Disability Inclusion

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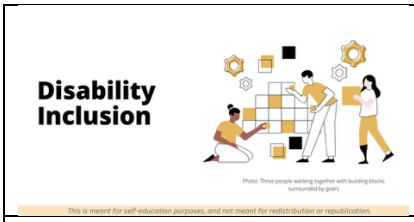
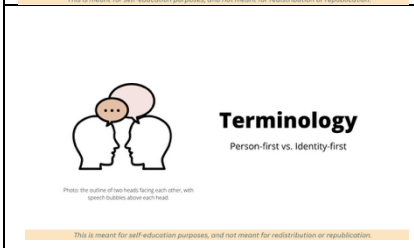
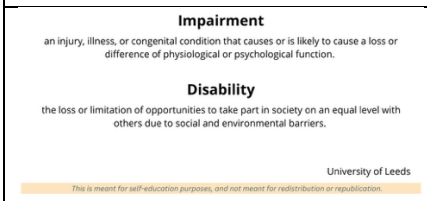
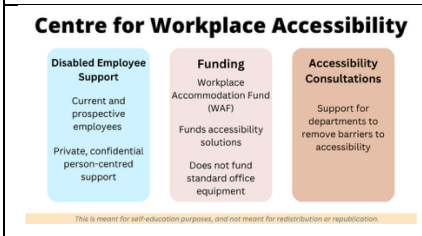
This lesson plan provides instruction for running the EDI workshop Disability Inclusion. Relevant terminology around disability and accessibility will be introduced. This will be followed by a description of the Centre for Workplace Accessibility and the Stay at Work/Return to Work Programs offered at UBC. Next a video outlining the connection between social justice and disability, as well as the topics of ableism and different disability models will be covered. There will be an activity introducing the concept of Spoon Theory and encouraging participants to put themselves in the shoes of someone with an energy-limiting disability. The workshop will conclude with a case study, and the audience will be asked some follow-up reflection questions about this.

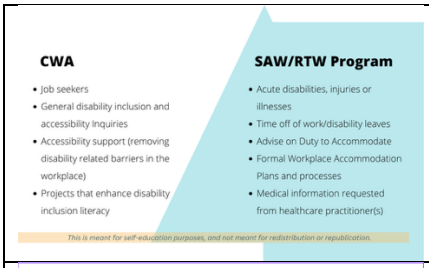
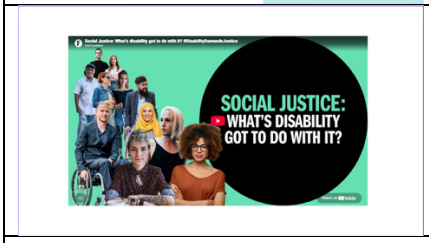
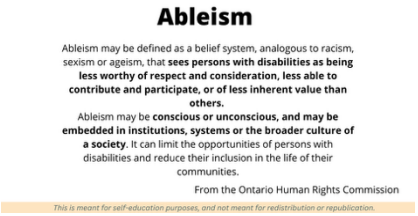
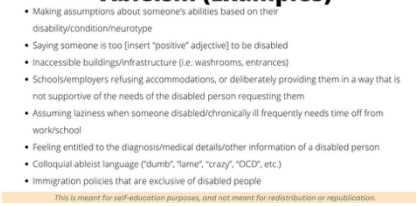
Time and Notes:
1.5-2 hrs depending on number of participants, and participation levels. Two facilitators recommended. At least one of the facilitators should have lived experience as a disabled person. It is highly recommended to have someone from the Centre for Workplace Accessibility as one of the facilitators.

