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Mapping a Positive Path of Wellness  
for Adults with Mobility Impairments

## Personal Wellness

When I say **WELLNESS**, what factors come to mind for you personally?

How do you presently engage in the associated activities?

## Personal Wellness

Now...

**Tell us about your morning and what it took for you to get here.**

## Personal Wellness

Let's talk about your morning from the perspective of having a mobility impairment:  
How would your routine stay the same and in what ways would it differ?

## The Problem

- Professionals have limited knowledge or experience in working with clients who have mobility impairments. They are essentially unprepared to handle the special needs of active, younger adults with disabilities (Myers & Sweeny, 2005).
- People with disabilities have historically been excluded when key decisions were made about how disability and health were to be conceptualized and measured, often to their disadvantage (Becker, 2006).
- Several studies have examined wellness programs for non-disabled adults and children with disabilities (Davis, Davies, Wolfe, Raadsveld, Heine, Thomason, Dobson, & Graham, 2009; Groff, Lawrence & Grivna, 2009; Piggot, Paterson & Hocking, 2002); however, there is a lack of research examining perceptions of wellness as they relate to adults with mobility impairments.

## Defining Wellness

### General Population:

Being well is a **multifaceted, continuous process** which requires balance, self-responsibility, and motivation in order to be obtained and maintained.

(Ardell, 1977; Clark, 1996; Dunn, 1977; Egbert, 1980; Hettler, 1980; Teague, 1987)

## Conceptions of Wellness

Conceptions of wellness in **disability models** based on:

- **Compartmentalization**
- **Disability rather than wellness or person**

## Discussion

Wellness just as important to mobility impaired population as non disabled

How & What different in terms of:

- a. Pain management
- b. Overcoming barriers (attitudinal & physical)
- c. Addressing physical wellness

Change in access & availability of wellness programs and social support groups & activities needed

## Discussion: So what???

1. Because of increase of people w/ MI counselors/counselor educators will be called upon to provide services and/or educational instruction to clients/students with various disabilities (Smart & Smart, 2006).
2. Info about disability culture invisible in most university curricula (Bauman & Drake, 1997; Hogben & Waterman, 1997).
3. May strengthen advocacy efforts & support systems via supplying parents, spouses, caretakers, educators, physicians, friends, and the community valuable info about wellness in context of disabilities

## Advocacy: What YOU Should Know

- Approximately 57 million individuals currently live with some type of disability
- This is a population which an individual can become a member of at any time as disability does not discriminate
- Everyone likely to become mobility impaired at some point as a result of the aging process

## Stella Young

### Comedian and Advocate:

- [https://www.ted.com/talks/stella\\_young\\_i\\_m\\_not\\_your\\_inspiration\\_thank\\_you\\_very\\_much?language=en](https://www.ted.com/talks/stella_young_i_m_not_your_inspiration_thank_you_very_much?language=en)



### Strategies for Promoting Wellness: What YOU Should Know

- **Understand** that equal access means equal, not better, limited, or no access
- **Know** that meeting minimum ADA requirements does NOT always ensure equal access
- **Be aware** of emergency evacuation plans at your place of business for individuals with mobility impairments

## Strategies for Promoting Wellness: What YOU Should Know

- **Don't** make assumptions about what a person with a mobility impairment can or cannot do
- **Avoid** taking a "one size fits all" approach when teaching/treatment planning
- **Ask** questions for clarification and understanding (\*you won't offend us)
- **Trust** that if an individual with a mobility impairment needs assistance he/she will ask (otherwise we have a method to our madness in place)\* **Accept No Thank you**

## TAKE ACTION

Consider existing physical & attitudinal barriers at the personal, community, and systems levels...

What can **YOU** do to eliminate them "**TODAY**"?

## Take Home Message

Disability alone does not qualify an individual as being miserable, exceptional, or inspirational

**KNOW** that regardless of your current level of knowledge, skills, & awareness about mobility impairments as a healthcare, helping professional, educator, client, and/or student, **ALL** it takes to begin the helping process is expressing the **WILLINGNESS** to learn and keeping an open mind

