



Creating Accessible Environments for People with Disabilities

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Introduction

Over 60 million Americans live with a disability, making people with disabilities (PWDs) the largest minority group. PWDs have long experienced difficulties in equitable medical care; many have experienced medical trauma. There have been concerns from PWDs and advocates regarding allocation of life saving resources during the pandemic, and how strained medical systems may institute discriminatory policies that put PWDs at risk.

For the purposes of federal disability nondiscrimination laws (such as the Americans with Disabilities Act (ADA), Section 503 of the Rehabilitation Act of 1973 and Section 188 of the Workforce Innovation and Opportunity Act), the definition of a person with a disability is typically defined as someone who (1) has a physical or mental impairment that substantially limits one or more "major life activities," (2) has a record of such an impairment, or (3) is regarded as having such an impairment. More information on federal disability non-discrimination laws, visit DOL's [Disability Nondiscrimination Law Advisor](#).

Counselor Preparedness

Outside of Rehabilitation Counseling and some emphasis in School Counseling to understand and coordinate academic accommodations for children with disabilities, counseling programs are not required and do not focus on disability topics. In the 2016 CACREP Standards, "disab*" occurs 63 times. Only two of these are outside of the Rehabilitation Counseling specialty area description and Rehabilitation-specific glossary. Due to the CACREP/CORE merger, the 2023 Standards will include an infusion of disability related concepts throughout the core areas. However, programs may not be using texts or requiring experiences of students that support preparation with this demographic. Counselors and counselors-in-training anecdotally report a lack of discussion and training around disability topics

Counselors should become aware of disability affirming [models of disability](#) such as the social model of disability, ecological model, and disability culture model. These challenge societal concepts of disability and instead introduce concepts like disability pride and the development of disability identity.

Language and Identity

Although many counselors are trained to use person-first language, some scholars argue that person-first language could perpetuate stigma and that using disability-first language can cultivate a sense of belonging, or disability pride. However, not all people with a disability have or want to develop a disability identity. Professional counselors can discuss with clients about how living with a disability affects their self-concept to gauge client disability identity. Living with a disability is different for each person and it is the ethical duty of the professional counselor to meet the client where they are. For clients that want to focus on developing a disability identity, professional counselors can provide support and emotional space for clients to process in the

session. Decoding how living with a disability influences one's self-concept and narrative may induce a complexity of emotional and psychological responses including grief and loss and depression. It is important that professional counselors allow time to process these responses.

Implications for Counselors

When counselors set up their practice they should address the following considerations:

- Are you accessible as a counselor?
- Is your space physically accessible? (And do you have the knowledge to determine that/have you sought consultation to ensure it)
- Do you adapt to allow for disability related needs in your counseling approach?
- Do you have a disability affirming conceptualization?
- Are you aware of rehabilitation counseling competencies related to disability?
- Have you addressed your ableism?
- If you're a counselor with a disability have you addressed internalized ableism and stigma and explored the validity of disability identities and conceptualizations that do not match your own?

Thoughts from Practicing Counselors

When asked to ponder the considerations above, here are some responses from professional counselors.

"When I was a master's level intern, I worked at a local community mental health agency in urban, southeastern Virginia. A part of my duties, one day a week, was to be on-call to complete diagnostic assessments for individuals in need, as referred by the community's rapid response team. This meant I needed to be ready to welcome folks into my (very small, intern) office! One day I received a call that I needed to do an assessment for a client in need. They had been experiencing homelessness and needed to be connected with services. I quickly went to lobby, expecting (in the way that ableism conditions many of us to expect) a person who would follow me, walk up the stairs, and to my office. The person in need was in a wheelchair, which quickly changed my plans. We took the elevator, of course, but getting into my very small intern-sized office, realized there was no where they could comfortably fit. It quickly became apparent that the office had not been designed with this need in mind, and adjustments were made as such that the office was changed, made significantly more accessible, and ensured all clients, regardless of their ability status, would be comfortable in that room." - Dr. Madeline Clark, University of Toledo

"When looking for space to practice in, a space with a ramp/accessibility, doors that meet code for width, and an accessible bathroom were top on my list. I secured a new build that met these requirements, though most spaces I looked at did not meet code and did not need to due to historic qualifications. Having worked first as an intervention specialist, this was on my mind going in. That said, I looked more at mobility than other concerns around accessibility - I have a minor with a visual impairment and worked with his mobility specialist to gain a better

understanding of his needs in my space and in other spaces. Though, I am sure there are more ways I am unaware of.” - Dr. Meagan McBride, Heidelberg University

“One of the key roles for school counselors is to be an agent of change by advocating, collaborating, and educating to ensure equity and access. The physical environment of a school does not always lend itself to being physically accessible for all students and adults. Thus, it is imperative that school counselors speak up when such situations arise. Consider how you can bring up these inequities through individual conversations with school administration, or during staff meetings. Most importantly, propose ways in which improvements can be made to make the environment accessible for all stakeholders.” - Dr. Sandra Logan-McKibben

This handout will provide a starting point for addressing these considerations. Counselors should refer to the [ARCA Disability Related Counseling Competencies](#).

Basic Etiquette

Person first language is generally used in academia but be aware of sub-community norms and slang as well as individual variation. Do avoid disabling and outdated language.

Counselors should ask questions rather than making assumptions. Always ask before assuming a person with a disability requires assistance, and always seek permission before touching the person or any medical devices or assistive technology. In general it is rude to comment on assistive technology, including non-standard devices such as service animals.

Other things to question might include a client’s feelings and beliefs about their disability, how they see their disability as informing their identity, and the way in which they would like to involve or not involve disability topics in the counseling relationship. While a disability may be very visible, it is important not to focus only on the disability and to get to know the person. It is also important to remember not all disabilities are visible.

