Ethics: Enhancing the Consumer Image Part 1

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Learning Objectives

•Upon completion of this webinar, participants will be able to:

- **Describe the ethical implications related to the image of the worker with a disability.**
- **Identify how support strategies can enhance or detract from the image of a worker with a disability.**
- **Develop simple tools for incorporating disability etiquette instruction in employment settings specific to individuals.**
- **Discuss the value of person-first language in all interactions, including those with employers.**

Statistics – People with Disabilities (PWDs) and Work

As reported by the Centers for Disease Control (CDC) and Prevention, July of 2015:

- 53 Million people adults in U.S. live with a disability; 1 in every 5 adults
- "The most common functional disability type was a mobility limitation – defined as 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." (CDC, 2015)

"Percentage of adults with select functional disability types*:

- 13 percent of people with a disability have a mobility disability with serious difficulty walking or climbing stairs.
- 10.6 percent of people with a disability have a cognition disability with serious difficulty concentrating, remembering or making decisions.
- 6.5 percent of people with a disability have an independent living disability with difficulty doing errands alone such as visiting a doctor's office or shopping.
- 4.6 percent of people with a disability have a vision disability with blindness or serious difficulty seeing even when wearing glasses.
- 3.6 percent of people with a disability have a self-care disability with difficulty dressing or bathing."

(CDC, 2015)

Disability and livelihood.

- Nearly half of those with an annual household income of less than 15,000 dollars reported a disability.
- 1 in 3 unemployed adults who are able to work reported a disability.
- 4 in 10 adults who have not completed high school reported a disability." (CDC, 2015)

- Demand for Rehab professionals
  - Types of Rehab Professionals (e.g., VR counselor)
  - Work settings (e.g., DARS)
  - Their Skills
    - Education; counseling, etc.
  - Their Duties
    - Gainful employment for PWDs; independence

What is Rehabilitation?

- **It is a philosophy/concept/discipline/service delivery system**
  - **refers to process of restoring individuals WDs to fullest levels of functioning & independence possible.**
- **Reflects basic values of our society (societal response) as a whole – expression of public support of & services for PWDs.**
- **Reflects *values* our society places on work.**
- **Provide supports**
  - **counseling**
  - **medical and psychological services**
  - **local job searches**
  - **job training and other individualized services**
- **Empowerment of People with Disabilities (PWDs)**
  - **make informed choices**
  - **build viable careers**
  - **live more independently in their community**

Rehab Philosophy

- **Philosophy defined**
  - assumptions and beliefs about life, human beings, and nature of human existence; how we view our relationships to others & ourselves.

- **Rehabilitation Philosophy**
  - many different disciplines, arenas, and domains. E.g., roots in medical

- **Certain guiding principles underlying philosophy (e.g., independence and self-sufficiency, work, physical beauty).**
  - Integration of PWDs into least restrictive environments

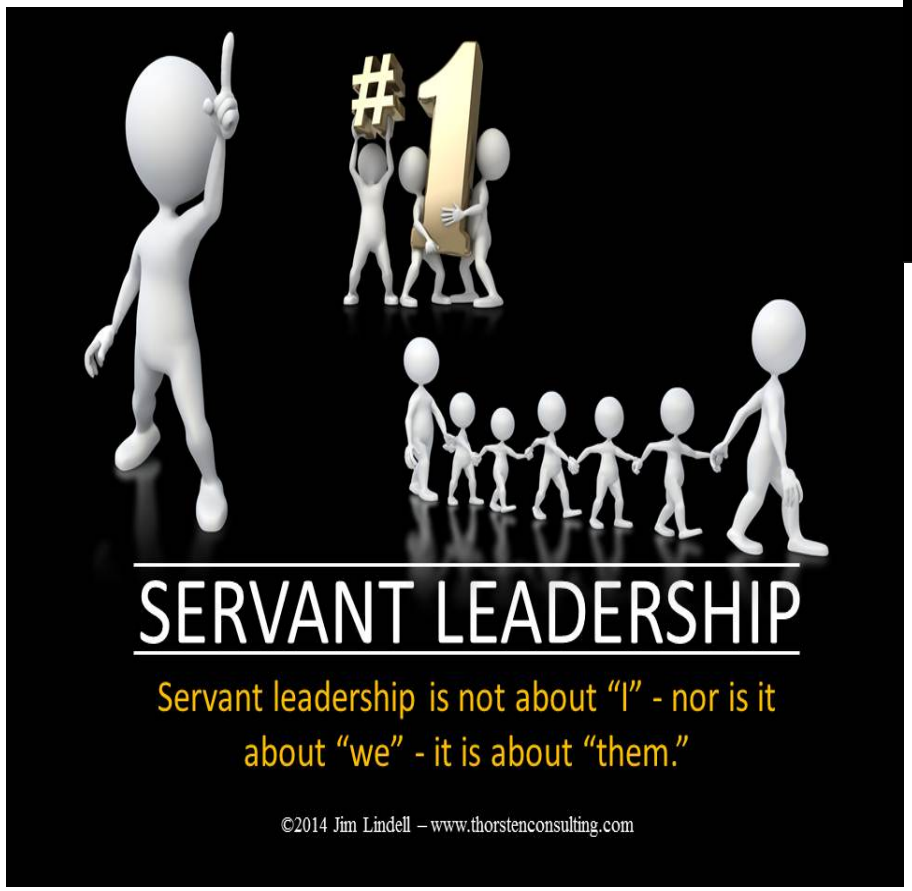
- **Principles of Rehabilitation Philosophy**
  - Equality of opportunity- justice component
  - Holistic; nonfragmented approach
  - Uniqueness of PWDs
    - No stereotyping; each person's disability diagnosis may be the same, but is different

