

# **Values & Ethics**

# OVERVIEW: DISABILITY AND SOCIAL WORK VALUES

## **Self-Determination Social and Economic Justice Non-discrimination Respect and appreciation for diversity**

Social Work values provide an ethical framework for social work practice related to disabilities. The most common value statements relevant to disabilities are self-determination, social and economic justice, nondiscrimination, and respect and appreciation for diversity. The Social Work profession generally defines these as:

*The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual well-being in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.*

*Social workers promote social justice and social change with and on behalf of clients. "Clients" is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation, administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems.*

*The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective:*

- *service*
- *social justice*
- *dignity and worth of the person*
- *importance of human relationships*
- *integrity*
- *competence*

*This constellation of core values reflects what is unique to the social work profession. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience. (NASW 1996 as revised 1999).*

In this section you will find several activities designed to enliven these values for students as they work with peoples with disabilities. Some are in-class activities and some are web or outside resources. You will also find handouts and activities that have proven to be helpful. Additionally, these activities may be used to inform other content areas such as Human Behavior in the Social Environment, Practice, and Policy.

From a Social Work perspective, disability is a civil rights issue. We cannot simply expect individuals to change to fit society, but society must change to accommodate all people. People with disabilities are entitled to full and equal participation in society. The American with Disabilities Act of 1990 (ADA) was enacted to assure protection of legal rights and prohibit discrimination on the basis of disability in employment, access to public services, public accommodation, commercial facilities, and requires telephone companies to offer telephone relay service for people who use telecommunication services for the deaf (TTY's) or similar devices. But the ADA has not eliminated discrimination or attitudinal barriers for people with disabilities.

The traditional model of providing services to people with disabilities places the control over services with service providers. Disability rights advocates promote a move to greater self-determination for people with disabilities. This is consistent with social work values – even though such self-determination has not and is not always practiced by social service and other programs serving people with disabilities. Self-determination means having the freedom and authority to manage one's own life and make choices. This often means having control over where to live and who to live with, what support staff will be hired and the training of such support staff, choosing community connections and activities, choosing who will help with planning, having authority over resources, and making decisions about employment and education. In other words, having the same rights and opportunities as people without disabilities.

Social workers often serve in role of advocate. Recognizing that people with disabilities can be self-advocates and assisting them in that role, when appropriate, is consistent with empowerment. Social workers must recognize that people with disabilities are capable people who deserve to be treated with respect and held in esteem. Social workers need to identify strengths and abilities and work to remove barriers that prohibit full participation in activities of living. Disability is a complex interaction between person and environment. One may be considered as having a disability because of a physical condition, however, it is barriers in the environment that turn disability into impairment and prevent full participation.

Materials included in this section are as follows:

### ***Student Activity: Manifesto for Persons with Disabilities***

This activity may take students some time to complete. It is designed to challenge students to think about macro issues related to disability, disability rights, and appreciation for diversity.

### ***Values Clarification: Self-Assessment***

This exercise may be most appropriate for students just beginning their exploration of disability. Educators who have used this survey have found that students show less agreement when responding to 7, 8, 9 and 18 than in other statements. Some educators have found it helpful to challenge students on the more common beliefs that arise in discussion.

### ***Disability Values Questionnaire and Disability Values Clarifications Exercise***

This exercise can build upon the previous exercises as it is more complex and best applied after students obtain a beginning level of understanding about disabilities.

### ***Dispelling Myths***

There are many readily available handouts that assist when processing values and ethics. For example, the US Department of Labor and the WV Inclusion Campaign both publish and/or web publish handouts aimed at dispelling myths about people with disabilities.

### ***Disability Discussion Activity***

It is helpful to use what students see in their everyday lives to understand the genesis and pervasiveness of society's views of disability. This exercise uses TV shows and media images as learning opportunities.

### ***Case Scenarios: Legal and Ethical Issues***

The nexus between legal and ethical is clearer when related to a general physical disability. This exercise invokes legal issues as well as ethical issues and the student is challenged to discern between the two.

### ***Developmental Case Study***

Discerning the legal and ethical issues related to developmental disabilities may be more challenging to the students. This exercise gives students the opportunity to acquire this ability.

## ***The Moral Imperative of Inclusion (Kathy Snow)***

This handout highlights the issue of inclusion as related to social and economic justice.

### ***Abstracts: Ethical Concerns***

This provides abstracts of articles related to ethics and disability services.

### **References/Resources**

[www.acdl.com/selfguide.html](http://www.acdl.com/selfguide.html)

[www.nasw.org](http://www.nasw.org), [www.sanys.org](http://www.sanys.org)

[www.selfadvocay.com](http://www.selfadvocay.com)

<http://www.naswdc.org/pubs/code/>

## **STUDENT ACTIVITY: MANIFESTO FOR PERSONS WITH DISABILITIES**

<http://dawn.that.net/manifesto.html>

This activity may take students some time to complete. It is designed to challenge students to think about macro issues related to disability, disability rights, and appreciation for diversity.

