Profession Interventions in the Context of Disabilities

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ABSTRACT

Individuals with disabilities represent a considerable portion of the population. In the U.S., almost 20% of the civilian population aged 5 or older has some type of disability (U.S. Census Bureau, 2000). In Brazil, they represent almost 15% of the population (Bercovich, 2006). In order to help these individuals to have a fulfilling life and become productive members of society, health and educational professionals should be able to address their specific needs. Three main pillars constitute professionals base: knowledge, skills and attitudes (Luecking, Fabian and Tilson, 2004). This article focuses on the last one, attitudes, not just because of its relevance, but also because of its applicability across different professions. The paper begins with definitions of disability, followed by data on individuals with disabilities in the U.S. and in Brazil. Then, the first two pillars are briefly explained, while the third one is discussed more in depth. At the end, final considerations and recommendation for future research are provided.

Keywords: disability; helping relationship; professional intervention.

RESUMO

Intervenções profissionais no contexto das deficiências

Indivíduos com deficiências representam uma porcentagem considerável da população. Nos Estados Unidos, quase 20% da população civil, com mais 5 anos anos de idade, tem algum tipo de deficiência (U.S. Census Bureau, 2000). No Brasil, eles representam quase 15% da população (Bercovich, 2006). Para ajudar esses indivíduos a terem uma vida satisfatória, com significado e se tornarem membros produtivos da sociedade, profissionais da saúde e da educação devem estar preparados para atender as necessidades específicas dessa população. Três pilares constituem a base profissional: conhecimento, técnica e atitudes (Luecking, Fabian e Tilson, 2004). Esse artigo aborda, especialmente, a importância das atitudes, não só por sua relevância, mas, também, devido a sua aplicabilidade em diferentes profissões. O artigo inicia apresentando definições de deficiência, seguidas de dados estatísticos dos Estados Unidos e do Brasil a respeito de sujeitos com deficiências. Também, são abordados os dois pilares referidos de forma mais breve, enquanto o terceiro é explorado com mais profundidade. Finaliza-se o artigo mencionando pesquisas a respeito das deficiências, assim como propondo aspectos a serem mais estudados nesta temática.

Palavras-chave: deficiências; relação terapêutica; intervenção profissional.

RESUMEN

Intervenciones profesionales en el contexto de las deficiencias

Individuos con deficiencias representan un porcentaje considerable de la población. En los Estados Unidos, casi 20% de la población civil, con más de 5 años de edad, tiene algún tipo de deficiencia (U.S. Census Bureau, 2000). En Brasil, ellos representan casi 15% de la población (Bercovich, 2006). Para ayudar eses individuos a tener una vida satisfactoria, con significado y convertirse en miembros productivos de la sociedad, profesionales de la salud y de la educación deben estar preparados para atender las necesidades específicas de esta población. Tres pilares constituyen la base profesional: conocimiento, técnica y actitudes (Luecking, Fabian y Tilson, 2004). Se discute, especialmente, la importancia de las actitudes, no solo por su relevancia, pero también debido a su aplicabilidad en distintas profesiones. El artículo empieza presentando definiciones de deficiencia, seguidas de datos estadísticos de los Estados Unidos y de Brasil al respecto de sujetos con deficiencia. También, son discutidos los dos pilares referidos de forma más breve, mientras el tercero es explorado con más profundidad. Finalizase mencionando pesquisas al respecto de las deficiencias, así como proponiendo aspectos para ser más estudiados en esta temática.

Palabras-clave: deficiencias; relación terapéutica; intervención profesional.

