

Ethics: Enhancing the Consumer Image, part two

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>> Good morning and welcome to Ethics: Enhancing the Consumer Image, part two. This is part two of a two-part session. We will have both sessions available on demand. My name is Freda MacArthur Lee and I'm with the University of North Texas UNTWISE. Part of the College of health and public service located within the Department of rehabilitation and health studies. For all of you joining us on the Internet find your control panel on the right side of your screen. Take a look at the question box. Any time if you have questions, pop your question it in their. If you can hear me, please tell me good morning. Let me know that you can hear me that everything is good. Perfect. I appreciate that so much. It's good to know that my voice is coming across okay.

>> I think I got everybody there. Thank you so much. If you are calling in by phone only, and no want to make sure you receive credit, please make sure you email us at you and T.EDU. And at the end of the session I will provide more information about how you will earn credit for your participation. Also in the same box there is a handout. I know our presenter last week had one. Please pop that out and download it. You can follow it all along. It's great information. Which brings us to introducing you to our guest speaker, the same one from last week, Judith got so is an and structure at the University of Texas. And has a Master of science in rehabilitation counseling. She is announced lease certified rehab counselor. She is a PhD candidate. And leadership studies that our lady of Lake universes stand and Tony a Texas. She include support with people with addictions. Disability awareness. Education and prevention of violence against people with disabilities. She is there and accommodating going above and beyond to make sure her materials are understood Judith, welcome back.

>> Good morning. Hello there. Thank you Freda. I appreciated -- I would have have appreciated having the PhD. [Laughter]. Good morning everyone. Welcome back. If you are joining us for the first time, I will cover a few of the points that we discussed last week. So you are not missing any information. I would like -- what Freda did say was when you complete your evaluation, they won't give you any -- just kidding. I thought I would put that out there. I encourage participation. At any time, please jump in with a comment or question. The last time when we were getting ready, I told Freda and Nick I have been known to sing sometimes. So you don't want to hear that. If I don't have any participation, then I have to resort to singing and it will traumatize you for the rest of the week. So let's review. Last week we touched base on rehab. The rehab profession. Being a rehab or as record. And of course the philosophy. Rehab is our philosophy. It's a concept, and discipline. Any service delivery system. First it is a process of restoring a persons with disability to the fourth level of functioning and of course making them independent. When we discuss philosophy, philosophy -- let's remember that is an assumption of our beliefs about life. About human beings. We are thinking about consumers and our coworkers and so forth. And the nature of human existence. So when we discuss philosophy, we are looking at how we our relationships to others and ourselves. It's very important comes into play when we talk about rehab philosophy. Or being part of the rehab profession. So we provide supports. For example counseling and medical and psychological services. As a rehab professional, we are ethically bound to help our consumers resolve any matters they are dealing with to help them become more independent. More confident, to empower them. We informed them. Last week someone mentioned that we educate them as well. And we are ethically bound to do so. We educate ourselves, too. We don't just educate our

consumers, but we learn from them as well, or we should learn from them as well. And of course, continue educating ourselves through these continuing education courses.

>> Philosophy, has certain guiding principles. That underline the philosophy that we have philosophy. Those are independence and self-sufficiency. Those tie in to our code of ethics that I will touch base on in a few minutes. Of course, using a holistic approach for viewing our consumers holistically. Not just thinking about the accessibility, their strengths, and even their limitations. How do they come into play holistically? How does that affect the family? How does the if family affect the person with a disability question what are their living conditions question mark what is the environment like in which they are living? So all of that, taking into consideration. We are ethically bound to do so. Because when we look at the code of ethics, we are concerned with the welfare of those served by the rehab professionals. All that comes into play. And I always say that leadership is a very important part of being a rehab professional. In recognizing our leadership qualities, our strengths, and maybe even our limitations and that of the consumer. And being aware of that. I always focus on servant leadership. I mentioned this last week. Servant leadership. We are very much a servant leader. It sounds like an oxymoron because people always ask how can I serve and be a leader? Well we become leaders by serving. When we want others to succeed and we help them to succeed, and we put into practice all of our ethical principles, we are in fact being a servant leader. In order to recognize this, I think extremely important, that we reckon guys these qualities or look for these qualities not just in the consumer but in the potential employers. It's very important to the success of our consumer. Questions, comments or concerns so far?

