

Special Populations  
Immersion Assignment:

Individuals with Physical Disabilities

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## **Literature Review**

“Estimates based on the 2000 U.S. Census data on self-report of impairment indicated that 49.7 million Americans, or 19.3% of the population, experienced some type of long-lasting condition or disability” (Drum, Krahn, Powers, & Putnam, 2006, p.21).

The population of persons with disabilities is no doubt very large and is a population that has been oppressed for many years. There are many obstacles that these individuals encounter. Some of these include maintaining health and getting adequate healthcare, experiencing difficulty in establishing a political identity, and facing discrimination in employment settings and in every day life. A person’s disability can easily become a “master status” that can define a person as deficient in a critical way (Ellegood & O’Brien, 2005).

“Maintaining good health is regarded as critical to being an active and productive member of one's community over one's lifetime. People with disabilities, as a whole, however, experience poorer health...than the general population” (Drum, Krahn, Powers, & Putnam, 2006, p.18). The general population is increasingly becoming more aware and accepting of the idea that people with disabilities should be healthy, but opportunities to engage in health and wellness-promoting activities largely depend on a person’s accessibility within the environment and community, which is something that many people with disabilities do not have (Drum, Krahn, Powers, & Putnam, 2006).

Another obstacle related to maintaining health that an individual with a disability may face is lack of adequate healthcare. There is a lack of accommodating

facilities in most medical treatment centers, and patients with physical disabilities often do not receive adequate medical examinations. In addition, most medical professionals are not adequately trained to deal with the unique situations that may arise when working with patients with disabilities (Marks & Teasell, 2006).

Individual with disabilities face a multitude of issues that affect them politically. It is essential for this population to have a voice regarding public policy and their rights, but they are far underrepresented. “The proportion of politically active disability constituents is only a fraction of the population in the United States who are experiencing disability” (Putnam, 2005, p.188).

Social discrimination is considered to be one of the most significant problems for people with disabilities. The employment rate for people with disabilities is substantially lower than that of the general public. Many people with “invisible” disabilities choose not to disclose their disability to potential employers to avoid the probable discrimination that will follow (Ellegood & O’Brien, 2005).

Of those with disabilities who are employed, many receive inadequate training from their employers. The 1990 Americans with Disabilities Act (ADA) protects against workplace discrimination such as harassment, refusal to hire, discharge, reduction of hours, and refusal of promotion based on a person’s disability, but the ADA only protects people who are employed in a business with fifteen or more full time employees. (Ellegood & O’Brien, 2005). In addition to discrimination in the workplace, this population is frequently discriminated against in many other settings as well.

Even with the obstacles and stigmas that it faces, this population can be very strong. “To the extent that people facing disability are resistant to negative attitudes and beliefs about individuals with disabilities, they may have greater feelings of self-worth” (Putnam, 2005, p. 190). The biggest obstacle that people with disabilities may face today is the lack of public understanding of how capable they can be. The general population often fails to recognize the strengths and capabilities of this population. “Regardless of the category, categorized people are viewed as their category and not as individuals” (Smart & Smart, p. 30).

There are many implications for social work practice. First, there must be changes made to societal attitudes toward this population. Social policy is another area which must be closely watched to protect the rights of this population. Another factor that is important in dealing with this population is an understanding of diminished feelings of self-worth and pride that may stem from inability to perform activities of daily living (Putnam, 2005). Clients with disabilities may enter a counseling relationship with the expectation of receiving inaccurate (and often negative) diagnoses and inadequate services (Smart & Smart, 2006).

### **Observations of the Community**

For our community immersion experience, we visited a local group home that houses people with disabilities. These types of group homes were established to provide supervised and assisted community living for adults with developmental disabilities. The people that reside at the particular home we visited each have a developmental disability

paired with some type of physical condition that causes them to require a greater level of attention and care. This was an especially enriching experience for both of us because we were not only immersed into a situation where we could observe individuals with physical disabilities, but we got to spend time with people with many different kinds of disabilities.

**Amber Lawson:**

I always enjoy visiting these communities because there are so many different kinds of people who live in these homes. I had visited this particular home before, but every visit is very different, and I can never know what to expect.

The residents of the home each have their own separate rooms, but they interact with each other and provide support and companionship. They have meals together, and many of them work together in the employment workshops provided by the agency. Although these residents require a lot of constant supervision and care, they manage to maintain quite independent lifestyles.

