

Ethics: Enhancing the Consumer Image

8/3/17

>> Well good morning and welcome to Ethics: Enhancing the Consumer Image. This is part one of a two-part session webinar. And will be made available on demand for those who need it. My name is Freda Lee and I'm with the University of North Texas. Workplace Inclusion & Sustainable Employment, UNTWISE . We are part of the College of health and public service. For all of you joining using the Internet take a look at the webinar control panel on the right side of your screen. There is a question box there. Please give me a thumbs up and tell me you can hear me let me know if you are having any trouble.. If you have questions throughout the webinar that is the box I need you to use. Type your questions in there and I will let our presenter know you have questions. I will respond and let you know that I got your question as well if you're calling him by phone only, please give us a email to make sure you receive credit for your participation. At the end of the session I will provide more information about part two of this webinar. Right now what I want to do is introduce our speaker. Our speaker this mourner is Judith gets out. And structure at the University of Texas Rio Grande Valley. She has a Masters degree in rehabilitation counseling. It is a nationally certified real dilatation counselor. She has it dashes a PhD candidate in the leadership studies program. Her extensive experience in rehabilitation services include support persons with addiction. Disability awareness. An education in the prevention of violence against people with disabilities. She is known by her students to be fair and accommodating to go above and beyond. We could not be more pleased to have you. This morning.

>> Thank you very much. Good morning everyone. I hope you can hear me. If you can't, please let us know. [Laughter] on a previous webinar I started off with a song. This won't desk this morning I won't do that. At least not right now. Welcome everyone. Thank you for joining us this morning. I want to say a special hello to Miss Keeley Smith. She was one of our students they are the you -- rehab department. And now works for the department and is a certified rehab counselor. So, welcome and a special hello to you. Please don't ask me any hard questions Keeley. Good morning everyone. We will be discussing ethics this morning. Again Ethics: Enhancing the Consumer Image. At any time feel free to ask questions. That does not apply to Keeley. Just kidding. [Laughter]. And jump in with any information or anything you would like to share. I know I am the speaker this morning however I would love participants to chomp in and join us. We all learn from each other. By all means, please participate any time. You're more than welcome.

>> To get started, our learning objectives for this webinar are upon completion of this webinar participants will be able to do sky best describe the ethical and the conditions related to the image of the worker with a disability. And identify how support strategies can enhance or detract from the image of a worker with a disability. I will cover those two points this morning. However, we have part two of this webinar scheduled for next Thursday at the same time. I hope you will join us. And what I will do is cover the next two object of this in part two. Develop simple tools for incorporating disability etiquette instruction in employment setting specific to individuals. And discussed the value of person first language in all interactions including those with employers.

>> So to get started, and presentations I note there is always someone who asked about statistics they want to see numbers. So for those of you that may be a numbers person, I created some statistics. I don't really do so throughout the presentation. Only because to me statistics is just a baseline. They are

always changing. When we consider statistics of people with disabilities, we have to stop and think about those that have not reported or maybe don't even consider themselves to be a person with a disability. So it is a good number, a baseline, the research is valuable but at the same time I always think, these change so rapidly and again we need to consider how many are not included in particular research studies. With that in mind, some statistics of people with disabilities as reported by the centers for disease control, or CDC, as of two years ago there were 53 million people, adults, in the United States living with a disability. Basically, one in every five adults. And I am part of that number they are. The most common functional disability type was a mobility limitation. Defined as a serious difficulty walking or climbing stairs. Reported by one in eight adults followed by disability in thinking and/or memory. Independent living, vision, and self-care. When we are looking at this number from a rehab professionals perspective, let's think about functional disability. Now that they are really looking at mobility limitation. Again, defined as serious difficulty walking or climbing stairs. That could be any one of us. That is something that can progress very rapidly. I know in my case it did so. A lot of times I stop and think, that's not really a disability, but it is. From my perspective I look at it that way as far as my disability, I keep thinking, I can get around. I can walk. But it is a very important part of the research study. And some thinking we need to consider when we are working with our consumers.

