

Speech Therapy:
An Insider's Perspective
informed by Disability Studies

ArSHA Convention
April 2019

Introduction

Matthew Wangeman, MCP

Instructor in the Disability Studies minor, Disability Advocate for more than 30 years. Received his undergraduate and graduate degrees from University of California at Berkeley. Former Chair of the Arizona Developmental Disabilities Planning Council. Matthew has consulted with protection and advocacy agencies in states across the nation to assure full compliance with enhance protection for individuals with disabilities.

Katherine Mahosky, Ed.D, CCC-SLP

Assistant Clinical Professor at the Institute for Human Development (AUCD)/NAU. Katherine coordinates a minor in Disability Studies where she also teaches classes in the program. She oversees an interdisciplinary training clinic that provides interdisciplinary evaluation services to children and families with developmental disabilities and provides training to graduate students from a variety of disciplines in interdisciplinary best practices. Katherine is also an adjunct faculty with the University of Arizona's Leadership Education in Neurodevelopmental Disabilities (LEND) program.

Disclosures

- **Relevant Non-financial Relationships-** Matthew Wangeman is a founder and site manager for the Facebook Group: *Teaching Disability Studies* which may be referenced in the presentation
- We have no relevant Financial Relationships to disclose

Learning Objectives

1. Discuss how a disability studies lens can inform and strengthen the clinician-client relationship in speech-language therapy.
2. Reframe intervention with individuals with significant disabilities and severe communication disabilities from one of expert-client to partner-client.
3. List three ways to change your practice with individuals with significant disabilities to enhance their voice and choice in therapy and decision making.

Disability Studies Perspective

At the heart of disability studies lies an ideal of social participation for all people, to the fullest extent possible, **regardless** of impairment or diagnosis (Jarmen, 2008).

A critical disability studies perspective differs from historical views of disability in a variety of ways. Historically, disability has been viewed as a medical problem. A disability studies perspective focuses on the barriers imposed on individuals with disabilities by society. In particular, this perspective analyzes the cultural, social, and political implications of disability.

Critical disability studies emphasize the voices and experiences of people with disabilities and their right to make their own choices. A critical disability studies perspective seeks to uncover inherent **ableism** in this society. This perspective seeks social justice solutions to the issues faced by individuals with disabilities while living in a world designed primarily for the able-bodied.

Medical Model vs. Social Model

- | | |
|---|---|
| <ul style="list-style-type: none">• Disability is a property of the individual• Concerned with etiology, diagnosis, prevention, and treatment• Disabled people hold an inferior position to nondisabled people• Medical professionals are the experts and often occupy a privileged position | <ul style="list-style-type: none">• Disability is socially constructed through attitudinal and environmental barriers• Disability is viewed through an interdisciplinary lens• Seeks to expose ableism• People with disabilities seek equality and inclusion through social justice means of eliminating social barriers |
|---|---|

Disability Studies Perspective and Communication Intervention

The DS perspective promotes values such as:

- ✓ Respecting the individuality of the person with the communication disability
- ✓ Shared decision making
- ✓ Open communication
- ✓ Mutual respect
- ✓ Advocacy

These values allow a broader view of how the communication disability impacts the person's life.

(O'Halloran & Larkins, 2008)

ASHA and WHO model of Disability

- The international classification of disability, functioning and health (ICF) is a classification of health and health-related conditions for children and adults.
- The ICF is stated as the framework for the field of Speech-Language Pathology and Audiology
- The framework can be used in interprofessional collaborative practice and person-centered care.