>> None so far. Everyone is attentively here.

>> [Laughter]'s

>> Okay. Getting to our code of ethics. Again, the welfare -- base serves rehab counselors. The primary responsibility, what is it? I ask this all the times. I know you have it on your notes. What is the primary responsibility of a rehab professional?

>> We are waiting on responses right now.

>> We are the jack of all trades. [Laughter] the well-being of our clients. From Raffaella. Thank you. We do a little bit of everything. We support, we protect rights, we find jobs, [Laughter] I'm getting laundry lists here.

>> They don't want to hear me saying. [Laughter]

>> Advocate. Autonomy, all of the above. The dignity and having and showing respect let's go back to the servant leadership principle. You motivate, you lead by example, you mentor, you coach, you inspire, you network and you are out there working -- communicating with the employers or potential employers, that is teamwork. When you're talking or communicating with not just a consumer about their family, or maybe even a social worker, medical professional, it's that teamwork, building the team together to help the consumer. Having vision. The vision of success for the consumer. So it all ties in to our code of ethics. A lot of times we hear -- were talking about vocational rehabilitation. I know there is so much -- so many cases. A lot of pressure to meet quotas and so forth. But you have that vision, not just the vision of excelling which you do, but also the vision of having your consumer excel at what they do. So all of that ties in with the primary responsibility. By the way W ITP is that. Considering the rehabbing counseling plans and employment needs of the consumer. Looking at their abilities. Their

strengths. And their capabilities and also taking into consideration their limitation. All in all, to make them independent. To bring about that autonomy. And respecting diverse city. Respecting the culture. Sometimes we have a culture within a culture. Let's just say again, I live in South Texas, Rio Grande Valley, here we have many different cultures. Let's focus on the Hispanic culture. Or Mexican-American cultures. They are different. Sometimes we think they are one and the same. No, they are different. So let's say we have a consumer that's deaf and Hispanic, so you have a culture within a culture. Just because two people have the same disability, doesn't mean they are culturally the same. Everyone is different -- everyone is different. The disability may be the same but again it affects people differently and they do a bit differently. Respecting that culture. And not discriminating against anyone. But striving for that diversity. That acceptance and inclusion. We think about consumers and discrimination as far as not being able to access a building or services and not having services provided. But what types of discrimination, what types do you deal with and see #what other types of discrimination are there?

>> We are waiting for responses here. Come on guys. Tell me, tell me. I know you experience lots in the field that you are in.

>> If not, you are putting Freda on the spot. [Laughter]

>> I will start conversation. A lot of disclosure type reasonable accommodations, discrimination when person request, we have that at will wonderful Texas that someone can be terminated. I've had experiences with working with consumers that when the request is made the whole entire tone of the room changes. That's where we have to start education and things of that nature to advocate for our clients. Economic. Anymore? Liability from a consumer because of disability? Absolutely. Along the line. There working environment. The well-being of our clients. I think we are all in the same tone.