We had the opportunity to interact with several individuals. These people had a range of different types of disabilities. We spoke to several residents with Down Syndrome, a woman in a wheelchair, a man with leukemia, a man who used a walker, and a hearing-impaired man.

Some of the residents did stay in their rooms during our visit, but most of them welcomed us and were very open in speaking to us. Everyone we spoke to told us that they did not mind having disabilities and they live very happy lives and enjoy living in the group home.

**Jennifer Hiefnar:**

I was kind of nervous on the way to the group home because I have not had a lot of exposure to the disabled population. This is the main reason I chose this group for the assignment. The people that live at this group home actually have both physical and mental disabilities. When we walked in, we saw breathing machines and some other equipment in the hallway.

Some of the people there stayed in their rooms and required a lot of care. Others were out in the living area socializing and were very friendly and welcoming to us. We got to talk to several people with different kinds of disabilities. There was a woman in a wheelchair, a woman with a cane, a man who had a hearing impairment, a man with a walker, and a man with leukemia. These people all had mental disabilities as well as the physical disabilities. It was great to be able to spend time with these people and be able to be in a setting where we could observe and learn about so many different kinds of disabilities.

Jennifer Hiefnar

Amber Lawson

12 Questions for Immersion Assignment Interview

- What are some of the positive aspects of having this disability?
- What are some of the ways, if any, that being blind has changed you as a person?
- Do you feel that people treat you much different because you are blind? If so, how?
- If you could change this particular aspect of yourself, would you?
- Do you feel that your friends and family treat you differently than they treat each other? If so, how?
- What is one thing about being blind that you feel people who are not blind should be aware of?
- Do you think that having a disability makes you more aware of people's feelings and how people should be treated?
- Can you think of a time, if any that you were discriminated against due to your disability?
- What do you think is the most difficult aspect of being blind?
- What resources exist for people with disabilities?
- Can you think of any services that could be offered to people who are blind that would be helpful that are not already in effect?
- How has having a disability affected opportunities that are available to you?

## Ten Things to Avoid When Working with the Physically Disabled

- Avoid stereotyping people based on their disability. Each person is unique.
- Do not talk to a physically disabled person as if they need things to be simplified. Intelligence and physical ability are generally unrelated. Treat adults as adults.
- Do not make assumptions about a person's level of ability based on looks; disability can often be invisible.
- Avoid using insensitive and politically incorrect terminology such as "cripple," "lame," "dumb", or "handicapped." These terms can be perceived as offensive and ignorant.
- Avoid expressing sympathy to a person with a disability. Most people not only do not appreciate it, but consider it unwarranted and rude.
- Do not stare. It can be very offensive. Many people would rather be approached openly and answer questions about their disability than be stared at.
- Avoid addressing a physically disabled person's companion rather than the individual himself. Most times, this person will be capable of speaking for himself.
- Do not raise your voice to speak to someone with a physical disability unrelated to their hearing. If you know that a person has hearing impairment, find out whether they need for you to raise your voice when speaking to them before doing so.
- Avoid openly expressing admiration and/or praise of a physically disabled person's courage. Most people do not see themselves as courageous, but instead as regular people.
- Do not assume help is needed. If you offer assistance, wait for a reply, and be prepared for your offer to be refused.

## **Bibliography**

- Crewe, M. N., Phemister, A. A. (2004). Objective Self-Awareness and Stigma: Implications for Persons with Visible Disabilities. *Journal of Rehabilitation*, 70(2), 33-37.
- Drum, C.E., Krahn, G.L., Powers, L., & Putnam, M. (2006). Disabilities and health: toward a national agenda for research. *Journal of Disability Policy Studies*, 17(1), 18-27.
- Ellegood, C. & O'Brien, G.V. (2005). The Americans with Disabilities Act: a decision tree for social services administrators. *Social Work*, 50(3), 271-279.
- Ingram, D. (2006). Antidiscrimination, welfare, and democracy: toward a discourse-ethical understanding of disability law. *Social Theory and Practice*, 32(2), 213-248.
- Marks, M.B. & Teasell, R. (2006). More than ramps: accessible health care for people with disabilities/L'accès aux soins de santé pour les personnes handicapées: plus que des lieux accessibles. *CMAJ: Canadian Medical Association Journal*, 175(4), 329-330.
- Putnam, M. (2005). Developing a framework for political disability identity. *Journal of Disability Policy Studies*, 6(3), 188-198.
- Smart, D.W. & Smart, J.F. (2006). Models of disability: implications for the counseling profession. *Journal of Counseling and Development*, 84(1), 29-40.

