Universal Design in Psychological Practice

Enhancing Services for Clients with Disabilities

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PPA Annual Convention
June 18, 2014

Introductions

- Who are we?
- Who are you?
- What information do you hope to gain from today’s workshop?

Learning Objectives

At the end of this program, participants will be able to:

1. describe the basic ideas and concepts of Universal Design;
2. explain basic legal and ethical considerations relevant to the implementation of Universal Design principles in psychology practice;
3. apply Universal Design principles to various aspects of psychological practice;
4. analyze barriers to effective delivery of psychological services to clients with disabilities;
5. utilize Universal Design concepts to create a plan to enhance service delivery in their practice settings;
What Is Universal Design?

- "Universal design" (UD) refers to the practice of designing environments, technology, and materials to be accessible to the greatest number of individuals, with and without disabilities.

Principles of Universal Design

- In 1997, The Center for Universal Design at North Carolina State University published a revision of its Principles of Universal Design, a document defining UD’s seven principles:
  - equitable use
  - flexibility in use
  - simple and intuitive use
  - perceptible information
  - tolerance for error
  - low physical effort
  - size and space for approach and use

- These guidelines stress the need to create environments and objects that are easily understood; simple to use for all, regardless of sensory, motor, or linguistic difference; and appealing to a wide array of users.

Question:

Who else besides individuals with disabilities could benefit from Universal Design?
Universal Design for Learning

- The use and application of UD principles has expanded beyond the realm of physical design.
- The Center for Applied Special Technology (CAST)’s Universal Design for Learning (UDL) guidelines emphasize the need to structure learning environments in order to provide equal access to curriculum for diverse learners.

CAST’s UDL Guidelines

- Specifically, they stress the need to use multiple modalities to present information (multiple means of representation); to assess learning via a variety of activities (multiple means of action and expression); and to acknowledge differences among individuals in terms of motivating factors (multiple means of engagement).
- Pedagogical goals, instructional methods, learning environments, and instructional materials are all deliberately chosen to make curricula accessible to all learners.

UDL and Applied Psychological Practice

- Despite the conceptual similarities between education and applied psychology – both fields in which professionals work with clients to facilitate their ability to learn, apply, and generalize knowledge and behaviors – the UD principles remain largely unknown among psychological practitioners.
While some mental health practitioners and researchers have begun to examine the ways in which UD can be implemented in clinical settings (e.g., Bernal & Zera, 2012) and the major professional organizations to which psychologists belong have begun to provide guidance to practitioners on legal, ethical, and practical implications of working with clients with exceptionality, much of the emphasis in clinical settings remains on putting accommodations in place to meet the needs of specific individuals, rather than structuring environments and services so that they promote access for all.

So Why Should We Learn About UD?

- Legal/civil rights issues
- Ethical issues
- Social justice
- Practical benefits to both client and clinician

Who benefits from Universal Design?

- Clients
- Families
- Colleagues
- Employees
- Students
- Us
  (In other words, everyone!)
UD and UDL: A Comparison

<table>
<thead>
<tr>
<th>The Seven UD Principles</th>
<th>The Three UDL Guidelines</th>
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<tbody>
<tr>
<td>(Center for Universal Design, NCSU)</td>
<td>(Center for Applied Special Technology)</td>
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<tr>
<td>Equitable Use</td>
<td>Multiple Means of Representation</td>
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<td>Flexibility in Use</td>
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<td>Simple and Intuitive Use</td>
<td>Multiple Means of Engagement</td>
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<td>Perceivable Information</td>
<td>Multiple Means of Engagement</td>
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UD/UDL are aspirational...
But not all of our responsibilities are optional!

Disability Laws: An Overview

- 1973: Section 504 of the Rehabilitation Act of 1973
- 1975: The Education for All Handicapped Children Act (PL 94-142)
- 1990: Americans with Disabilities Act (ADA)
- 1997: Individuals with Disabilities Education Act (IDEA)
- 2004: Individuals with Disabilities Education Improvement Act (IDEIA/IDEA 2004)
- 2008: ADA Amendments Act (ADAAA)
Section 504 of the Rehabilitation Act of 1973 (PA Chapter 15)

- "No otherwise qualified individual with a disability in the United States shall, solely by reason of her or his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity conducted by any Executive agency...."