To address invisible or undisclosed disability concerns and ensure better access for everyone, you can make sure your space is ADA accessible. You can also be aware of common triggers for health conditions such as fluorescent lights and smells (perfume, essential oils, cleaning supplies). By considering harsh overhead lighting, glare from windows, choosing low scent or “green” cleaning supplies, and limiting strong odors and loud noises, you can contribute to your space being a low-trigger environment for migraines and other reactions to environmental triggers.

Not all disabilities are visible and not all clients will disclose disability- an accessible environment and good disability etiquette communicates respect for client autonomy and privacy by allowing agency in disclosure

Disability-Specific Considerations

Mobility

- Respect assistive devices as personal space
- Be aware of physical barriers in your office..
- Speak to the person.
- With chair users, equalize height by sitting or kneeling to converse.

Speech

- Give the person your whole attention
- Keep an encouraging rather than correcting manner. Be patient and do not finish the person's sentence.
- Ask for clarification where needed, repeating what you did understand can be helpful.
- Spend time outside of session learning how any assistive tech devices are used.
- Don't require the individual to explain more than what is necessary for immediate communication purposes.

Hearing

- Be aware of the difference between those with hearing loss and those who are Deaf.
- Eliminate background noise, speak clearly and slowly but without exaggerating.
- Face the person to allow for lip reading.
- Rephrasing can assist with understanding.
- If an interpreter accompanies the person, speak to the person, not their interpreter.

Vision

- Be aware of the difference between people who are low vision and people who are blind.
- If appropriate based on need, indicate who you are when you enter and state when you leave a space.
- If leading someone, offer your arm and communicate about barriers in the environment.
- Remember to communicate written material verbally and/or provide large print and high contrast materials for those with low vision.
- Ensure that all promotional material is accessible. Use a font that is able to be read by an e-reader. Ensure photos have a caption that can be read with a full description.

Cognitive

- Adjust your language to the individual's developmental level, favoring concrete words and phrases.
- Treat adults as adults with autonomy. Address the individual you are serving rather than their staff person or parent/guardian
- Be aware of your tone of voice.
- Give extra time to process.
- If the individual is accompanied by a staff person, request that the same staff is at every appointment if possible and meet with staff separately.

- Be willing to train staff on what is being worked on in session. Staff will be valuable in completing “homework” assignments or reinforcing coping skills.
- Meet with their parent/guardian independently and with the client.
- Be prepared to participate as part of a treatment team.
- Be prepared to address any medical needs that may occur during session

Common Physical Access Considerations

Accessible approach and entrance

- Is sufficient accessible parking available (1 accessible spot for every 25 total spots)
- Is there a pathway from parking to door without stairs, with clear curb cuts and even paving
- Are doors and pathways of sufficient width (36 inches wide)

Access to goods and services

- Are all public areas on a barrier free route (look up and down for hazards- unsecured rugs or plants/lights hanging away from the wall)
- Is clear signage available and do permanent signs include tactile characters
- Are all interior doors at least 32 inches wide and doors/paths not partially blocked by furnishings
- Can doors be opened with 5 pounds or less of pressure, and with one hand/without tight grasping
- Is space clear in front of any light switches, intercom buttons alarms or other devices
- In reception areas, is there at least one clear space 36 x 48 for a wheelchair or mobility devices

Access to public toilets

- Is at least one toilet room accessible, and is it labeled with the international symbol of accessibility

** This is not an exhaustive list of legal requirements, and it is important to seek appropriate consultation, however a self evaluation can be done using the [existing facilities checklist](#).*

Covid-19 Amplified Implications

COVID-19 has amplified social injustice and disproportionately impacted marginalized communities. For PWDs this impact is multilayered and complex, increased by the diversity and intersectionality in the disability community. According to the National Disability Institute, 68% of adults with disabilities are concerned about access to care during the pandemic. 66% report concerns about being deprioritized for needed care should shortages occur.

According to the CDC, PWDs are three times more likely than people without disabilities to have serious underlying medical conditions. Many of these conditions increase the risk of getting or experiencing complications from COVID-19. Accordingly, PWDs may be more cautious

regarding exposure, increasing their isolation and risk for pandemic-related mental health concerns. PWDs may also be experiencing disproportionate loss of loved ones due to tight-knit support bonds within their community.

Another impact of COVID-19 is ableist messaging and microaggressions. This may be overtly negative, such as people downplaying the severity of the virus saying that “only” people who are at risk will become seriously ill or die. This inaccurate statement devalues the lives of PWDs and communicates that protecting them is not worthwhile. Even positive changes can carry negative messages. For years, PWDs have been advocating for telecommuting, remote conferences and meetings, and expanded delivery/curbside pickup options to eliminate unnecessary travel and ameliorate accessibility issues. For years there have been arguments against these improvements, which have been swiftly adopted now that able-bodied people have the same needs and barriers. While the community has welcomed the increased access, the message about the worth of PWDs is clear.

The CDC provides relevant risk mitigation recommendations for in-person services for providers at this time. The APA has indicated providers should understand COVID-19 related stressors PWDs face in order to better facilitate care. Counselors should also remember not all disabilities are visible, and disabilities may not always be disclosed by clients. Increased knowledge of the lasting impact the pandemic is likely to have on this community will improve the ability to screen for grief, anxiety, depression, and discrimination-related concerns for PWDs. Counselors continuing to offer telehealth options following the pandemic will also increase equitable access to care long-term and address an established need for PWDs. For additional information regarding the various impacts of COVID on PWDs, see the CDC [“People With Disabilities”](#) pages.