- **Psychological Perspective**
  - Every individual needs respect and encouragement; no matter what the disability
  - Focus on assets not limitations
  - PWDs self-fulfilling prophecy
  - Inclusion of PWD in rehab plan

- **Rehab Today**
  - Holistic. Less of individual problem and medical model to societal model and independence; accessibility

What is your own philosophy?

Leadership Style



DEFINITION

- Servant leadership begins with the natural feeling that one wants to serve…to make sure other peoples highest priority needs are being met (Greenleaf 1970)

Servant Leaders:

Selfless
Empathetic
Resolute
Virtuous
Authentic
Needful
Thorough

MODERN SERVANT LEADER

10 CHARACTERISTICS OF SERVANT LEADERS

- 1. Listening – Servant leaders listen first.
- 2. Empathy – Servant leaders see the world through the eyes of the other.
- 3. Heal – Servant leaders wish to make the injured healed.
- 4. Awareness – Servant leaders are aware of their physical social and political environments.
- 5. Persuasion- Servant leaders persuade by the use of gentle nonjudgmental argument to create change.
- 6. Conceptualization-Servant leaders visualize the big future.
- 7. Foresight- Servant leaders use the past and present to plan for the future.
- 8. Stewardship- Servant Leaders take responsibility.
- 9. Commitment to people- Servant leaders place a premium on the individual.
- 10. Building community – Servant leaders seek to create union or synergy.
- (Northouse, 2016)

Ethics Defined

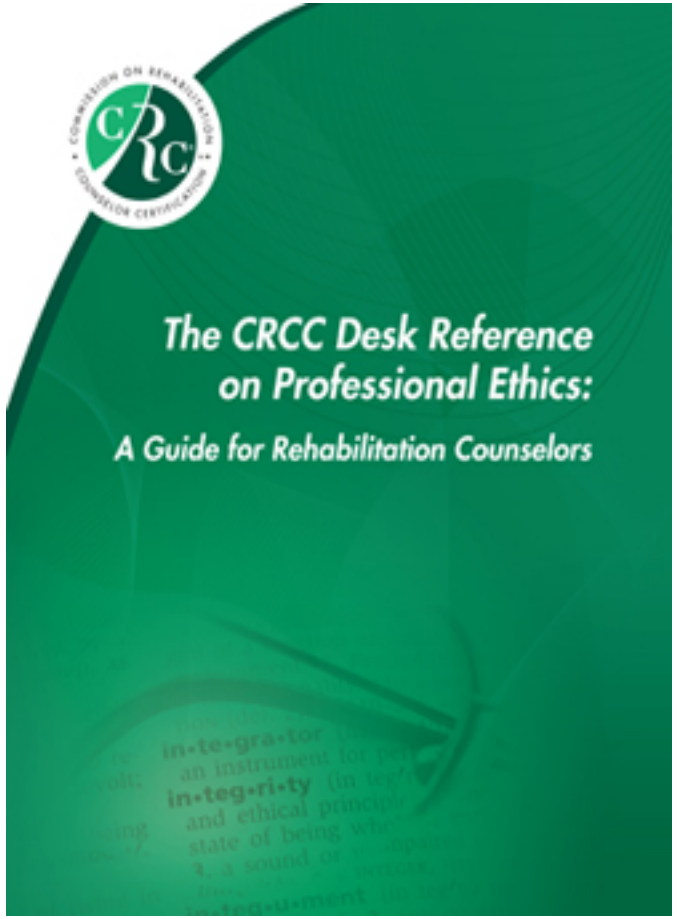
- Is concerned with the kinds of values and morals an individual or society ascribes as desirable or appropriate
- Focuses on the virtuousness of individuals and their motives
- Right versus wrong