>> The finances. That really frustrates me because we are trying so hard to have our consumers be accepted. Be included and be able to work. We are telling them they have the potential. You have the potential. Yet, in a sense our hands are tied because we have to consider, what other benefits are they receiving? If they receive Medicaid and Medicare, how is that job and their finances, how much are they able to earn? How much will that affect what they are earning. What will they lose -- lose in the process of getting a job that is a well-paying job and will allow more autonomy and in a sense even more confidence because it's something that for example they like to do. I love to teach online. I love teaching.. So the potential to earn more money is there. But if you are receiving certain services, you can lose in the process of becoming of becoming more independent and that really frustrates me because I've seen that happen a lot. So we have our work cut out for us in that respect back to fight that discrimination. It's almost as if for example a consumer with a disability earns a bachelor degree or a Masters degree, they have the potential to earn more money to do more work. In different fields. And yet, they can be stifled. That for me personally is frustrating. The other types of discrimination think of able listen. Treating a nondisabled person as is standard. Making it that standard. Therefore we exclude that person with a disability. We are talking about that. I know Freda, you mentioned, when someone asked for an accommodation you discuss and accommodation, everybody says oh no. It's almost like they are thinking, what will we have to do?

>> I have another one here. One person said that they receive comments such as I'm not sure they were fit in with this community. He and Mary has helped clients overcome this. And a couple more criminal background, mental health complex means is another one someone brought care. Yes, the more you spoke to this, the more I got. [Laughter]

>> Let's add not fitting in. Again, I discussed people with addictions. Right away, that population, that culture, it is a culture, on addictions culture, very much has a stigma attached to it. So they don't fit in. Or don't fit into a certain community. But society does not even give them a chance. Again, if that discrimination. It doesn't matter that we have ADA, we are still fighting against that discrimination. And another one is ageism. Oh I am getting into this one, [Laughter], stereotyping people based on age. I remember one time I was working out at the gym and actually it was more of a studio. And because I was there in the morning, I have a disability, I had my leg brace on, I remember one young lady, said when did you retire? I thought do I have -- do I look like I should retire. She saw my disability and thought she's not working. Ageism is a man ageism. But little do people know that as I get older I'm very much like this lady here. Oh no, mother has joined a mobility scooter gang. I've been known to run over toes when I'm using my scooter. Different forms of discrimination. Thank you for that feedback.

>> We also discussed avoided imposition. I'm sorry, avoiding our values in position. Values and morals tied into ethics. Values are our personal core beliefs. Morals, described as whether an action is right or wrong. That is our human obligation to constantly consider is this action right or wrong questioning who is it going to hurt #again that is based on personal belief. Morals are generally taught by society whereas values come from within. But they are all very much tied to ethics. And we talked about advocacy and accessibility. We just mentioned that advocating for the rights of people with disabilities inclusion not not having them be treated as different or educating society in general. People with disabilities may need an accommodation, but that does not mean you need to lower the standards. They can be challenged. I always -- advocate for students with disabilities in that way. When I receive that request for an accommodation there's been times where I don't hesitate to call disability services office and talk to the counselor there and say okay, I respect confidentiality, but at the same time let's not lower the standards so much to where you are not challenging the consumer with a disability. Or in my case the student with a disability. We can advocate for accommodations and accessibility. But for example if we have a consumer that is working and is going to be evaluated, let's not lower the standards. We have to hold them to the same standards because again, it gets back to a little bit of that able listen. Where people are thinking can they do this or let's make an accommodation that in a sense will make it too easy. So we have to advocate for that as well. And in a sense, too, that is discrimination as well. So we consider all forms of accessibility and of course the barriers that we have to advocate against so to speak.

>> So the ethical principles. We touched base on those as well. Five ethical principles. Justice, and autonomy and of course loyalty. You can tell by the pictures that I am enamored with it. So out of these, at each of these, which one of these principles guys and relates to the rehab goals? And guides the entire rehab process? Which one of these principles do you think really is that which guides the entire rehab process? The all-important -- they are all important but which one do we really -- which one should we really focused on?

>> I have one nonmaleficence. For me I think it is autonomy. Anyone else? Don't worry about misspelling. When I type fast I misspell everything. Autonomy, difficult decision but I will go with autonomy. Yes. That is correct. Each one is important. But first and foremost because so many times -- autonomy is extremely important. That's first and foremost. And of course that's the overall goal. That's what should guide us. That's a principle that really guides the entire rehab process. So thank you for participating. I appreciate the feedback.