The term disability can be defined in different ways according to the purpose (e.g. for clinical practice, for law requirements, for eligibility or for specific programs), culture, environment, perceptions, etc. A useful way to define disability is as a physical or mental impairment that significantly limits at least one major life domain (Daidone and Harrington, 2009). Life domains are broad facets of life, such as mobility, self care, self direction, communication, interpersonal relationships, etc. This definition highlights the impact that the disability has in one's life, instead of the impairment itself. It is concerned about how the person navigates and negotiates with different environments, not with diagnosis. The environment plays an important role. For example, a person who is deaf and know how to read lips might have no problem in a one to one interaction, since he/she knows how to read lips. However, being in a group interaction or having to take messages on the phone may be an issue. With adequate assistive technology, such as telephone typewriter (TTY), the phone situation might be well handled by the person. This scenario illustrates that the impairment itself is not necessarily a concern; it depends on the context, needs and supports involved. With this framework in mind, professionals would not concentrate on the impairment itself, but on the impact it has on different areas of the individual meaning it has for that specific person.

The American with Disabilities Act (American with Disabilities Act, ADA, 1990), one of the most important laws for individuals with disabilities in the U.S., uses three main criteria to define an individual with a disability. Individual with disability is someone who has a physical, mental or emotional impairment that substantially limits one or more major life activity; who is regarded as having such impairment; and/or who has a record of such impairment. The second criterion, being regarded as having such impairment, addresses the important domain of discrimination. Someone who is regarded as having impairment might be a target of prejudice and stigma, regardless of actually having a disability or not. In other words, the definition encompasses all individuals who experience societal discrimination and difficulties as a result of being perceived as having a disability (Luecking, Fabian and Tilson, 2004).

The main goal of this law, passed in 1990, is to assure civil rights and protection for individuals with disabilities. The law has five titles. Title I deals with discrimination in the workplace and reasonable accommodations. Reasonable accommodations are modification or adjustments to a job or work environment that allow the individual with disabilities equal opportunities in the workplace. This title's goal is to remove barriers for people with disabilities to work, preventing discrimination and promoting equal access to the labor market. Title II encompasses the accessibility of state and local services and programs, making sure individuals with disabilities can also participate and navigate through these programs. It also specifies architectural standards to ensure accessibility. Title III deals with equal access to public accommodations, such as hotels, restaurants, bars, theaters, banks, parks, zoos, gyms, etc. Title IV requires an efficient nationwide telephone and telecommunication system to be available to individuals with speech and hearing disabilities. Finally, Title V encompasses miscellaneous provisions (Patterson, Bruyere, Szymansky and Jenkins, 2005).

This law, as some others, while protecting and supporting individuals with disabilities, exposes a nation and worldwide issue: prejudice and discrimination against individuals with disabilities. In a period where beauty and perfection standards are imposed and valued by society, how do individuals that are born with or acquire a disability in the course of their lives feel? How can these individuals be supported in making sense of their differences and finding a meaning in life? How can these individuals be supported in leading a fulfilling life, reaching for their dreams and plans for the future?

In the definitions presented above, as well as in its discussion, it is clear a focus on the role of the environment and context, including other individuals around the person with disabilities. The context and the environment are in the spotlight, not the impairment or in the individual with disabilities. The limitation is in the environment, not in the individual. Through a more prepared, fair and accessible society, individuals with disability can function at their best, becoming fully productive members of society. Working, having a social life, and practicing exercises are some aspects included in becoming a fully productive member of society.

According to the U.S. census Bureau (2000), there are 49.7 million people with disabilities in the U.S., which represents 19.3 percent of the civilian non institutionalized population in the U.S. aged 5 and older. This means that almost one in every five individuals in the U.S. has some type of disability. The U.S. census considers someone as having a disability when the individual answered yes to questions regarding having a long lasting condition (such as a condition that limits vision, hearing, walking, climbing stairs, etc) and/or having difficulty in activities such as learning, remembering, dressing, bathing, going out to shop or to visit a doctor, and working (these last two for individuals 16 years-old and older).

Considering just the working age group (individuals between 16 and 64 years old), 18.6% have a disability. Among the working age group, 6.2% has a physical disability, 3.8% has a mental disability, 2.3 % has a sensory disability and 1.8% has a self-care disability. Almost 12% of the individuals with disabilities stated that their condition caused difficulties to work. Individuals with disabilities are less likely to be working than the general population. In the overall population, almost 80% of the men and 67% of the women were employed; whereas a little over 60% of men and 51% of women with disabilities were employed at the time of the census (U.S. census Bureau, 2000).

