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Increasing Inclusiveness and Awareness: Disability in Introductory Psychology

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Introduction

People with disabilities (PWD) number close to 57 million people nationwide and comprise almost 19% of the non-institutionalized population in the United States (Brault, 2012). This makes PWD the largest minority group in the United States (Olkin, 1999). Since the passage of the Americans with Disabilities Act of 1990, PWD are increasingly pursuing post-secondary educational opportunities. 11% of undergraduates have a disability, indicating that they are underrepresented in higher education yet still a substantial minority (National Council on Disability, 2015). Unfortunately, undergraduates with disabilities are less likely to complete their degrees than those without disabilities (34% for the former; 50% for the latter; National Council on Disability, 2015). Thus, disability representation and awareness in the classroom is crucial to validate the identities of members of this student population, and also to prepare students to interact with PWD personally and professionally. Despite these facts, disability continues to be underrepresented in psychology curricula and fewer than 20% of college and university psychology departments cover topics outside of psychiatric disability, such as physical, sensory, and intellectual disability (Rosa, Bogart, Bonnett, Estill, & Colton, 2016). The inclusion of disability in psychology courses is essential to provide students with a broader base of understanding of issues in diversity beyond race, gender, ethnicity, sexual orientation, social class, or religious background (though, due to the ubiquitous and intersectional nature of disability, all of these diversity factors can be tied to the experience of disability in a broad sense). Psychology, as a field dedicated to the understanding of human thought and behavior, is perfectly suited to the education of students on this topic. Discussing the ways in which disability is socially constructed through norms, stigma, and structural barriers can empower students to enact social change. Furthermore, given the broad base of students enrolled in introductory courses, inclusion of disability at this level allows for a varied and diverse target population.

The following resource guide aims to facilitate the inclusion of disability discussion into all areas of psychology and eliminate potential barriers to inclusion by providing faculty with ready to use lesson plans and reading lists. Following a standard introductory psychology curriculum and schedule of topics, we have identified readings and activities that allow for the inclusion of disability in flexible and modular lesson plans across the curriculum. The guide includes references with recent publications and online resources, class activities, lesson plans, and instructor materials for each area of Psychology. Many activities have been cross-listed and could be used to address more than one topic within psychology. The 30 modules contained in this guide can be used in isolation or to structure a course focused on the theme of disability.

NOTE: While every effort has been made to include resources that allow for universal access (e.g. videos with captions), in some cases such materials were not available. In these instances the disability access services offices at your university may be able to provide assistance in converting materials if given adequate lead time.

References

Brault, M.W. (2012). Americans with disabilities: 2010. *Current Population Reports*. Retrieved from <http://www.census.gov/prod/2012pubs/p70-131.pdf>

National Council on Disability. (2015, May 19). *Briefing paper: Reauthorization of the Higher Education Act (HEA): The implications for increasing the employment of people with disabilities*. Retrieved from <https://ncd.gov/publications/2015/05192015>

Olkin, R. (1999). *What psychotherapists should know about disability*. New York, NY, US: Guilford Press.

Rosa, N.M., Bogart, K.R., Bonnett, A.K., Estill, M.C., & Colton, C.E. (2016). Teaching About Disability in Psychology: An Analysis of Disability Curricula in U.S. Undergraduate Psychology Programs. *Teaching of Psychology*.

History of Psychology: Phineas Gage, Disability, and a Complex History

Resource Type

Reading and video

Summary

The history of Phineas Gage's accident and role in the understanding of localized brain function is a compelling story. What is overlooked, however, is that Gage became a person with a disability. His head trauma and brain injury changed the course of his life and to some extent our understanding of how the brain began to be understood. Macmillan's book is a detailed account of the evolving understanding of Gage's history and role in psychology's history of ideas, including the troubling fact that we know precious little that is real and reliable about him, and that much of what has passed as valid accounts are apt to be in error.

Learning Outcome

Students will learn how a traumatic, disabling experience created medical and societal interest in the link between brain and behavior. To explain the connection between brain injury and societal interest in brain and behavior links, instructors can also explain the origins and influence of what the late comedienne, Stella Young, referred to as "inspiration porn." This activity is cross-listed with Neurobiology.

Audience

Undergraduates could be presented aspects and facts of the case of Phineas Gage during the section of the course devoted to the study of brain and behavior (i.e., psychobiology or neuroscience).

Time required

At the instructor's discretion. Video is approximately 9 min.

Resource

Reading

Macmillan, M. (2002). *An odd kind of fame: Stories of Phineas Gage*. Cambridge, MA: MIT Press.

Description of resource

This book is a socio-historical examination of the popularity and myths that developed around Phineas Gage after his accident and eventual death following his brain injury. Gage is not usually classified as a disabled person but his traumatic brain injury suggests he should have been. More than that, like many disabled people, he became a public curiosity and a clear example of what it means to be objectified by the press, the public, the then medical community, and the now scientific community. The author of this book reviews the background of Gage, his family, and the accident, as well as the historical news and medical reports of Gage's state and

treatment, and the fact that Gage's story has promoted the idea of functional locations in the brain.

This book is too detailed and advanced to serve as a supplemental reading for Introductory Psychology, however, it can certainly serve as a reference for an instructor who wants to provide subtext to discussions of the important role that Gage's accident has played in the history of psychology and the history of science (especially regarding the brain). The "tall" tales about Gage suggest that scientists and students should be skeptical about the source and veracity of many ideas, especially case studies such as this one involving people with unusual disabilities who have not provided their own account of their experiences.

Instructors could read this book or sections of it in order to explain the myths and errors that surround the history of Phineas Gage's accident and its influence on psychology and to some extent early neuroscience. The author, Malcolm Macmillan, identifies various problems and issues, including:

-- Besides the fact that in 1848 the left frontal lobe of Gage's brain was largely destroyed by an accident involving a tamping rod (used to place gunpowder during construction of rail lines), little is really known about Gage's life and his history before and after. Yet most of what is recorded about him is full of doubts and errors.

-- Macmillan reviews the contemporary coverage of the accident in medical reports and newspaper stories, shedding light on how people then thought about the event.

-- Particular attention is given to the medical attention Gage received from Dr. John Martyn Harlow, the first physician to treat him after the accident.

-- The fascinating history of how Gage's accident shaped the history of how functions were construed as being localized in the brain.

-- The story of Phineas Gage has largely taken on a life of its own, and the events that transpired have been shared and often misrepresented in science, fiction, and popular culture. What did happen and what does it mean for psychological science?

-- Gage is not usually considered to be a person with a disability, but he is nonetheless. Does his story mean something more or something different if he is treated now as a disabled person rather than a curiosity? Was Gage objectified during his lifetime? Is he still being objectified now, when his case is re-interpreted and re-reviewed for use in psychology and psychology classes?

Additional Resources

An NPR story entitled "Why Brain Scientists are still Obsessed with the Curious Case of Phineas Gage."

<https://www.npr.org/sections/health-shots/2017/05/21/528966102/why-brain-scientists-are-still-obsessed-with-the-curious-case-of-phineas-gage>

Stella Young's explanation and exploration of inspiration porn can be found here:
https://www.youtube.com/watch?v=SxrS7-I_sMQ

History of Psychology: The Mismeasure of Humans: Intellectual Disabilities Real and Imagined

Resource Type

Readings

Summary

The late scientist and author Stephen Jay Gould wrote *The Mismeasure of Man* in response to scholars and lay people who claimed that ranking people based on their genetic “gifts” and talents was a good idea. Gould refuted the idea that one’s biology is one’s destiny. In this classic work, Gould reviews the history of intelligence testing, which actually began as a means to help people rather than to rank them according to pseudoscientific claims. The book was prescient, as years after it appeared debate regarding nativist theories of intelligence re-emerged when the book *The Bell Curve* appeared. Both of these works allow instructors to discuss ethnic bias, race and racism, poverty, and social class, as well as creating links to discussion of the history of intelligence testing and defining intellectual disabilities and their scientific and social meanings.

Learning Outcome

Exposes students to the social challenges posed by reducing people’s supposed intelligence to one representative number. Student will also learn about the origins of eugenics, which are linked to ethno-racial prejudice and discrimination and scientific racism. This activity is cross-listed with Thought, Language, and Intelligence.

Audience

The Gould book is very accessible to undergraduates—it could be discussed in its entirety or a chapter (or chapters) could be assigned. Students could craft discussion questions based on what they read and then take turns leading class discussion. This activity may proceed more smoothly in smaller classes; larger classes may have to be broken into smaller groups, each of which could prepare a short presentation on the contents of a given chapter.

The *Bell Curve* is a more challenging work, one that an instructor will want to carefully explain to students in light of the controversies raised therein.

Another book worth reading that relates to the discussion is the *Mismeasure of Woman*, which challenges the popular presumption that men are the standard to which women must be compared. Tavis explores how the qualities and behaviors of men have always been treated as the norm while women and their often distinct characteristics are viewed as deviations from that norm.

Resource

Reading

Gould, S. J. (1996). *The mismeasure of man (revised and expanded)*. New York, NY: Norton.

Herrnstein, R. J., & Murray, C. (1994). *The bell curve: Intelligence and class structure in American life*. New York, NY: Free Press.

Tavris, C. (1993). *Mismeasure of woman*. New York, NY: Touchstone.

Instructors can use these resources to lead discussions on the nature of and the challenges inherent in defining, let alone measuring, intelligence. Questions abound: Is intelligence best represented by a number, as done with the Intelligence Quotient or “IQ” score? What are the inherent biases in various intelligence tests? Why are they problematic where issues of race, gender, and social class/income level are concerned? Why are people focused on reducing “intelligence” to one number rather than viewing it as a broader and perhaps more contextual concept?

Reading

<https://www.apa.org/monitor/2009/09/intellect.aspx>

This brief article in the APA Monitor on Psychology discusses why culture, not heredity, guides our intellectual development. A quick read, this piece is sure to serve as a good source for discussing alternative approaches to hereditary assumptions regarding intelligence.

