Disabilities, Diversity & Inclusion

# Module 1: What is ableism?

Note: This text script is intended for use as an accessibility tool for use with the video for module 1, “what is ableism?” To access the video, visit <https://bit.ly/33XiOap>. This script and related video content are copyright 2021, Karla Fitch. Please do not copy this content without express written consent from the author.

## SLIDE 1

**SLIDE DESCRIPTION:** A title slide

**SLIDE TEXT:** Disabilities, Diversity & Inclusion, part 1: Introduction to ableism. Created by Karla Fitch, MTCS; Connecting for Kids (she/her/hers). MSW student – Cleveland State University.

**SLIDE SCRIPT:** Welcome to disabilities, diversity and inclusion, part one – introduction to ableism.

## SLIDE 2

**SLIDE DESCRIPTION:** Icons depicting a caution symbol and a group of people appear under the title, “content notes.”

**SLIDE TEXT:** Ableism/Offensive Language: This presentation Includes historical information and ableist language that may be upsetting to some. This information is included for the purposes of educating others on the harm caused by ableism.

Person-First Vs Identity-First Language:

This presentation uses both person-first and identity-first language interchangeably since either may be used depending on individual preference. When interacting with people with disabilities, it is important to consider individual preference.

**SLIDE SCRIPT:** Before we begin, I would like to address two content notes.

First, this program contains references to ableism and some offensive language. This information is included for the purposes of educating others on the harm caused by ableism.

Second, this presentation uses both person-first and identity-first language interchangeably since either may be used depending on individual preference. When interacting with people with disabilities, it is important to consider individual preference.

## SLIDE 3

**SLIDE DESCRIPTION:** A photo of school-aged, Black American boy who uses a wheelchair is shown. The boy is writing at a desk in a classroom.

**SLIDE TEXT:** Over the course of this program, we will explore how ableism took hold in our society, how ableism hurts different people and groups, and what ableism can look like for those who experience it. We will end with a reflection on how individuals and groups can work to dismantle ableism.

We’ll use four questions to guide us:

* Part 1: What is ableism?
* Part 2: Why does it matter?
* Part 3: What does ableism look like?
* Part 4: What can we do about it?

**SLIDE SCRIPT:** One of the biggest challenges facing people with disabilities in America is ableism. Like racism, sexism, ageism, and other prejudices, ableism results in the systematic oppression of a group of people within our society. This program is designed to help parents, caregivers, providers, and people with disabilities to build a working understanding of ableism. After completing the program, you will not only be able to recognize ableism, you will also be able to apply what you have learned to dismantle it.

To guide us on this journey, we’ll be using four questions. They are:

* What is ableism?
* Why does it matter?
* What does ableism look like?
* What can we do about it?

The program is divided into four parts to make it easier for you to learn at your own pace. This presentation covers the first question, “what is ableism?” by offering you some definitions, a framework for how ableism appears in our thoughts and our actions, and some history and models that are commonly used to explain ableist behavior.

Parts 2, 3, and 4 will share more about how ableism hurts different people and groups, give examples of what ableism looks like, and share some tools to help you to dismantle ableism.

## SLIDE 4

**SLIDE DESCRIPTION**: A photo of two professionally dressed women sitting at a table in a café. One woman is seated on a bench with a cup of coffee. The other woman is seated in a wheelchair. They appear to be deep in conversation.

**SLIDE TEXT:** Part 1: What is ableism?

**SLIDE SCRIPT**: Let’s get started.

## SLIDE 5

**SLIDE DESCRIPTION:** Two text definitions with citations.

**SLIDE TEXT: A BELIF:** “Ableism is the belief that atypicalities… are inherently inferior” (Mackelprang, 2011, p. 698). AN ACT: Ableism is “prejudice and discrimination toward individuals simply because they are classified as disabled - regardless of whether their impairments are physical or mental, visible or invisible”( Nario-Redmond, 2020, p. 6).

**SLIDE SCRIPT:** There are many definitions for ableism. In fact, Michelle Nario-Redmond’s 2020 book, “Ableism: The Causes and Consequences of Disability Prejudice,” shares at least five different alternatives. From all the alternatives out there, I’ve chosen these two:

The first definition reads: “Ableism is the belief that atypicalities are inherently inferior.” This comes from Ryan Mackelprang’s chapter in Doman Lum’s “Culturally Competent Practice,” a book designed to build skills for social workers who work with diverse populations.