In Brazil, the figures of individuals with disabilities are a little smaller but not very different. There are 24.6 million people living with a disability in Brazil, which corresponds to 14.5% of the population (Bercovich, 2006). The definition used in the 2000 Brazilian census is similar than the one used in the U.S. census. The Brazilian census follows the International Classification of Functioning, Disability and Health (ICF), which, as the one used in the U.S. census, emphasize not the impairment itself but mainly the levels of limitation of activities, such as seeing, listening, self care, self direction, communication, among others (Instituto Brasileiro de Geografia e Estatistica [IBGE], 2004).

Among working age group (between 15 and 64 years old), 15.6% has a disability. That means that approximately one in every six working age individuals in Brazil has a disability. As it was the case in the U.S., in Brazil individuals with disabilities are less likely to be working than those without. At the time of the census, around 52% of men and 27% of women with disabilities aged 10 and older were working, whereas for the general population these rates increased to 63% and 37% respectively. Individuals with mental disabilities (which include psychiatric and developmental disabilities) were the group less likely to be working – less than 20% of these individuals were working (IBGE, 2004).

These numbers demonstrate that individuals with disabilities represent a considerable portion of the population. This population can and should be productive members of society. Although the working number of individuals with disabilities has increased over time, there is a long way to go. As discussed before, individuals with disabilities are underrepresented in the workforce. Most individuals with disabilities that are not working would like to be. According to Szymanski et al (2003), 79% of the non-working individuals with a disability would like to work. The exclusion from the workforce might represent the exclusion that individuals with disabilities have dealt throughout their lives. Moreover, being excluded from the workforce

might lead to social isolation, since the workplace is an important place for social interaction.

Herédia (1999) highlight the importance of working in human life. In its broad definition, working is considered a creative activity that distinguishes human beings from other animal species. It is through working that humans built and change their environment, and find their place in the society. Besides providing financial support, working molds the way one perceive others and him/herself and his/her role in the community.

How prepared are health and educational professionals to help these individuals to lead a fulfilling life, get back to the workforce and become productive members of society? The issue is beyond just helping individuals with disabilities have a good quality of live, which is also important. It deals with the idea of having a strong workforce to improve growth and development of society. It is not about doing charity and giving individuals with disabilities a chance; it is about take advantage of everyone's potential and contribution. Brazil, as a leading developing country, and the U.S., as one of the most developed countries in the world, will need this contingent of individuals working in order to develop and grow.

In order to assess how prepared health and educational professionals are to attend this population's needs, Luecking, Fabian and Tilson (2004) suggest the examination of three main pillars: knowledge, skills, and attitudes. These are the three core areas to be aware of ad to develop as professionals in order to really help individuals with disabilities. The first two areas will be briefly explained, whereas the last one, due to its cross professions applicability, will be in depth discussed. Knowledge refers to the theoretical background that professionals based their work on. It includes definitions, concepts, principles and practices (Luecking, Fabian and Tilson, 2004). It is directly related to the contents taught at school. In 1994, the Department of Education of Brazil published a recommendation to courses in the health area (such as physical education, nursery, pharmacy, physiotherapy, speech therapy, nutrition, psychology) to include ethical, political, educational and judicial contents regarding the individuals with disabilities and their rights (Melo and Ferreira, 2009). It is needed, however, an important transformation process to make these written recommendations a reality in the Brazilian schools.

The role of school in the way professionals deal with individuals with disabilities is illustrated in study conducted by Neubauer and Rounds (1987) about the relation between counselors' training programs and their attitudes regarding this population. After finishing master's program and working for a year, participants demonstrated a more complex view of disabilities. The

normality domain decreased in importance, while the responsibility and severity domains increased. These results indicate that the perception of people with disabilities is influenced by information and training both in school and at work.