For information about scientific racism, go to: https://en.wikipedia.org/wiki/Scientific_racism

Research Methods: Disability as a participant variable

Resource Type

Discussion or reading and response paper assignment

Summary

Experiments are presented as the gold standard of evidence in the scientific method. However, some phenomena cannot be studied experimentally (i.e., a person has or does not have a disability--the presence or absence of disability cannot be randomly assigned in an experiment). Like any participant variable (also known as a subject variable), disability might appear to be a factor influencing a disabled person's behavior but the conclusion will always be tentative because it is correlational, not causal. It would be unethical and, indeed, impossible for a researcher to manipulate presence or absence of disability, disability type, severity level, permanence, or timing of onset. Discuss other participant variables that could affect a person's experience with disability (e.g., experiencing trauma, resiliency, and socioeconomic status).

One example of an interesting quasi-experimental study in which disability variables could not be assigned is that of Smith, Loewenstein, Jankovic, Ubel (2009). These researchers examined 107 people who had virtually identical disabilities (ostomy bag), but some people were expected to recover someday, and others were not. Paradoxically, those who believed that their disabilities were permanent ultimately ended up more satisfied with their lives than those who thought their disability might improve. Knowing a situation might be temporary may prevent people from fully adapting. Because participants could not be randomly assigned, there were potential confounds in the study: participants who received permanent ostomies were more likely to have had cancer, while those with temporary ostomies were more likely to have irritable bowel disorder and be male. The researchers statistically controlled for these differences. The instructor could lead a discussion about other ways to control for these confounds, such as matching participants based on disorder type and gender.

Instructors can lead an interesting discussion with students regarding the fact that while we as either perceivers or investigators may conclude that the presence (or absence) of a disability may appear to lead to particular behavioral outcomes, we may never really know because it is a participant (subject) variable. This reality means that our assumptions and conclusions about how disability affects behavior may be wrong; we may not have examined or measured the factor(s) that are actually driving particular behavioral outcomes.

Learning outcome

The objective is for students to discuss disability as a participant variable which is often impossible to examine experimentally.

Audience

Large or small, lecture or discussion.

Time required

As little as five minutes incorporated into lecture. Alternatively, a 10-minute discussion in a small class, or breakout groups in a large class.

Discussion questions

What are other participant variables that could affect a person's experience with disability (e.g., experiencing trauma, resiliency, and socioeconomic status). What are other participant variables besides disability that are important to examine but cannot be randomly assigned? (e.g. gender, personality, IQ, race). What are potential confounds that could arise from studying these variables? How could they be controlled?

Resource

Smith, D. M., Loewenstein, G., Jankovic, A., & Ubel, P. A. (2009). Happily hopeless: adaptation to a permanent, but not to a temporary, disability. *Health Psychology, 28*(6), 787-791.

Research Methods: Research on Disability in Psychology

Resource Type

Discussion or reading and response paper assignment

Summary

Psychological research has been criticized for not including people with disabilities or focusing on the issues that really matter to people with disabilities. Scholars are calling for better psychological research on disability that includes people with disabilities as researchers and participants and has the goal of empowering them and improving their lives. A good example of this is Participatory Action Research (PAR), which includes people with disabilities as researchers or consultants at every stage of the project, and is aimed toward enacting meaningful change to benefit people with disabilities (Balcazar, Keys, Kaplan, & Suarez-Balcazar, 1998). In PAR, people with disabilities play an active role in defining, analyzing, and solving problems.

PAR Principles

- (1) individuals with disabilities play an active role in defining, analyzing and solving identified problems
- (2) individuals with disabilities generate accurate and authentic analysis of people with disabilities social reality
- (3) people with disabilities develop awareness about their own resources and strengths
- (4) improve quality of life of people with disabilities.

Rhoda Olkin (2003) poses a hypothetical example of how different interpretations of research findings could help or harm the community. Suppose that research finds that blind mothers sometimes give their children the wrong dose of medication because of challenges with measuring. This information could be acted upon in a variety of ways. Regrettably, this information could be used to justify discouraging blind women from becoming mothers. Conversely, an empowering approach would be for the FDA to require tactile measurement labels on all drugs.

Learning outcome

The objective is for students to think critically about how research can harm or help people with disabilities, depending on the approach taken. Students should also understand inclusive approaches to research that can lead to positive change.

Audience

Large or small, lecture or discussion.

Time required

As little as five minutes incorporated into lecture. Alternatively, a 10-minute discussion in a small class, or breakout groups in a large class.

Discussion questions

The example about blind mothers could be posed as a discussion question or as a prompt for a response paper. “Consider a hypothetical study that found that blind mothers are likely to give their children the wrong dose of medication. What are potential actions that might result from these findings? How could psychologists ensure that these findings are used in a way to help and empower people with disabilities? [Discuss PAR principles here.]”

Resources

Balcazar, F. E., Keys, C. B., Kaplan, D. L., & Suarez-Balcazar, Y. (1998). Participatory action research and people with disabilities: Principles and challenges. *Canadian Journal of Rehabilitation, 12*, 105-112.

Olkin, R., & Pledger, C. (2003). Can disability studies and psychology join hands? *American Psychologist, 58*(4), 296-304.

Neurobiology: What is Neurotypical?

Resource Type

Video and discussion questions

Summary

Is Autism a problem that needs to be cured? There are some who would argue that Autism and other neurologically-based diagnoses are simply neurological differences that should be respected.

Learning Outcome

Students will learn about the neurodiversity movement and how neurological difference can manifest through behavior.

Audience

Activity could be used with large or small classes. In large class, recommend breaking into smaller groups and then asking smaller groups to report back to larger group. Students could also be asked to work alone or with a partner and then return to a larger group for discussion.

Time required

Allow 10 minutes to complete activity and 10-15 minutes for discussion. Readings can be used as supplements or assigned and reviewed in discussion.

Resources

Activity

Neuro-typical or Neuro-atypical?

Description of resource

Instructors can use the list of behaviors to stimulate large or small class discussions. It may be helpful to have students consider the behaviors in a small group or with a partner and then return to a larger group discussion. In this activity, students will examine behaviors and discuss the typicality of that behavior. Possible discussion questions may include: Should these behaviors be addressed through treatment? To what extent might this behavior present a challenge for an individual in dealing with others? To what extent could these behaviors present an advantage? What could be done in a school or workplace to accommodate these kinds of behaviors?

NOTE: There is no one right answer for any of the behaviors listed. In your discussion it will be important to consider the individual's age, developmental stage, the length of time the behavior has been present, and cultural factors as many of the behaviors may be developmentally or

culturally appropriate (e.g., young children). Many of the behaviors may be adaptive and can be seen as a form of treatment for environmental sensitivities. It will be important to discuss the extent to which the behavior is problematic to the individual. Student can also consider whether each behavior may offer an advantage in some situations.

Readings

Austin, R. D. & Pisano, G.P. (2017, May – June). Neurodiversity is a competitive advantage, *Harvard Business Review*. Retrieved from <https://hbr.org/2017/05/neurodiversity-as-a-competitive-advantage>

Kapp, Steven K., Gillespie-Lynch, Kristen, Sherman, Lauren E., & Hutman, Ted. (2013). Deficit, Difference, or Both? Autism and Neurodiversity. *Developmental Psychology*, 49(1), 59-71.

Robinson, J.E. (2013, October 7). What is neurodiversity? *Psychology Today*. Retrieved from <https://www.psychologytoday.com/us/blog/my-life-aspergers/201310/what-is-neurodiversity>

Typical or Atypical?

Instructions:

Decide whether the following behaviors are neuro-typical or neuro-atypical. Should these behaviors be addressed through treatment? To what extent might this behavior present a challenge for an individual in dealing with others? What could be done in a school or workplace to accommodate these kinds of behaviors? Could the behavior provide an advantage?

1. Jenny will only eat white foods.
2. Brenda follows a very specific routine in the morning. If her schedule is disrupted in any way she struggles to get through the rest of her day.
3. Lucy did not speak until she was 3 and tends to repeat the same 3 words over and over again.
4. Thomas has difficulty expressing his emotions and is unable to interpret the emotional cues of others.
5. Jason avoids physical contact with others.
6. Nancy wears headphones all of the time.
7. Matt does not look a person in the eye when he speaks to them.
8. Mary cannot focus unless her socks are pulled up to her knees. She says it hurts her when they fall down.
9. Ryan enjoys watching NASCAR. He knows all of the drivers' stats and shares this information with his friends, family, and acquaintances.
10. Tammy prefers to work alone and does not do well in group settings.
11. Sarah can follow directions and clearly understands spoken language but she is non-verbal.
12. Steven refuses to wear clothing that needs to be pulled over his head. He prefers one specific shirt but will wear another shirt if it has buttons or a zipper.

Neurobiology: Treating Phantom Limb Pain

Resource Type

Video and discussion

Summary

Phantom limb pain occurs when an amputee experiences pain or discomfort from their missing limb. For some amputees, the brain does not recognize the limb no longer exists and continues to transmit pain signals as though it is still there. This section will lead to a discussion of treatments available to address phantom limb pain. This topic provides an opportunity to discuss how medical intervention can address an issue that is distressing for people with missing limbs.

Learning Outcome

Students will learn about phantom limb pain, the role of the brain, and treatment options.

Audience

Activity could be used with large or small classes. In large class, recommend breaking into smaller groups and then asking smaller groups to report back to larger group.

Time required

Videos are 3, 5 min and 2 ½ minutes respectively and can be used together or separately. The second provides a scientific explanation of phantom limbs and briefly describes treatment options. The first and third each addresses a different style of treatment, which can provide for a nice discussion of the similarities and differences. Recommend allowing 15-20 minutes for discussion but can be adapted as time allows.

Resources

Video

DNews Talks (2014, March 5). Why amputees get virtual reality limbs. [video file]. Retrieved from <https://youtu.be/tRmYNwWRR78>

TED-ed Talks (2018, October). The fascinating science behind phantom limbs: Joshua W. Pate. [video file]. Retrieved from https://www.ted.com/talks/joshua_w_pate_the_fascinating_science_of_phantom_limbs

UPIVideo. (2009, July 27). Treating 'phantom limb pain' with mirror therapy [video file]. Retrieved from https://www.youtube.com/watch?v=YL_6OMPYwnQ

Description of resource

These videos describe the science behind phantom limb pain and two forms of treatment that can assist an individual who is experiencing phantom limb pain. Videos have closed captioning available but there may be errors. These videos can be used to discuss the neurobiology behind phantom limb pain as well as how this pain can be debilitating. This issue brings to light the fact that it is not the loss of a limb that is problematic but the pain experienced is of primary concern.