- ***Ethical Theory***
  - Provides a system of rules or principles as a guide in making decisions about what is right/wrong and good/bad in a specific situation
  - Provides a basis for understanding what it means to be a morally decent human being

- ***Personal Ethics***
  - Honesty
  - Respect and honor
  - fairness

A.1. WELFARE OF THOSE SERVED BY REHABILITATION COUNSELORS

What is the primary responsibility of rehabilitation counselors and service providers?



A.1. WELFARE OF THOSE SERVED BY REHABILITATION COUNSELORS

a. PRIMARY RESPONSIBILITY.

The primary responsibility of rehabilitation counselors is to respect the dignity and to promote the welfare of clients.

Clients are defined as individuals with, or directly affected by a disability, functional limitation(s), or medical condition and who receive services from rehabilitation counselors. At times, rehabilitation counseling services may be provided to individuals other than those with a disability. In all instances, the primary obligation of rehabilitation counselors is to promote the welfare of their clients.

b. REHABILITATION AND COUNSELING PLANS

***Rehabilitation counselors and clients work jointly** in devising and revising integrated, individual, and mutually agreed upon rehabilitation and counseling plans that offer a **reasonable promise of success** and are consistent with the abilities and circumstances of clients. Rehabilitation counselors and clients regularly review rehabilitation and counseling plans to assess continued viability and effectiveness.*

A.1. WELFARE OF THOSE SERVED BY REHABILITATION COUNSELORS

c. EMPLOYMENT NEEDS.

Rehabilitation counselors work with clients to consider employment *consistent with the overall abilities, functional capabilities and limitations, general temperament, interest and aptitude patterns, social skills, education, general qualifications, transferable skills, and other relevant characteristics and needs of clients. Rehabilitation counselors assist in the placement of clients in available positions that are consistent with the interest, culture, and the welfare of clients and/or employers.*

d. AUTONOMY.

Rehabilitation counselors respect the rights of clients to make decisions on their own behalf. *On decisions that may limit or diminish the autonomy of clients, decision-making on behalf of clients is taken only after careful deliberation. Rehabilitation counselors advocate for the resumption of responsibility by clients as quickly as possible.*

A.2. Respecting Diversity

a. RESPECTING CULTURE.

Rehabilitation counselors demonstrate respect for the cultural background of clients *in developing and implementing rehabilitation and treatment plans, and providing and adapting interventions.*

b. NONDISCRIMINATION.

Rehabilitation counselors do not condone or engage in discrimination *based on age, color, race, national origin, culture, disability, ethnicity, gender, gender identity, religion/spirituality, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law.*

A.4. Avoiding Value Imposition

Rehabilitation counselors are aware of and avoid imposing their own values, attitudes, beliefs, and behaviors. Rehabilitation counselors respect the diversity of clients and seek training in areas in which they are at risk of imposing their values onto clients, especially when the rehabilitation counselor's values are inconsistent with the client's goals or are discriminatory in nature

- Values – personal, core beliefs, desires of how world should be; not very objective
- What is important to us and why?; of value
- Influenced by our cultural beliefs, background, experiences
- Determine one's beliefs, thinking, behavior, interactions with others
- Important to know and understand our own values, and to help consumers clarify theirs.
    - Value neutral
- **Can be used to characterize attitudes**

- Morals - Human obligation; describe whether action is right or wrong
- Based on personal beliefs – good/bad action, right/wrong of an action
- "Morals are generally taught by the society to the individual whereas values come from within.
- Morals act as a motivation for leading a good life while values can be called as an intuition.
- Morals are related to ones religion, business or politics whereas values are personal fundamental beliefs or principles.
- Morals are deep seated whereas values keep on changing with time and needs." (differencebetween.net).