>> The percentage of adults with select functional disability types. 13% of people with a disability have a mobility disability with serious difficulty walking or climbing stairs. 10.6% of people with disability have a technician disability with serious difficulty concentrating. Remembering or making decisions. 6.5% of people with disabilities have an independent living disability with difficulty running errands, visiting a doctor's office or shopping. Again, when we think about our consumers, just giving you my experience, it is sometimes very hard to understand that I was able to do this, I was able to get to my appointments alone, now I can't. So again, when we are thinking about statistic, does the person really consider themselves to be part of the 6.5% or not? Four point set dashboard .6% of people with disability have a vision disability with blindness having difficulty even seeing with glasses or have a self-care disability with difficulty dressing or bathing. So disability and livelihood. We have found, CDC reported, that half of those with an annual household income of less than \$15,000 reported a disability. I'm not sure exactly those of you joining us this afternoon, we're -- in the area you are working in, part of Texas, South Texas, I am from South Texas. And we have such a big poverty area. And so when you are looking at an annual household income of less than \$15,000, and that person having a disability, to me when we are thinking about our consumers, I think oh my gosh, a lot of times that is the person that is bringing in the income for the whole household. That the person is the person who they are relying on. Yet is dealing with a disability. So it is really common here in our area. My point being there is a create demand for rehab professionals. So if you -- I know sometimes students join us on these webinars, I encourage you, please, please, think of becoming a VR counselor. Working in the field. Getting that certification because you are in demand. You are very much in demand. One in three unemployed adults who are able to work reported disability. Four in 10 adults who have not completed high school reported disability. So again, I know that you work or are trying to work with some of these people with disabilities in this population. Hopefully they will become consumers. We look at one in three unemployed adults who are able to work. Again think of those that are out there that really have for whatever reason believed that I can't do anything anymore. I have a disability. I can't work anymore. Ethically speaking, we need change that form of thinking. Get that population in, get them to become consumers. We owe it to them as part of society to let them understand. To make them understand that they can become a part of society and be productive and get independence. Unemployed adults who are able to work but aren't doing so, I'm

like you are missing out on so much. Not just financially. But the camaraderie that can be developed just by going out into the workforce. Experiences. We owe it to them.

>> Again, there is a demand for rehab professionals. They are are different types. VR counselors, different work settings. We think of the department of rehabilitation services. Let's think of working with the population that have issues with substance abuse you can be a rehab professional that decides to work in that specific area. So your skills, your education, maybe even counseling skills they want to focus in on, are extremely important. It is imperative that you continue with that. That you hone your skills. Because people like me, consumers, we need you.

>> So questions so far? Any questions, comments, concerns?

>> No questions. Just DARS is no longer DARS. It is the Texas workforce commission. The book rehab services is what they are referred to. TWS-VRS. Participants are employment specialist online. If you are not in that category, let me know so that Judith can know who she is speaking with. That is always a good thing to know. I have questions about the PowerPoint. I sent a message out to everyone, the presentation is on that webinar control panel under handouts. So if you are trying to read or follow along on your loan, please download those

>> -- Follow along on your own.

>> I'm so sorry. That is the old rehab are. Okay. Let's look -- at what rehab is. This is information that is going to seem redundant. Let's go over it and stop and think about rehab. It's a philosophy. It's a concept. It's a discipline. And of course a service delivery system. When we are talking about working with consumers, talking about VR counselors. It's a service delivery system. Let's go back to the philosophy. Let's think about that. I think again we get use to seeing we are a part of rehab. We can get to where we really don't stop and consider the philosophy of it. So rehab refers to the process of restoring individuals with disabilities to the fullest and functioning possibilities as possible. With my VR counselor, she gets so good at doing what she does. This is something ethically speaking, that we have to keep in mind. We can get so used to helping and helping that, and doing what we are supposed to do, that we really don't -- we may not stop to think that I am really helping to restore this individuals fullest level of functioning. We see them out in the workforce. But let's stop and think about how great that is. How grade the work is that you are doing. Seeing someone go from maybe being at home, thinking I have a disability but I can't work. I'm able to work but I am unemployed. I am not going to take that step. Two getting them to become independent. And have that confidence to do so. From -- speaking to you as a consumer, that meant the world to me. So I am very grateful for my VR counselor and for those that believed in me.