Direct students to read the *Manifesto for Persons with Disabilities* by John R. Woodward, MSW, Center for Independent Living of North Fla., Inc - available on-line at <http://dawn.that.net/manifesto.html> . Ask students to respond to one or more of the following discussion questions:

1. Woodward states, “we reject any scheme of labeling or classifying us that encourages people to think of us as having diminished value”. What examples can you think of such labeling or classifying? What evidence, if any, is there that people with disabilities are considered as having “diminished value”?
2. When Woodward refers to institutions “whose purpose it is to punish us for being disabled, or “confine us for the convenience of others”, what is he referring to? Can you give examples?
3. What institutions have been created to “care” for people with disabilities? What do you think of his rejection of such institutions?
4. Who do you think are the “experts from the able-bodied world” that Woodward refers to? In what ways do these “experts” attempt to direct the lives of people with disabilities?
5. What does he mean by “we are not diagnoses in need of a cure”?
6. What are some examples of the “charitable enterprises that exploit our lifestyle to titillate others”? Do you agree that charities and businesses have exploited people with disabilities? Use examples to support your position.
7. Do you agree with the assertion that segregated institutions are not necessary and in fact have been a great source of oppression? Support your position. Can all services needed be provided in the community?
8. What are the implications for social work practice? In what ways might social workers be part of the problem and in what ways can social workers support this Manifesto and eliminate discrimination and devaluation of people with disabilities?

# VALUES CLARIFICATION SELF-ASSESSMENT SURVEY

**AGREE**  
**DISAGREE**

**4-strongly agree**

**3-agree**      **2-disagree**  
**strongly**

**1-disagree**

- \_\_\_\_\_1. Disability in no way reduces a person's human worth.
- \_\_\_\_\_2. People with disability have less chance for a fulfilling life.
- \_\_\_\_\_3. People with cognitive disabilities have the same emotional experience as those with more highly developed intellectual capabilities.
- \_\_\_\_\_4. People with cognitive disabilities should not be encouraged to have intimate relations.
- \_\_\_\_\_5. People with a disability should not be sexually active.
- \_\_\_\_\_6. Parents of children with disabilities have a closer relationship with their children.
- \_\_\_\_\_7. Parents of children with disability experience more stress than other parents.
- \_\_\_\_\_8. Children with disabilities should have special schools.
- \_\_\_\_\_9. It is the responsibility of government to take care of individuals with disabilities.
- \_\_\_\_\_10. People with disabilities should not be expected to meet the same standards as non-disabled people.
- \_\_\_\_\_11. People with disabilities are as happy as people without disabilities.
- \_\_\_\_\_12. It is almost impossible for a person with a disability to lead a normal life.
- \_\_\_\_\_13. People with disability, regardless of the severity, make responsible choices about their own lives.

- \_\_\_\_14. With adequate support services, people with disability can live as self-sufficiently and actively as people without disability.
- \_\_\_\_15. Effective independent living centers should take funding precedence over state bureaucracies.
- \_\_\_\_16. Independent living centers should be available to all urban and rural people.
- \_\_\_\_17. It is my responsibility to enable families to function as care givers for their child with disability.
- \_\_\_\_18. Parents are experts on their children.
- \_\_\_\_19. The elderly should be sexually active.
- \_\_\_\_20. Most people over the age of 65 are not physically attractive.
- \_\_\_\_21. People should be forced to retire at a certain age.

Developed by: Patricia Chase and Roger Smith



# DISABILITY VALUES QUESTIONNAIRE

AGREE

DISAGREE

4-strongly agree

3-agree

2-disagree

1-disagree

strongly

- \_\_\_\_\_1. It is more beneficial to teach a wheelchair user to jump curbs rather than to convince the city to install curb cuts.
- \_\_\_\_\_2. Walking, if possible, is better than using a wheelchair.
- \_\_\_\_\_3. People with histories of drug and alcohol abuse should be considered persons with disabilities.
- \_\_\_\_\_4. A severely physically disabled person in a restaurant makes other diners uncomfortable when the person's eating is sloppy and is perceived as disgusting.
- \_\_\_\_\_5. Persons with severe disabilities should not be expected to work.
- \_\_\_\_\_6. Persons with an amputated limb should wear their prosthesis in social situations, including work.
- \_\_\_\_\_7. The biggest factor in preventing persons with disabilities from accomplishing their goals is the fact that they do not take risks.
- \_\_\_\_\_8. Few persons with disabilities are ashamed of their disabilities.
- \_\_\_\_\_9. In spite of all the publicity and activism, persons with severe disabilities can never *really* live on their own.
- \_\_\_\_\_10. It is a tragedy for parents to have a child with a disability either at birth or in childhood.
- \_\_\_\_\_11. It is common for persons with disabilities to be angry and resentful toward nondisabled people.
- \_\_\_\_\_12. People with severe developmental disabilities should be prevented from marrying.

- \_\_\_\_\_13. Severely developmentally disabled individuals will not benefit from job clubs.
- \_\_\_\_\_14. Given the choice, nondisabled persons would declare themselves disabled to get out of work and collect the benefits.
- \_\_\_\_\_15. For a person to acquire a disability from an injury is a tragic event.
- \_\_\_\_\_16. Persons with disabilities are usually friendly and receptive to being helped.
- \_\_\_\_\_17. The new “inclusion” movement in primary and secondary education causes more harm than good to both the disabled student and the nondisabled student.
- \_\_\_\_\_18. Reasonable accommodation under the ADA gives special privileges to workers with disabilities.
- \_\_\_\_\_19. The biggest factor in preventing persons with disabilities from accomplishing their goals is their lack of hard work.
- \_\_\_\_\_20. Persons with disabilities cannot produce as much in the work environment as a nondisabled person.
- \_\_\_\_\_21. Only persons with disabilities should provide human services to other persons with disabilities.
- \_\_\_\_\_22. Persons with severe developmental disabilities should be prevented from having children.
- \_\_\_\_\_23. Civil rights laws like the ADA take away rights from productive nondisabled workers.