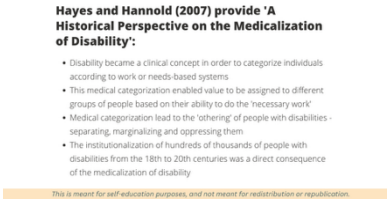
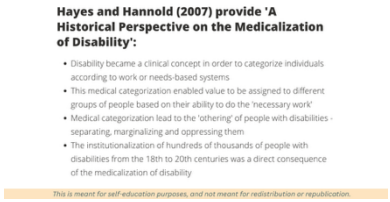
Slides: Please see link at https://www.bioteach.ubc.ca/portfolio/equity-diversity-and-inclusion-projects/

Learning Objectives:
1. Introduce relevant terminology around disability and accessibility.
2. Provide knowledge of UBC departments and programs that support disabled staff and faculty.
3. Learn and reflect on ableism and its ubiquity in day-to-day life.
4. Reflect on the challenges and barriers that some disabled people experience.

Materials needed:
- Spoons (plastic are easier to bundle, distribute and store, but metal work well too)

	- Introductory slide.
	- Land acknowledgment.
	- Terminology slide. - Go over the terms person-first (i.e. 'disabled') vs. identity-first (i.e. person with a disability). Explain that it is best to mirror the language a person uses for themselves.
	Impairment - an injury, illness, or congenital condition that causes or is likely to cause a loss or difference of physiological or psychological function. Disability - the loss or limitation of opportunities to take part in society on an equal level with others due to social and environmental barriers.
	Accessibility - is proactive and strives to remove barriers during the design stage of an event, program, space, experience or service. Accommodation - is reactive and strives to remove barriers caused by inaccessible design. This ensures people with disabilities have the same access as people without disabilities.
	Slide explains the services offered by the Centre for Workplace Accessibility.

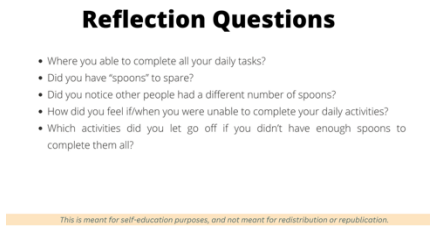
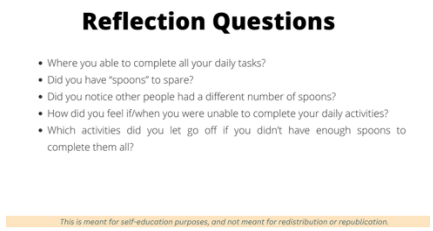
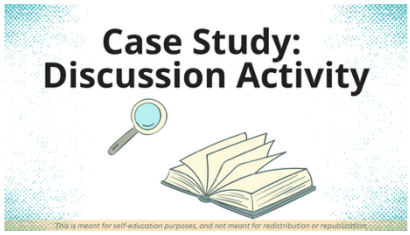
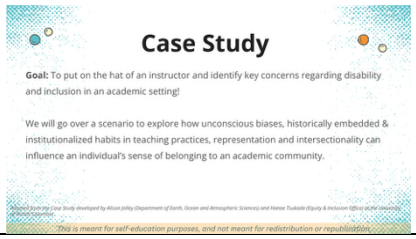
	Slides further explains the services offered by the Centre for Workplace Accessibility and those offered by the Stay at Work/Return to Work.
	The video in this slide outlines the connection between social justice and disability, and recognizes disability an identity to be proud of.
	Ableism - Ableism may be defined as a belief system, analogous to racism, sexism or ageism, that sees persons with disabilities as being less worthy of respect and consideration, less able to contribute and participate, or of less inherent value than others. - Ableism may be conscious or unconscious, and may be embedded in institutions, systems or the broader culture of a society. It can limit the opportunities of persons with disabilities and reduce their inclusion in the life of their communities.
	Ableism (examples) - Making assumptions about someone's abilities based on their disability/condition/neurotype - Saying someone is too [insert "positive" adjective] to be disabled - Inaccessible buildings/infrastructure (i.e. washrooms, entrances) - Schools/employers refusing accommodations, or deliberately providing them in a way that is not supportive of the needs of the disabled person requesting them - Assuming laziness when someone disabled/chronically ill frequently needs time off from work/school - Feeling entitled to the diagnosis/medical details/other information of a disabled person

