Fostering a Disability–Affirmative Training Environment and Providing Culturally Competent Supervision to Trainees with Disabilities

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Disclaimer

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Learning Objectives

Upon completion of this session, participants will be able to:

1. Explain the importance of disability as a diversity variable in psychology.

2. Describe the current scientific data about the prevalence of trainees with disabilities in psychology internship and postdoctoral training programs.

3. Analyze barriers to full inclusion of trainees with disabilities in psychology internship and postdoctoral training programs.

4. Plan strategies to create a disability–affirmative training environment and recruit and retain trainees with disabilities.
Acknowledgements

- Emily Lund, M. Ed., Doctoral Student, Utah State University
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- Our former supervisors and mentors
Disability as Diversity

- Disability included in APA definition of diversity
- Gap remains about actual prevalence of people with disabilities in professional psychology
- Disabled people are one of the largest minority groups in the U.S.
- It is the only minority group anyone can join at anytime
Disability as Diversity

- There is a disability culture
- Unique aspects of disability as diversity
  - Outsides can become insiders
- Some issues parallel struggles of other oppressed groups
- Celebration and reappropriation of a historically/socially negative identity can seem counterintuitive
What we Know
2006–2012 data analyzed
3.01% students in APA accredited doctoral programs identified as disabled
Clinical psychology programs had highest percentage
School psychology programs lowest
Clinical PsyD programs had highest proportion of disabled students
Commission on Accreditation

- Disabled faculty in APA accredited doctoral programs averaged 2.20%
- 1.41% interns in APA–accredited programs were identified as disabled
- 2.20% internship program supervisors were reported to have disabilities
## Disabled Interns and Supervisors by Program Setting from 2006–2012

<table>
<thead>
<tr>
<th>Program Setting</th>
<th>ADA Interns</th>
<th>n</th>
<th>%</th>
<th>ADA Supervisors</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Mental Health Center</td>
<td>26</td>
<td>1,885</td>
<td>1.38%</td>
<td>103</td>
<td>5,936</td>
<td>1.74%</td>
</tr>
<tr>
<td>Consortium</td>
<td>40</td>
<td>2,686</td>
<td>1.49%</td>
<td>240</td>
<td>9,315</td>
<td>2.58%</td>
</tr>
<tr>
<td>Correctional Facility</td>
<td>7</td>
<td>374</td>
<td>1.87%</td>
<td>33</td>
<td>1,298</td>
<td>2.54%</td>
</tr>
<tr>
<td>General Hospital</td>
<td>3</td>
<td>241</td>
<td>1.24%</td>
<td>2</td>
<td>1,313</td>
<td>0.15%</td>
</tr>
<tr>
<td>Health Maintenance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization</td>
<td>0</td>
<td>48</td>
<td>0.00%</td>
<td>14</td>
<td>356</td>
<td>3.93%</td>
</tr>
<tr>
<td>Medical Center</td>
<td>25</td>
<td>2,280</td>
<td>1.10%</td>
<td>97</td>
<td>10,363</td>
<td>0.94%</td>
</tr>
<tr>
<td>Medical School</td>
<td>9</td>
<td>1,271</td>
<td>0.71%</td>
<td>73</td>
<td>6,641</td>
<td>1.10%</td>
</tr>
<tr>
<td>Military Medical Center</td>
<td>1</td>
<td>486</td>
<td>0.21%</td>
<td>67</td>
<td>1,710</td>
<td>3.92%</td>
</tr>
<tr>
<td>Private General Hospital</td>
<td>8</td>
<td>376</td>
<td>2.13%</td>
<td>11</td>
<td>1,766</td>
<td>0.62%</td>
</tr>
<tr>
<td>Private Psychiatric Hospital</td>
<td>4</td>
<td>450</td>
<td>0.89%</td>
<td>28</td>
<td>1,564</td>
<td>1.79%</td>
</tr>
<tr>
<td>School District or System</td>
<td>3</td>
<td>240</td>
<td>1.25%</td>
<td>5</td>
<td>579</td>
<td>0.86%</td>
</tr>
<tr>
<td>State or County Hospital</td>
<td>10</td>
<td>1,077</td>
<td>0.93%</td>
<td>137</td>
<td>5,459</td>
<td>2.51%</td>
</tr>
<tr>
<td>University Counseling Center</td>
<td>55</td>
<td>2,415</td>
<td>2.28%</td>
<td>342</td>
<td>10,368</td>
<td>3.30%</td>
</tr>
<tr>
<td>VA Medical Center</td>
<td>45</td>
<td>2,654</td>
<td>1.70%</td>
<td>396</td>
<td>12,919</td>
<td>3.07%</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>599</td>
<td>0.83%</td>
<td>24</td>
<td>1,891</td>
<td>1.27%</td>
</tr>
<tr>
<td>Total</td>
<td>241</td>
<td>17,082</td>
<td>1.41%</td>
<td>1,572</td>
<td>71,477</td>
<td>2.20%</td>
</tr>
</tbody>
</table>
APPIC Internship Survey