Sensation and Perception: Gestalt Principles Apply to Tactile and Auditory Perception

Resource Type

Video, article with images for slides, hands-on activity

Summary

Typically, Gestalt principles of perception are presented in the visual modality only. This approach makes it impossible for blind students to learn the principles. Teaching Gestalt principles in multiple modalities both makes the content accessible to blind students, and helps all students understand how the brain makes sense of incoming sensory input generally.

Learning Outcome

Identify Gestalt principles apparent in multiple sensory modalities.

Audience

Activity could be used with large or small groups. In large class, recommend breaking into smaller groups and then asking smaller groups to report back to larger group.

Time required

10 minutes for mini-lecture; 10 minutes for video; 15 minutes for activity

Resources

Content for slides

Gallace, A., & Spence, C. (2011). To what extent do Gestalt grouping principles influence tactile perception? *Psychological Bulletin*, 137(4), 538-561. doi:10.1037/a0022335

Available

https://www.researchgate.net/publication/51129076_To_What_Extent_Do_Gestalt_Grouping_Principles_Influence_Tactile_Perception

Description of resource

This Psych Bull article contains a number of figures, tables, and graphs to create slides to show students a) basic visual examples of Gestalt principles; b) how most, but not all, studies of Gestalt principles are in the visual modality; c) Gestalt principles are apparent in audition, touch, and gustation as well as vision; d) this fact reinforces the idea that Gestalt processing is a kind of higher-level perceptual processing the brain does to make sense of all kinds of sensory information. There are also some diagrams of how studies of Gestalt principles in touch have been conducted.

Additional information

Images are copyrighted; educational use applies.

Video

Paul Bach-y-Rita and Neuroplasticity

Available: <https://www.youtube.com/watch?v=7s1VAVcM8s8> .

Description of resource

This 10 minute video demonstrates the research of Paul Bach-y-Rita on sensation, perception, and neuroplasticity, and features two people with disabilities talking about their participation in research in their own words. This video augments the Gallace & Spence (2011) article in that it demonstrates how “visual” information can be presented to the brain through touch, and interpreted using similar principles. Gestalt principles are not mentioned explicitly, but can be inferred, providing a good jumping off point for a lecture, discussion, or hands-on activity, depending on the skill level of the class and class size.

Hands-on activity

Create tactile stimuli to demonstrate Gestalt principles that can be perceived through touch. In just a few minutes, students can create tactile versions of Gestalt principles, then have a partner feel without using visual perception and try to identify the relevant Gestalt principle. Perceptual completion and illusory continuation are two good ones to try first.

Description of resource

Wikkistix are inexpensive, widely available, reusable wax sticks that can be used to create tactile graphics for people who are blind or have low vision. You can see some examples here: <http://www.pathstoliteracy.org/blog/creating-large-print-and-tactile-graphs> and here: <https://www.wikkistix.com/sight-impaired/> .

Additional information

Wikkistix are available in smaller quantities from Amazon.com and similar retailers, and through school suppliers, such as SchoolOutfitters.com for larger quantities.

Students who use Braille, or an institution’s disability office, may have examples of tactile images or charts printed on paper similar to Braille that contain example of Gestalt principles.

Consciousness: Disability as a Door to Understanding Reason and Emotion

Resource Type

Reading and video

Summary

How are emotion and reason tied together in our consciousness? Are these two processes tied together; that is, do they depend on one another? Or, are they independent processes? How did the critical examination of a disabling experience reveal insights about emotion, reason, and the brain? Historically, philosophers and early psychologists assumed that reason and emotion were separate processes and that the former was often superior to the latter where the guiding of behavior--especially self-control--was concerned.

Learning Outcome

Students will better understand how a historical accident that led to a traumatic disability sparked interest in the nature of and relation between human reason and emotion.

Neuroscientists like Damasio now argue that reason benefits from emotion and vice versa. The reason that Phineas Gage struggled following his traumatic accident was that the neurological connections that enabled him to rely on both reasoning and emotive processes in his brain were severed.

Audience

Students in either a small or large enrollment class can benefit from learning about the history of Gage and how his fate triggered renewed interest in the link between brain and behavior. Instead of seeing reason as superior to emotion, students can learn that reason and emotion benefit one another and enable humans to make more balanced decisions in daily life.

Time required

This material is cross-listed and can be presented in the context of the chapter on Consciousness, Emotion, or in the chapter on the Brain (i.e., psychobiology, neuroscience). Instructors can explain that historically reason and emotion were treated as almost distinct and separate systems in human behavior. The case of Gage illustrates that both are necessary and work together to help people navigate their daily experiences. The video clip is approximately 6 minutes. The TED talk is 18 ½ minutes.

Primary Resource

Damasio, A. R. (1994). *Descartes' error: Emotion, reason, and the human brain*. New York, NY: Quill. ISBN: 9-780380-726479

Description of resource

The neurologist, Antonio Damasio, uses the historic case of Phineas Gage and his accident with a railroad tamping iron to explore how brain trauma revealed the relationship between rational thought and emotion. Following his accident, “Gage was no longer Gage,” that is, the once reasonable and thoughtful man, a recognized leader to his co-workers, behaved erratically and impulsively. Damasio’s book is not about disability per se, but it does explore how the experience of some people with disabilities, like Phineas Gage, have revealed clues as to how the brain works. Damasio argues that Gage and others show that the loss of emotion due to trauma does not increase reason, rather it disrupts it.

This trade book—or selected chapters—could be used as a supplemental reading(s) in Introductory Psychology. Alternatively, an instructor could provide a brief overview of Damasio’s main arguments in the context of early and more recent attempts to understand consciousness by examining acquired cognitive disabilities.

Alternatively, instructors can show a TED Talk by Damasio on the subject of consciousness, which could then be linked to the case of Gage:

A Ted Talk by Damasio on “The Quest to Understand Consciousness”

https://www.ted.com/speakers/antonio_damasio

Additional information

A YouTube video on *Brain and Behavior: Phineas Gage Revisited*:

<https://www.youtube.com/watch?v=6twe52ojFDg>

Consciousness: Blind People and Non-24 Circadian Rhythm

Resource Type

Video and website resources

Summary

People who are totally blind (cannot see light) often experience non-24 hour sleep-wake disorder. In sighted people, photoreceptors in the eye signal to the suprachiasmatic nucleus (SCN) in the hypothalamus to regulate circadian rhythms. The SCN then signals the pineal gland to release melatonin, a hormone that causes sleepiness. People who do not sense light may, as a result, have a dysregulated (usually longer than 24 hour) circadian rhythm. However, only about 10% of blind people cannot sense light. For the majority of blind people, being able to see even a little light is enough to maintain regulated circadian rhythms.

Learning Outcome

To understand the role of vision and the brain in circadian rhythms.

To discuss that, according to blind people, they can adapt and live well with blindness, but non-24 can be challenging.

Audience

Large or small, lecture or discussion.

Time required

Each video is less than four minutes. One or both can be played.

Resources

Video

Non-24 Hour Sleep Wake Disorder. (2014 June 19). Non-24 can sometimes be more challenging than blindness itself. Retrieved from

https://www.youtube.com/watch?time_continue=32&v=ILzSmPV6-QM

Non-24 Hour Sleep Wake Disorder. (2014 June 19). Realities of living with Non-24. Retrieved from <https://www.youtube.com/watch?v=c8ZRnwNjCpC>

Description of resources

Brief video interviews with blind people who have non-24.

Additional information

Website

The Sleep Foundation website explains non 24 and its prevalence.

<https://sleepfoundation.org/non-24/content/facts-prevalence>

Discussion questions

According to the videos and website, what are the main challenges that blind people with non-24 experience? What are other conditions or situations that might result in circadian rhythm problems? (Answers may include: jetlag, shiftwork, pulling “all-nighters,” too much screentime.)

Memory: The man with the 7-second memory

Resource Type

Video and discussion questions

Summary

Memory loss can be caused by a wide variety of factors and depending on the extent of the loss can be debilitating. This section offers the opportunity to expand on the topics covered in a typical introductory textbook and can open a discussion around how memory loss or impairment can become disabling.

Learning Outcome

Students will learn about memory loss and how cognitive impairment can contribute to disability.

Audience

Activity could be used with large or small classes. In large class, recommend breaking into smaller groups and then asking smaller groups to report back to larger group.

Time required

Video is ~48 min. and could be shown in class if time allows, if not it can be assigned ahead of time. Recommend allowing 15-20 minutes for discussion but can be adapted as time allows. Suggest using this video to supplement the material covered in the textbook. This video presents an extreme case of memory loss but can be a good discussion starter.

Resources

Video

Real Stories (2013, August 13). The man with 7 second memory (Medical documentary) – Real Stories. Retrieved from https://www.youtube.com/watch?v=k_P7Y0-wgos

Description of resource

This documentary depicts the life story of Clive Wearing. Closed Captioning is available but there may be errors. Clive has anterograde and retrograde amnesia leaving him unable to recall the past and unable to form new memories. This video can be used to discuss memory loss as a disability. Possible discussion questions may include: When is memory impairment disabling? How severe must it be? What are coping strategies and accommodations that can be made to assist someone with memory loss?

Memory: Alzheimer's Disease

Resource Type

Myth worksheet

Summary

Alzheimer's Disease (AD) is the 6th most common cause of death in the United States and the most common cause of dementia (nia.nih.gov, 2018). Despite being a common occurrence, there is a considerable amount of misinformation surrounding the disease. This unit will address some of the most common myths related to AD.

Learning Outcome

Students will come away with a more accurate understanding of prevalence, risks, and behaviors associated with Alzheimer's disease.

Audience

This activity can be used with large or small groups. Students can be instructed to work through the fact sheet individually, in small groups, or together as a whole class.

Time required

Recommend allowing 10 – 15 minutes to complete the activity.

Resources

Worksheet

Material adapted from:

<https://www.alz.org/alzheimers-dementia/what-is-alzheimers/myths>

<http://alzheimer.ca/en/Home/About-dementia/Alzheimer-s-disease/Myth-and-reality-about-Alzheimer-s-disease>

<https://www.caring.com/articles/alzheimers-myths>

Description of resource

10 True/False statements addressing common myths on Alzheimer's disease

Additional information

Each of the sites and organizations listed above offer additional information.