>> So as I said, our ethics, our philosophy, the morals and values, that leadership perspective make up who we are. Make up our rehab profession and who we are as a professional. So as it says they are in the picture, I met vocational rehab professional, what is your superpower? What is your -- you are mentioning being a jack of all trades, everything that you do, in a sense that is having a superpower as far as I see things. We touched base on the learning objectives. Basically we covered the first two last week. Describing the ethical implications related to the image of the worker with a disability identifying how support strategies can enhance or detract from the image of a worker with a disability. And now I will cover developing the simple tools for incorporating disability etiquette instruction and employment settings specific to individuals with disabilities. We will discuss the value of person first language on all actions including those with employers.

>> So as we entered.-- ended last week's webinar, I touched base on the last two slides of ethical implications related to the image of a worker with a disability. And we discussed attitudes. I will just touch base on that quickly. You will see your attitudes changes things. ACT. It causes us to act. Attitudes causes us to act. The attitude changes things. Let's consider how does a person with a disability view their disability? Do they view it as a tragedy? Or as a way to affect changes in his or her life? Again, it looks like at that point regarding their disability, is it something that is new to them? Is it a recent injury? Have they dealt with it for a while now? So those are things we need to consider as well. And then regarding society, the visibility of a disability also plays into attitude. The way comes workers with disabilities are viewed. We discuss where the more visible the visibility -- the disability a lot of times is harder to accept it. It's not as accepted as a hidden disability. So all of these attitudes, again, we are to advocate on behalf of of the consumer with a disability and I hate to say, fight against them, work for change. Again, our work is never done and I don't think it ever will be. It would be nice not to have to do this but still we do with the attitudinal barriers. And therefore, that attitude affects the way that people act in general.

>> I like what Scott Hamilton says, the only disability and life is a bad attitude. I think you deal with that on a daily basis. As you say a consumer is having a bad day. It seems like they are having a bad attitude but something else could be involved. And so they act accordingly maybe we act accordingly or the employer, again it's that attitude that really plays a big role in how they are treated. And we talked about discrimination. The assumptions that people make up about the disability. Again, maybe not wanting to challenge the consumer with a disability. Because they think on a national employer may think they are incapable or they don't see the consumer with a disability having full potential. They see the disability and not the ability. When I type the disability, capitalized the word ability. So reasonable accommodations. Others provide it? If so, what to coworkers, what are the office personnel thinking about that? How does that relate to the person with a disability? How does it affect that relationship with a coworker with a disability. Are people complaining about why that accommodation was provided question mark more so that the consumer has a hidden disability. They may not -- it may not look like they need an accommodation. So that could excuse the way the coworkers are treating that person or in a sense trying to understand the accommodation. Maybe they already have their minds set one way when in reality they don't have all of the information. So that is misinterpreting the accommodation. Misinterpreting inclusion. Is that worker with a disability being integrated into the workplace? Into the workplace culture? Just because they are hired doesn't necessarily mean they are included. Is there desk put in the corner or do they go or allowed a lunch hour at a different time versus being included with everyone else? And having that true integration. Questions, comments at any time. Please jump in.

>> I don't have any right now. I had a question. I did not get to it. But I wanted to give it to you, Judith. The person asked why do companies want people who are cognitively disabled to take and pass computer test that everyone else has to pass? They offer no exception yet they file for the WTC credit. I tried to respond to her. I apologize. I wanted to make sure that got out there for you.