>> Rehab reflects the basic values of our society. So we are looking at this from the perspective of being a societal response. We see the expressions of public support and services for people with disability. So it is no longer looking at this person cannot and should not go out and become independent. Again, a lot of times we see paternalism come into play. Where somebody is thinking no they cannot do this. They are not given the chance. So just the fact that society has changed serve so many people a different outlook on life. We have -- rehab reflects values. We will talk about value in a few minutes. Think about what you do on a daily basis. The values that come into play. Not just the values that society places on work. That's important. But again, look at how that particular value helps persons with disabilities to become more independent. Rehab provides support. We talk about counseling. Local job searches, job

training and other individual live services. Of course medical and psychological services. We are used to dealing with people with disabilities. But a lot of times when I speak in general with conversations with people that don't really know me or we get to talk about rehab or disability, they tend to think, rehab is related to addictions. That is part of it, too. Again, I want to encourage you if you decide to become a rehab counselor, if you're not already, those of you that are, if you decide maybe to work with a different population, addictions counseling, that is a field that is -- always needs professionals as well. Empowering people with disabilities. Help us to make informed churches. Get viable careers. Live more independently in the community. That is not just you passing on that information. As ethically we are supposed to. It is also you taking part in the continuing education such as these webinars that are offered by UNTWISE. And having program at UNTWISE's develop and encourage others through the education they provide. It helps us to think, inspire, accomplish and motivate not just ourselves but others as well. And that being people with disabilities.

>> So it's all a philosophy. Philosophy being assumptions and believes about human nature. How we view our relationship to ourselves and others. So we think it rehab mode, but I would like for you to think about that philosophy. How you view your relationship with yourself. Knowing yourself. Because if we don't know herself, if we are not in tune, how are we going to be ethically in tune with others we are trying to help Lester Mark our philosophy, our values, our morals very much come into play with our ethics. So rehab philosophy there is many disciplines as I mentioned. For example, there's -- rehab students go off and maybe don't work as a VR counselor but they work as occupational therapist, physical therapist, and I for one love that because it's a different perspective that they have. They have that rehab background, that philosophy. Not just trying to help a person feel better, to be able to function a little bit better, but they instill that independence and that ethic of you can work, you can be productive, you can do more things than perhaps you think you can. So it is a different philosophy they have other than a medical perspective.

>> And of course the psychological perspective. We focus on the assets not the limitations of ourselves and of course others. Get the people with disabilities to see the philosophy and advocate for the inclusion of people with disabilities in -- including them in rehab and in being there advocate. So rehab basically, more so today than before, is very holistic. There's less of an individual problem and medical mode that we are looking at in dealing with. Now we are looking at a societal mode where we promote that independence and accessibility. So very quickly, think about your own philosophy. Talk to me about what your philosophy is.

>> We will give folks a few minutes to type a response in the question box. What is your philosophy of rehab? It does not have to be long, just tell me what you think.

>> Any questions, comments, concerns at any time. I am not getting anything yet. I can share what you said in the last. I think you have to look at the entire picture. You can't just take a piece of the pie out and say this is what we will work on today. I think you have to look at absolutely every aspect of the person's life. Whether you are an employment professional, a VR counselor, an educator, it has to be the entire concept on the person centered plan. Here come the questions. Focus on abilities and not disabilities. Every person is employable. You have to have all the pieces to really be able to help them with their needs and wants. My philosophy is that everyone has strengths and that is what should be focused on. I believe every individual has a unique set of strengths and values no matter what their

current life circumstances are. I use a very holistic approach using positive psychology methodologies. Focus on what can be done not what can't be done. Great words. Thank you all for sharing.

>> Yes, thank you so much. Beautiful. And I know everyone has their work cut out for them because when you see someone that has a disability but really doesn't have enough confidence. I hate to say that but a lot of times they start thinking on how am I going to deal with this disability? If it's -- if they recently became a person with a disability, they are dealing with that. And so it's easy to forget that I can do this. I can work. I can have a life after this. I know you're talking about the positive psychology, focusing on that, it's extremely important. I know you have your work cut out for you. I am going to touch base quickly on people with addictions.