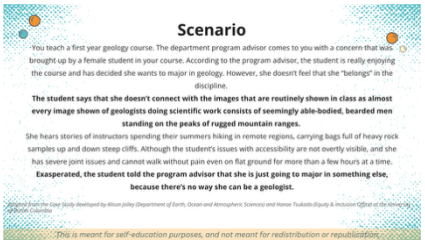
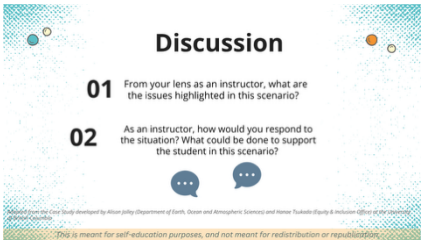
	- Colloquial ableist language (" dumb", "lame", "crazy", "OCD", etc.) - Immigration policies that are exclusive of disabled people -
	Slide introduces the topic of overmedicalization of disability
	Hayes and Hannold (2007) provide 'A Historical Perspective on the Medicalization of Disability': - Disability became a clinical concept in order to categorize individuals according to work or needs-based systems - This medical categorization enabled value to be assigned to different groups of people based on their ability to do the 'necessary work' - Medical categorization led to the 'othering' of people with disabilities - separating, marginalizing and oppressing them - The institutionalization of hundreds of thousands of people with disabilities from the 18th to 20th centuries was a direct consequence of the medicalization of disability
	The Models of Disability Medical Model: - Disability viewed as a structural anomaly - Medical Professionals viewed as experts and agents of change - Disabled individual viewed as passive, compliant recipient of services (Roberts, 2013) Social Model: - Disability viewed as imposed upon individuals with impairments by society/the environment - The outcome of the interaction between a person's impairment and the contextual factors in which they find themselves - Disabled individual viewed as: - Not defined by their disability

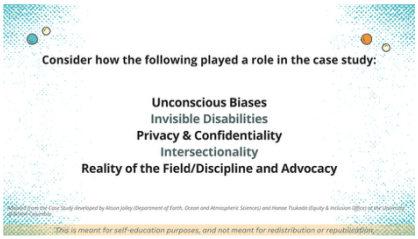
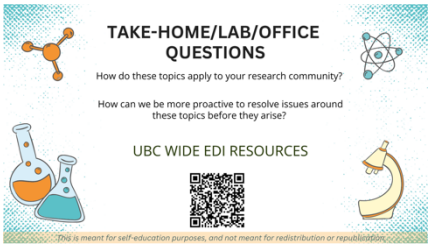
	- Having significant expertise in their own condition and needs - An important agent of change and active participant (Roberts, 2013)

	Ableism and Colonialism
	- Researcher Audrin Thorn from Western Washington University (2020) found that:
	  ○ Ableism and colonialism are deeply entangled
	  I. Colonialism produces impairment
	  II. Eugenics reifies ableism-colonialism
	  ○ Differing Western and Indigenous perspectives on impairment are a result of differing values
	- Indigenous scholars pose that ableism is a colonial construct. One way in which this is reflected is that many Indigenous languages in North America do not have a word that describes the concept of disability (Ineese-Nash, N, 2020).
	- Many Indigenous communities believe that the concept of disability conflicts with Indigenous worldviews. Historically in some Indigenous communities, disability was a welcome characteristic (Lovern, 2008).

	Introduction to the first activity! - To complete all the activities, people would need a bundle of 20 spoons. - Give bundles of 25, 20, 15, and so on down, to bundles of four spoons. - Each participant receives a bundle. - They are told to complete as many activities as they can with the spoons they have. - Naturally, many people will run out of spoons to complete all the activities. They are told to prioritize the activities they considered essential. This is followed up by reflection questions, and then an introduction to spoon theory.