>> Good question. I think again it's not understanding both cultures. Not understanding the culture of disability. And then maybe our profession as a whole needs to understand that workplace culture. Again, I go back to leadership. Tying into the business culture. Organizational socialization. It's extremely important for us as rehab professionals to understand them. More so than I think we do. I hate to say that but from this perspective, again, we are not -- we do not have any courses on leadership. And if we don't recognize that, how do we then place the consumer with the right employer? So what employer that will say, you know what, you need -- we have this assessment. You need to pass this assessment. But we need to change this. And therefore, we on the other hand understand that leadership perspective as far as why is this important? Help me to understand where you come from as an employer. What you expect. What your organizational culture is like. So that I can understand why this consumer needs to pass that test or that assessment. And you can understand why we need to make an accommodation. Does that make sense? Am I getting that answer? Spend absolutely. We had one more comment on the subject. Facilitating the integration of the consumer into the workplace is the key role of the employment specialist. I have been able to get accommodations to exempt computer assessments. It takes HR involvement. That's the response I gave to Emily as well. A lot of times companies are trying to do the right thing. They want to employ individuals with disabilities but sometimes they don't understand the intricacies of what that takes. And it takes us as employment specialist to go to leadership and HR and say okay this is the expectation. You can't cookie cut. You can say that this is what everyone will need. And every case will be different. So yes, I think what you are saying is absolutely correct.

>> Thank you for that. I appreciate it. That's why I became interested in leadership studies. Because I said oh my goodness, this is what we need to understand a little bit more. Because we need to help the consumer. We may employ him pass the 90 days but at the same time we need to understand the culture of that organization and the leadership that is expected in an organization. And then, when we have a consumer -- when the consumer becomes employed, who is the direct boss -- leader, who is that person that the consumer is going to be reporting to? What is their leadership style #is that person going to understand our culture? And is that person then going to advocate in instances is that -- concerning those assessments? Is that person going to try to at least change the organizational culture? Give them a different perspective. Which ties into the importance of person first language. An awareness and so forth that we will discuss right now. I love that question. Thank you. Great feedback.

>> Job performances workers with disabilities, hold them to the same standards as others. They can be held there. As rehab professionals, you are great. You are awesome at knowing about the difference -- different forms of employment Desha employment. You are already aware of different leadership styles. We just don't address it as such. We don't talk leadership. But you are aware of what types of employment are out there. And the type of employment that is best suited for particular consumers. You help them come up with that. You help them arrive at that idea, that enlightenment. So you already have the knowledge but we just don't discuss it is leadership. The conduct of workers with disabilities. Sometimes coworkers will look at that as well the person has a disability. That's why they are grouchy. I talk about this with my husband because he is diabetic. If he is grouchy, I tell him, no, you can't blame

the diabetes because your responsibility is to check your sugar level and so forth. Just because somebody is grouchy or having a bad day, doesn't mean it is because of their disability. Or because they have a disability it doesn't mean they need a very extravagant accommodation. But when we don't educate the coworkers, the organization, they may have their own ideas as far as that accommodation or those disabilities. They may believe certain myths about those disabilities and therefore react to the worker with a disability in certain ways. Getting back to our ethics, we are ethically bound to try and change that which we do. And of course, the medical model of disability and social model of disability. Oh my gosh, this is such an important aspect as far as trying to change the attitudes. And those implications of -- that both of these models cause people with disabilities. The medical model we know - the person with a disability is viewed as their problem. And from the medical perspective, I personally am very thankful that my doctors view my disability in a sense as the problem. To a certain extent. To the extent that I want them -- if something is wrong I want them to fix it. Help me fix it. Look at it for what it is. Find out what it is. Diagnose it correctly. And then let's get on with helping me become independent. Helping me deal with whatever I need to deal with. If it is therapy or medicines or just a disability itself. But too many times that medical model is still referred to where the person with the disability is seen as the disability. And we need to fix it. The doctors need to fix it. We need to provide the medication and so forth. And don't look past that perspective. They don't look past that to where they are viewing this as -- in a holistic manner. So this is a person with a spinal cord injury. Perhaps they cannot walk now. But how are we going to get them to become more independent. Through rehab. Let's look past that. Assisted technology. What sort of assistive technology? How are we going to help that person acquire that? That patient. And encouraging that patient to become independent. Not just saying you may never walk again. You have to be realistic. They have to be realistic but at the same time let's get past that. Let's be positive. And say okay, week -- there is life after the disability. Basically, there is a life after disability. And getting them to view or consider the social model of disability. Understanding that the consumer can have a life after disability but is going to be faced with certain barriers. So how do we remove those questioning helping to remove those barriers. I think it's also educating not just the consumers, their families, but remember the medical professionals are part of that team. So educating them about the barriers the person with the disability faces. And helping Desha encouraging them to help remove those barriers. Again -- encouraging them to help remove those barriers. I teach medical terminology. The majority of my students are nursing students. Many want to become PAs. Others say they want to be OT's and PTs. It doesn't matter that I'm teaching medical terminology. I always include Rehab. Always. I get them to discuss social barriers. Assistive technology, the psychosocial issues, that is something we have an ethical responsibility to do that. To bring that discussion into everything that we do. Everything. As I said, I teach medical terminology. They are focused on the medical model. A lot of my students are focused on the medical model but I find a way to educate about rehab. Even through a discussion board project for example. And we can do that. We need to do that. I know we already do it, but we need to keep doing it.