Permission for printing of this values questionnaire was granted by Romel Mackelprang. The format was revised slightly. The questionnaire can be found in the reference below.

### Reference

Mackelprang, R. & Salsgiver, R. (1999). Disability: diversity model approach in human service practice. Belmont, CA: Brooks/Cole – pp.9-10.

## DISABILITY: VALUES CLARIFICATION EXERCISE

This is designed to stimulate thinking about disability issues. Answers should reflect your personal views and so there are no right or wrong answers. Circle the number on the scale that most closely fits with the direction you lean. The mid-point on scale is 4, which would indicate no commitment in either direction. For instance, in the first values continuum below, if you strongly believe that disability is a value judgment, you would circle 7, if you lean slightly in that direction you would circle 5, etc.

- |   |  |   |   |   |   |   |   |   |
|---|--|---|---|---|---|---|---|---|
| 1. Disability is based on a medical diagnosis.  | <hr/> <table><tbody><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr></tbody></table> <hr/> <p>7</p> | 1 | 2 | 3 | 4 | 5 | 6 | Disability is a value judgment.   |
| 1   | 2  | 3 | 4 | 5 | 6 |   |   |   |
| 2. Disability is a result of a medical condition.   | <hr/> <table><tbody><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr></tbody></table> <hr/> <p>7</p> | 1 | 2 | 3 | 4 | 5 | 6 | Disability is a result of environmental barriers.   |
| 1   | 2  | 3 | 4 | 5 | 6 |   |   |   |
| 3. People with disabilities should have special protections under the law.                  | <hr/> <table><tbody><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr></tbody></table> <hr/> <p>7</p> | 1 | 2 | 3 | 4 | 5 | 6 | Legislation should apply to all people equally.   |
| 1   | 2  | 3 | 4 | 5 | 6 |   |   |   |
| 4. Disability is a tragedy.   | <hr/> <table><tbody><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr></tbody></table> <hr/> <p>7</p> | 1 | 2 | 3 | 4 | 5 | 6 | Disability is a natural part of life.   |
| 1   | 2  | 3 | 4 | 5 | 6 |   |   |   |
| 5. Disability means dependency and loss of productivity.                                    | <hr/> <table><tbody><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr></tbody></table> <hr/> <p>7</p> | 1 | 2 | 3 | 4 | 5 | 6 | Disability does not mean dependency and loss of productivity.   |
| 1   | 2  | 3 | 4 | 5 | 6 |   |   |   |
| 6. People with cognitive disabilities should be protected from the death penalty.           | <hr/> <table><tbody><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr></tbody></table> <hr/> <p>7</p> | 1 | 2 | 3 | 4 | 5 | 6 | People with cognitive disabilities should not be protected from the death penalty because this legitimizes exclusion from full participation in other aspects of society. |
| 1   | 2  | 3 | 4 | 5 | 6 |   |   |   |
| 7. Diagnosis of Down syndrome in fetal development is an acceptable rationale for abortion. | <hr/> <table><tbody><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr></tbody></table> <hr/> <p>7</p> | 1 | 2 | 3 | 4 | 5 | 6 | People should not consider abortion based on a diagnosis of Down syndrome.  |
| 1   | 2  | 3 | 4 | 5 | 6 |   |   |   |

8. Society views people with disabilities as asexual.	1   2   3   4   5   6	Society views people with disabilities as sexual and sensual.
	7	
9. People with disabilities are an oppressed minority.	1   2   3   4   5   6	People with disabilities often get special consideration and privileges.
	7	
10. Independent living in the community is a civil right of people with disabilities.	1   2   3   4   5   6	Society does not have an obligation to ensure independent living for people with disabilities.
	7	

**References**

DePoy, E. & Gison, S.F. (2004). Rethinking disability. Belmont, CA: Brooks/Cole

May, G & Raske (2005). Ending disability discrimination. Allyn & Bacon.

## **CASE SCENARIOS LEGAL AND ETHICAL ISSUES**

The nexus between legal and ethical is clearer when related to a general physical disability. This exercise invokes legal issues as well as ethical issues and the student is challenged to discern between the two.

**Mr. Jones has a Medical Power of Attorney which specifies under the “special directives” section, “no tube feeding.” He is hospitalized and is incapacitated. The physician believes that tube feeding would be of benefit and that the patient has a chance of recovery.**

What are the legal and ethical issues involved? Should the physician order tube feeding? If the designated medical power of attorney favors tube feeding and believes that this situation was not the patient’s intent when he wrote the directives, should the physician order tube feeding? If there were no special directives written, but the medical power attorney did not want tube feeding ordered, what should the physician do? Would the age of Mr. Jones enter into these decisions?

**Mr. Smith is an 85 year-old woman with COPD. She is incapacitated and has not issued a DNR request. The medical power of attorney wants CPR when necessary. Ms. Smith is in the hospital and stops breathing. The physician does not believe she will benefit from CPR.**

What are the legal and ethical issues involved? What should the physician do?

**Mr. Doe has tuberculosis but refuses to take medication, thus presenting a danger to others in society.**

Should Mr. Doe be forced to take medication?