True or False?

- T F Memory loss is a natural part of aging.
- T F Memory loss means Alzheimer's disease.
- T F My mother had Alzheimer's, so I'm going to get it too.
- T F Alzheimer's disease is not fatal.
- T F Only older people can get Alzheimer's.
- T F Drinking out of aluminum cans or cooking in aluminum pots and pans can lead to Alzheimer's disease.
- T F There are treatments available to stop the progression of Alzheimer's disease.
- T F Alzheimer's disease can be prevented.
- T F If you live long enough, you'll get Alzheimer's.
- T F Most people with Alzheimer's are not aware of their symptoms.

Myth: Memory loss is a natural part of aging.

Reality: Slowing of memory and thinking is normal with age. Alzheimer's is more than general slowing and occasional memory loss. For example, it is common to forget where you parked your car when you go to the store, it is less common to forget that you drove to the store and decide to take a cab.

Myth: Memory loss means Alzheimer's disease.

Reality: Memory and other cognitive processes slow with age. Some medications and other illnesses may interfere with memory. If memory or cognitive changes begin to affect daily activities, it is a good idea to speak with a health care professional for further testing.

Myth: My mother had Alzheimer's, so I'm going to get it too.

Reality: Not necessarily. While genetics plays a role, a parental case of AD does not mean their children will develop the disease.

Myth: Alzheimer's disease is not fatal.

Reality: There is no known cure for Alzheimer's disease. It is a degenerative and progressive disease that gradually deteriorates all regions of the brain, including those that control vital bodily functions.

Myth: Only older people can get Alzheimer's.

Reality: While the risk of AD increases with age, it is possible to develop early onset Alzheimer's in our 30s, 40s, and 50s.

Myth: Drinking out of aluminum cans or cooking in aluminum pots and pans can lead to Alzheimer's disease.

Reality: The belief that aluminum causes Alzheimer's was popular in the 1960s and 1970s but more recent research has failed to find evidence to support this idea. Using your pots and pans and drinking out of soda cans will not increase your risk of AD.

Myth: There are treatments available to stop the progression of Alzheimer's disease.

Reality: There is no known cure at this time however there are medications and treatments that can slow the progression of the disease.

Myth: Alzheimer's disease can be prevented.

Reality: A healthy diet, regular exercise, and keeping active mentally and socially can all help to reduce the risk of developing Alzheimer's.

Myth: If you live long enough, you'll get Alzheimer's.

Reality: No! Some memory changes and cognitive slowing are normal but Alzheimer's and other types of dementia are atypical.

Myth: Most people with Alzheimer's are not aware of their symptoms.

Reality: While this may be true in the later stages of the disease, those in the early stages of the disease are typically aware of the cognitive changes they are experiencing.

Learning: When Learning is Impaired

Resource Type

Worksheet

Summary

After covering the mechanisms involved in the typical learning process, this unit offers an opportunity to discuss what happens when these processes are impaired and ways the learning environment can be adapted to encourage full participation.

Learning Outcome

Students will learn about common learning disabilities and aspects of universal design.

Audience

This activity can be used with large or small groups. Students can be instructed to work with a partner or in small groups. Students could be asked to explore one or more of the learning disabilities listed below and then report back to the larger group.

Time required

15-45 minutes. Timing will be determined by the number of learning disabilities assigned to each student or group. 5-10 minutes should be allotted for each assigned disability.

Resources

Worksheet

Description of resource

Students can be instructed to look online or in course materials to gather information about the assigned learning disabilities. Students can work in small groups or individually. Students could also be asked to share their findings with the class if time allows.

Descriptions of each disability can be found at

<https://ldaamerica.org/types-of-learning-disabilities/>

Common Types of Learning Disability

Look online for each of the assigned learning disabilities to determine how the disability impacts learning. How could the learning environment be adapted to accommodate each disability?

Auditory Processing Disorder (APD)

Dyscalculia

Dysgraphia

Dyslexia

Language Processing Disorder

Non-Verbal Learning Disabilities

Visual Perceptual/Visual Motor Deficit

ADHD

Dyspraxia

Executive Functioning

Memory

Learning: Behaviorism at work – Applied Behavioral Analysis

Resource Type

Case study

Summary

Applied Behavior Analysis (ABA) is a growing field that is very often a career option for students of psychology. This field makes use of many of the concepts covered in the psychology of learning, including the principles of operant and classical conditioning. ABA has historically been used with children on the Autism Spectrum and focuses on the use of positive reinforcement to reward desired behaviors and eliminate undesirable behavior. Despite its wide use, ABA can be controversial among those with autism and their advocates. Arguments against ABA focus on the generalizability of behavior modification and the stigmatizing goal of eliminating behaviors that make a child different. Proponents of ABA argue that therapy is individualized and promotes independence in children.

Learning Outcome

Students develop an understanding of ABA as a career option and begin to see how concepts covered in class can be applied in the real world.

Audience

Activity could be used with large or small classes. In either case, students should be instructed to work in small groups of 2-5 students. Following the activity, a larger class discussion can be held to share plans.

Time required

Recommend allowing 20-30 minutes for students to read the case study and develop an intervention plan. You may want to allow for an additional 15-20 minutes to discuss as a group at the end. If time allows, students could be asked to present their plans to the larger class.

Resources

Case study and reading

Adapted from Healy, O., O'Connor, J., Leader, G., & Kenny, N. (2008). Three years of intensive applied behavioral analysis: A case study, *Journal of Early and Intensive Behavior Intervention*, 5, 4-22. Available at <https://psycnet.apa.org/fulltext/2014-52728-004.pdf> or <https://psycnet.apa.org/fulltext/2014-52728-004.html>

For a more information on arguments against ABA the follow website may be of use <http://nosmag.org/neurodiversity-for-therapists-is-not-an-oxymoron/>

Additional information and sample behavior plans can be found at http://www.mdaap.org/Bi_Ped_Brief_Interv_Behav_Modification.pdf

Description of resource

In this activity students will develop a behavior modification plan for a child with an Autism Spectrum Disorder. This resource will allow for a discussion of the use of the principles of behaviorism in Applied Behavioral Analysis and its use as a treatment for people on the Autism Spectrum.

Case Study: Jamie

Jamie is a 2 year 4 month old girl who had been diagnosed with an Autism Spectrum Disorder. Her parents have come to you for help in addressing her behavior. A recent assessment indicated that Jamie “displayed poor compliance to adult directions, poor attention to tasks and difficulties with compliance, stereotypical patterns and self-stimulatory behaviors, language and social communication difficulties that impacted primarily on her ability to learn. The following is a summary of the deficits:

- not toilet trained
- fed with a spoon and drinks from a bottle
- has 3 words (sorry, no and now)
- communicates by leading people by the hand to what she wants
- visitors to the house are ignored
- just beginning to imitate actions of favorite characters on TV
- repetitive hand movements - she clenches her hands and presses them tightly up against her face
- walks on tip-toes
- dislikes loud noises (e.g., runs from the garden when she hears the lawnmower)
- has a fascination with a toothbrush and likes to have one in her hand
- watches videos in a repetitive fashion
- difficult to get her to do something she doesn't want to do
- very limited expressive language skills” (Healy, O’Connor, Leader, & Kenny, 2008)

Your task is to select one behavior and design a behavior modification plan to address the identified behavior. Be sure to indicate what learning theory your plan follows.

Emotion and Motivation: Blind people express universal emotions

Resource Type

Video and/or original article

Summary

Researcher David Matsumoto found that congenitally blind and sighted Olympic athletes from a variety of countries produced similar facial expressions upon winning or losing their match. This provides strong evidence for the theory that facial expressions are innate and universal across cultures.

Learning Outcome

To understand evidence that certain facial expressions are innate.

To understand the unique contribution studying congenitally blind people can make to the emotion literature.

Audience

Large or small, lecture or discussion.

Time required

The video is less than three minutes.

Resource

Video

California Academy of Sciences. (2009, April 16) Science Today: Facial Expressions. Retrieved from <https://www.youtube.com/watch?v=5G6ZR5IJgTI>

Description of resources

This video interviews study author David Matsumoto and explains the study clearly. Note: this video is also linked in a resource for the topic of Emotion and motivation: disabilities affecting facial expression.

Discussion questions

Why was it important to study people that were blind from birth in order to test the theory that facial expressions are innate? What does this research tell us about blind people and their emotional communication?

Reference for original article

Matsumoto, D., & Willingham, B. (2009). Spontaneous facial expressions of emotion of congenitally and noncongenitally blind individuals. *Journal of personality and social psychology, 96*(1), 1.

Emotion and Motivation: Disabilities affecting facial expression

Resource Type

Videos and articles

Learning outcomes

Most people have not heard of facial paralysis or facial movement disorders before. The objective is for students to recognize the conditions, understand the significance of facial expression and consequences of reduced facial expression, and to discuss the alternative channels of emotion communication to the face.

Audience

Suitable for large and small classes. Breakout discussion groups could be used in larger classes.

Time required

A variety of videos and readings are presented below, which could be used alone or together depending on time allotted.

Resources

Reading

Bogart, K. R. (2016, May 26). Facial expressions are key to first impressions: What does that mean for people with facial paralysis? *The Conversation*. Retrieved from <https://theconversation.com/facial-expressions-are-key-to-first-impressions-what-does-that-mean-for-people-with-facial-paralysis-59359>

Description

This media article describes different disabilities that result in facial paralysis, psychology studies on emotion recognition of people with and without facial paralysis, and implications for people with these conditions. Note: this also contains a link to a video described in the topic of Emotional and motivation: blind people express universal emotion.

Video

A face without emotion. (2010, April 5). *The New York Times*. Video. Retrieved from http://archive.nytimes.com/www.nytimes.com/interactive/2010/04/05/health/20100406_facialparalysis/index.html

Reading

Benedict Carey. (2010, April 5). Seeking emotional cues without facial clues. *The New York Times*. Retrieved from: <https://www.nytimes.com/2010/04/06/health/06mind.html>

Description

This 2 minute video slideshow is an interview with Kathleen Bogart, a psychologist with Moebius syndrome, a condition resulting in facial paralysis, in which she discusses her experiences with her disability. It requires up-to-date Adobe Flash player. Unfortunately, it is not captioned—alternatively, students could read the article about Kathleen Bogart.