The second definition comes from Michelle Nario-Redmond. It describes ableism as “prejudice and discrimination toward individuals simply because they are classified as disabled - regardless of whether their impairments are physical or mental, visible or invisible.”

Great. But why do we need two definitions? Isn’t it enough to know that ableism is a form of prejudice? Sure. But knowing ***what*** something is is not nearly as powerful as knowing ***how*** it came to be.

## SLIDE 6

**SLIDE DESCRIPTION:** On the left side of the slide, three icons highlight Michelle Nario-Redmond’s A-B-Cs of ableism. A cloud icon depicts the affective component, a circular shape with arrows depicts the behavioral component, and a brain icon with gear wheels depicts the cognitive component. The two definitions from the previous slide appear on the right with the affective, behavioral, and cognitive components highlighted.

**SLIDE TEXT:** Why two definitions? Nario-Redmond gives us three related components of ableism. She calls them the ABCs: Affective (emotions and attitudinal reactions). Behavioral (actions and practices). Cognitive (beliefs and stereotypes).

Ableism is “prejudice [highlighted] and discrimination [highlighted] toward individuals simply because they are classified as disabled - regardless of whether their impairments are physical or mental, visible or invisible.” “Ableism is the belief [highlighted] that atypicalities… are inherently inferior”

**SLIDE SCRIPT:** When Michelle Nario-Redmond offered her definition of ableism in her book, she also shared her “A-B-Cs” of ableism. These are:

A – as in affective. The affective component of ableism is related to our emotions and our attitudinal reactions.

B – for behavioral. These are the ableist actions and practices we commit.

And C – for cognitive. These are the beliefs and stereotypes that drive our affective reactions and behaviors.

If you look at the two definitions from the previous slide, you’ll see that neither one covers all three components of ableism. Nario-Redmond’s definition covers prejudice (an attitudinal reaction) and discrimination (a behavior). Mackelprang, on the other hand, touches on the belief. Together, the two definitions give us a bigger picture of what ableism is.

But there’s more to it than that.

## SLIDE 7

**SLIDE DESCRIPTION:** A flowchart appears on the right slide, identifying a progression from structural status through ideological beliefs and affective expression, to behavioral reactions. Connections are drawn between the flowchart and Nario-Redmond’s A-B-Cs by placing the icons from the previous slide at the corresponding level (ideological beliefs is linked to the cognitive/brain icon, affective expression is linked to the affective/cloud icon, and behavioral reactions is linked to the behavior/circular icon).

**SLIDE TEXT:** Lum argues that we develop beliefs, expressions, and behaviors in response to our structural status. Our structural status represents the power and privilege we have based on our place in society.

American history is rich with examples of people with power and privilege using the ABCs to protect structural status. The next few slides will show some examples.

**SLIDE SCRIPT:** Beliefs, reactions, and behaviors don’t just appear from nowhere. We know this because babies aren’t born with beliefs – they learn them as they grow.

There has to be something there – a catalyst – that pushes us, as a society, construct them. That’s where a concept called “structural status” comes in. In “Culturally Competent Practice,” Doman Lum organizes the A-B-Cs into chronological order and places a step ahead of them -- namely, our structural status.

So, what *is* that? Structural status represents the power and privilege held by different individuals or groups. And here’s the thing with power and privilege – one we have it, we’ll tell ourselves a lot of things to justify keeping it. Over time, the things we tell ourselves to justify keeping power and privilege -- say… “atypicalities are inherently inferior” – become a core part of our beliefs. These beliefs are imprinted on us and we end up being programmed with a specific internal response – prejudice.

When we have an internal prejudice, we are more likely to have an external response that includes discrimination, oppression, marginalization, and sometimes even violence toward the person or groups we are prejudiced against.

Not entirely convinced? Let’s take a quick stroll through disability history.

## SLIDE 8

**SLIDE DESCRIPTION:** On the right side of the slide is a photo of a vacant wheelchair. Empty shoes have been placed on the footrests. A window with print curtains and radiator in the background give the photo a historical look. The left side of the slide begins a timeline with points for pre-industrialization and industrialization.

**SLIDE TEXT:** To get a better idea of why our social context is the way it is, we need to look at our history.

Pre-Industrialization (1500s – late 1700s)

Americans live and work on small family farms. Disabled family members remain part of the family unit because there was always some work to be done. Many farm tasks are adapted for different abilities.