>> I would sit in group counseling and I would listen to those in recovery and again, looking at it from a disability perspective, and I would think oh my gosh if you could only see your potential. If you -- just take one step in a positive direction and have that confidence. And believe that somebody is there to help you. Again in our case is the rehab professional. Your life would change. I know you have your work cut out for you. Again, I think those of you that work in this profession. Great philosophy.

>> Now let us share a little bit of my philosophy. I am a student of leadership studies. I firmly, firmly believe this is part of our philosophy. We don't talk about it. We don't discuss leadership. And if we do we are talking to rehab students, we don't discuss it enough. But leadership is such a big factor in what you do. And I firmly believe that leadership is in a sent built into each and every one of us. Because I see that in the rehab professionals. Again I am so thankful for it. Servant leadership. It sounds like an oxymoron because people think how can I be a leader if you want me to be a service question might well think about what you do. You serve so many people but yet you are there later. You are our leader. They see the leadership skills in you. That motivates them to want to do the same. And maybe not all consumers are that way. But I truly believe that with your servant leadership, you will get them there. I know. I see it. I know that's possible. Again servant leadership is not about I, nor is it about weight, but it is about them, our consumers. Servant leadership begins with the natural leadership that one once to serve to make sure other people -- other people's highest priority needs are being met. Well, when I look at -- worked at the rehab department if a student came in and asked me, I'm a student in rehab services, and getting my degree in rehab services, usually undergrads of course. And I would -- they would ask me how much am I going to earn? Nope, that's not the way we think about rehab. Good question but no. You have to have a passion for what you are doing and for serving others. Or we would not be in this field. So servant leaders are selfless, empathetic, resolute, virtuous, authentic, meaningful and thorough. That is in line with our code of ethics. Again, thinking about philosophy, I hope that you include servant leadership in that. Or contemplate that because you do exemplify servant leadership. Even if you have not thought about. If you're out there, if you're an educator, or around rehab students, talk to them about this. Have them think about this perspective. Include this in the rehab philosophy. The characteristics of servant leader, you listen first, again if you are in counseling, VR counseling, I'm sure you go through this every single day. But maybe with the hustle and bustle of everyday life and work it's easy not to focus on how much you really do. That listening. That empathy. Healing. When you think about your consumers, listening to them, and understanding their hurt that they may be going through. Whether physically, emotionally, and trying to deal with that. That awareness of your physical, social, and political environment. Again, we look at that on a daily basis because we are advocates. Advocating for change. Advocating for the changes in architectural barriers. Attitudinal barriers. That persuasion. You persuade by the use of gentle, nonjudgmental argument to create change. Think about

those consumers that say no, I don't want to do this. I'm not happy with this part of my rehab plan. And you know that would help them but yet you can't say do it this way. That gentle persuasion that comes about for that change. The conceptualization, you look at the big picture. You have that foresight to present that plan for the future. That stewardship. You take responsibility for what you've done. Take responsibility for someone else's life to get them to change. And the commitment to your consumers. And of course building a community. Because if we don't include -- if there's no inclusion with people with disability, how can we build a community then? How can they become part of our community? Again ethics defined. It's concerned with the kinds of values and morals and individual -- that an individual or society ascribes as desirable, or appropriate, focuses on the virtuous natures of individuals and their motives. Deals with right versus wrong. The ethical feeling -- ethical theory. It decides the system of rules or principles as a guide in making decisions will about what is right and wrong. And good or bad in a specific situation. And it provides a basis for understanding what it means to be a Morelli decent human being.

>> But our own personal affects, think about your own personal ethics. It must include honesty, respect and honor, fairness, and if you think about servant leadership, very much comes into play. On the same field as their rehab philosophy, servant leadership, and our ethics. Our code of ethics. In our code of ethics basically those of you who have joined me before will see that these are my trusty slides when I talk about ethics. I refer to these slides into these sections of our code of ethics. Section A1 welfare of those served by rehab counselors. What is the primary responsibility of rehab counselors and service providers? What is the primary responsibility? If you have any questions about what I've touched on or comments, you can add them here as well.