Discussion topics

Discuss the role communication channels play in social interaction. Are there other disabilities or human experiences that share characteristics with facial paralysis? What other disabilities could affect social communication? How can we facilitate interaction with individuals with facial paralysis?

Why might people with facial paralysis be better understood by close family members and friends than strangers or acquaintances?

Reading

Thraysbule, L. (2011, July 8). Doctors may misread expressions when seeing a Parkinson's patient. *National Public Radio*. Retrieved from <https://www.npr.org/sections/health-shots/2011/07/08/137704027/doctors-may-misread-expressions-when-seeing-a-parkinsons-patient>

Description of resource

Parkinson's disease is another disability that affects emotional expression. Approximately half of people with Parkinson's experience a symptom called the expressive mask, meaning the quality, intensity, frequency, and speed of expression in the face, body, and voice are reduced. Facial masking in particular means that the facial expressions of someone with Parkinson's may be dulled, slow and awkward, or frozen. A video describes how these symptoms can affect healthcare communication using the example of Michael J Fox and Muhammad Ali.

Discussion topics

In the video, which person seemed to be displaying more expressive masking? In what other life situations could expressive masking create challenges for people with Parkinson's disease? Why would it be important for doctors to form correct impressions about their patients' sociability and depression? What could be done to help doctors avoid these biased judgments?

References

Readings

Bogart, K. R., Briegel, W., & Cole, J. (2014). On the consequences of living without facial expression. In C. Muller, A. Cienki, E. Fricke, S. Ladewig, D. McNeil, & S. Teßendorf (Eds.), *Handbook of Body – Language – Communication: An International Handbook on Multimodality in Human Interaction* (pp. 1969-1982). Berlin, Germany: Walter de Gruyter.

This chapter provides an in-depth review of emotion expression, experience, and facial

feedback in relation to facial paralysis.

Videos

British Broadcasting Company. (2001, March 7). The Human Face. Part 1: Face to Face.

This video (available on DVD from many libraries) is a lively introduction to human facial expression featuring John Cleese. Two segments feature a young girl, Lauren, with Moebius syndrome, a condition resulting in facial paralysis, who undergoes a surgery to help her smile. The instructor can lead a discussion about the benefits and limitations of the surgery, including that the surgery does not help the person communicate any other expressions, the smile is “on” or “off”, not allowing for subtle expressions, the risk associated with a complex surgery involving general anesthesia on a young child, but that the surgery may improve some functional aspects like speech or drooling. The instructor can also prompt a debate among students about undergoing elective procedures to conform versus tolerating difference.

Thought, Language, and Intelligence: The Debate over Cochlear Implants

Resource Type

Reading and discussion

Summary

Cochlear implants transmit sound signals directly to the brain providing deaf individuals the ability to hear. Cochlear implants can enable the individual to make out spoken language. When implanted at a young age, a child may develop spoken language with minimal delays. Hearing students find it difficult to understand why parents would not opt for a cochlear implant if their child is deaf or hard of hearing. This resource will introduce students to the controversy surrounding cochlear implants in the deaf community who argue sign language is a valid means of communication and deafness does not need to be 'cured'.

Learning Outcome

Students develop an understanding of deaf culture and concerns around cochlear implants.

Audience

It is important to be sensitive to the possibility that students may themselves have cochlear implants. Activity may be better in small classes in which you know the students and can better facilitate this sensitive topic. This activity is cross-listed with Sensation and Perception.

Time required

Readings can be assigned together or separately. Students should be instructed to complete the assigned reading ahead of time. Recommend allowing 15-20 minutes for discussion in class.

Resources

Reading

McWilliams, J. (2018, January 5). When deafness is medicalized: Inside the culture class over cochlear implants. *Pacific Standard*. Retrieved from <https://psmag.com/news/the-culture-clash-over-cochlear-implants>

Description of resource

Article explores issues related to the use of cochlear implants and concerns raised by the Deaf community.

Reading

Sparrow, Robert. (2010). Implants and Ethnocide: Learning from the Cochlear Implant Controversy. *Disability & Society*, 25(4), 455-466.

Description of resource

Article explores issues related to the use of cochlear implants and concerns raised by the Deaf community.

Discussion questions

If your child was born with a hearing impairment and hearing could be fully or partially restored through the use of a cochlear implant, what would you do? Do you think you would make the same decision if you or your partner were hearing impaired?

Is it important for a person with a cochlear implant to learn both spoken language and sign language? Why or why not?

Should sign language be viewed as equal to spoken language? How is it the same as or different from a foreign language?

Thought, Language, and Intelligence: Language Development in Children with Hearing Impairment

Resource Type

Reading, video, and discussion questions

Summary

When we think of language we often focus on spoken and heard language. This section contains resources to expand on this limited definition of language and explores ways to promote language development in children who are deaf or hard of hearing.

Learning Outcome

Students develop a broader definition of language and the time sensitive nature of language development.

Audience

Activity could be used with large or small classes. In large class, recommend breaking into smaller groups and then asking smaller groups to report back to larger group. This activity is cross-listed with Developmental.

Time required

Resources can be used together or in isolation. Video is ~12 minutes long and can be shown in class if time allows. Recommend allowing 15-20 minutes for discussion.

Resources

Reading

Humphries, T., Kushalnagar, P., Mathur, G., Napoli, D., Padden, J., Pollard, C., . . . Smith, C. (2014). What Medical Education can do to Ensure Robust Language Development in Deaf Children. *Medical Science Educator*, 24(4), 409-419.

<https://link.springer.com/content/pdf/10.1007%2Fs40670-014-0073-7.pdf>

Description of resource

This article can be used to prompt a discussion of resources needed by families with children who are deaf or hard of hearing. This is an excellent opportunity to discuss how psychology is an interdisciplinary field and how psychological understanding can be used in a variety of occupations. For example, how can services such as Early Intervention identify these children and ensure language acquisition occurs during the critical period?

Video

ApolloEight Genesis. (2003, January 18). Genie Wiley - TLC Documentary [video file]. Retrieved from <https://www.youtube.com/watch?v=VjZolHCrC8E&t=4s>

Description of resource

Brief summary of the story of Genie Wiley who was severely neglected a child and suffered significant loss of language acquisition. There are full length videos available but this is a good summary of the key points and highlights the risks associated with inappropriate language stimulation during the critical periods. Closed captioning is not available.

Thought, Language, and Intelligence: IQ as a Disability?

Resource Type

Video, book, and discussion questions

Summary

Should low IQ be considered a disability? Historically, those with low IQ have been treated as different and, in many cases, as disabled. This section will explore how IQ is assessed and how we then treat those who score on the lower end of the scale. While labels such as IQ can facilitate access to services, there is also a stigma attached to many diagnoses and labels. Students will have an opportunity to discuss what IQ means and how this information can and should be used in the treatment of others.

Learning Outcome

Students will better understand the historical treatment of people with lower than average IQ.

Audience

Activity could be used with large or small classes. In large class, recommend breaking into smaller groups and then asking smaller groups to report back to larger group. This activity is cross-listed with Sensation and Perception.

Time required

Videos range from 27 minutes to 52 minutes depending on which is selected. Novel should be assigned ahead of time if selected. Videos could be shown in class if time allows or assigned ahead of time. Each resource stands on its own or can be used in connection with one another. Students should be instructed to access one of the resources below and then respond to the discussion questions individually, in small groups, or as a class. Recommend allowing at least 15-20 minutes for discussion but can be adapted as time allows.

Resources

Reading

D'Antonio, M. (2007). *State Boys Rebellion*. Simon and Schuster.

Description of resource

D'Antonio recounts the story of boys institutionalized for “feeble-mindedness” at the Fernald State School during the Eugenics movement. The historical account details the abuse, neglect, and inhumane treatment experienced by the children. This story provides an opportunity to discuss IQ tests as well as their results. Should IQ be used to as criteria for disability?

Video

Dijital, Mike. (2013, March 11). State boys rebellion news story at the Fernald School for boys [video file]. Retrieved from <https://www.youtube.com/watch?v=jstZXEO72BY>

Description of resource

Brief video highlighting the key points described in the book listed above. Approximately 27 minutes long with closed captioning available (errors in captioning).

Video

Coruway Film Institute. (2013, May 1). My Uncle Joe featured documentary [video file]. Retrieved from <https://www.youtube.com/watch?v=LNx56YLSF7c>

Description of resource

Documentary film (~52 minutes) detailing the life story of a man who was institutionalized as a child due to low IQ. Includes interviews with Joe and family members as he reflects on his experiences in the various institutions. Subtitles available. In addition to the discussion topics mentioned above, this video also offers the opportunity to discuss the way language (e.g. 'feeble minded', 'retarded', and 'handicap') is used to describe people with low IQ.

Discussion questions

How do you feel about the way in which the individuals were treated?

Do you think this treatment was appropriate?

Under what circumstances (if any), could this treatment be deemed appropriate?

How would you feel if this was the experience of your family member or loved one?

What ethical issues are raised in these accounts?

How does this historical account compare to treatment today?

Should IQ be used to diagnose disability?

What does an IQ test measure?

How did you feel about some of the language and terminology to describe people with low IQ?

Is institutionalization based on IQ ever appropriate?

Thought, Language, and Intelligence: Deaf in the Military

Resource Type

Video and discussion questions

Summary

In this TED talk, Keith Nolan discusses the challenges he has faced achieving his goal of joining the military as a person who is deaf. This video highlights the lack of understanding of deaf culture and the view of people with hearing disabilities as less capable. The video can be used to launch a discussion of ASL. This could also be used to initiate a debate over the military's policy of excluding people with hearing disability.

Learning Outcome

Students will better understand deaf culture and bias against people with hearing impairment. Students will also come to see ASL as a language like any other language.

Audience

Activity could be used with large or small classes. In large class, recommend breaking into smaller groups and then asking smaller groups to report back to larger group.

Time required

TED Talk is ~18 min. Recommend allowing 15-20 minutes for discussion but can be adapted as time allows.

Resources

Video

Nolan, K. (2011, April). Keith Nolan: Deaf in the military [video file]. Retrieved from https://www.ted.com/talks/keith_nolan_deaf_in_the_military

Description of resource

The video describes the experiences of Keith Nolan as a member of the military. Subtitles and transcripts are available.