(ASHA, 2019)

ICF components

- Functioning and Disability
 - Body Functions and Structures
 - Activity and Participation
- Contextual factors
 - Environmental Factors
 - Personal Factors

Expert-Client
vs.
Partner-Client

- Expert-Client represents a medical model of assessment and intervention focusing on deficits in need of remediation
 - *Impairment focused; will not make a person necessarily "normal"*
- Partner-Client represents a social approach and a life participation approach that is more in line with a DS perspective or lens
 - *Focuses on enabling and empowering disabled people's activities and participation*

Hierarchy of Impairments

- People with communication disabilities are clearly in the particularly difficult position of being at the bottom of the "hierarchy of impairments" (Deal, 2003)
- According to the World Report on Disability (WHO & the World Bank, 2011) "people who behave, think or communicate in atypical ways are easily consigned to the margins in communities and become liminoid"
- Stigmatization of individuals with communication impairments is often unrecognized and can become an insidious form of disablism.
(Wickenden, 2013)

Communication Intervention Examples

Use of the values noted in slide 5; mutual respect, shared decision making, open communication and respecting the individuality of the person with the communication disorder are already reflected in 3 areas within our scope of practice currently.

These include:

1. The Life Participation Approach to Aphasia
2. Fluent stuttering approaches
3. Autism-recognizing the value of atypical neurological approaches

Aphasia Therapy

The “life Participation approach to aphasia” or LPAA is a consumer-driven service-delivery approach that supports individuals with aphasia and others affected by it in achieving their immediate and longer term life goals (LPAA Project Group, ASHA, Disorders and Diseases)

This approach places the life concerns of those affected by aphasia at the center of all decision making.

This approach is very much in keeping with a disability studies perspective that places people with disabilities (PWD) at the center of decisions that affect their lives.

Stuttering Therapy

- Stuttering has traditionally been accepted as a problem within the medical model.
- Disability studies perspective questions the assumption that stuttering must be “fixed” through speech therapy, but rather viewed through a wider lens of communicative variations (often discriminated against)
- New perspectives within fluency therapy now embrace aspects of good communication with *dysfluency* to empower the person who identifies as a stutterer.

(St. Pierre, 2012)

Perspectives on ASD

- Many high-functioning people on the autism spectrum prefer to identify as “neurodiverse” and call for a no-cure approach to autism.
- Autism is a way of being and part of one’s identity. Strategies focus on building on children’s strengths and allowing them to be who they are rather than “normalizing” wrong behavior through teaching conformity through repetition, training and rewards.
- Build self-esteem through activities that motivate them and focus on allowing happiness, self-esteem and satisfaction to flourish while teaching effective educational techniques to help individuals come to terms with the expectations of society.
- Using a person-centered approach to build on strengths, to understand how someone on the spectrum perceives the world in order to learn about their specific abilities and skills and to maximize their talents.

(Ripamonti, 2016)

Insider's Perspective

- My Dad Matthew
 - <https://www.wildasperagusproductions.com/#header>
- Matthew's experience with speech-language therapy throughout his childhood

Looking at our work through a disability perspective

- Broaden your lens in therapy to focus on activities and participation rather than only "fixing"
- Become an advocate for people with communication disabilities to ensure they are included in empowerment and lobbying activities to create truly inclusive opportunities for participation in all aspects of society
- Become active in precipitating change not just at the "individual level" for the people with communication disabilities that you serve but at the structural levels beyond clinical practice, to work for attitudinal change and to lessen stigma that surrounds communication disabilities
- Learn about the local, national and global efforts for all people with disabilities and particularly those with communication disabilities to be acknowledged as a person and a citizen in society
- Become familiar with the Convention on the Rights of Persons with Disabilities (United Nations, 2006) to understand disability from a human rights perspective
(Wikendon, 2013)

Questions



References

1. American Speech and Hearing Association. International Classification of Functioning, Disability and Health (ICF) www.asha.org
2. Jarmon, M. (2008). Disability studies ethics: Theoretical approaches for the undergraduate classroom. *Review of Disability Studies: An international Journal*
3. Ripamonti, L. (2016) Disability, Diversity, and Autism: Philosophical Perspectives on Health. *The New Bioethics*, 22:1, 56-70 DOI:10.1080/20502877.2016.1151256
4. St. Pierre, J. (2012). The construction of the disabled speaker. *Canadian Journal of Disability Studies*, Vol.1 (3)
5. Wikenden, M. (2013). Widening the SLP lens: How we can improve the wellbeing of people with communication disabilities globally. *The International Journal of Speech-Language Pathology*, Vol. 15(1), pp. <https://doi.org/10.3109/17549507.2012.726276>