>> Support strategies can enhance or detract from the image of a worker with a disability. Please am not trying to offend anyone but my point here is to have us focus on what we are doing. Again, we need to look at ourselves. Know ourselves. Really evaluate our values and our morals. On a continuing basis. Because we can be so consumed with all of our responsibilities. That doesn't mean we are unethical or react in an unethical manner, it is just -- this is something we should do. I am all for journaling. It is something to consider. Have some insight. Because we know ourselves and we can help others better. With rehab professionals we can be support systems. But again, let's view -- evaluated our ethical

standards. Do we have a passion for our job? Are we being a servant leader? Are we transparent? Do we allow that autonomy? Or are we doing this with other issues that come into play that may be perhaps, maybe I should have allowed a little more timing with this consumer with the disability? Maybe I should have been more transparent? We've been dealing with too many responsibilities at a particular moment. This top and evaluate ourselves. Inefficient planning by rehab professionals and consumers. That relates more to the responsibilities that you have. I know we are so busy but really focusing in on working with the consumer and their rehab plan. Was the disability information utilized for the good of that consumer? In that rehab planning? Did you do everything possible to assist the consumer with a disability? I am not trying to offend anyone. Just dumping and taking time to breathe and kind of look at where I am at today. How did things go this week? Evaluate. Let me stop and think about things. Where do I need to change? We have that responsibility to our consumers to do so.

>> Again, that applies to me as far as teaching. Stopping and saying okay, did I do all that I can do? Of course, make sure that rehab does not become a disabling -- rather rehab counseling does not become a disabling profession. Professional autonomy implies the professional knows what's best for the client but again we recognize that but strive for that a time to me and that transparency.

>> Questions, it's -- questions comments?

>> I went to get the last few slides. We are discussing first and first language. Company factors. Organizational culture. If there are more employees at the worksite, that is a great chance for cohesion. An integration of the person with the disability. But again, does that culture allow it? Is that -- is the culture -- does the culture include education about people with disabilities and disabilities in general? To the point where employees are accepting of their workers with a disability. Do they have company-sponsored events and if so, how are workers with disabilities included question what we talked about work evaluations. Are they fair and equal? Are workers with disabilities held to the same standards as other's? Is it true integration and accessibility? And inclusion. Organizational socialization. What does the company do? What do they provide? Are there social functions questioning do they strive to build camaraderie between the workers in general? Not just workers with disability but in general. Are workers with disabilities aware of benefit factors? Are they fair? And applied in general? For example, if the company provides their employees with discounts at certain travel businesses or restaurants, do the workers with disabilities know about these? Do they make use of them? Are they well-informed question mark I kept in the loop or not? And again, assessing the workplace inclusion. Are there opportunities to work with coworkers without disabilities? Or are workers with disabilities all kept together? And is the individual preference with a worker with disabilities acknowledged and respected? We talked about workplace inclusion. This social culture. I would jump ahead. We talked about leadership styles. It's very important that you understand it. Understand Desha that you try to notice that when you're working with employers. Of course with's consumers. Understand your own leadership style. Is it autocratic? Is it laws a fair question is a Democratic. You will see were autocratic communication is talk down. Has a fair laissez-faire does it apply with the -- hello they see it. Were is the leadership style Democratic? Where the leader includes the employees in decision-making. Is that worker with a disability also included? Are they taking into account the person with a disability? And their perspective on the manner -- matter question mark she want to look for transformational -- matter? You want to look for non-knowledge -- transfer me to -- transformational leadership the leader helps. So therefore they include the worker with a disability. They help the worker with a disability. Questions, comments, concerns so far?