Possible discussion questions:

1. To what extent is a school or corporation responsible for accommodating a person with disability?
2. Should the requirement to provide reasonable accommodations extend to the military?
3. What is a "reasonable accommodation"?
4. Should people with disability be prevented from joining the military?
5. Is using sign language and requiring an ASL interpreter different than someone who speaks a foreign language and needs a translator in order to understand English?

Website

For more information on the Americans with Disability Act see

<https://adata.org/learn-about-ada>

Development: Diverse Developmental Milestones

Resource Type

Videos, reading, handouts

Summary

Many Introductory Psychology textbooks include information about the typical life course. Often, textbooks do not do a good job of either explaining ways in which people with disabilities differ in terms of development, nor ways people with disabilities are similar to other people. Instructors can build off the information about typical development in the textbook with these resources.

Learning Outcome

Students compare and contrast development of children with Down Syndrome to typically developing children.

Audience

Activity could be used in large or small classes. In large classes, recommend breaking into smaller groups and then asking smaller groups to report back to larger group. The activities, readings, and videos can be mixed and matched, depending on time available, course format, and learning objectives.

Time required

The readings are short, and could be used in class or out of class. The videos could fill up to an hour of class or homework time, but all break down into minutes-long bites that could be used to illustrate key points.

Resources

Video

Development Milestones for My Son with Down Syndrome

<http://noahsdad.com/milestones/>

Description of resource

A dad lists developmental milestones for his son Noah with Down Syndrome. The format makes it clear that Noah developed physical abilities in the same order as other children, but later. The cute videos of Noah complete with proud parents demonstrates the universality of parents' love and pride as their children learn new skills. In addition, the timeline shows that Noah is ahead of most children in some areas – including riding a school bus alone at age 5, and skiing for the first time at age 5. Each video is a few minutes long, allowing instructors to speed up or stretch a lesson to fit the available time. Videos are clearly explained, making them a good homework or online class activity. A common theme is the universal experience adults have celebrating all children's growth and development of new skills.

Reading

Overview of Early Intervention <http://www.parentcenterhub.org/ei-overview/>

Description of resource

Introductory Psychology may be the only chance for future parents to learn what typical and delayed development looks like, how to get an evaluation, and what to expect.

Reading

Corrected Age for Preemies

<https://www.healthychildren.org/English/ages-stages/baby/preemie/Pages/Corrected-Age-For-Preemies.aspx>

Description of resource

Premature babies development follows the same progression as term babies, but for the first 2 years of life, their development is measured using a corrected age (actual age – weeks premature). Well-meaning friends and family may falsely believe a premature baby has a disability when in fact the baby is typical for babies of their corrected age.

Video

Authentic Assessment in Early Intervention: Lily's Assessment & IFSP Development

<https://sites.google.com/a/vcu.edu/early-intervention-video-library/evaluation-assessment>

Description of resource

This video shows a team assessing a 15-month-old's eligibility for early intervention. Parents often wonder what a formal assessment looks like. This video shows the process, and emphasizes family- and strengths-based practices. Note: The auto-captions are not accurate; the video would need to be captioned. The entire video is 30 minutes. It can easily be broken up into approximately 5 minute chunks using the labels that appear on screen illustrated each part of the process.

Here are some questions to guide an in person or online discussion:

1. Some milestones are met by most children within a very tight window (e.g. a newborn lifting their head) and others have a very wide window (e.g. walking up stairs). Why might that be? Why is it important to consider both average age and variance?
2. What do parents want for their children? (To be happy, healthy, independence, to have meaningful work, to love and be loved, are typical answers). Notice parents of typically and atypically developing children mostly want the same things, but what that looks like may differ.
3. What specific words and behaviors do the assessors employ to include Lily's parent, minimize Lily's and her parent's stress, include strengths, and ensure everyone shares an understanding of the process?

Personality: Personality, Happiness, and Disability - What Makes for a “Good Life”?

Resource Type

Article

Summary

Although this article is really about what factors enable individuals to lead a “good life” (in the sense of positive psychology) following acquired physical disability, part of the discussion centers on what choices and actions people with disabilities can take in order to increase their sense of happiness and well-being. Part of the discussion centers on cultivating positive personal qualities, which to a certain extent, can be linked to personality factors. Although some personality traits are presumed to be more or less fixed and genetic, others can be learned via experience and effort. The article provides five examples: finding meaning in events, developing resilience, expressing gratitude, having a sense of humor, and savoring daily experiences.

Learning Outcome

Students will learn about the correlates associated with living a good life when one has a physical disability. (These variables are also linked to good lives for nondisabled people.)

Audience

This article could be discussed by large or small classes when doing the course’s personality section of chapter.

Time required

Students will need to read the article in advance. The amount of time for the discussion should probably range from 15 to 30 mins, with the aim being to focus on the main points raised in the article.

Here are some questions to guide discussion of the article:

1. How did ancient philosopher define the “good life”? How do people today define what constitutes a “good life”? What is a “good life”?
2. Can people with disabilities lead a good life?
3. What psychosocial factors discussed in the reading predict or fail to predict a good life?
4. What aspects of personality are linked to living a good life? Do these qualities change if disability is present? Why or why not?
5. Are there intentional acts or choices people can make to lead to good lives?

Resources

Dunn, D. S., & Brody, C. (2008). Defining the good life following acquired physical disability. *Rehabilitation Psychology, 53*, 413-425.

Personality: Integrating Disability into a General Discussion of Personality

Resource Type

Reading

Summary

Researchers have long been interested in how and whether personality is linked to disability. Various theories and methodologies have been proposed, the bulk of which are social-cognitive in nature. The main point here is that the examination of personality and individual differences can illustrate how favorable adjustment following disability and positive quality of life can occur. The material presented in this reading invites speculation about future research, theory, and service to people with disabilities. In particular, issues of resilience and personality are considered here.

Learning Outcome

Students will come to understand that some personality traits (e.g., resilience) can promote better adjustment to the onset of disability in some individuals. Of course, it is also important to stress to students that anyone can develop resilience and that people with disabilities are no different than nondisabled people in this regard (i.e., the presence or absence of disability does not preclude the ability to rise about life circumstances that are negative).

Audience

Selected material from this chapter could be discussed by large or small classes when doing the course's personality chapter.

Time required

Instructors will want to review the chapter and draw material from it for class lecture and discussion. Following the material's integration into lecture, allow 15 to 20 mins for class discussion.

Resource

Reading

Elliott, T. R., Barron, L. L., Stein, K., Wright, E., & Lowry, L. (in press). Personality and disability: A scholarly tapestry from disparate threads. In D. S. Dunn (Ed.), *Disability: Social psychological Perspectives*. New York, NY: Oxford University Press.

Description of resource

This chapter can be used to introduce disability into the discussion of personality traits and states. The link(s) between personality and disability have not been thoroughly studied; hence this topic is one that should generate class interest and speculation.

Additional information to supplement discussion of personality and disability via resilience can be found at “The Road to Resilience” on the American Psychological Association’s web site. Go to: <https://www.apa.org/helpcenter/road-resilience.aspx>

The following questions can guide class discussion:

1. Define resilience.
2. What is resilience?
3. Is resilience a state or a trait?
4. Do you believe individuals learn resilience on their own? Or can resilience be taught?
5. Do people with disabilities who exhibit resilience differ from nondisabled persons who are resilient? Why or why not? If they do, in what ways? If they do not, why not?

Social Psychology: The Insider-Outsider Distinction

Resource Type

Reading for instructor to draw material for lecture and discussion. Alternatively, students could read and discuss the article.

Summary

Classic research in social psychology identified the actor-observer difference (also sometimes referred to as the correspondence bias). Essentially, when social actors seek to explain their own behavior, they generally look to their situations, that is, the social and environmental constraints that shape their actions. In contrast, observers explain actors' behavior by positing the presence of dispositional or personality factors as the cause of what they do or don't do.

In the study of disability, Tamara Dembo anticipated the actor-observer difference in the context of disability. She referred to the ways that disabled persons and non-disabled persons view disability as the insider-outsider distinction. Here, insiders (disabled individuals) know what the experience of disability is actually like, that it is one factor in their lives but not necessarily a dominant factor or even a preoccupation. Outsiders (nondisabled people), however, assume that disability is all encompassing so that disabled persons are burdened by their condition—in effect, they ignore the situational constraints that affect the behavior of disabled persons (e.g., lack of curb cuts or ramps that make using a wheelchair easier).

Learning Outcome

Students will better understand how one's perspective influences inferences about self and others, particularly where the experience of disability is concerned.

Audience

The reading material could be shared with large or small classes. In large class, recommend breaking into smaller groups and then asking smaller groups to report back to larger group.

Here are some questions to guide discussion of the article:

1. Define the insider-outsider distinction? Is it the same as social psychology's well-known actor-observer difference? How so? If not, why not?
2. Disabled people are said to be insiders where their experience of disability is concerned. Does this mean they know only their own experience of disability (i.e., the disability they have) or can they also understand the experience of other disabled people with similar or different disabilities?
3. Why do outsiders frequently distrust or disregard the accounts of insiders?
4. What are the assumptions that outsiders make about disability? Why are their inferences regarding disability likely to be biased?

5. How can outsiders come to better understand and appreciate the perspectives of insiders where matters of disability are concerned?

Time required

Students could read the article before class and then identify key points for discussion in small groups (if the class is large). Allow approximately 10 to 15 min for discussion, perhaps alongside the traditional actor-observer effect from social psychology.

Resource

Reading

Dembo, T. (1964). Sensitivity of one person to another. *Rehabilitation Literature*, 25, 231-235.

Description of resource

This is the original article that introduced the insider-outsider distinction. Dembo's point is that the difference in viewpoint of people with disabilities (insiders) and nondisabled people (outsiders) must be considered in order to both discern and properly use psychological knowledge effectively in the rehabilitation settings. Dembo's point can also be profitably used to help nondisabled students understand that their beliefs and expectations about disability may be wrong, that disability may not be as negative as is presumed.