**Ms. Doe is 80 years-old and in the hospital. It has been determined that she does not have the capacity to make decisions. She can no longer take care of herself in her own home, but insists on going there. The medical power of attorney decides on nursing home care. When the ambulance arrives, she sits up in bed and says, “I’m not going to a nursing home, don’t touch me. I just want to go home.**

What are the legal and ethical issues? Can and should she be taken forcibly? As a social worker, how would you handle this situation?

**Mr. Doe was told that he needed to begin dialysis three times per week due to ERSD. Realizing his brother has tuberculosis and his sister lacks capacity, he feels that the pain and expense of dialysis is not worth it. He tells his social worker that he refuses dialysis. The RN and MD caring for Mr. Doe tell the social worker to be a team player and convince Mr. Doe to have dialysis or have him deemed “crazy” as the RN and MD state mental capacity is a medical decision.**

The social worker consults with you as to what he should do. What do you tell him?

## **DEVELOPMENTAL CASE STUDY LEGAL & ETHICAL ISSUES**

Discerning the legal and ethical issues related to developmental disabilities may be more challenging to the students. This exercise gives students the opportunity to acquire this ability.

**Ms. Brown is a 22 year old woman who is addicted to cocaine. She learns she is 5 months pregnant and wants to terminate the pregnancy as she is afraid the child will be born with disabilities and she will unable to care for it.**

What do you think she should do?

Should the social worker support her decision for termination or try to get her to look at other options?

Should she be reported to the police for substance abuse (whether or not she continues the pregnancy)?

If she continues the pregnancy and continues abusing drugs, should she be charged with a crime?

Should she receive mandatory treatment (whether or not she continues the pregnancy)?

What are the legal and ethical issues?

What assumptions are made about disabilities (i.e. better off not being born)?

**Ms. Brown gives birth to a premature baby girl, Emma. Emma is born with FAS and has evidence of cocaine in her system.**

Should CPS be contacted?

Should Ms. Brown’s rights be terminated?

If Ms. Brown cannot afford medical care for Emma, who should pay?

**As Emma develops, many developmental delays are noted in the areas of cognitive functioning, language, and mobility. As she reached school age, ADHD, cognitive disability and behavior problems are diagnosed. The**

**school system believes Emma needs to be in a specialized setting. Ms Brown sees no need for this and wants her in an inclusive classroom.**

What are the legal and ethical issues?

**At age 16, Emma gets pregnant. The father is unknown. She wants to have the baby. The social worker does not believe she has the capacity to care for a baby or to understand fully what the pregnancy and delivery entail. Ms. Brown wants her to get an abortion.**

Who should make the decision regarding the pregnancy?  
What are the legal and ethical issues?

**At age 25, Emma wants to leave the group home she has been living in. (She had a miscarriage 9 years earlier). She has been taking medication without which she tends to be agitated and prone to violence. She decides she wants to quit taking her medication and move out of the group home to live with a 50 year old man who the social worker fears is exploiting her for her disability check and for sex.**

What should the social worker do?

# Dispelling Myths About People with Disabilities

([www.dol.gov/odep/pubs/fact/dispel.htm](http://www.dol.gov/odep/pubs/fact/dispel.htm))

There are many readily available handouts that assist when processing values and ethics. For example, the U.S. Department of Labor and the West Virginia Inclusion Campaign publish and web publish handouts aimed at the myths about people with disabilities. The following is from the U.S. Department of Labor's Office of Disability Employment Policy (1995):

*The major barriers to achievement by people with disabilities in our society continue to be attitudinal barriers, stereotypical thinking, and assumptions about what people can and can't do. The truth is that the range of ability of persons within any disability group is enormous. We need to get rid of our stereotypical images and view each individual as just that: "an individual." Listed below are the kinds of assumptions that can be barriers to employment for persons with disabilities.*

***Assumption: A person with cognitive disabilities cannot be trained to perform a job as well as an employee without a disability.***

**Fact:** Over two-thirds of the 4,000 participants in Pizza Hut, Inc.'s "Jobs Plus Program" are persons with cognitive disabilities. The current turnover rate among these employees with disabilities is a modest 20% compared to the 150% turnover rate of employees without disabilities. This means a drop in recruitment and training costs.

***Assumption: An individual with a psychiatric disability cannot work in a stressful environment where tight timelines have to be met.***

**Fact:** All individuals perceive stress differently and their responses vary. Some individuals with psychiatric disabilities perform effectively in jobs that require specific timelines and structure.

***Assumption: There is no way that a wheelchair racer can compete with the world's best marathon runners.***

**Fact:** It takes a good runner over two hours to run a marathon. A competitive wheelchair racer can complete a marathon in less than one and a half hours.

***Assumption: A person with a developmental disability and difficulty with fine motor control is unlikely to be able to handle complex operations on the production line of a manufacturing plant.***

**Fact:** A person with this combination of functional limitations was hired for a production line job. The job involved labeling, filling, capping, and packing a liquid product. The only accommodation supplied for the worker was the creation of a plywood jig. The jig enabled the worker to hold the bottle steady for correct labeling.



**Assumption:** *It is unbelievable that a person with a double amputation can compete with the world's fastest 100-meter dash runners.*

**Fact:** The world record is 9.9 seconds. A runner who is a double amputee ran the dash in 11.76 seconds, just 1.8 second off the world mark.

**Assumption:** *A person who is blind and has a missing right hand cannot perform a job as a machinist.*

**Fact:** The applicant lost his vision and right hand in Vietnam. He persuaded a community college to train him as a machinist and was finally given a job on a trial basis. From the very first day, he broke production records and caused others to do the same. His only modification was to move a lever from the right side of the machine to the left.