>> We have a couple of comments. These were back to the original question. Ties into what you're saying with servant leadership. Their own rehab philosophy. Providing a secure environment for an individual to disclose information about themselves with an understanding that we are working together to enhance the quality of life in my case by accessing work. In others it may be education, etc. Another comment is if you are providing services to BR your teaching. I so agree with that. I teach those classes. Everything in VR is educational base. You're not just finding a job you are teaching them to write a resume. You are an educator. As an employment professional. So the answers to the most recent question. Primary responsibilities are promote the goals of the consumer.

>> Anymore coming in? Don't worry about misspelled words. Go for it. Always it for the interest of the consumer.

>> Great answers. I want to touch on the education. Yes, not only are you a servant leader but you are an educator. Absolutely. Because yes we do have to teach how to write a resume for example. Or maybe even how to budget. If by some chance your consumer has, they are independent enough to have their own checking account, open one up, maybe that is a first step for them. Teaching them about budgeting. About writing checks. Are using online banking services. Things of that nature. Sometimes what we take for granted, and what we think is basic everyday activity, coming to educate them about that. Yes, very much so.

>> I have a few more here. I hate not to share with me type such great information. Protect their dignity. Talking about responsibilities. Listen to the consumer. Promote autonomy. I agree with you about being a teacher or a mentor.

>> Great answers. Thank you so much. I love when there is participation. The part of responsibility of rehab counselors is as told by the code of ethics, is to respect the dignity and promote the welfare of clients. Absolutely. Again, you do that by relying on your own philosophy. Knowing your values, your morals, and being a servant leader. Also, looking at the rehab counseling plan. Working with your consumer. Not on your own but including them. And paternalism comes into play, or even culture as you will hear me discuss in a few minutes, it can be a little hard to do that with your consumer. But again, we are ethically bound to work toward that independence and let the consumer be a part of the rehab plan. The employment needs, working with clients to consider employment. Of course. And autonomy. Counselor respecting the rights of clients to make decisions on their own behalf. Respecting culture. Rehab counselor demonstrate respect for the cultural background of clients. And again, in our area, in South Texas, his extended family very much. It comes into play very much. In the culture. I mean so much so where maybe even godparents, are involved in the decision-making of the consumer. So we have to think about that. And respect that. But yet fight for that autonomy. That independence. And of course nondiscrimination. Not condoning or engaging in discrimination. Being that advocate. And avoiding value decision. We have to be aware of our own values and morals. But at the same time not impose them. Values being personal core beliefs, the desires of how the world should be. Those are not very objective. And again, coming from a person with a disability, I preferred that that they be very much -- your values be very much assertive very -- versus objective versus accessibility. Because you are out there advocating for me. Others with disabilities. Having that value, that core belief of wait a minute our world should be more accessible not having to have this person with a disability wait to enter a building or find another way to access a restaurant. Because they don't have a way to accommodate people with disabilities.

>> So when we think about values, we need to consider why they are important to us why -- what is important to us and why. What is important to us? And why? Influenced by her cultural beliefs, our background, our experiences and they determine air believes in our behavior and our interactions with others. So it's important to know and understand our own values and -- in order to help the consumers to clarify theirs. But at the same time we have to be value neutral. We can impose them. But we have to also teach Dasha goes back to education -- teach our consumers that -- about values. Let them find and understand what their own values are. They may not know. Again looking at people with addictions, they may have lost those values and morals. So how do we teach them? How do we get them to understand them and be value neutral? Ethically, we have to be. We can't impose our own values. So values can be used to characterize attitude is -- attitudes that we -- the attitudes that become part of our daily lives. Our way of thinking. And of course those of our consumers. Morals, that deals with human obligation. It describes whether an action is right or wrong. Again based on personal beliefs. Good or bad actions. Right or wrong actions. Morals are generally taught by the society to the individual whereas values come from within. Again, morals, generally taught by society. But values, come from within. Let's stop and think about -- how were we raised? What made you become a rehab counselor? A rehab professional? What are the values and morals that are a part of you and a part of your philosophy? Your ethics? That got you to be a rehab professional? You will share those with me.