Additional Resources

Further discussion on the insider-outsider distinction can be found in:

Dunn, D.S., Fisher, D.J., & Beard, B.M. (2012). Revisiting the mine-thine problem: A sensitizing exercise for clinic, classroom, and attributional research. *Rehabilitation Psychology*, 57, 113-123. Doi: 10.1037/0090-5550.50.2.183

Wright, B. A. (1975). Sensitizing outsiders to the position of the insider. *Rehabilitation Psychology*, 22, 129-135.

Social Psychology: Social Psychological Biases and Disability

Resource Type

A scholarly chapter identifying social psychological biases (and some heuristics) that are often used by perceivers to (pre)judge disabled persons.

Summary

Social psychological research is replete with judgmental biases and heuristics (mental shortcuts) that often work well in daily life, except, perhaps, when they are applied to understanding other individuals and groups. Such social biases are particularly problematic when they are applied to navigate race, gender, and sexual orientation. What is often overlooked is the fact various biases are also used to understand people with disabilities and their experiences.

Learning Outcome

Students will become familiar with common inferential/judgmental biases that guide perception and evaluation of people with disabilities. Such biases often lead to stereotyping, as well as prejudicial thoughts and discriminatory behaviors.

Audience

The reading material could be shared with large or small classes.

Time required

No more than would be required for presentation and questions and answers regarding lecture and discussion materials. The chapter is probably too long and detailed for students. However, instructors can draw sample biases from it in order to augment discussion of stereotyping, prejudice, and discrimination beyond considerations of race/ethnicity, gender, and sexual orientation.

Resource

Reading

Dunn, D. S. (in press). Judging disability: Some biases identified by social and rehabilitation psychology. In D. S. Dunn (Ed.), *Disability: Social Psychological Perspectives*. New York, NY: Oxford University Press. ISBN: 978-0-19-998569-2

Description of resource

Social psychologists have identified a large number of heuristics and biases, many of which deal with daily social judgments people make about other people and groups. A similar catalog of social biases exists in rehabilitation psychology, where the focus is generally on the ways that nondisabled people infer what the experience of people with disabilities (PWDs) is presumably

like. In this context, disability refers to a congenital or acquired physical or mental condition that limits a person's movements, sense or senses, or activities.

This chapter reviews some biases studied in social psychology through the lens provided by disability and then considers other, related social biases traditionally examined by rehabilitation psychologists. In both cases, nondisabled observers, who usually mean well, believe that they see the social world objectively and that others' disagreements with their perspectives suggests bias, irrationality, or an uninformed perspective. The problem is that these observers rarely recognize that their perceptions of disability and disabled individuals are typically subjective, inaccurate, and unrealistic. The hope is that professionals and laypeople—like college students—can learn to recognize when these social biases are influencing the judgments of other people and even themselves.

The confirmation bias, for example, which is drawn from social psychology, demonstrates that if observers assume that the presence of a disability always limits an individual's independence and initiative, then they will focus on behaviors (or the lack there of) that *confirm* this expectation while ignoring acts that serve as counterexamples. Similarly, in rehabilitation psychology, researchers have identified the *requirement of mourning*, where nondisabled persons attributionally expect that disabled persons must be suffering due to disability. If they do not display any upset linked to their disabilities, nondisabled observers are usually moved to derogate them in some manner (e.g., the disabled person is pretending to be fine when she can't be) in order restore psychosocial order (i.e., disability is negative so those who have a disability should not be happy, and so on).

Numerous other biases drawn from social psychology and rehabilitation psychology are revised in the context of disability within this chapter. Those from social psychology include the actor-observer difference, the fundamental attribution error, the trait ascription bias, the outgroup homogeneity effect, halo effects, the conjunction fallacy, and the just world phenomenon. The biases identified by rehabilitation psychology include the insider-outsider distinction, the fundamental negative bias, the requirement of mourning, deindividuation and labeling, and the spread phenomenon. Instructors can present biases from both subfields and explain how they are used by people in everyday settings when they encounter or reflect on people with disabilities. Instructors can introduce these biases to illustrate how people are prone to make judgments with little or no evidence (or in the case of understanding disability, experience with disability or people with disabilities) in order make sense of their social worlds and to often maintain psychological order (consistent expectations) within them.

Social Psychology: Helping Outsiders Think Like Insiders—the Mine/Thine Exercise

Resource Type

Class activity followed by discussion

Summary

Wright (1983) described the “mine/thine” exercise, which is designed to help outsiders become more open-minded about the experience of insiders while at the same time becoming more aware of Kurt Lewin’s person-environment relation. Two recent replication studies demonstrate that the exercise is robust (Dunn, Beard, & Fischer, 2012).

Learning Outcome

Students participate in activity where most will identify a disability they possess (broadly defined) and have an imagined opportunity to trade it for some other disability (one that poses more or less of a challenge than the one they already have). The majority of participants in the exercise routinely elect to keep their own disability, demonstrating that disabilities are part of people’s identities. This realization enables students to appreciate as outsiders (i.e., nondisabled persons) that disabilities are not necessarily a problem for insiders (i.e., people with disabilities).

Audience

Activity could be used with large or small classes. Detailed directions for conducting the activity in the classroom are provided in the Primary Resource. In addition, variations on the basic activity are also presented in the article.

Time required

Recommend allowing 30-45 minutes for doing the exercise and holding a discussion in class.

Resource

Reading

Dunn, D. S., Fisher, D. J., & Beard, B. M. (2012). Revisiting the mine-thine problem: A sensitizing exercise for clinic, classroom, and attributional research. *Rehabilitation Psychology, 57*, 113-123. doi: 10.1037/0090-5550.50.2.183

Description of resource

Two studies revisit a sensitivity exercise designed to heighten awareness of the social psychology of disability. The “mine/thine problem” (Wright, 1975) is an imagination exercise where an individual’s (self-defined) disability is paired with another’s (different) disability. Participants imagine whether they would rather keep their disability or exchange that possessed by another person. The first study (N = 52) is a conceptual replication, while the second (N = 50)

paired participants' disabilities with a condition independently rated as more or less severe. The participants in study 2 also completed the Scale of Attitudes Toward Disabled Persons (SADP; Antonak & Livneh, 1988) 3 times: 1 week before participation, immediately after, and 2 weeks later. As Wright (1975) claimed, participants (outsiders) retained their own disabilities (78% in Study 1, 90% in Study 2) rather than imagining switching to an unfamiliar other disability; varying the paired disabilities' severity had no influence on participants' preferences in Study 2, where, compared with pretest scores, participants reported more positive attitudes on the two posttest SADP assessments. This simple exercise can sensitize participants to insider (people with disabilities) and outsider (nondisabled) perspectives, promoting more favorable attitudes toward disability.

Social Psychology: The Power of Situations where Disability is Concerned

Resource Type

Reading

Summary

Provides some historical background on social psychologist Kurt Lewin who argued that the situations people find themselves in (and the social and psychological variables present therein) have more influence on people's actions than do personality traits. Lewin specifically argued that behavior is a function of the person and the situation in which she finds herself, or $B = f(P, E)$. Where disability is concerned, a disabled person's actions may be curtailed due to environmental constraints (e.g., lack of ramps for wheelchair access to buildings, no elevator available to reach higher floors in a public office tower), a fact that is not due to their disability. However, observers will often attribute such problems to the person rather than the environment.

Learning Outcome

Students will learn about the shared history between social psychology and rehabilitation psychology, as well as each field's emphasis on the manner in which situations and contextual factors can override personality traits as causes of behavior.

Audience

Activity could be used with large or small classes. In large class, recommend breaking into smaller groups and then asking smaller groups to report back to larger group regarding the article's content. As part of this discussion, students should be encouraged to identify everyday situations that can prove "handicapping" to people with disabilities. The term *handicapping* refers to characteristics found in the environment—never a person. Such characteristics prove challenging to people with disabilities. For example, a lack of curb cuts makes navigating a wheelchair more difficult. Some people with disabilities require ramps to enter buildings, and so on. This simple interactive exercise will help to illustrate how our built world is designed for nondisabled rather than disabled people.

Questions to explore during class discussion of the reading or the instructor's presentation of the ideas in the article include:

1. What did Lewin mean by the "person-environment relation"? What is meant by the "power of the situation"? How do situation affect behavior?
2. How does the environment often have a more profound effect on behavior than a person's traits or personality?

3. Why are people with disabilities “handicapped” by aspects or qualities of the environments they navigate?
4. Why should we never say that a person with a disability is handicapped per se but that aspects of the environment can handicap her progress through it?
5. Why do social perceivers attribute disabling qualities to people with disabilities rather than features of the environment that prove to be disabling?

Time required

The material from the article can be introduced into a lecture on social psychology. If the reading is discussed, it should be read in advance. 10 to 15 minutes should be sufficient to cover main details and links between the subfields.

Resource

Reading

Dunn, D. S. (2011). Situations matter: Teaching the Lewinian link between social psychology and rehabilitation psychology. *Journal of the History of Psychology, 14* (4), 405-411.

Additional Resource

A related discussion can be found in:

Dunn, D. S. (2015). *The social psychology of disability*. New York, NY: Oxford University Press.

Social Psychology: The Social Psychology of Disability

Resource Type

Reading and discussion

Summary

Background on how social psychological knowledge has been applied to understand the experience of people with disabilities, including how they think about themselves and interact with nondisabled people. Social psychologists have focused on issues of person perception (how nondisabled people view disabled persons, and vice versa) and non-disabled people's generally negative attitudes towards people with disabilities. Social psychology has also helped to inform rehabilitation psychologists who work with disabled people to use Lewin's person-environment relation to ameliorate the psychosocial situations disabled people encounter. Instructors can draw theory and examples from the book to explain and illustrate social psychological phenomena.

Learning Outcome

Students learn about the social psychological processes linked to perception and interaction with people with physical, intellectual, and emotional disabilities based on classic and contemporary research.

Audience

Students could learn about particular topics selected by the instructor when reading the introductory psychology text's social psychology chapter. Activity can be used with large or small classes. In large class, recommend breaking into smaller groups and then asking smaller groups to report back to larger group.

Time required

Chapters or sections of chapters from the book can be assigned together or separately. Students should be instructed to complete the assigned reading ahead of time. Recommend allowing 20-30 minutes for discussion in class.

Resource

Reading

Dunn, D. S. (2015). *The social psychology of disability*. New York, NY: Oxford University Press.

