgeable and competent bilingual counselor.

5. Culturally skilled counselors have training and expertise in the use of traditional assessment and testing instruments. They not only understand the technical aspects of the instruments but are also aware of the cultural limitations. This allows them to use test instruments for the welfare of the diverse clients.
6. Culturally skilled counselors should attend to as well as work to eliminate biases, prejudices, and discriminatory practices. They should be cognizant of sociopolitical contexts in conducting evaluation and providing interventions and should develop sensitivity to issues of oppression, sexism, elitism, and racism.
7. Culturally skilled counselors take responsibility in educating their clients to the processes of psychological intervention, such as goals, expectations, legal rights, and the counselor's orientation.