Section C. Advocacy & Accessibility

Rehabilitation counselors are aware of and sensitive to the needs of individuals with disabilities. Rehabilitation counselors advocate at individual, group, institutional, and societal levels to: (1) promote opportunity and access; (2) improve the quality of life for individuals with disabilities; and (3) remove potential barriers to the provision of or access to services. Rehabilitation counselors recognize that disability often occurs in tandem with other social justice issues (e.g., poverty, homelessness, trauma).

Our Professional Obligations

Autonomy

To respect the rights of clients to be self-governing within their social and cultural framework. Respect their choices.

Beneficence

To do good to others; to promote the personal growth and well-being of clients.

What are some examples of each?

Fidelity

To be faithful; to keep promises and honor the trust placed in rehabilitation counselors.

Justice

To be fair in the treatment of all clients; to provide appropriate services to all.

What are some examples of each?

Nonmaleficence

To do no harm to others.

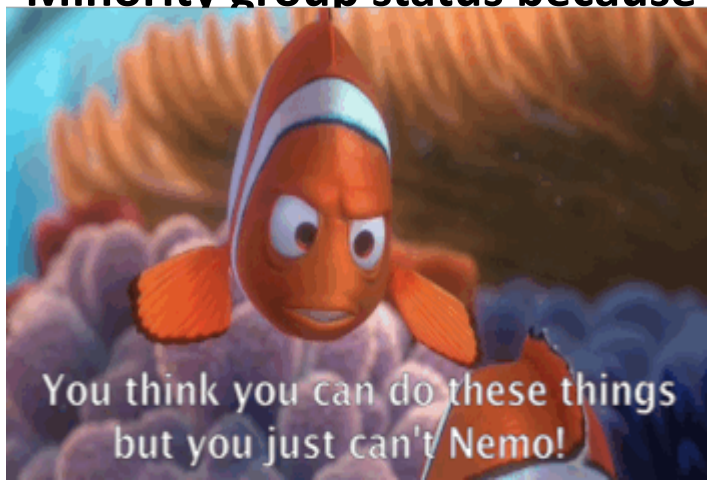
Veracity

To be honest. Candor

What is the primary responsibility of Rehabilitation Counselors and service providers?

Ethical Implications Related to the Image of the Worker with a Disability

- **Attitude of PWD**
- **Societal attitude - negative attitudes & behaviors have existed in all cultures. Have been the rule, not exception.**
- **PWDs viewed as different**
- **Minority group status because of**



- **Impact on quality of life**
- **Seen as deviant**
  - **physical appearance, functioning, intelligence, emotional stability, behavior**
- **Disabilities seen as self-imposed (drug abuse) are less accepted**
- **Less visible - more acceptable; “no fault” more readily accepted**
- **Ethnicity and gender often an additional factor**
  - **Women can experience triple the discrimination**

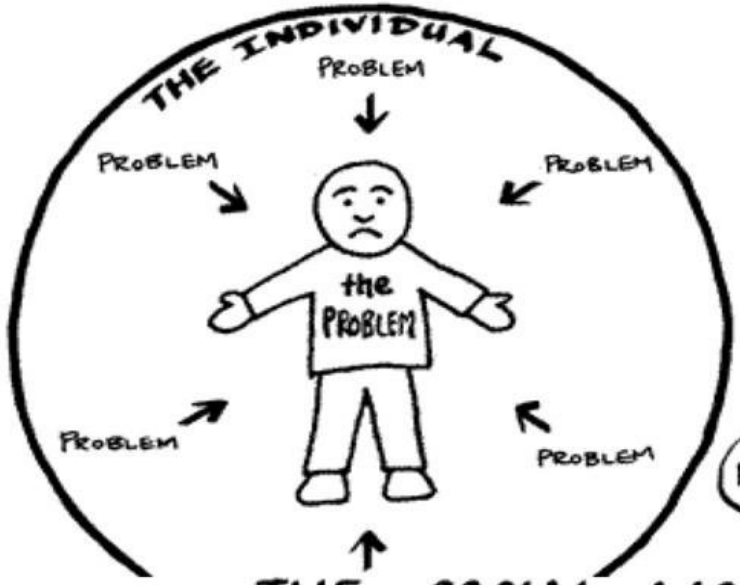
Attitudes cont.