Industrialization (late 1700s)

Factories and cities entice workers with promises of wages. Families move to industrial centers but find that the pay isn't enough to sustain them. Within a short time, families find they can no longer care for loved ones with a disability.

**SLIDE SCRIPT:** I’ve chosen to stick to American history for this presentation because it fits neatly into a little over 500 years. But if you look at world history, you’ll see the same patterns spread out over a longer time span. I also want to make the important distinction here that the timeline presented here primarily reflects the experience of cisgender European Americans. Inequities faced by minority populations, including Black Americans, immigrants, and LGBTQ populations compound the struggles associated with disability in ways that are often devastating to the individual, his or her family, and the community.

Starting from colonization into pre-industrialization, Americans of European descent were primarily subsistence farmers. They grew enough food for the family and maybe some goods for trade with skilled craftspeople. The thing about a family farm is that there is always some job to be done and more hands are better – even if those hands don’t all have the same abilities. As a result, people with disabilities generally stayed with their families and performed jobs around the farm that were adapted to their skills.

For enslaved Black Americans, disability was devastating. Depending on how much a disability prevented these individuals from working, it could mean anything from being assigned the most dangerous or menial tasks to abuse and euthanasia. According to historian, Jim Downs, emancipation offered little relief to enslaved people with disabilities because true freedom was based on the ability to work. Those who were able to work were also able to flee the south, but for people with disabilities, leaving the plantations where they had been enslaved was difficult, if not impossible.

The farm life many American families relied upon began to change with industrialization. Factory work enticed families who were just getting by on farms to move to cities where they could get wage jobs. Except once those families moved to the cities, they began to see that getting work was highly competitive and that the wages didn’t afford them any more comfort than they had before. Worse, families who brought disabled dependents found themselves unable to care for their family members due to long workdays. Poor pay and loss of community added to the burden – leaving many families with the heart-wrenching decision of whether to institutionalize their disabled loved ones.

## SLIDE 9

**SLIDE DESCRIPTION:** On the right side of the slide, an array of historical photos are displayed. They depict people sitting for formal portraits, in groups, and getting married. The left side of the slide includes three more time line points (Eugenics Movement, soldier’s rehabilitation, and Social Security Act).

**SLIDE TEXT:** Eugenics Movement (1909)

Based on the misconception that disability is always hereditary and that by eliminating (or at least sterilizing) people with disabilities, America creates policies to move toward a “pure” race of perfect people.

Soldier’s Rehabilitation Act (1918)

America sees some improvements to disability policy as disabled veterans return from war. The Soldier’s Rehabilitation Act, for example, authorized vocational rehabilitation for disabled veterans.

Social Security Act (1935)

Roosevelt establishes the social security program, which makes provisions for people with certain disabilities.

**SLIDE SCRIPT:** In the early 1900s another tragedy struck for people with disabilities. Buck V Bell, a 1927 court case, sought to sterilize a woman named Carrie Buck on the grounds that her alleged intellectual disability made her a genetic threat to society. The case was based on the misconception that Carrie Buck had genetically inherited her mother’s “feeble-mindedness” after becoming pregnant with an illegitimate child. Not only was Carrie Buck ultimately sterilized as a result of this case, Buck V Bell set up a precedent that disability was a genetically transmitted condition that could be removed from the population through forced mass-sterilization. Once Buck V Bell was decided states went on to pass their own forced sterilization laws – some of which remained on the books all the way into the 2000s. In fact, West Virginia was the last state to repeal their forced sterilization law – in 2012. For its part, Buck V Bell remains on the books at the federal level today. It’s important to note Black Americans have been disproportionately impacted by sterilization laws.

There’s a great podcast listed in the references for this presentation if you want to learn more. It was produced by Radiolab and it’s called G: Unfit.

World War I made things better for some people with disabilities – namely disabled veterans who were returning from battle. During this time, policies were put in place to help disabled veterans reintegrate with their lives, including The Soldiers’ Rehabilitation Act, which supported vocational rehabilitation for disabled veterans.

In 1935, Franklin Delano Roosevelt signed the Social Security Act into law. For the first time, the Federal government would allocate funding specifically to support people who were aged or who had disabilities that prevented them from continued employment. What was interesting about this was that social security was only available to people who had worked in commerce or industry jobs. Farming and domestic workers, fields which included many Black Americans and women, remained ineligible for social security.

It is also worth noting that while this law was intended to provide a safety net for people with disabilities, below-poverty level income limits on this benefit have caused great hardship. One common example cited by disabled adults is inability to marry because the newly-combined family income will result in loss of benefits.