Section 504: General Purpose

- To prohibit discrimination against any person with disability, by any agency receiving federal funds.
  - Requires corrective action, individual modifications and accommodations to allow persons to participate in activities with individuals without disabilities

Section 504: Eligibility

- An individual must be "qualified" and "handicapped"
  - meaning that the individual is perceived as having a condition that hinders their ability to perform daily tasks.
- "Handicapped person": any person who has a physical or mental impairment that substantially limits 1+ of the person’s major life activities, or a person who has a record of such an impairment, or a person who is regarded as having such an impairment.
“Physical or mental impairment”
- Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems:
  - neurological;
  - musculoskeletal;
  - special sense organs;
  - respiratory, including speech organs;
  - cardiovascular;
  - reproductive;
  - digestive;
  - genito-urinary;
  - hemic and lymphatic;
  - skin;
  - endocrine;
  - or any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

[34 C.F.R. 104.3(j)(2)(i)]

“Major life activities”
- Include “caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working” [34 C.F.R. 104.3(j)]
- In the ADA Amendments Act of 2008 (ADAAA), Congress added: “eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, and communicating,” as well as “major bodily functions,” including immune, digestive, excretory, neurological, respiratory, circulatory, endocrine, and reproductive functions.

Section 504: Services Provided
- Eliminates barriers that would prevent full participation in programs and services offered to the general population.
- State and local jurisdictions have responsibility to fund services.
Americans with Disabilities Act (1990)

- Civil rights law that prohibits discrimination solely on the basis of disability in programs and activities, public and private, that receive federal monies as well as in employment, public services, and accommodations.
- The focus of ADA is equal access to opportunities

ADA: Who Is Covered?

- A person with a disability is defined as an individual who:
  1. has a physical or mental impairment that substantially limits one or more of the major life activities;
  2. has a record or history of such an impairment;
  3. is perceived or regarded as having such an impairment.

ADA: Legal Requirements

- ADA requires any institution receiving federal financial assistance to provide persons with disabilities to the greatest extent possible, an opportunity to be fully integrated into the mainstream population.
- Coverage extends to employment, public and private educational institutions, transportation providers and telecommunications regardless of presence or absence of any federal assistance.
ADA: Legal Requirements (cont’d.)

- Title II of the ADA covers public educational entities and health care providers.
- Private hospitals, nursing homes, psychiatric and psychological services, offices of private physicians, dentists and health clinics are among the private health care providers covered by Title III of the ADA.
  - Applies to all private health care providers, regardless of size.
  - Home offices used by psychologists are subject to ADA provisions.

ADA: Services Provided

- ADA eliminates barriers that would prevent an individual’s full participation in programs and services offered to the general population.
- Reasonable accommodations are required for eligible individuals with a disability to perform essential functions of the job/task, to ensure access to the environment, or to facilitate communication (if not an “undue burden”).

ADA: Funding

- No federal funds for support services or auxiliary aids.
- Limited tax credits may be available for removing architectural or transportation barriers.
- Many federal agencies provide grant funds to support training & to provide technical assistance to public & private institutions.
ADA: Due Process

- People with disabilities have the same remedies that are available under Title VII of Civil Rights Act of 1964.
- Individuals who are discriminated against may file a complaint with relevant federal agency.
- Enforcement agencies encourage informal mediation and voluntary compliance.

APA Guidelines for Assessment of and Intervention with Persons with Disabilities

(Active APA policy through Feb. 2021)

- Guideline 1: Psychologists strive to learn about various disability paradigms and models and their implications for service provision
- Guideline 2: Psychologists strive to examine their beliefs and emotional reactions toward various disabilities and determine how these might influence their work
- Guideline 3: Psychologists strive to increase their knowledge and skills about working with individuals with disabilities through training, supervision, education, and expert consultation
- Guideline 4: Psychologists strive to learn about federal and state laws that support and protect people with disabilities

- Guideline 5: Psychologists strive to provide a barrier-free physical and communication environment in which clients with disabilities may access psychological services
- Guideline 6: Psychologists strive to use appropriate language and respectful behavior toward individuals with disabilities
- Guideline 7: Psychologists strive to understand both the common experiences shared by persons with disabilities, and the factors that influence an individual’s personal disability experience
- Guideline 8: Psychologists strive to recognize social and cultural diversity in the lives of persons with disabilities
APA Guidelines for Assessment of and Intervention with Persons with Disabilities

Guideline 9: Psychologists strive to learn how attitudes and misconceptions, the social environment, and the nature of a person’s disability influence development across the lifespan.