- **PWDs largest minority group in the U.S.**
  - **inferior social position- disability perpetuates segregation not integration**
  - **Ethnic minorities WDs are minorities within minorities**
  - **How are particular ethnic groups viewed by society?**
    - **ASL or bilingual services provided?**
  - **Double/triple discrimination**
- **Disability often synonymous with helplessness, dependency, & passivity.**
- **Fragmentation of power- "dependent children" not equals; needing treatment, not rights**

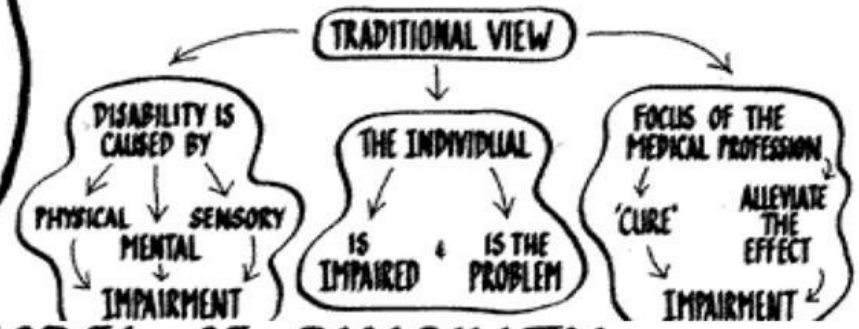
Ethical Implications to Image of WWD

- **Discrimination & Assumptions about the disABILITY(e.g., deaf)**
  - **Reasonable accommodation provided?**
  - **Misinterpreting “inclusion”; integrating?**
- **Job performance of WWD**
  - **Hold to same standard as others**
- **Conduct of WWD**
  - **Is disability cause? Accommodate**
  - **If not the cause, hold to same consequences**
    - **Has employer accepted “myth” of disability; immune to negative aspect**

