

# **Foundations of Disability-Informed Practice**

## **Program Description**

Including 26% of the United States population, the disability community is the largest systemically oppressed group in the United States, yet continues to be one of the most underrepresented, under-supported, and underserved groups in the country. Over the last decade, various fields have embraced anti-oppressive education and training, and particularly in mental health, more and more clinicians are treating cultural humility and social justice as integral areas of clinical and ethical responsibility. While we have seen great strides in anti-racist trainings, LGBTQ+ affirming workshops, and other programming of this nature becoming a regular norm in professional education, we have yet to create space for training geared toward intersectional disability-informed practice.

Education and training regarding disability are typically treated as narrowly specialized rather than centrally relevant, and this has led to a severe lack of qualified mental health clinicians with knowledge and expertise in disability, let alone clinicians with even foundational comfort with the topic. On a systems level, we see a severe divide between disability services and mental health services, creating gaps in support for many who require interaction with both service sectors for survival. This separation also supports the false idea that mental health and disability are exclusive to one another, ignoring the historical and theoretical connections between the two. As we continue to navigate the COVID-19 pandemic and its disabling effects on ourselves, our clients, and our communities, prioritizing disability-informed clinical education becomes crucial not only to meet the needs of those we serve but to our responsibility to continue to effectively evaluate, improve, and advocate our systems.

To fulfill this gap in clinical education, this program aims to provide participants with general and introductory knowledge on disability, accessibility, and modifications for disability-informed therapy practice while addressing implicit biases related to ability. This training would take place over five weeks in 2-hour weekly sessions.

## **Learning Objectives**

Upon completion of this workshop, participants should be able to:

1. Explain the relationship between disability and mental health both in practice and systemically.
2. Describe potential biopsychosocial contextual impacts of disability on an individual's lived experience considering the intersectionality of identity.
3. Examine personal implicit biases towards disabled people and reflect on personal contributions to ableism personally and professionally.
4. Demonstrate ability to clinically engage and discuss experiences related to disability effectively in practice while utilizing reasonable accommodations and maintaining accessibility.
5. Name current examples of relevant sociopolitical issues affecting the disability community.
6. Distinguish accommodation, modification, accessibility, and universal design conceptually from one another.

### **Program Agenda - Five 2-hour weekly sessions**

5 PM -5:10 PM	Welcome/Meditation
5:10 PM - 5:20 PM	Small Group Discussion/Warm Up
5:20 PM – 6:00 PM	Lecture – Topics/Plan listed in weekly agenda
6:00 PM - 6:10 PM	Break
6:10 PM -7:10 PM	Wrap up and Gratitude

### **Weekly Program Topic Agenda**

#### ***Week One: Introduction to Disability and Accessibility***

- Introductions and Hello!
- Small Group: Bias Exercise on Disability and Discussion
- Lecture: Overview of disability as an identity
  - Demographics, “comorbidities”, physical/intellectual/emotional/etc.
  - Biopsychosocial context of disability and introductory discussion on intersectionality
- Lecture: Historical overview of disability in public systems and in social justice movements
  - Brief overview of ADA, Olmstead Act, and other keystone disability-related legislature
  - Discuss division of mental health and disability service sectors

#### ***Week Two: Theoretical Framework and Current Context***

- Small Group: Conceptualizing Accessible Practice Exercise and Discussion
- Lecture: Overview on ableism, universal design, accessibility, accommodation, and modification
  - Discussion & Reflection – How does ableism show up in your practice? Evidence-based practice? The field as a whole?
- Lecture: Contextualizing disability today in our communities
  - Discuss impact of COVID 19 pandemic
  - Current social movements within disabled communities
  - Case example/discussion: Overview of Britney Spears’ conservatorship case and its relevance dually to disability and mental health

#### ***Week Three: Intersectionality and the Relationship Between Mental Health and Disability***

- Small Group: Case Conceptualization Exercise and Discussion
- Lecture: Overview of intersectionality, discuss relationship between ableism and racism, discuss global context of disability
  - Racism and Ableism – Sharing resources from black disabled advocates and discussion
  - Class and Disability – Discuss the impacts of socioeconomic status on development and disability
  - Overview of global perspectives on disability for culturally humble practice
- Lecture: Discuss the relationship between mental health and disability
  - Theoretically – Conceptualizing how understanding mental health vulnerability in a disability lens affects goals of treatment/intervention; Overview of models of disability and application of models to mental health

- Systemically – Discuss how systems of mental health and disability both exclude one another and overlap; Discuss areas for improvement on both micro and macro level

***Week Four: Therapy Modification One***

- Small Group: Ableism Microaggression Activity
- Lecture: General modifications to therapeutic relationship and practice
  - Framing modification as increasing time & patience
  - Discussion of high variability and individuality within disability community—how do we manage our systems when our clients deserve individualized treatment and attention?
- Lecture/Group Activity: Applying a disability lens to case examples/roleplay

***Week Five: Therapy Modification Two and Wrap Up***

- Small Group: Case Conceptualization Exercise 2 and Discuss
- Lecture: Overview of Intellectual/Developmental Disabilities
  - Primary mental health goals in community, systemic barriers, & primary strategies/intervention
  - Overview of neurodiversity & autism
    - Primary mental health goals in community, systemic barriers, & primary strategies/interventions
    - Connection between neurodiversity and the larger mental health field and reflection
  - Recognizing symptoms/vulnerabilities/patterns that are in line with IDD/neurodiversity and how to navigate referral to appropriate provider
  - Discussion of relevance of IDD specific practice to general mental health practice and systemic changes
- Closing Remarks
  - Discussion of most impactful content/reflections
  - Thank you's, acknowledgements, references, and further resources

**Target Audience**

This program is beneficial for any licensed mental health practitioner looking to develop general and introductory knowledge on disability, accessibility, and modifications for disability-informed therapy practice.

**Contact Hours**

6.0 hours

**Faculty**

**Bailey Woodruff, MSW, LCSWA** (pronouns: she/they) is a clinician and professional educator who deeply values authenticity, empowerment, and connection, as well as the journey required to build those in our lives. With a strong disability justice lens, Bailey commits to anti-oppressive practices in both community and clinical engagement by continuing education, contextualizing therapeutic work within current socio-political systems, and partnering with clients with a compassionate, individualized trauma-informed approach.

Bailey has engaged with disabled and neurodivergent communities in many ways, working with children, adolescents, and adults in both volunteer and professional settings. In addition to individual therapy, Bailey has had experience facilitating couples, family, and group therapy. Prior to joining Neurodiversity Empowerment Services, she interned at the Carolina Institute for Developmental Disabilities developing skill and knowledge in modified-DBT, individual and group therapy, sexual health and relationships education, community-based advocacy & empowered self-advocacy, and interdisciplinary family assessment & support. With CIDD, they participated in the Leadership Education in Neurodevelopmental Disorders and Related Disabilities (LEND) Program, collaborating with graduate students of multiple disciplines, autistic and other disabled community members, and a wide array of clinical leaders in fostering a deeper, expansive, and reflective understanding of neurodivergence and disability.

Most importantly, Bailey shows up as herself in this work with transparency. The framework, lens, and experience they bring to a therapeutic alliance is deeply shaped by their own relationship to neurodivergence and disability that is also growing and expanding. Through both their personal and professional journey, she believes that some of the most challenging work we can do is accept ourselves and each other exactly as we are and still choose to make difficult, necessary, expansive change at all levels.