- APPIC released data on disability for the 2008, 2011, and 2012 match cycles
- Approximately 70% response rate
- 6–8% of internship applicants endorsed at least one disability in recent years
- Most commonly reported types of disabilities
  - Chronic health conditions
  - Learning disabilities
  - Mental illness
APA Survey of Psychology Health Service Providers

- 2008 retrospective self-report
- 4.21% respondents identified as disabled
- 3.2% who obtained an APA/CPA accredited internship through the APPIC Match Program were disabled
- 34% of disabled respondents obtained an APPIC internship

- Most underrepresented groups demonstrate increasing presence in psychology over time
  - Representation of students with disabilities remained relatively flat.
Barriers
2009 APA Survey

- 92 psychology students or recent graduates with disabilities participated
- Participants represented
  - Applied and non-applied psychology fields
  - All levels of post-secondary education (undergrad, masters, doctoral)
- 23% of respondents reported experiencing barriers in field placements
- 47% reported that these barriers could not be overcome
½ agreed their training program understood major disability related laws
¼ reported program did not understand these laws
42% negative disability related perceptions of faculty and staff
  ◦ Only 25% reported positive perceptions
Stigma, discrimination, and negative attitudes cited as largest barrier (37%)
  ◦ Lack of disability awareness cited by 21%

- 56 psychologists or professional psychology trainees with disabilities
  - From clinical, counseling, school, combined, and rehabilitation psychology programs
- 67.8% held a doctoral degree
- 31.2% were current doctoral students
- Over 80% of those holding doctorates earned them after 1990
  - Over ⅓ had earned them within the past 3 years.

- $\frac{2}{3}$ reported experiencing disability-related barriers or discrimination in graduate school
- More than $\frac{2}{5}$ reported experiencing such barriers in internship and post-doc
- Over $\frac{1}{3}$ reported experiencing barriers during the licensure process
Participants were asked to rate how supportive and knowledgeable their faculty members and supervisors were regarding disability on a five-point scale.

Responses were fairly evenly divided between the bottom two ratings (34.5%), the middle rating (29.1%), and the top two ratings (35.7%).
Disability-related barriers and discrimination consistently cited by psychology trainees with disabilities as major hindrances throughout training.

Perceptions faculty awareness and competency regarding disability-related issues varies.
  - A considerable minority of students with disabilities consider their faculty and supervisors to have a poor understanding of disability-related issues.
Stereotypes that Underlie Disability Bias in Supervisory Relationships

Catastrophize–sensationalize continuum

- Negative
  - Dependent
  - Vulnerable
  - Pitiful
  - Incompetent
  - Impaired
  - Spread effect
- Overly–Positive
  - Inspirational
  - Courageous
  - Resilient
  - Hero
  - Superhuman
  - Expertise

Positive AND negative stereotypes diminish the person’s individuality and DEHUMANIZE.
Disability biases in supervisory relationships