**Assumption:** *Downhill skiers with one leg cannot really compete against racers with two legs.*

**Fact:** Top racers without disabilities have been clocked at 80-85 miles per hour; downhill skiers with one leg have been clocked at over 74 miles per hour.

**Assumption:** *It is unlikely that a man whose right leg is amputated six inches above the knee can perform the duties of a warehouseman that require loading and unloading trucks, standing, lifting, bending, and delivering supplies to various sections as needed.*

**Fact:** A person with this type of amputation was hired to work in a paper warehouse. He performed the job without any modification. He worked out so well that the company moved him to operating heavy equipment, a log stacker. The company did not have to make any accommodations. He was able to climb ladders and the heavy equipment without any problems.

## **DISABILITY MYTHS AND REALITIES**

**(West Virginia Inclusion Campaign)**

The following myths and realities are from the West Virginia Inclusion Campaign's *Disability Awareness Guide*.

**Myth:** *People with disabilities are sick or have something wrong with them and they need to be cured.*

**Reality:** Having a disability is not the same as being sick. Disabilities are not contagious, and people with disabilities don't need to be cured.

**Myth:** *People with disabilities have a poor quality of life and deserve sympathy, pity, and charity.*

**Reality:** The quality of a person's life depends on the quality of their living conditions, their access to community activities and social relationships, and their opportunity to contribute to society.

**Myth:** *People with disabilities are inspirational, courageous, and brave for overcoming their disability.*

**Reality:** People with disabilities are simply carrying on normal activities of daily living when they do things such as drive to work, compete in athletic events, or participate in recreational activities. However, they do encounter obstacles in the environment and society that can make life challenging. Access to community services and supports can address many of these barriers.

**Myth:** *People with disabilities need to be protected from failing.*

**Reality:** People with disabilities have the same rights as everybody to participate in the full range of human experiences—including success and failure.

**Myth:** *People with disabilities should live in protective settings, such as group homes or nursing facilities, with other people with disabilities.*

**Reality:** People with disabilities have the right to live as independently as possible in the community setting of their choice.

**Myth:** *People with disabilities always have problems with transportation.*

**Reality:** People with disabilities are capable of arranging their own transportation, although they may have difficulty obtaining affordable, accessible transportation in some areas. People with disabilities drive, ride a bicycle, walk, and use public transportation.  
**Myth:** **People with disabilities only want to associate with other people with disabilities.**

**Reality:** People with disabilities want to have friends with and without disabilities.

**Myth:** *The lives of people with disabilities are totally different from those of most other people.*

**Reality:** People with disabilities attend school, they work, develop personal relationships, have a family, shop, do chores, pay taxes, vote, and dream like anyone else.

**Myth:** *Disability is a sign of weakness, character defect, or punishment from God.*

**Reality:** Disability is a natural part of the human experience. The incidence of disability increases with age.

*Myth: Disability in one area of functioning implies disability in another area.*

**Reality:** Disability in one area, such as physical disability, does not mean that a person has other disabilities, such as mental impairment.

*Myth: People with disabilities are a drain on society.*

**Reality:** All people have inherent value. People with disabilities are contributing members of society.

**For information visit:**

U.S. Department of Labor, Office of Disability Employment Policy [www.dol.gov/odep](http://www.dol.gov/odep)

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, National Mental Health Information Center

[www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov)

Michigan Community Service Commission [www.michigan.gov/mcsc](http://www.michigan.gov/mcsc)

## DISABILITY DISCUSSION ACTIVITY

It is helpful to use what students see in their everyday lives to understand the genesis and pervasiveness of society's views of disability. This exercise uses TV shows and media images as learning opportunities.

Consider the following assumptions people make about disability according to Fine & Asch (2000):

1. Disability is located solely in biology, and thus disability is accepted uncritically as an independent variable.
2. When a person with a disability faces problems, it is assumed that the impairment causes them.
3. The person with a disability is a "victim".
4. Disability is central to the disabled person's self-concept, self-definition, social comparison, and reference groups.
5. Having a disability is synonymous with needing help and social support.

Consider the following alternate assumptions from the disability discrimination model (May & Raske, 2005. Ending Disability Discrimination: Strategies for Social Workers).

1. Disability and impairment are not immutably linked.
2. Disability related impairment is socially constructed.
3. Disability is a nominal state.
4. Disability and pride can coexist.
5. Helpers must assume a "working with" rather than a "working on" orientation.

**Student Discussion:** Review each of the following examples and identify which of the above assumptions are made. Identify any additional assumptions you believe exist in these examples from the media:

### **Example 1**

**Headline:** Extreme Makeover: Home Edition has wish list of Maladies  
(Huntington Herald Dispatch, March 20, 2006)

Extreme Home Makeover is a "reality" TV series where families are selected to receive a new, custom built home.

A newspaper article reports on a memo sent by the show's casting director to ABC executives. The memo indicates that the producers of the show are looking for families with particular "maladies" or tragic circumstances to be featured on the show which builds houses for people. According to the Associated Press article appearing in the Huntington Herald Dispatch on March 20, 2006, the show's executive producer stated, "at the end of the day you're talking about someone who needs it badly and deserves it badly and building them a home that makes life a little easier for them. It's hard to figure out how that's exploitive."