Description of resource

This is the first book designed to review, organize, update, and critique the scientific literature on the social psychology of disability in over 30 years. Topics include fundamental psychosocial concepts for understanding disability; stigma, stereotyping, and disability; attitudes toward

people with disabilities; coping with and adjusting to disability; disability identity; positive psychology, disability, rehabilitation, and the ecology of disability.

The book is probably too detailed and lengthy to serve as a supplemental reading in the introductory course, however, instructors can select various concepts and constructs from the text to illustrate how social psychological principles can inform understanding of disability. For example, when teaching about the self and identity in the social psychology segment of general psychology, an instructor can introduce the idea of disability identity or pride, which serves as a beneficial and positive role in the formation of identities of people with disabilities (see chapter 6 in the text). Disability identity usually results from and creates a bond with the larger disability community.

Chapter 2 in the book reviews fundamental psychosocial concepts that can help both nondisabled and disabled persons understand disability. Consider the example of *identifying assets*: No matter how severe a disability may be, every person with a disability can still point to some existing asset or assets or seek an opportunity to develop some. Assets can entail personal qualities or strengths (e.g., friendliness), education, work or career skills (e.g., expertise in some area), social support (i.e., family, friends), personality (e.g., extraversion), recreational interests (e.g., hobby, travel), and spirituality (e.g., faith), among many other possibilities. The presence of assets benefits people with disabilities by developing or maintaining identities or social roles because what people do for work or pleasure can reveal how they think about themselves and present themselves to others. Assets represent real or potential psychosocial resources for disabled individuals.

Other chapters review stigma and stereotyping (chapter 3), attitudes towards people with disabilities (chapter 4), coping with and adjusting to disability (chapter 5), positive psychology and disability (chapter 7), and the ecology of disability (chapter 8).

Health: Disability rights and pride

Resource Type

Video and Powerpoint resources

Summary

Although most health conditions can be considered disabilities and vice-versa, there is little coverage of disability in health psychology. The Americans with Disabilities Act defines disability as a condition that significantly affects at least one major life activity such as caring for oneself, seeing, hearing, walking, performing manual activities, communicating, and learning and is not transitory or minor, OR being perceived as having such an impairment. Thus, even though the stereotypical image of what constitutes a disability (i.e., a person in a wheelchair) is rather limited; most mental and physical health conditions served by health psychologists can be considered disabilities. Examples include multiple sclerosis, cerebral palsy, Tourette's syndrome, cancer, HIV/AIDS and severe depression. In fact, disability is considered the most common minority group, constituting about 19% of the U.S. population. Below, we discuss disability rights and pride, concepts relevant to many disabling health conditions, even if they are commonly characterized as such.

Learning Outcome

Many students think that the topic of disability is not relevant to them and because of lack of disability representation in society, do not recognize disability as a large, important minority group. The objective is for students to recognize that disability is an issue that will affect them, their family, and/or their friends, as well as society at large.

The majority of people from Westernized cultures adhere to the medical model of disability, although they are not aware of the existence of disability models at all. The concept of the social model is generally foreign. The objective is for students to discuss different disability models, and especially the social model.

Relatedly, due to significant disability stigma, the idea of disability as a positive social identity or disability pride is surprising to many students. The objective is for students to extend knowledge of social construction to positive disability identity.

Audience

Large or small, lecture or discussion.

Resources

Powerpoint

[Social Construction of Disability](#)

Description of resource

The PowerPoint file in the appendix provides a module for explaining how disability can be socially constructed. It prompts the class to do a thought experiment imagining what a society would be like if everyone had a disability. It becomes clear that the built environment would accommodate the disability and there would be an absence of stigma. This pairs well with the social model of disability YouTube video linked below.

Video

Adams-Spink, G. (2011, Nov 7). Social model animation. [Video file]. Retrieved from <https://www.youtube.com/watch?v=9s3NZaLhcc4>

Description of resource

This YouTube video is an animation depicting what the world would be like if everyone used a wheelchair, thus illustrating the role of society in constructing disability.

Duration: 2 minutes

Description of resource

Activists with disabilities have advocated for civil rights for many years. Two landmark laws include section 504 of the Rehabilitation Act and the Americans with Disabilities Act of 1990. Before these laws, people with disabilities were not protected against discrimination in the workplace, education system, or public places. The videos below depict the role of disability rights activists in getting these bills passed.

Video

Neudel, E., Gilkey, A. (2011). Lives worth living: The great fight for disability rights. [Motion picture]. In Independent Lens. Storyline Motion Pictures. (Available for acquisition from: <http://storylinemotionpictures.com/lives-worth-living>)

Description of resource

This PBS documentary describes the history of disability rights in America.

Duration: 1 hour

Video

Sadie3doodles. (2017, March 3). The Capital Crawl 1990. Retrieved from https://www.youtube.com/watch?time_continue=10&v=AyEgllrA7ko

It's Our Story. [2010, July 21]. Jennifer Keelan Video. Retrieved from <https://www.youtube.com/watch?v=kU9cDyqvH-g&t=84s>

Description of resource

The two clips above could be used instead of the hour-long documentary cited above. The Capital Crawl was a dramatic protest led by disability rights activists to spur the passing of the Americans with Disabilities Act. The first video is a student project describing the history leading

up to and including the protest, and the second video is a short interview with the little girl (now grown up) who became a symbol of the movement.

Captioned.

Duration: each less than 5 minutes.

Video

Comedy Central (2018, February 21). Drunk History - Judy Heumann Fights for People with Disabilities. [Video file]. Retrieved from

<https://www.youtube.com/watch?v=kzgpPsAQdjQ>

Description of resource

This is a clip from the popular comedy show Drunk History, which described disability activists' efforts to pass section 504 of the Rehabilitation Act, including a month-long sit-in in San Francisco. This will be a popular clip among students: it is funny and irreverent, but also educational. Note: there is explicit language.

Captioned

Duration: 8 minutes

Discussion questions

Disability is considered the largest minority group in the United States. Compare and contrast the experiences of disabled people with other minorities such as racial, ethnic, and sexual minorities.

Disability Pride

Reading

National Council on Independent Living. (2017, October). Disability Pride Toolkit and Resource Guide. Retrieved from: <https://www.ncil.org/disability-pride-toolkit-and-resource-guide/>

Description of resource

Health conditions and disabilities are stigmatized minorities. Like other minority groups such as blacks and LGBTQs, some disabled people are developing pride in their identities to subvert stigma. The website below is a disability pride toolkit. It includes a history of disability pride parades, and vignettes and videos with disabled people about disability pride.

Discussion questions

Why do you think that the disability pride movement is smaller than other minority pride movements? Generate examples of disability pride.

Format: discussion, which could occur in a small >40 person class, or in a larger class divided into small groups.

Abnormal Psychology: Mental Illness as Invisible Disability

Resource Type

Video, Reading, Discussion

Learning Outcome

Identify mental illness as one kind of invisible disability
Compare and contrast visible and invisible disabilities

Audience

Video, reading, and discussion can be used online and face-to-face in small classes, or larger classes broken up into smaller groups for discussion.

Time required

20 minute video to watch in class or at home. 20 minutes of reading to do at home or in class. 10 - 20 minutes for discussion asynchronously or synchronously online, or in class.

Resources

Video

Spencer-Thomas, S. (2015). Brain Disorders and Mental Health. Available:

<https://youtu.be/8epBcKwGfj8>

Back up link (from Invisible Disabilities Association videos page):

<https://invisibledisabilities.org/ideas-invisible-disabilities-education-and-support/brain-ideas-symposium/brain-ideas-videos/>.

Description of resource

20 minute video from a meeting of the Invisible Disabilities Association presented by clinical psychologist and suicide survivor. Introduces the idea of mental illness as a type of disability, and draws analogies to physical illnesses to introduce ways of reducing stigma and finding effective interventions.

Additional information

How Do You Define Invisible Disability? One page fact sheet on the Invisible Disabilities website at <https://invisibledisabilities.org/what-is-an-invisible-disability/>. This page draws some comparisons between visible and invisible disabilities (e.g. the public's expectations of functioning for wheelchair users versus people who do not look sick or disabled).

Video

Lane Community College Center for Accessible Resources. (2016). Invisible Disabilities In The Classroom

https://www.lanecollege.edu/sites/default/files/disability/presentation_invisible_disabilities_in_the_classroom_fall_2016_in_service.pdf

Description of resource

Slide deck from training on invisible disabilities in college classrooms. Includes discussion questions.

Here are some questions to facilitate an in person or online discussion:

1. Make a list of visible and invisible disabilities. What are some similarities and differences between them? What are some similarities and differences between mental illness and other invisible disabilities?
2. Which disability laws apply to people with mental illness? What are some typical accommodation and elements of universal design that apply to mental illness?
3. What are some risks and benefits of identifying as a person with a disability?

Additional Resources: Universal Design for Learning (UDL)

Resource Type

Various formats including readings, videos, and websites.

Summary

Universal Design for Learning (UDL) aims to create a learning environment and resources

Learning Outcome

Faculty and students will better understand the principles of UDL and how to incorporate these principles into their courses.

Audience

This unit is intended for faculty use in course and assignment design but could be adapted for use with students. For example, students could be asked to explore the resources below and then create or adapt a lesson plan or classroom activity incorporating aspects of UDL

Resources

Websites

CAST (2018). Universal Design for Learning Guidelines version 2.2. Retrieved from <http://udlguidelines.cast.org>

This website offers information related to the basic principles in UDL

CAST (2018). UDL on Campus. Retrieved from <http://udloncampus.cast.org/home#.W-xosOhKhaQ>

This website offers a wide variety of resources and information on how to incorporate UDL at the college level.

Colorado State University (2010). The Access Project. Retrieved from <http://accessproject.colostate.edu/udl/>

This website provides tutorials on adapting materials in Word, PPT, and other commonly used software to incorporate UDL.

Readings

Burgstahler, S. (2013). Universal design in higher education: Promising practices. Seattle: DO-IT, University of Washington. Retrieved from https://www.washington.edu/doit/sites/default/files/atoms/files/Universal%20Design%20in%20Higher%20Education_Promising%20Practices_0.pdf

Video

General overview of UDL https://youtu.be/O_MCvjkd8Jc

UDL in Assessment <https://youtu.be/AzRsqPqGIPw>