- Supervisors may harbor disability biases that vary across disabilities
- Whose responsibility is it to help the supervisor examine his or her attitudes about disability?
  - Supervisors should engage in self-reflection
    - Olkin (2008) emphasizes that educators bear a responsibility for serious introspection and offers questions to guide them
  - Seek consultation
Disability biases in supervisory relationships

- Counter-transference issues in supervisory relationships with students with disabilities
  - Like clients, supervisors may become overly concerned about a disabled therapist’s welfare or feel a sense of having to care for him/her (Dewald, 1994).
  - In a supervisory relationship, a supervisor may experience urges to parent a trainee with a disability due to prejudices held.
How does the presence of disability in a supervisee impact the authenticity and accuracy of feedback?

- Effects of biases
- Lowered expectations for trainees with disabilities

Can result in difficulty developing own "barometer" of success.
What does invisibility bias look like for trainees?

- Inaccessible training environments, attitude/bias, inappropriate pressure to disclose (Lund, Andrews & Holt, 2014)
- Much emphasis on seeking accommodations which requires disclosure.
  - Disclosure is hard...
- Then when a student discloses...there may be a variety of reactions
  - The Damning Supervisor:
    - The appearance of fatigue or pain
  - The Distrustful Internship Director
    - What else are you hiding?
  - The Supportive Supervisor
    - What accommodations do you need? How can I help to support you?
Non-apparent Disabilities
“Sometimes it seems safer to hold it all in, where the only person who can judge is yourself.”

- Sarah Dessen
Will they tell you? How do trainees feel about disclosure?

- Qualitative analyses from the Lund et al. dataset found attitudes about disclosure were mixed
  - Some participants saw disclosure as a way to take control of and direct the conversation about their disability
  - Others saw disclosure something that would invite stigma and limit career options
- Disclosure was universally seen as something to be judicious and cautious about
  - “Only tell them what they need to know”
- Throughout training, participants more likely to disclose disability after receiving an offer or starting training
  - Rather than during the application or interview process
Supervisors must provide a safe place for students to disclose

What do supervisors do if students do not disclose?
  ◦ Often disability comes up if a trainee starts to struggle

Supervisors whose students disclose report it's beneficial to the supervisory relationship

If students don’t disclose; programs can’t highlight disability as part of diversity

Supervisors who supervised students with disabilities reported positive experiences (Wilbur et al)

Even a disability affirming environment does not guarantee a student will disclose
Supervisors Role in Disclosure

- When is it appropriate for supervisors to ask a supervisee to talk about his/her disability?
  - Social/Minority rule—to live by: insert another diversity variable
  - The law stipulates that disability information is shared only on a need to know basis (Olkin, 2010).
  - Once a supervisory relationship has begun, a supervisor should feel able to ask about the student’s disability, ONLY if it furthers supervision (Olkin, 2010).
  - It’s important to separate curiosity from professionally relevant information
Identity

“It’s like having an invisible disability.”
- Research participant from Cortez et al.
Different factors impact disability identity development

- Personal
- Cultural
- Disability
- Able to “pass” for able-bodied and the “safety” of not being in a minority group, constantly having to “out” one-self
Identity

- How this impacts training
  - Disclosure
  - Accommodation requests
  - Developing a support network
  - Professional identity development
  - Relating to clients
  - Fluctuation in abilities
  - Disability as diversity
Supervisors

- Identity is different from adjustment
- Role is to understand factors that influence trainee with disabilities identity development
- What happens when supervisors use clinical concepts to understand their supervisee’s disability?
  - Cause for multiple relationships/boundary disturbance to form/conflict of interest
  - Impact on trainee
Accessibility & Reasonable Accommodations
Accommodation

- You get extra time on a hard exam. “Oh aren’t you lucky.”
  - Social Barriers for University students in Mullins & Preyde, 2013
Accommodations: Necessary but not sufficient?

- Discussion of disability in education and training is often limited to reasonable accommodations under:
  - Americans with Disabilities Act (ADA; 1990)
  - Section 504 of the Rehabilitation Act (1973)

- These laws provide for reasonable accommodations to trainees and others with disabilities as long as they do not:
  - (a) alter the essential functions or technical standards of the program or
  - (b) create an undue burden for the program and institution.