According to the Smoking Gun ([www.smokinggun.com](http://www.smokinggun.com)) the following email was sent by the cast department of Home Edition:

*As we begin to cast a new season for “Extreme Makeover: Home Edition” we also begin to look for stories of families who are trying to overcome adversity, but just need a little help (expecially with their home!).*

*We are open to any and all story ideas and are especially looking for the following:*

- *Extraordinary Mom/Dad recently diagnosed with ALS*
- *Family who has child with PROGERIA (aka “little old man disease”)*
- *Congenital insensitivity to pain with anhidrosis – referred to as CIPA by the few people who know about it. (there are 17 known cases in the US – let me know if one is in your town!) this is where kids cannot feel any physical pain.*
- *Muscular dystrophy child – amazing kid who is changing people’s views about MD*
- *MADD/Drunk Driving – family turns tragedy into triumph after losing a child to drunk driving*
- *Family who has multiple children w/Down Syndrome (either adopted or biological)*
- *Amazing/loved Mom or Dad diagnosed with melanoma/skin cancer*
- *Home invasion – family robbed, house messed up (vandalized)-kids fear safety in their home now*
- *Victims of hate crime in own home – family’s house victim of arson or severely vandalized*

### **Example 2**

(The following is from [www.telegraph.co.uk/news](http://www.telegraph.co.uk/news))

*Autistic boy’s basketball dream becomes a reality*

*By Nicholas Wapshott in New Yoirk*

*(Filed 12/02/2005)*

*It is the stuff of fantasy: an autistic schoolboy is sent onto the basketball court as a last gasp substitute, scores 20 points in four minutes and becomes a national hero.*

*But that is exactly what has happened to 17-year-old Jason McElwain, from Rochester, New York, who, three weeks on from his triumph, is being courted by Hollywood – and President George W. Bush.*

*Jason has high-functioning autism – with a reasonable level of capability – but the handicap has not prevented him from becoming “manager” of Greece Athena High School’s basketball team. Apart from a couple minutes in a junior game*

*two years ago, however, Jason's condition has limited his role to revving up the team before a game.*

*But on the eve of the annual "senior night" game – held in the students' final year of high school – the team's coach handed J-Mac, as he is known, a shirt with 52 sewn on the back, having told him he would try to get him into the all-important game at some point.*

*Come the final few minutes, Jason was duly sent onto the court. As his teammates fed him the ball, Jason calmly took aim and made seven hoops from 13 shots, scoring five points a minute and breaking school records. Athena beat their rivals Spencerport by 79-43. At the final whistle, spectators carried Jason off the court on their shoulders.*

*His team-mate Rickey Wallace said, "I knew he could shoot, but I didn't know he could score 20 points."*

*Jason's father, David McElwain, 51, said, "He was really happy on the way home. He didn't sleep a lot that night."*

*Jason's sporting triumph might have remained a glorious memory had not his performance been captured on videotape. By the evening, a clip of Jason in action was shuttling around the internet, eventually reaching the sports cable network ESPN.*

*Today he is a national hero. Twenty-five film companies and publishers have bombarded him with offers, starting with the basketball superhero Earvin "Magic" Johnson, who instantly saw Oscar potential in the story of a boy who through courage and determination beats the odds. Johnson is now in a bidding war with, among others, Oprah Winfrey.*

*President Bush is hoping to stake a claim to Jason's triumph. On Tuesday, when the President makes a rare trip through upstate New York, he will present an award to the teenager.*

*Mr. Bush hopes that being photographed with Jason will help his sinking approval ratings, now at an all-time low.*

*What has impressed Jason's friends is how coolly he has taken his overnight success.*

*Tom Batzold, the sports editor of the Rochester Democrat and Chronicle, said, "Jason didn't ask for the publicity. Through it all he has held up under tremendous scrutiny. He's calm and collected. He's handled this like a champ."*

*Jason's feet have remained firmly on the ground. His plans "are to graduate, and go to MCC [Monroe Community College] and work at Wegmans [grocery store]"*.

*Rochester, which looks across Lake Ontario to Canada, is speculating who will play Jason on screen.*

*"We think Tom Hanks should play the coach," said Mr. Batzold. "But for Jason? A few years ago, Leonard DiCaprio would have been perfect. But the actor needs to be much younger, an unknown. Whoever gets the part will be an instant star."*

### ***Example 3***

A news story features a pre-teen girl who raided money to buy books for libraries destroyed by Hurricane Katrina. The narrator notes: "all this, and she is blind."

### ***Example 4***

Consider the following possible headlines:

\_\_\_\_\_ Hit by Car

Fill in the above blank with the following descriptors, and consider how it changes your feelings, perceptions, or assumptions:

Child

Grandmother

Heroin Addict

Car Hijacker

Blind Man

Arab

\_\_\_\_\_scores 20 points in 4 minutes in basketball game

Boy

Autistic Boy

Grandmother

NBA Hopeful

Mentally Retarded Boy

ABSTRACTS:

ETHICAL CONCERNS FOR DISABILITY SERVICES

### **Overview**

The following provides abstracts of articles related to ethics and disability services.

***Paterson, B. (2004). Ethical approaches to physical interventions: Responding to challenging behavior in people with intellectual disabilities. Journal of Applied Research in Intellectual Disabilities, 17, 225-228.***

This is a literature review of a book devoted to the subject of physical interventions and the ethical issues associated with physical interventions. The research literature on how to address challenging behavior in people with learning disabilities is substantial and growing exponentially. This article addresses the great importance of developing an evidence base in this area of practice that reflects an awareness of the frequency with which challenging behavior takes the form of violence and the regularity with which both unplanned interventions and planned interventions incorporate physical interventions in the form of reactive strategies. According to the reviewer of this article, the book is very timely, useful, and thought provoking on a subject which has been long overdue such treatment.