## SLIDE 10

**SLIDE DESCRIPTION:** On the right side of the slide a photo depicts a handwritten, cardboard sign that reads “amplify your voice.” An arrow is drawn on the sign and points down, presumably to the person holding the sign. Three more timeline points appear on the left (WWII, post-war, and the Civil Rights Movement).

SLIDE TEXT: WWII (1939 – 1945)

WWII once again offers hope. Many people with disabilities take jobs that were left open by soldiers going to war. This period has also been called “The Golden Age” age of vocational rehabilitation due to increased funding for programs.

Post-War (1945)

War veterans return home and retake jobs. People with disabilities find themselves in a secondary job market served by sheltered workshops (Rubin & Roessler, 2008).

Civil Rights Movement (1954 – 1968)

Many people with disabilities join in the Civil Rights Movement, which won protections for minorities in 1964. Through the Civil Rights Movement, people with disabilities learn key advocacy strategies.

**SLIDE SCRIPT:** During World War II, America faced a shortage of workers resulting from soldiers going to war. Increased participation in the labor force for people with disabilities was not only an option, it was also necessary. Several acts and policies were put in place at both the state and national level, including the Barden-LaFollette Act of 1934 that extended federal and state rehabilitation programs to people with intellectual disabilities and for the blind.

As the war ended, attitudes toward people with disabilities began to shift once again. Solders returned to the jobs they had left behind and the vocational rehabilitation movement began to refocus on sheltered workshops. Suddenly, people with disabilities found themselves in a secondary job market that offered a different quality of employment and wages.

The Civil Rights Movement offered a different kind of opportunity for people with disabilities. Many joined in supporting equal rights and were able to learn strategies from the movement’s successes that would eventually help them build a movement of their own.

## SLIDE 11

**SLIDE DESCRIPTION:** A Black American man is pictured in a library with books stacked on his lap. One of the books is open and he appears to be reading from it. On the left side of the slide, the timeline concludes with three more points (Education for All Handicapped Children Act, later IDEA, Americans with Disabilities Act, struggle for inclusion continues).

**SLIDE TEXT:** Education for All Handicapped Children Act (later IDEA) (1975 and 1990)

Signed into law in 1975 and later revised in 1990 as the Individuals with Disabilities in Education Act (IDEA), this legislation guaranteed access to a free and appropriate education for children with disabilities.

Americans with Disabilities Act (ADA) (1990)

People with disabilities receive equal protections under the law with the signing of the ADA in 1990. The ADA protects against discrimination in employment, housing, and other areas.

Struggle for Inclusion Continues

People with disabilities continue to be underemployed, struggle with housing, face inequities in medical care, experience voter suppression and more.

**SLIDE SCRIPT:** During the later part of the 20th century, advocacy efforts finally began to pay off in the form of legislation that guaranteed rights to a free and appropriate public education and protections from discrimination. The Education for all Handicapped Children Act (later IDEA) mandated inclusion of students with disabilities in public schools. This law also set up programming for infants and toddlers through Part C, which establishes funding for early intervention programs.

The ADA, signed in 1990, guaranteed protections from discrimination for people with disabilities. Like IDEA, the ADA is broken into separate parts (titles) that protect employment, public services, accommodations, and telecommunications.

Despite this legislation and others aimed at equal rights for people with disabilities, injustices are still common. Many people with disabilities are underemployed (meaning that they work at jobs that are below their skill level or capability). Disabled adults also struggle to find affordable housing that is accessible or health insurance that meets their needs. And while disabled voters have been more empowered to participate, many issues impact their ability to vote, resulting in a suppression of these voices. Access to employment, housing, health care, and voting rights are further compounded when a disabled person is part of another minority population, including women, racial minorities, immigrants, religious minorities, and LGBTQ populations.

## SLIDE 12

**SLIDE DESCRIPTION:** Four statistics are highlighted on the right side of the slide. Twenty-six percent of Americans have a disability, 14% of public school students receive special education services, 19.1% of people with disabilities are employed, and more than 50% of all fair housing complaints are because of disability discrimination.

**SLIDE TEXT:** People with disabilities make up one of the largest minority populations in the United States, yet this group consistently experiences discrimination in many areas.

26% Population: About 1 in every 4 Americans has a disability (CDC 2019).

14% Education: More than 7 million (about 14% of all enrolled public school students) qualify for special education (NCES, 2020).