>> We have some folks typing. I am waiting. [Laughter] I will start I think our morals where they come from is how you were raised. I'm a military brat. I'm retired military. So a lot of that is discipline, protection, helping others, that is where I came from. We are getting responses here. I love helping

people. The protection of others is a big one that is coming up here. Anymore? We don't like dead air. [Laughter] I will start singing. [Laughter]

>> Again we are helping people. Protecting people. Wanting to serve. A desire to serve and make a difference in people's lives. Being able to help someone reach their full potential. Absent -- absolutely.

>> I like that. Protecting people. I will share a little. I always remember one friend I had named Wendy. This was in fifth grade. That was a few years ago. Just kidding. [Laughter]. Wendy had a hearing impairment. She was at our school for a half a year. And I was always raised to be the type of person that would help others. Never judge mental. If somebody had a disability, it wasn't anything that you looked at her question. You accepted it. I was taught that when we -- we are all alike. I remember making friends with Wendy right away. My best friend at the time did not like that. She was like if you were going to play with her, we can understand what she says, I was thinking I can't believe what she said. I was her protector, not that she needed it, but it's just that wanting to ostracize her, those morals that I was raised with said no, this is someone who can be my friend. Someone you can learn to understand. Maybe there is -- maybe she doesn't communicate like you, but you're not learning sign language. Again, that instinct to accept, protect, not judge, I'm glad that those were part of my values and morals as well. That's why I am in the rehab field.

>> We had some more commend. A combination of helping, coaching, educating consumers and employers. Believe in their potentials so they can believe in themselves to. I'm a retired teacher and I enjoyed teaching people to gain job skills in advocating for them. I was told I could not do it. I refuse to let society tell individuals with disabilities to be told they cannot do it.

>> Yes. Absolutely. I like that. When you hear you can't do this, or you can't walk, or you can do something, it is getting that confidence and saying watch me. I can. Ensuring that with others. Absolutely. I don't think that is imposing our values and our morals. But that is sharing. We can stay value neutral but yet we can pass on that knowledge and the values and morals that we've gained and yet stay value neutral -- neutral. It's like being a servant leader. The oxymoron. I think we can do it. And we do it. We need to do it. We are ethically bound to do that. Of course, advocacy and accessibility is a big part of our code of ethics. As of the instrument -- principles of ethical behavior, autonomy, veracity, behavior. We have touched base on what they mean to you. What they mean in general. Respecting the rights of clients. Doing good to others. And you have given examples. That is one of my favorite pictures. Seeing someone on the beach in a wheelchair. I love it. It's independence. Fidelity. Being faithful. Keeping promises. And honoring that trust has rehab professionals. And justice. Being fair in the treatment of all consumers. And providing appropriate services to everyone. Everyone. Of course, not doing harm to others. Our prime purpose in this life is to help others and if you can help them, at least don't hurt them. And veracity. Being honest. Having candor. Telling the truth. So that makes -- the rehab philosophy, rehab in general, you being at that leader, that servant leader, with ethics and morals and values, makes up the rehab professional. Or the rehab counselor. Only because you're called a VR counselor, only because full-time multitask getting ninja is not an actual job title yet. [Laughter] the ethical implications related to the image of the worker with a disability. I saw a -- and add saying Nemo you think you can do this but you can't. Talking about you can't do this. The consumer thinking I can't, I can't, maybe because that is what they have heard. That is what they started to believe now that they have a disability. So their attitude. The attitude of the person with a disability, that can be such an ethical implication that is related to their image. If it's that first time they are taking this step to work,

maybe still not having that confidence. So their attitude is a little different. You need to change that. Make it a little more positive. Let them know they can believe in themselves. And we talked about societal attitudes. The negative attitudes and behaviors that have existed in all cultures regarding people with disabilities, or disabilities in general. That has always been the rule not the exception. It's what society thinks. And now that is changing. We are getting society to sing we need to be accepting of everyone. And every place should be accessible. Everything. That should just be first thought. If somewhere -- of someone is opening up a business, that should be a first thought. If someone is building a restaurant or anything, that should be there first thought. A complete accessibility. Not just I can get a wheelchair into my business, but can you the person in the wheelchair move around? Not that they can just get in the door. But can they move around? That should be the way society thinks. We are working on that. But we still have a lot more work to do.