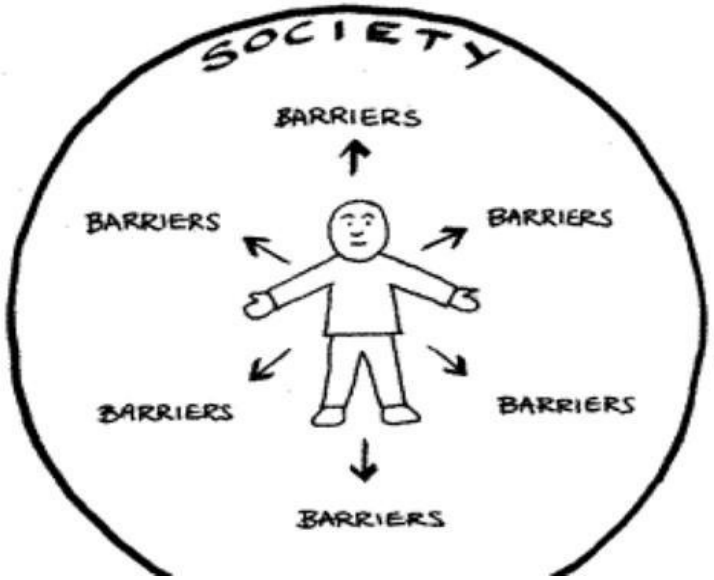
THE MEDICAL MODEL OF DISABILITY



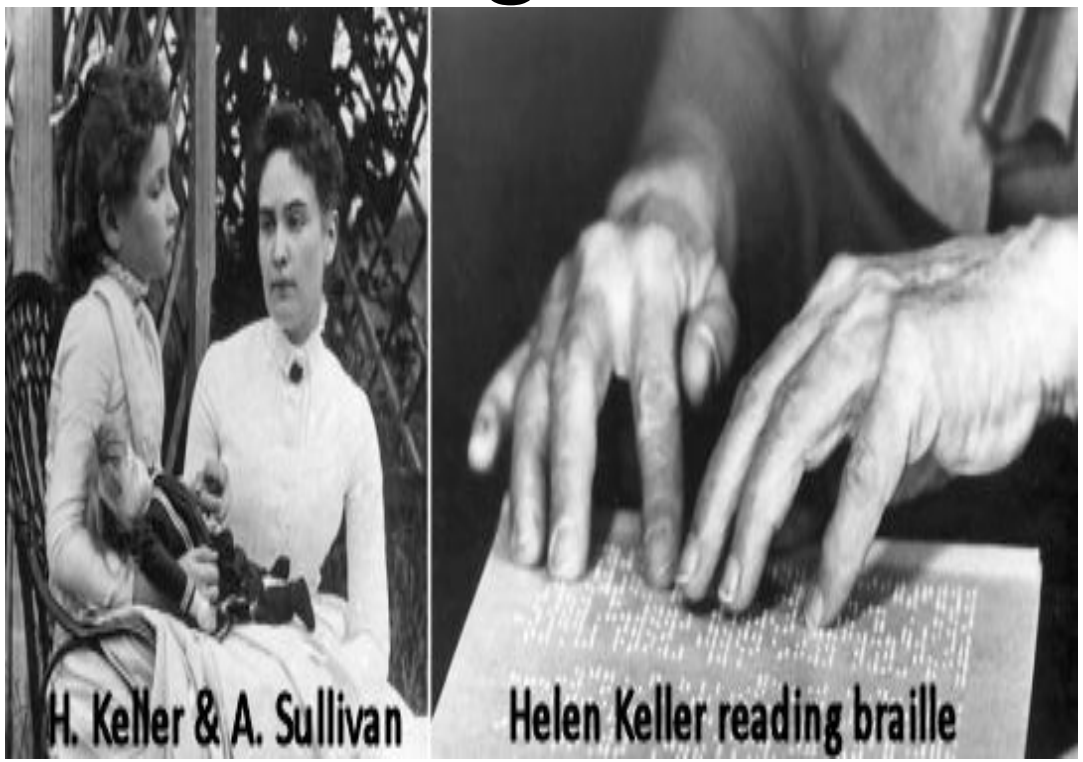
IMPAIRMENTS AND CHRONIC ILLNESS OFTEN POSE REAL DIFFICULTIES BUT - THEY ARE NOT THE MAIN PROBLEMS



THE SOCIAL MODEL OF DISABILITY



Support strategies can enhance or detract from the image of a worker with a disability



Support strategies: enhance/detract from the image of a worker with a disability

- **Rehab Professional**
  - **Ethical, passion for job, servant leader?**
  - **Transparency; self honesty**
  - **How do values & morals come into play?**
  - **Allow autonomy?**

- **Inefficient planning by Rehab professional and consumer**
  - **Utilizing disability info. for rehab planning**
  - **SSI & SSDI**

- **"Disabling profession"**
  - **professional autonomy implies professional knows what's best for clients**
    - **Myth that organization's values are shared by all**
      - **e.g., VR professional & Quotas/promotions vs. client's best interest**
      - **Client seen as a type of client vs. individual**

Support strategies: enhance/detract from the image of a worker with a disability

Company Factors

- Organizational culture –
  - less/more employees; cohesion
  - Formal supports
  - Company sponsored activities
- Work evaluations
  - Fair and equal
- Worksite a
  - Truly

Work Site Factors

- Work area proximity and similarity (e.g., work & life experiences) contribute to “development of friendships among workers.” (Wehman, 2003)
- Misinterpretation of work interaction as inclusion. There must be social interaction; social acceptance.

Support strategies: enhance/detract from the image of a worker with a disability (Wehman, 2003)

Worker Factors

- Organizational socialization
  - Potluck lunches, recognition of birthdays, accomplishments, etc.
  - Social functions
- Build camaraderie
  - Assistance when needed, etc.