19.1% Employment: Compared to nondisabled workers, people with disabilities are chronically underemployed (U.S. Department of Labor, 2018)

> 50% Housing: More than half of all fair housing complaints files against HUD are due to disability discrimination (NCD, 2010).

**SLIDE SCRIPT:** We can qualify some of the claims with familiar statistics. First, we know that people with disabilities are the largest minority population in the United States. According to the CDC, about 1 in 4 Americans has a disability. While people with disabilities tend to be more present in the older part of our population, children with disables have consistently grown as a demographic. Today, approximately 14% of public school students qualify for special education services due to a disability.

Despite making up more than ¼ of the American population, people with disabilities continue to have low employment numbers. In 2018, a non-disabled adult could count on about a 65% chance of being employed, but when a disability is factored in, that percentage drops to under 20.

Housing is another area where people with disabilities struggle. According to the department of Housing and Urban Development (HUD), more than half of all fair housing claims are the result of disability discrimination.

## SLIDE 13

**SLIDE DESCRIPTION:** The three main models of disability are identified on the right side of the slide using icons. The moral model is shown with a judge’s gavel, the medical model is shown with a medical cross, and the social model is shown with a circle of hands.

**SLIDE TEXT:** Models are used to help us understand why people behave in a certain way.

There are many models used to help understand disability, but the three discussed here are the most common.

**SLIDE SCRIPT:** It’s clear from our history and our look at modern statistics that discrimination against people with disabilities is systemic and a part of modern American culture – but how did we get here? And more importantly, where are we headed?

Once upon a time, it was only sociologists who used models to explain human behavior. But these models offer a really accessible way for everyday people to understand things too. When people talk about disabilities, they are generally referencing one of three main models:

* The moral model
* The medical model, or
* The social model

Before we get into a discussion of the models, it’s important to note that none are inherently “bad” or “good.” In fact, each model has strengths and weaknesses. What we need to keep in mind as we explore them is that the models are here to help us understand why people behave in different ways. When we understand why something happens, we are in a better position to make change.

## SLIDE 14

**SLIDE DESCRIPTION:** A larger circle appears on the right side of the slide with three smaller circles inside it. Each of the three smaller circles includes a quote that could be shared by someone following the moral model of disability:

“Disabled people are put here to teach us humility.

“People with disabilities are deviant or dangerous.”

“I was born disabled because my parents sinned.”

**SLIDE TEXT:** The Moral Model: Ability is the result of divine intervention: Disability as a “gift” or disability as a “curse”

**SLIDE SCRIPT:** We’ll start with the moral model because it’s the oldest. From a very high level, the Moral Model asserts that ability is the result of divine intervention. It also tells us that disability can be a gift or a curse. People who operate under the Moral Model may think or believe things like:

* “Disabled people are put here to teach us humility,” or
* “My son was given to me to make me a better person.”

These frames cast disability as a gift from the divine – but just as often, we see disability cast as a curse. Examples of this include beliefs that disability is a punishment for the sins of the parents or for behavior in a past life. This mindset is also represented when people with disabilities are excluded from the community because of a belief that they are inherently deviant or dangerous.

While this model has an obvious negative component in the “disability as a curse” line of thinking, the Moral Model is extremely useful in fostering resilience. Humans draw great strength from our spiritual connections and allowing ourselves to frame disability as a gift can empower both people with disabilities and their loved ones.

This model is also culturally significant in communities that are more closely associated with religion – such as Black and Latino cultures. Work in inclusion ministries, especially in the Black church, has great potential for engaging people with disabilities in the greater spiritual community and laying the groundwork for cooperative, mutually beneficial relationships based on individual talents.

## SLIDE 15

**SLIDE DESCRIPTION:** On the right side of the slide, a photo depicts a team of wheelchair basketball athletes engaging in a game. The man in the foreground looks toward his teammate to pass the ball.

**SLIDE TEXT:** The Medical Model: People with disabilities should be “fixed” by modern medicine. Disability as something we don’t have to live with. Disability as an individual problem.

**SLIDE SCRIPT:** The appearance of the Medical Model coincides with advances in modern medicine. Today, we can diagnose and treat thousands of diseases and conditions. We’ve sequenced DNA to the point where we can tell whether a child may have a condition before ever being born. And we’ve developed technology that makes everyday tasks easier for millions of people with disabilities. It’s truly an exciting time to be alive.