Skills refer to knowledge in practice. It relates to the experience level of the professional and how he/she masters a technique or behavior (Luecking, Fabian and Tilson, 2004). It varies a great deal according to the context, culture and scope of practice of each profession. Regardless of the theory, skills refer to the ability to interfere in specific situations in order to get specific results, such as promoting well being, placement in the workforce, retaining a job, etc.

The first two pillars, described above, differ a great deal among professions. The knowledge that a teacher needs to teach someone with mental retardation is different than the one psychologists needs to do an evaluation; the skills of a social worker that is helping someone with paperwork are not the same as the ones of a counselor helping this person to get a job. However, although different, all these professionals have a relationship of some kind with the client. The quality of the relationship affects the client. The third pillar is composed by the attitudes held by professionals. Undoubtedly, attitudes influence the relationship between professional and client.

Attitudes shape professionals, professions and relationship between professional and client. Attitudes include values, beliefs and principles that guide one's professional life (Luecking, Fabian and Tilson, 2004), and are related to self knowledge, ethics, and self awareness. According to Lima and Santos (2002), in order to provide high quality services, it is essential that professionals examine their own attitudes, feelings and actions regarding individuals with disabilities.

Attitude can be defined as a combination of ideas and feelings that predispose certain actions in specific social situations. Attitude is "an idea charged with emotion which predisposes a class of actions to a particular class of social situations" (Triandis, 1971, p. 2). Attitude is composed of three elements: cognitive (ideas or beliefs associated with the stimulus), affective (feelings and emotions that follow the ideas or beliefs), and behavioral (predisposition to action). It is influenced by the context of implicit and explicit rules and laws that drive human behaviors.

There is a judgmental process present in attitudes (Livneh and Cook, 2004). Attitudes deliver, covertly and/or overtly, a message with some degree of favor or disfavor, agreement or disagreement and preferences. Sources of attitudes are sociocultural values, standards and expectations (such as valuing physical integrity, appearance, and productiveness),

and internal psychodynamic factors (such as conscious and unconscious beliefs and ideas associated with disabilities, and past experiences). Personal beliefs, values, information, feelings, past experiences, observations and memories influence a person's attitudes toward a specific situation (Javorek, 2000; Triandis, 1971).

Contributing to the understanding of factors that may affect the formation of attitudes, Wong et al. (2004) conducted a study with students of rehabilitation counseling programs in four different universities in the U.S. The authors found that the counselor attitudes are influenced by both disability related factors (such as visibility and influence on social and behavior characteristics) and non-disability related factors (such as gender, race and occupation).

Thus, attitudes are constantly influenced by a variety of factors, and permeate all relationships. They play a major role in the helping relationship.

THE HELPING RELATIONSHIP

The helping relationship is one of the most powerful tools of helping professionals. This relationship is influenced by a myriad of factors, such as counselors and clients personal characteristics, their interaction, and context and culture where the helping process takes place. According to Teyber (2000), "the nature of the relationship is the therapist most important means of effecting client change" (p. 15). The relationship between client and counselor has the potential to empower, as well as to oppress the client. In the best case scenario, clients use the relationship with the counselor to express their feelings and conflicts without being judged or criticized. Through this relationship, clients might have their truly deep needs and feelings heard for the first time. The capacity of understanding, connecting and making sense of these deep needs and feelings is an important skill that provides quality to the professional intervention, and should be developed in training schools.

Clients do not just verbally express their issues in an abstract and objective way. Far from that, they recreate their conflicts in the helping relationship in a real, subjective and alive manner. They usually enact with the counselor their problems or concerns. The counselor can behave in the same manner as others have done in client's life, offering the same hurting responses that the client is used, confirming unconscious pathologic beliefs and oppressing the client even more; or the counselor can behave differently, in a more satisfying and effective way, offering to the client a new model of relationship. When it happens, "change has begun to occur" (Teyber, 2000, p. 17).

The counselor, instead of explanations, provides real experience for the client, offering support through a true collaborative relationship. Through the experience of being in a respectful and genuine relationship, the client can reach for other relationships (outside of the therapeutic work) in which he/she is recognized and respected.