- Usually, post-secondary disability accommodations are provided via a disability services office
Why it doesn’t stop there

- Disability services/ADA offices should be involved in determining and providing accommodations
  - However, programs cannot and should not assume that accommodations are simply a “disability office” issue
- Lund et al. (2014) found that less than ½ of respondents had received formal accommodations
- Over ¼ reported receiving only informal accommodations
  - Nearly ½ reported receiving some kind of informal accommodations during training
- Furthermore, less than ½ disclosed disability to disability services office
Different training levels may lead to different accommodations needs...
- I’ll cross that bridge when I get to it.
- Graduate school schedule versus internship schedule
  - But is that really how it is?

Disability may not be static

Bright students who have been overcompensating without accommodation may begin to struggle as intensity of educational requirements increases
Who’s on First?

- Diffusion of responsibility in establishing accommodations results in student bearing a large responsibility
Accommodation Challenges

- Students may experience consequences when accommodations are delayed and not in place
  - Students with disabilities commonly underutilize resources and accommodations, especially in professional settings (Olkin, 2010).
  - Contributing Factors
Institutional Bias

- Trainees with disabilities may be required to complete additional paperwork to “prove” their worthiness for accommodations.
- Struggles to see specialists/establish medical care
- The Trickle-down effect
  - Psychologists are not immune (Cook, 1998; Crew 1994; Lund, Andrews, & Holt, 2014)
    - “Are you sure your disability is that bad?”
    - “Are you sure you can’t just use what’s there?”
    - Well, how did you get this far? Well, haven’t you always been providing your own accommodations?”
Supervisor’s Role in Accommodations

- Supervisors need to be asking ALL students about possible accommodations as early as possible
  - This should be one of the first conversations after the trainee has been accepted to the program or site
- Supervisors must be advocates for students
- Supervisors may experience consequences when accommodations are delayed and not in place
- Supervisors should be aware of institutional policies and procedures for accommodations
Accommodation Challenges

- How can a supervisor communicate openness and recommend accommodations to a supervisee with a disability who has not requested them or does not want them?
  - Normalize accommodations
  - Reframing accommodations
  - Does not guarantee that students will request them
Considerations specific to professional psychology

- Disability services offices may be unfamiliar with some aspects of professional psychology training (e.g., standardized test administration)
- Program faculty should be instrumental in discussing what is a reasonable accommodation in the context of our field.
- Accommodations at practicum and internship sites also need to be considered.
- Faculty must remember that students are not their clients.
  - Do not ask to examine students’ disability documentation!
Supervisors’ Experiences & Perceptions
Results: Participant Demographics

Table 1
Participants and Gender

<table>
<thead>
<tr>
<th>Number of Participants</th>
<th>143</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>45</td>
</tr>
<tr>
<td>Female</td>
<td>93</td>
</tr>
</tbody>
</table>

Table 2
Participant Ethnicity

<table>
<thead>
<tr>
<th>African American</th>
<th>Asian American</th>
<th>Caucasian / Latino/a</th>
<th>Hispanic Heritance</th>
<th>Indigeno Heritage</th>
<th>Mixed Race</th>
<th>Non-disclosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>5</td>
<td>124</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Chart 1
Participant Specializations

- General Clinical Psychology: 31%
- Rehabilitation Psychology: 10%
- Neuropsychology: 7%
- Health Psychology: 12%
- Geropsychology: 18%
- Forensic psychology: 1%
- School Psychology: 5%
- Counseling Psychology: 9%
- Child Psychology: 3%
- General Clinical Psychology: 1%
- Non-disclosed: 4%

Not all categories are shown in the chart due to limited space.
## Results: Supervisors’ Awareness and Experience

### Table 3
<br>
*Percent of Supervisors Who Did Not Rate Very Competent*

<table>
<thead>
<tr>
<th>Trainees with Visible Disability</th>
<th>90.7%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainees with Invisible Disability</td>
<td>91.4%</td>
</tr>
</tbody>
</table>