But with the ability to treat a condition comes an important ethical question – ***SHOULD*** we treat? People who follow the Medical Model tend to see the answer to that question with a resounding yes. The implication of this response is that to be disabled is to need “fixing.”

The other problem with the Medical Model is that it places the emphasis on the individual. This can keep us from seeing the social and environmental conditions that make one situation more disabling than another.

For example, you could say that a disabled child is unable to play on the playground because the child uses a wheelchair. This frame emphasizes the individual disability and how it keeps the child from doing something he or she wants. But it also keeps us from seeing the larger context – namely, that playgrounds with mulch surfaces aren’t very wheelchair friendly. Just by changing the surface (or -- the environment), the child could enjoy the playground and the disability would be a non-issue.

Just like the Moral Model before it, we can see that this model has both strengths and weaknesses. The option to use medicine and technology has improved the lives of many people with disabilities, but it has also made it easier for people to forget that our culture and environment can be bigger obstacles than the disability itself.

## SLIDE 16

**SLIDE DESCRIPTION:** A cartoon, described in the script for this slide, depicts children waiting to get into a school on a snowy day.

**SLIDE TEXT:** The Social Model: Disability is a social construct.

A social construct is an idea that many people accept and agree upon

**SLIDE SCRIPT:** The Social Model of disability is perhaps the newest model on the scene and the one most preferred by people with disabilities. Under this model, disability is seen as a social construct. Essentially, a social construct is an idea or belief that people accept and agree upon.

A very simple example is the use of calendars to mark the passage of time. In western culture, we use a Julian calendar with 12 months that have between 28 and 31 days. In Asian cultures, the preference is for a lunar calendar that uses moon cycles to mark the passage of time. Both the Julian calendar and the lunar calendar work for the societies that have adopted them and have cultural significance.

The Social Model puts disability in the same frame as the calendar example. As a society, we have simply agreed that some people are disabled and some people are not. Those placed in the minority disabled group have less access to resources because there are fewer of them. The cartoon on this slide gives a great example of how that works. In the cartoon, an adult is shoveling the steps to a school building as students wait. A boy who uses a wheelchair asks if the ramp can be cleared -- and the adult responds that a lot of students are waiting to get in. He wants to shovel the stairs and take care of the larger group first. The boy then points out that if the man just shoveled the ramp -- ***everyone*** could get in.

The benefit of using this model is that it challenges us to think about how we can make our world more inclusive. It forces us to ask “why?”

Of course, asking “why” can mean that we change the status quo. THAT can be met with resistance. When the adult in the cartoon shovels the ramp and gives everyone access, the students who would have used the steps may have to wait for the student who uses the wheelchair to maneuver. They could be late to class or they may not like waiting. Sharing resources can be challenging even for the most good-natured person.

In part 2 of this program, we’ll take a look at how disability impacts all of us. By developing an understanding that disability doesn’t just impact the disabled person, we can be better positioned to ask why and shift the status quo toward a more inclusive community.

## SLIDE 17

**SLIDE DESCRIPTION:** A female wheelchair user is depicted from behind. A backpack is slung on the back of her wheelchair and she is moving toward city buildings on a cobblestone street. Other people walk or stop for conversation nearby.

**SLIDE TEXT:** Thank you.

**SLIDE SCRIPT:** This concludes the first part of this program. In part two, we’ll begin to look at the different ways people are impacted by disability prejudice. Parts three and four will give examples of what ableism looks like and share some tools to help you to dismantle ableism.

## SLIDE 18

**SLIDE DESCRIPTION:** Acknowledgements slide which credits program supporters.

**SLIDE TEXT:** Charisse N. Montgomery, M.A., M.Ed., GPAC. Charisse (“Nikki”) provided valuable insight into the experiences of Black Americans with disabilities.

Sarah Rintamaki. Sarah contributed to this project with continued support and insight into experiences of families with disabled children.

Lisa Ruman, LISW, CHt. As an independent social worker, Lisa provided supervision and support from a systems perspective.

**SLIDE SCRIPT:** Before we go, I’d like to thank some of the talented individuals who have helped to make this program a reality.

Thank you to Charisse Montgomery for your valuable insights into the experiences of Black Americans with disabilities. Sarah Rintamaki has helped to support this project from the beginning with overwhelming encouragement and with her insights into the experiences of families with disabled minor children. Finally, Lisa Ruman contributed to this project through an extension of her supervision work and by helping me to include systems and empowerment approaches consistent with social work values.

I am deeply grateful to each of you for your support.

## SLIDES 19-20 (References)

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