***Beals, K.P. (2003). The ethics of autism: What's wrong with the dominant paradigms and how to fix them. Mental Retardation and Developmental Disabilities Research Reviews, 9, 32-39.***

This article addresses the fact that what is most difficult about parenting a person with autism is, presumably, the same as what's most difficult about actually being a person with autism: how the rest of society responds. To fix things, as we urgently need to, we must radically rethink the roles of parents and experts, the conventional models for treating autism, and the ways in which services are recruited and channeled to children with autism and their families. This article discusses a mother's personal experience with raising a child with autism and the challenges, personally and socially, her family faced and continues to face in regards to getting services. The article discusses how society knows little about the problems surrounding children with autism and in its ignorance it tends to make matters worse.

Even what most people do know or imagine about raising children with autism is distorted. The article addresses that people must ask themselves what they are willing to do to help out these families. Will they accept children with autism in practice, as well as in theory, by learning about the outward symptoms so as to recognize these children when they see them, and by tolerating their public disturbances, welcoming them into their homes, classrooms, day care programs, summer camps, providing medical and dental care to them without insisting that they first be sedated, and helping out their parents?

The article also touches on how many professionals seem to ascribe to nature and nurture and there is an immediate need for these professionals to stop presuming parents are part of the problem. Professionals must also invert certain assumptions about expertise. When the subject is a particular child, as opposed to autism in general, it is not you, but those who spend the most time working directly with the children, who are the experts. It is crucial to notice the good things parents are doing and validate them.

It is crucial to provide programs for these children that not only provide them with the best education and teaching them about life and social skills, but programs and people that also foster their special talents that give them their best chances to become happy and productive members of society.

***Feinberg, E., & Vacca, J. (2000). The drama and trauma of creating policies on autism: Critical issues to consider in the new millennium. Focus on Autism and Other Developmental Disabilities, 15(3), 130-137.***

There is a need to explore the complex process of creating public policy for autism. The authors offer ideas relating to the four W's. What should be done? Who should do it? Where should it be done? When can results be expected? To accomplish this, the following topics are examined.

- 1.) Reasons why services to children with autism are now a major issue.
- 2.) Current controversies and their public policy implications.
- 3.) Some suggestions for deliberations.

Services to children with autism is now a major issue because there has been an increase in the incidence and prevalence of children with autism, there is no consensus on the disorder's etiology, there is no consensus on the most successful methodology for clinical intervention, the age of diagnosis coincides with the upper limit of IDEA, Part C, there has been a shift to a family-centered paradigm, there has been an increase in due process hearings and litigation, and there are current controversies and public policy issues. The formulation of policy is important as a foundation for service delivery.

***Fisher, C.B. (2003). Goodness-of-fit ethic for informed consent to research involving adults with mental retardation and developmental disabilities. Mental Retardation and Developmental Disabilities Research Review, 9, 27-31.***

This article reviews current theory and research on informed consent policies for adults with mental retardation within a relational ethics framework that re-conceptualizes consent vulnerability in terms of the goodness-of-fit between participant decisional capacities and the specific consent context. All individuals with mental retardation are unique. Some are capable of making decisions for themselves and others may lack the capacity or experience to do so. Impaired decisional capacity is more likely to emerge as a severity of mental retardation and cognitive levels of functioning do not directly predict differences in levels of communicative, interpersonal, or activities of daily living to adaptive functioning. Reframing informed consent as a goodness-of-fit between persons and consent context shifts away from the participant's mental status to examination and enhancement of those aspects of the consent setting that can reduce consent vulnerability.

This article also goes into detail on the MacArthur Scales, communicating a choice, factual understanding, appreciation, rational manipulation, enhancing consent capacity, a goodness-of-fit ethic of informed consent, vulnerability as a relational construct, enhancing informed, rational, and voluntary person-context consent, autonomy as connectedness to others and an informed consent ethic of mutual obligation, respect, and care.

***Hutchinson, C. (2005). Addressing issues related to adult patients who lack the capacity to give consent. Nursing Standard, 16(23), 47-53.***

This article explores the issues related to adults who are considered to lack the competence to consent to treatment and it aims to provide practical guidance on the

assessment of capacity. Consent issues arise in a broad range of circumstances but, in many cases, consent is routine and straightforward. This article considers only those issues relating to adults who lack capacity. If there is a lack of capacity to consent, the healthcare practitioner is required to make and justify a decision on what action would be in the person's best interest. Ethically driven actions need to be taken to ensure that patients understand what consent means and what is going to happen to them and why. It is critical that best interest guidelines are followed to ensure ethical practice. Consent allows patients to exercise their right to autonomy and self-determination and the way they protect their person. The assessment by practitioners requires a flexible and creative approach.