>> Transformational leadership. The leader has a key to unlock what is in order to discover what can be. Applying servant leadership is the same as transformational leadership. You are helping. It's that leadership style that helps to build up the person's confidence. Their independence. And includes them in decision-making. Again, it is stressed as values and liberty, justice and equality which are principles of ethical behavior. It ties in with our code of ethics. Reese -- it ties in with our code of ethics. Culture and the family. And talking about our Hispanic culture. I mentioned earlier. I said we say Hispanic, Latino, Mexican-American for example. Not one culture is the same. They are different. And families may use other resources as, for example, in the Mexican-American family, or Mexican family, herbal remedies, they may see a disability as God's will or being a part of life. We see that but journalism versus independence. Again, when we talk about ethics, we talked about the principles. He said autonomy was very important. But yet the family can serve as a support, but paternalism can come into play. So we have that responsibility to bring out that independence. So how are we going to do that? Well we are going to empower and educate that family about the rehab process. And what the whole family can gain from that. They can gain understanding of their roles and that rehab process because we know once a disability sets in, it affects the entire family. It affects the roles of the family. So we need to gain their trust. And encourage them to ask questions. So we can educate each other. Not just educate the family but educate each other because we learn from them as well. Language is very important. We talked about overcoming obstacles. Not just partial solutions to overcoming all types of barriers but fighting for that complete integration. That solution to complete integration. For example in this picture of the person with a disability not only has A-T but get around -- but can get around. There are no physical barriers and no attitudinal barriers. So there is complete integration. A solution that provides complete integration.

>> We are close to dying. We are running behind. -- We are close to time. So how can we include for etiquette instruction in employment settings. Outreach, recruit and hire people with disabilities. Encourage that. I know you do. But don't give up. Keep up the great work. Recruit and hire people with disabilities. Human resources, starting with human resources. Educating them. Maybe if there is a place that hasn't hired person with a disability, stop by and just leave some information. Network. I am a big fan of networking. Maybe offering a training. I know in the past I was able to do this for the battered women's shelters. We like to provide a training on disability etiquette. They also offered a training for police officers. On disability etiquette. It's just that networking. Being willing to share information. As I say, educate others but we also educate ourselves. When I was presenting to the police officers, I was able to better understand their perspectives. What they go through. When they are out on duty. And let them understand what it's like to deal with someone that has a disability. For example in my case a physical disability. Using a wheelchair. So we learn from each other. We talked about changing that organizational culture where they are more increased with people with disability. Disability awareness campaigns. Do we offer information, even posters. I mentioned this in a previous webinar. When we were dealing with domestic filings. IAS if you're -- is your agency or those that you network with, how many times do you see posters regarding domestic violence awareness? During the month of October. In April? How many such many times do see posters about sexual assault awareness. It's no different with disabilities. When you enter a potential place of employment. Look at their culture and recognize their culture. What do they display? Do you offer information or posters? Do you offer to either organize a disability awareness campaign or invite them to a disability awareness campaign? These are little things that can be done that make a very big difference. Again, we need to be careful about the type of disability awareness that committees. For example this one spot faculty or staff in wheelchairs and snap

a picture. Maybe their heart was in the right place, but that is not something you would want to advocate for. There are different awareness campaigns of course. Always promote accessibility. We talked about education, education, education. Not just educating our consumer but the different places of employment. Different agencies in general. So very quickly can someone name other ways in which we can incorporate disability etiquette instructions?