Guideline 10: Psychologists strive to recognize that families of individuals with disabilities have strengths and challenges.

Guideline 11: Psychologists strive to recognize that people with disabilities are at increased risk for abuse and address abuse-related situations appropriately.

Guideline 12: Psychologists strive to learn about the opportunities and challenges presented by assistive technology.

Guideline 13: In assessing persons with disabilities, psychologists strive to consider disability as a dimension of diversity together with other individual and contextual dimensions.

Guideline 14: Depending on the context and goals of assessment and testing, psychologists strive to apply the assessment approach that is most psychometrically sound, fair, comprehensive, and appropriate for clients with disabilities.

Guideline 15: Psychologists strive to determine whether accommodations are appropriate for clients to yield a valid test score.

Guideline 16: Consistent with the goals of the assessment and disability-related barriers to assessment, psychologists in clinical settings strive to appropriately balance quantitative, qualitative, and ecological perspectives, and articulate both the strengths and limitations of assessment.

Guideline 17: Psychologists in clinical settings strive to maximize fairness and relevance in interpreting assessment of data of clients who have disabilities by applying approaches which reduce potential bias and balance and integrate data from multiple sources.
APA Guidelines for Assessment of and Intervention with Persons with Disabilities

- Guideline 18: Psychologists strive to recognize that there is a wide range of individual response to disability, and collaborate with their clients who have disabilities, and when appropriate, with their clients’ families to plan, develop, and implement psychological interventions.

- Guideline 19: Psychologists strive to be aware of the therapeutic structure and environment’s impact on their work with clients with disabilities.

- Guideline 20: Psychologists strive to recognize that interventions with persons with disabilities may focus on enhancing strengths well being as well as reducing stress and ameliorating skill deficits.

- Guideline 21: When working with systems that support, treat, or educate people with disabilities, psychologists strive to keep clients’ perspectives paramount and advocate for client self-determination, integration, choice, and least restrictive alternatives.

- Guideline 22: Psychologists strive to recognize and address health promotion issues for individuals with disabilities.

BREAK TIME!
UD Domains
- Physical
- Sensory
- Cognitive
- Communicative

Physical Domain
- Physical accessibility
- Doors, bathrooms, hallways, water fountains
- Specified in ADA regulations & building code
- Allows for easy entrance, exit, and use of the space

Dynamics of Space
- Functional Spatial Analysis
  - Purpose of the Space
    - Effective
    - Efficient
    - Optimized
  - (Accessible)
  - Bi-directional relationship of space
    - Intentionality
Reception Counter

Design Parameters:
For Whom the Bell Tolls

Ringing the Bell Curve

- Move the outliers to the middle
- Recalibrate/Re-examine/Redesign
- Outliers of the outliers become mythologized
  - "Happy Cripple"
  - "Heroic Cripple"
  - "Angry/Criminal Cripple"
- Most people with disabilities are regular people trying to live regular lives. They have jobs, families, fun, challenges... just like everyone else.
What’s IN the space?
- Furniture
- Décor
- Lighting
- Phones

How does the furniture influence how the people in the space interact?
- Virginia Satir
- Chair height
- Desks
  - Mobility and furniture
  - Age
  - Ease of use/Low effort

Sensory Domain
- Hearing
- Sight
- Smell
- Touch
- Taste
- Proprioception?
Hearing
- Eliminate background noise
- Group conversations
- Look at listener when you speak
- Evaluate phone system

Sight
- Lighting
- Text
- Website

Touch
- Temperature
- Textures
Smell/Taste
- Fragrance/odors
- Synesthesia

Proprioception
- Mirrors
- Patterns
- Level changes
- Grade
- Lighting

Cognitive Domain
- How people PROCESS information
- How people PRESENT information
- Age appropriateness
- Self-efficacy
- Treatment decisions
Communication Domain

- Preferred mode of communication?
- Multiple lines of communication
- Repetition
- Pace
- Remember your GOAL

What’s the Goal?