### Table 4
<br>
*All Supervisors’ Experience and Expectations*

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Training</td>
<td>33%</td>
<td>77%</td>
</tr>
<tr>
<td>No Expectation for Additional Work</td>
<td>34%</td>
<td>66%</td>
</tr>
</tbody>
</table>

### Table 5
<br>
*Supervisors With Experience*

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experienced Additional Work</td>
<td>53%</td>
<td>47%</td>
</tr>
<tr>
<td>Process was Emotionally Challenging</td>
<td>38%</td>
<td>62%</td>
</tr>
<tr>
<td>Uniquely Positive Experiences</td>
<td>61%</td>
<td>39%</td>
</tr>
</tbody>
</table>
There was also a significant association between how supervisors may rate a hypothetical student’s performance depending on whether the student’s disability was visible or invisible.

\[ \chi^2(1) = 19.06, \ p < .001. \]
Our results indicate that many supervisors lack awareness about essential elements of supervising trainees with disability and this lack of awareness may lead to bias in the supervisory relationship.

- The type of bias may differ depending on whether the trainee has visible or invisible disability.

- Many supervisors were unaware that their primary role is to advocate, coordinate, and establish accommodations.

- We strongly advocate that training directors and psychology leaders seek opportunities to raise awareness about working with trainees with disabilities among their clinical supervisors on their staff.
Recruitment & Retention
Recruitment

- How can you recruit trainees with disabilities to your program?
  - Hire disabled faculty and staff
    - Provide opportunities for mentorship
  - Advertise your commitment to diversity
    - Explicitly include disability in your definition of diversity
  - Express openness and willingness to provide reasonable accommodations
    - Assume there may be disabled applicants
    - Include non-apparent disabilities
Examples

- “We encourage people with disabilities and from other diverse backgrounds to apply. We do not discriminate based on disability”
- “We provide reasonable accommodations as needed to people with disabilities.”
- “Our materials are available in alternative formats (braille, electronic, large print, etc.) upon request”
- "Our site is wheelchair–accessible”
- “ASL interpreters available as needed”
- "Our trainees/staff reflect a wide range of socioeconomic, cultural and religious affiliations, including people with disabilities”
Retention

- Set the stage for success
- Disability–related needs may shift
  - Not always apparent initially
  - Routinely re-assess
- Open a dialogue around disability
  - Don’t put the onus on trainees
  - Demonstrate willingness to discuss topics openly, non-defensively
Retention

- Create an environment that invites disclosure
- Create accessible and universally designed workplaces, spaces, processes, and opportunities
- Develop and communicate a clear process for requesting and considering reasonable accommodations
- Do not predetermine or automatically limit options based on your perception of a student’s disability
- Consider flexible or non-traditional work arrangements
- Offer mentoring or a preceptor program
Successful completers are your best tools
Disability in psychology is a small world
Programs gain reputations for being inclusive (or not)
Inclusive and diverse training environments help all trainees!
What makes for a good disability affirmative training environment?

- Embracing disability as diversity
- Implementation of accommodations
- Appropriate advocacy skills
- Realistic expectations
- Consider the assets of having a student with a disability
- Examination and discussion of disability biases
Call to Action

- We strongly advocate that training directors and psychology leaders seek opportunities to raise awareness about working with trainees with disabilities among their clinical supervisors on their staff.
- We also strongly encourage supervisors to become more aware of trainees concerns around disclosure and work towards developing a disability affirming environment.
- We need updated educational materials such as webinars and resource guidelines that augment the APA Supervision Guidelines that specifically address disability in supervision.
- You can be an instrumental factor in making these changes and creating a disability affirming training environment!
“Going through internship interviews and clinical supervision, I have sometimes felt that the focus was primarily on my Tourette’s. A focus on my strengths and capabilities rather than my disability would make me feel more welcome in the profession.”

–Eric A. Samuels

Questions?

Thank You!
References