Benefit Factors

- Wages; pay raises
- Fringe benefits
- Work schedule; personal time
- Company workplace benefits (e.g., meals)

Support strategies: enhance/detract from the image of a worker with a disability (Wehman, 2003)

Assessing

Workplace Inclusion

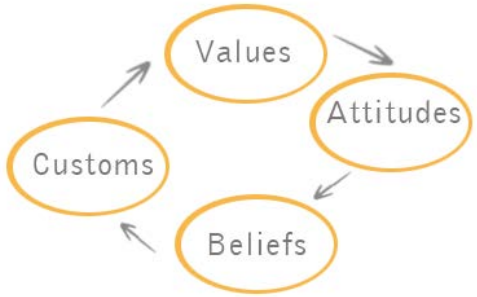
- Opportunities to work with coworkers without disabilities
  - Physical environment
    - Number of employees WDs?
  - Social Atmosphere
  - Coworker Activities
- Individual Preferences of the PWD
  - Personal Choice of job, wages, work hours, etc.
  - Level of Participation with leader, coworkers

Improving

Workplace Inclusion

- Making job site modifications
- Providing social skills instruction
- Advocating on behalf of the employee
- Teaching the employee the “social culture” of the job site

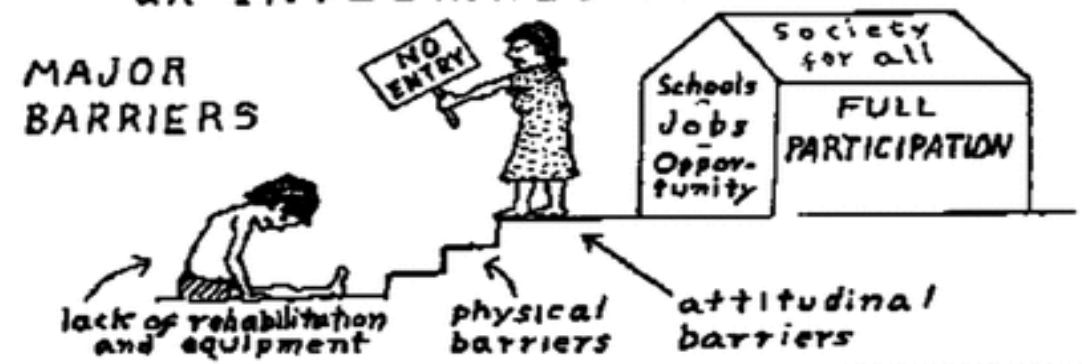
Support Strategy – Culture & Family



- Rehabilitation and Hispanic/Latino/Mexican American Family
  - Not one in the same culture!
  - May use other resources as “Curanderos” and/or “Sobadores”; herbal remedies
  - Disability seen as “God’s will” or “part of life”.
  - Faith important; religion
  - Paternalism versus independence
  - **Importance of extended family and their roles. Include them if possible**
  - May be unaware of services; do not utilize them

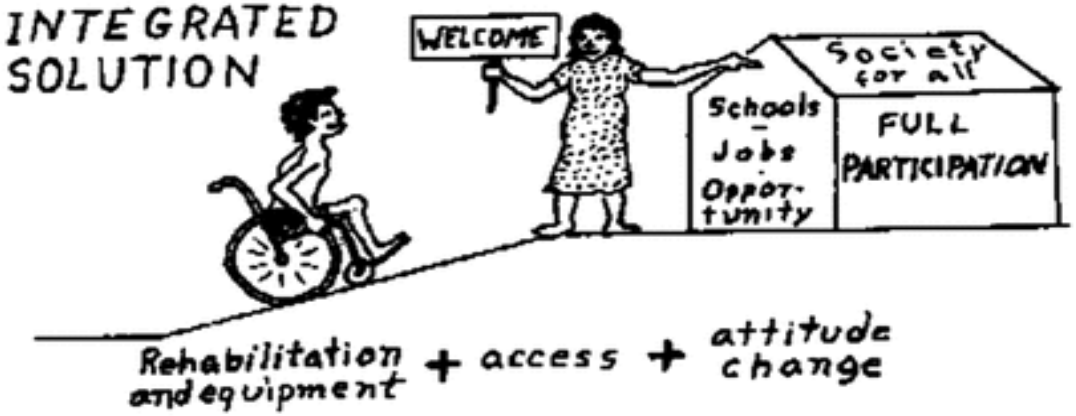
- **Empowering and educating family about rehab process gains**
  - **Understanding of their roles in the rehab process**
  - **Cooperation**
    - **Team effort between family & Rehab professional**
  - **Trust; encourage questions and provide answers**
  - **Language; “as you know”**
    - **Helps preserve consumer and family’s pride**

OVERCOMING OBSTACLES requires an INTEGRATED APPROACH



PARTIAL SOLUTIONS (none alone is enough)

INTEGRATED SOLUTION



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