	Reflection Questions - Where you able to complete all your daily tasks? - Did you have "spoons" to spare? - Did you notice other people had a different number of spoons? - How did you feel if/when you were unable to complete your daily activities? - Which activities did you let go off if you didn't have enough spoons to complete them all?
	Spoon Theory - Originally created by Christine Miserandino to help explain chronic pain and the resulting impact on daily life. Has become more widely utilized among other communities since. - Spoons are used as an analogy for energy required to complete daily tasks. Chronically ill/disabled people may have limited "spoons", using more spoons than they have may worsen symptoms or leave them unable to do more. - It addresses how daily tasks may affect our energy levels differently, and how chronic health conditions affect our overall capacities. - It is worth noting that while having less spoons may be due to disability/chronic illness, it can also be the result of dealing with ableism and inaccessibility.
	Introduction to the second activity! - Case study and discussion
	Case Study - Goal: To put on the hat of an instructor and identify key concerns regarding disability and inclusion in an academic setting! - We will go over a scenario to explore how unconscious biases, historically embedded &

	institutionalized habits in teaching practices, representation and intersectionality can influence an individual's sense of belonging to an academic community.
	Scenario You teach a first-year geology course. The department program advisor comes to you with a concern that was brought up by a female student in your course. According to the program advisor, the student is really enjoying the course and has decided she wants to major in geology. However, she doesn't feel that she "belongs" in the discipline. The student says that she doesn't connect with the images that are routinely shown in class as almost every image shown of geologists doing scientific work consists of seemingly able-bodied, bearded men standing on the peaks of rugged mountain ranges. She hears stories of instructors spending their summers hiking in remote regions, carrying bags full of heavy rock samples up and down steep cliffs. Although the student's issues with accessibility are not overtly visible, and she has severe joint issues and cannot walk without pain even on flat ground for more than a few hours at a time. Exasperated, the student told the program advisor that she is just going to major in something else, because there's no way she can be a geologist
	Discussion 1. From your lens as an instructor, what are the issues highlighted in this scenario? 2. As an instructor, how would you respond to the situation? What could be done to support the student in this scenario?

	Consider how the following played a role in the case study: - Unconscious Biases - Invisible Disabilities - Privacy & Confidentiality - Intersectionality - Reality of the Field/Discipline and Advocacy
	TAKE-HOME/LAB/OFFICE QUESTIONS - How do these topics apply to your research community? - How can we be more proactive to resolve issues around these topics before they arise?
	- Question and Answer period. - Wrap up the workshop with a Q+A about the concepts introduced. - Promote UBC Workplace learning resources on Canvas.

Activity I: Spoons

- To complete all the activities, people would need a bundle of 20 spoons.
- Give bundles of 25, 20, 15, and so on down, to bundles of four spoons.
- Each participant receives a bundle.
- They are told to complete as many activities as they can with the spoons they have.
- Naturally, many people will run out of spoons to complete all the activities. They are told to prioritize the activities they considered essential.

This is followed up by reflection questions, and then an introduction to spoon theory. Make sure to also reflect on how disabled people have to use more spoons than they have and how this can exacerbate conditions, and how having less spoons may also be the result of constantly dealing with ableism.

Link for spoons: https://www.amazon.ca/Hiceeden-Colored-Disposable-Plastic-Multi-Color/dp/B0BL355ZKV

Activity II: Case study

- Introduce the activity and the goal of the case study
- Read the scenario
- Introduce Discussion questions
- Give participants 5-10 mins to read the scenario on their own and discuss the questions with their neighbours
- As a group, discuss the questions all together
- As a group, discuss the role of:
    - Unconscious Biases
    - Invisible Disabilities
    - Privacy & Confidentiality
    - Intersectionality
    - Reality of the Field/Discipline and Advocacy
- The following are optional questions participants can reflect on, and/or bring to their next team meeting:
    - How do these topics apply to your research community?
    - How can we be more proactive to resolve issues around these topics before they arise?