>> I'm completely shocked. I did not realize that was a real poster that someone put up at a university. We are getting a few types. Education. Modeling behaviors. Community and employers. I love the modeling one. It's so important. We set the tone. The agency I work for has a disability etiquette workshop offered to employers. That is a crazy looking sign someone said. [Laughter] speaking at local chambers and other community organizations. As idea. Networking and educating. That is what it's all about. It's no different with the use of person first language. Our language influences impressions. And society influences our employers. Their perspective about people with disabilities. It helps to develop either positive or negative images and attitudes about people with disabilities. Those attitudes translate into action. As I mentioned earlier. It influences feelings. When someone doesn't use person first language it sets -- it can make someone feel that a person with a disability is inferior. We need to strive to change that. It is changing but there are some different types of media outlets and social media for example that I say oh my gosh they did not just say that. It still happens. A person first language, contributes to assumptions of the disability. For example people may see me sometimes, I'm in a wheelchair, but that doesn't necessarily mean I can't walk. So society in general has that mindset. They make assumptions. Because those assumptions develop from their beliefs. And the values that they have. And so when we use person first language we help to change that for the better. We have to ask who is seeing -- who is seen. Is it the person that the society is being seen or the disability #who is seen first the person with a disability #do they see the possibilities and strengths or do they see the limitation? Again, very much effective because of the language that is used. Now I will point out there are some cultures that you want -- the deaf people -- they want society to understand it is a different culture. Just because they have a disability and I have a disability it's not one and the same. It's a different culture. In a sense it culture within a culture. That needs to be treated as it should be and respected as it should be. And remember our language also affects policies and laws. We think back to before ADA. The time before ADA. If that person first language wasn't used back then, if they had not started using it back then, we would not have ADA. That would not -- it would have been looked at as oh well political correctness. No, it goes beyond political correctness. It affects policies and laws and changes lives as people -- of people with disabilities.

>> Being that role model. Hopefully media will change. Society, our coworkers. Our children. Being a role model to our children. My nieces always see me in a wheelchair and so they don't recognize disabilities in the respect that they look at them and see people different. They look at everybody the same. But it's that role modeling that they sell. Not just from me but from the rest of my family. That person first language. Since they were children. And now they're growing up and they will pass that on. So our job is to increase awareness and minimize misunderstandings and educating others that we learn through communication. And it's important for us to use proper language. And most of all it empowers that person with a disability. Empowers a person with a disability and when you talk about the abuse and discrimination that empowerment is extremely important. So if we don't use that person first language, we are not empowering the person with a disability to be able to have that strength, that knowledge, to

deal and fight against that discrimination. Stand up to that discrimination and to recognize abuse and to stand up for. And to stand up against it and stand up for themselves. It's going back to empowerment.

>> Questions comments and concerns. I know we went over time. Any questions?

>> I have none at this time. A great presentation Judith. Thank everyone for hanging with us and I know some people had to go. As always we copied these and they are all up on demand. That was it. Goodbye everyone. Thank you.

>> Thank you, Judith. Obviously you will finish your PhD any moment based on what you shared with us today. We appreciate you so much.

>> As always, we have recorded these. We will put them on demand. Will send out the evaluation today or tomorrow and get everybody credit for this. Shoot us an email if you need the correct form. We will load up your certificates for completion in your user portal on our website. It should be up in about five business days. Thank you so much. We will see you at the next webinar. Have a great day everyone.

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