However, the helping relationship can also work as a vehicle of more oppression. Counselors, as do all human beings, have grown up within a society and are not immune to messages conveyed by this society. They could have grown up with messages of negative and stereotyped views of people with disabilities and internalized them. Reeve (2000), talking about her experience as a client and as a counseling student with a disability, stated that "the oppression experienced by disabled people in society is sometimes replayed in the counseling room" (p. 669). Usually, these attitudes are not overt and, many times, the counselor is not aware that he/she is being discriminatory and increasing the stigma that the person is target of. When it happens, the relationship, instead of therapeutic, becomes oppressive.

Examples of counselors' biases and prejudice within the counseling process are paternalization, accouting all client's issues to his/her disability, expecting less of a client due to his/her disability, believing that all clients would always choose not to have the disability, and working without differentiation between impairment (medical condition) and disability (social response or oppression). Others indicators of professionals' attitudes regarding individuals with disabilities are having the office in an inaccessible building and being uninformed about disabilities in general. Also, feelings of pity, anger, frustration, anxiety, and embarrassment when addressing disability issues can be considered a manifestation of counselors' biases (Javorek, 2000; Reeve, 2000).

In a study conducted by Javorek (2000), some subtle biases were present in the attitudes of college counselors toward students with disabilities. Although they demonstrate no biases regarding general expectations of functioning for this population, counselors had different expectations regarding aspects such as sexuality, body image and dating for individuals with disabilities. Parkinson (2006) found other biases in a study with a group of 25 postgraduate counselors in training. The author found that more than half of the participants view people with disabilities as "victims of circumstance rather than victims of a system or society" (p. 99). Strong biases were demonstrated through some verbalizations of the participants, such as considering disabilities a tragedy or irrevocable loss, and being glad that it has never happened to them.

Although not easy to change, attitudes are amenable for change. Javorek (2000) found that students change their perception of individuals with disabilities during their training programs. According to Yuker (1994), attitudes can be changed through accurate information and contact with individuals with disabilities. The author found that information without contact tends to increase prejudice and discrimination. Also, mere contact is not enough, the quality of this contact is fundamental.

Counselors' attitudes toward their clients have an important impact in their relationship and, consequently, in the clients' well being. Counselors should be broadly informed about disabilities, and have the client teach, not about the impairment itself, but about the limitation and its impact in his/her life. Moreover, as the above studies exemplify, helping professions are not immune from having prejudice against individuals with disabilities. Professionals should make a commitment to always examine their own attitudes and feelings regarding individuals with disabilities. Without this self-awareness and constant examination, these attitudes might interfere negatively in clients' lives.

FINAL THOUGHTS

Considering the percentage of individuals with disabilities and their potential to contribute to society, it is of utmost importance that health and educational professionals become more qualified to attend the specific needs of this population. Professionals should be constantly improving their knowledge and skills, and constantly examining and challenging their assumptions and attitudes. Professionals from different areas should collaborate and work together in addressing the needs of individuals with disabilities. In that way, with a interdisciplinary and holistic approach, strengths from different knowledge areas can be added, more meaningful interventions are expected and positive outcomes are more likely to occur. Professionals should make a commitment to examine their beliefs and expectations regarding individuals with disabilities. Through getting to know themselves and theories better, as well as having contact with individuals with disabilities, professionals are likely to provide more high quality services.

In order to increase knowledge and better practices, more research is needed. According to Yuker (1994), much of the research in this area is methodologically weak and there is a lack of convergence in the results from different studies. There is need for qualitative studies that give voice to individuals with disabilities to talk about their experiences. Also, research considering nuances of different cultural background is needed.

Although the number of individuals with disabilities being hired has increased in the past few years, there are not many studies investigating how employees with disabilities and employers are adjusting, and how reasonable accommodations are been negotiated in the workplace. Research aimed at finding aspects and factors that facilitate and that hinder this process is needed. Moreover, studies addressing the methods that have been used by professionals to help individuals with disabilities get placement in the workforce and maintain their jobs, as well as evaluating the efficiency of these methods, have the potential to change and improve current practices.

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