>> So basically, having society not see people with disabilities as different. The minority group status has been placed on people with disabilities. It tends to also gash on one hand it can help -- -- on one hit and it can help. The deaf community when looked at as a minority group, we respect that. We know that is a different community. That is a different culture. And we learn about that. That is the pros. The cons are, that in general people with disabilities are look at as a minority and treated as a minority. And that has impacted the quality of life. Because we can be seen as being deviant. We are looked at as the physical appearance being on it -- unimportant part. We live in a society that focuses on body beautiful. Just because someone is in an wheelchair or has to use crutches doesn't mean that is not body beautiful. But still because of certain aspects of our society or culture we are seen as deviant. The physical appearance plays a big role. And also in the workplace. Not just in society but in the workplace. That functioning, the intelligence, emotional stability, behavior with a person with a disability can have implications on the image of that worker with a disability. If people don't understand. So disabilities are seen that -- that are seen as self appears -- drug abuse -- are less accepted. Those that are less visibility, or more accepted and they think -- people tend to think well it wasn't your fault. You were in a car accident and you couldn't help it. You ended up with a disability. Or person with a disability. That is more readily accepted versus someone that was using drugs and then ended up in an accident and becoming a person with a disability. Ethnicity and gender are often an additional factor. Women, more so women from minority groups, also -- that also have a disability, experience triple the discrimination. Again, that relates to the image of the worker with a disability. Let's think about work in general. Let's think about businesses. We are still -- women are still fighting to break the glass ceiling. We heard that with Hillary Clinton. Let's think about women with disability that come from a minority group. That is even harder. Again, that affects their image. Because they are a worker with a disability experiencing all of that. Questions, comments, concerns so far. We are close to time here. We only have one hour today. Do you want to finish up attitudes and stop there and pick up next week.

>> Again, we are an overlooked minority. A disability is often synonymous with helplessness, dependency and passivity. This fragmentation of power, sometimes even as adults they can be looked at as dependent children. So we are dealing with that. Ethically speaking we need to eliminate that way of thinking. And not be like Nemo's dad. But recognize that we are an overlooked minority and that should not be dealt with in the workplace. A worker with a disability should be seen just as a worker. Someone that is able to do the job and be given the opportunity. Discrimination and assumptions about the disability that people still have unfortunately, we need to look at our -- are reasonable accommodations provided. Misinterpreted inclusion and integration. Ethically speaking we need to look into that. Are we

getting people to work? Having people with disabilities work, but is a true reasonable accommodation provided #is there true inclusion? Or are they having -- being made to work at different hours to separate them from the rest of their coworkers? Maybe intentionally or unintentionally. Those are some of the ethical implications that we need to look at when it comes to workers with disability. Job performance, are they held to the same standards as others Westmark not just given excuses as far as -- others? Not just given excuses. It's unethical. They are not given the same opportunity or being held to the same standards as others?'s --?

>> One comment. Quality of life is what it's all about.

>> Absolutely.

>> Not just outside of the workplace but definitely in the workplace. To better that image of the worker with a disability. To give them that chance.

>> Definitely. So I think we are out of time everybody. We have had great participation. It is so wonderful. It is only one hour. I wish we had 30 more minutes to continue. If I did not get to your comments, I'm sorry. It's a fabulous group. We appreciate that so much. Judith, as usual great information from you. We look forward to the second part of the webinar. We are going to have. -- We record this and will put it up online. You also have the handouts. We will use the same handouts next time as well. The next one is scheduled for August 10. Next Thursday. It will be at the same place. We will send out a reminder to everyone. With the link. And then after the second one you will get your evaluation. Don't look for an evaluation after this one, it will be up to the second one. If you need CRC credits, give us a heads up. We are getting great comments. They really enjoyed your presentation and are looking forward to next week. If you have any questions, please let us know. Judith, do you have anything else?

>> Know. I just look forward to next week's webinar. Thank you so much. Thank you Freda and Nick. And those of you who participated. I so appreciate the questions and comments. The feedback. Thank you so very much. You make my job easier.

>> Perfect. I hope everybody has a great day and great week. We will see you next week. Same plot -- same time same place. Goodbye everybody.

>> [Event concluded]