***Nachshen, J.S., Woodford, L., & Minnes, P. (2003). The family stress and coping interview for families of individuals with developmental disabilities: a lifespan perspective on family adjustment. Journal of Intellectual Disability Research, 47, 285-290.***

This article discusses a study that investigated the psychometric properties of the Family Stress and Coping Interview (FSCI), which is a questionnaire designed to quantitatively and qualitatively examine the experiences of parents of children with developmental disabilities. Stress in families of children with developmental disabilities is great and has been the focus of many studies. The FSCI was developed to address parent's experiences related to events in the lives of their child with a developmental disability. The results of the study show that the stress rating scale on the FSCI is a reliable and valid measure for use with parents of individuals with developmental disabilities. The scale shows to have a high level of internal consistency and a relatively high long-term stability. The results of the study provide preliminary support for the reliability and validity of the stress rating scale portion of the FSCI. The instrument shows promise for use in research and practice.

***Paterson, B. (2004). Ethical approaches to physical interventions: Responding to challenging behaviour in people with intellectual disabilities. Journal of Applied Research in Intellectual Disabilities, 17, 225-228.***

The purpose of this paper is to outline the development and implementation of social policy for disability services in the 80s and early 90s. That era was driven by a sense of social justice and caring for disadvantaged people in our society, we now appear to be marching to the beat of a different drummer. This article walks the reader through where economically based policies are leading us (Australia), policies and social movements of the 60's and 70's, handicapped programs review, implementation of the disability services act (1986), the emergence of neo-classical economic policies, and then brings us up to date with the commonwealth/state disability agreement and the current scene of

social policy. The article discusses that macro and micro economic reforms have resulted in an abrupt move from a sense of social justice to viewing disability programs as something useful and valuable. The article suggests that we need to move from complete government control to a sense of greater sharing of the power between all interested parties. In conclusion, the article states that regardless of disabilities, all people have the right to share equitably in the resources of our community.

***Singer, P. (2005). Ethics and disability. Journal of Disability Policy Studies, 16(2), 130-133.***

The purpose of this article is a response to someone else's writings on ethics and disabilities. This particular response is in disagreement with Tom Koch's article. Peter Singer (author) believes that many disabilities advocates defend their positions with arguments that are open to rational scrutiny and instead of characterizing views held by bioethicists and disability advocates as ideologies feels it would be more fruitful to examine the arguments that they put forward in defense of their positions. Singer begins his article with examining arguments fairly yet feels that Koch often gives prejudicial misreadings of positions that he and others hold. Singer goes on to give six examples of what Koch stated and then goes into his own detail on how absurd he feels Koch's claims are. For example, Koch states, "I don't hold that anyone with a disability "will be necessarily disadvantaged."" Singer fires back at Koch to say that, "I would argue only that, other things being equal, being able to walk, to move one's arms, to hear, to see, to recognize other people and communicate with them, are advantages." Singer goes even further to say that we have to make decisions based on probabilities not on certainties. The article then turns to the topic of the view that all human life is equally to be protected, irrespective of whether it is the life of a capable being able to read or the life of an infant who will never be able to notice her mother's smile. Singer goes on to explain what difference then does disability make to our life-and-death decision-making for newborn infants in relation to what Koch stated in his article. Singer concludes by stating that his view on the termination of a human fetal or newborn life have no bearing on the right to life of self-aware people with disabilities. He feels that... "they should be given the fullest possible support from the community in integrating into the community, and in living and working as normally as they possibly can. By those standards, most nations, including the United States, still have a long way to go."

***Stocker, S. (2001). Disability and identity: Overcoming perfectionism. Frontiers, 22(2), 154-173.***

This article discusses how narratives convey the constitutive moves that either enable or disable us being successful in our relationships with others, while ethics are what claim to inform our aspirations with respect to others. In this article, the author draws from her own experience with multiple disabilities while inflecting narratives of relational stories that are told via ethical theories. The article discussed a perfectionistic drivenness which is a distinctly one-sided affair. The author discusses the idea that when we relate to

others, we see mirrored back an array of projected ideals which against these ideals we are only too aware of our own flaws. The author also explains her relational stories using Emmanuel Levinas's notion of one-sided obligation of reciprocity and Aristotle's disclosure of genuine mutuality between "noble" friends. After the author describes her relational narrative she leads the reader into Levinas's moral proximity to the other, then the coexistence in a kingdom of ends, a discussion of mutuality and overcoming perfectionism, implications for teaching and then ends with learning mutual solidarity. The author's concluding thoughts are powerful as she recognizes that, "In finding my own actualized agency, I discover that I'm not powerless, but rather powerful, especially when organized and acting in concert with others."

***Ware, L.P. (2002). A moral conversation on disability: Risking the personal in educational contexts. Hypatia, 17(3), 143-172.***

The purpose of this article is to explore conversations among scholars and philosophers about the attitudes, beliefs, and practices that shape school culture and influence perceptions about disability among school professionals, students, and their families. The article discusses Humanities-Based Disability, with the goal of revisualizing disability by challenging our collective stories through a cultural lens and retracing the institutional and communal histories that inform the construct that we recognize as disability. In a section called "Telling about disability, Telling about me," there were some very profound statements made by individuals who have a disability regarding the purpose of this paper. The article discusses classroom research and follows the teachers and individuals through many sessions, one of the teachers asked the students how best to educate society about disability. One of the students responded with, "You just bring it out in the open. You can't hide from it cause it's there – it's always going to be there – you know, you just can't keep ignoring it. I can't ignore my disability, why would you?" The article goes on to discuss how we as a society need to expand our view of possibilities and our educational systems need to restructure its focus to not one of solutions to the care and inclusion of the disabled but to that of exploring the opportunities that disabled students bring to the classroom. The article also discusses disability counter narratives, risking the personal, and educating for the common good as well as disability and schools and reviving consciousness.