Preferred Mode

- Speech
- Sign
- Phone
- Email
- Text
- Others
Effective Communication

- May need multiple modes
- Repetition
  - Multiple times
  - Over time
- Adaptive
- Bi-directional

Least Physical Effort

- Principle of UD
- Can expand this to "least effort," period
- NOT being lazy
- Optimization
- Allocation of resources

Implementation of UD Principles/UDL Guidelines in Psychological Practice:

Points to Consider in Integrating Strategies Across Domains
Structuring the practice environment

- Maximize access to the clinical setting by:
  - considering and eliminating potential physical barriers to access within internal and external spaces, as well as liminal/transitional areas
  - provide space and support for personal assistance/assistive technology
  - provide directions to and through clinical spaces, and other information important for navigating environments, in a variety of modalities (e.g., multiple languages, visual, auditory, tactile)

Facilitating effective communication

- Provide options for customizing information presented to the client and multiple response modalities for the client (verbal, visual, tactile)
- Utilize a variety of technologies (e.g., speech-to-text/text-to-speech; assistive communication devices; language translation support)

Selecting materials for use by clinicians, clients, and families

- Drawing on UDL principles, consider the therapy "curriculum" and its match to diverse clients; linguistic, cultural, sensory, motor, cognitive, or affective variation (as well as differences not named here) may affect access to some curricula
### Selecting materials for use by clinicians, clients, and families

- Incorporate features that make therapeutic interventions more universally accessible
  - options for information presentation
  - options for comprehension (e.g., different options for activation of background knowledge, scaffolding of content, planning for generalization of skills)
  - options for action by clients
  - options for technology/materials use

### Setting clinical goals

- Are treatment goals defined in such a way as to require clients to perceive, comprehend, act on, and engage with information in one or few modalities?
- If so, how can goals be reconceptualized to provide multiple options in each area?
- Are progress monitoring techniques used compatible with these options?

### Supporting self-efficacy

- Conceptualizing clients as "expert learners" within a UDL framework means seeing them as motivated and engaged individuals who are both capable and desirous of building knowledge and of learning and using new strategies
- The clinician is also an "expert learner" who facilitates clients' development of increasing expertise through modeling and mentorship
Applying UD/UDL to Psychological Practice: Case Studies

- Identification of barriers
- Identification of relevant UD/UDL principles and legal/ethical issues
- Brainstorming strategies to address barriers and increase access

Vignette #1

Dr. Brown hires a new associate, Dr. Evans, whose primary job is to complete intake interviews and assessments which include psychological testing. After a few weeks, Dr. Evans approaches Dr. Brown and admits that testing is problematic because Dr. Evans has low visual acuity and has difficulty accurately reading the testing material.

Vignette #2

The Men-Tal Wellness Center, Inc. is a group practice that rents a suite in a new business park. They occupy half of the third floor, and share restrooms with the other tenants on the floor. The restrooms are down the hall and are locked, each tenant has a key. Handicapped accessible restrooms are on even-numbered floors in the building.

Mr. Sanchez, a client at Men-Tal Wellness has mobility issues stemming from a work injury. He also has irritable bowel syndrome and frequently needs to use the restroom.
Vignette #2 (cont’d.)

While waiting for one of his sessions, he experiences some gastrointestinal distress and asks the receptionist for the nearest restroom. She hands him the key and directs him down the hall.

Mr. Sanchez hurries down the hall only to find that the single restroom is not equipped with hand rails, so he returns to the office and asks for directions to a restroom with hand rails.

Case Study Discussion

Applying UD/UDL to Psychological Practice: Devising a Plan for Your Practice Setting

Identifying challenges in one’s own practice setting(s) and strategies to address those challenges
Practice Plan Discussion

Resources for Psychologists

Resources for Psychologists

- The National Institute on Disability and Rehabilitation Research website: http://www2.ed.gov/about/offices/list/osers/nidrr/index.html
- The North Carolina State University’s Center for Universal Design website: http://www.ncsu.edu/ncsu/design/cud/index.htm
- The Center for Applied Special Technology’s Universal Design for Learning website: http://www.cast.org/udl/

Resources for Psychologists

- The University of Washington’s Disabilities, Opportunities, Internetworking, and Technology (DO-IT) and Center for Universal Design in Education (CUDE) websites: http://www.washington.edu/doit and http://www.washington.edu/doit/CUDE/
- The University of Wisconsin-Madison’s Trace Center for Research and Development (on technology and disability) website: http://trace.wisc.edu/

QUESTIONS?
COMMENTS?
THANK YOU!