

STANDING COMMITTEE ON DISABILITY NEWSLETTER

QUARTERLY
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FALL 2010
EDITION

Letter from the Chair...

NEWSLETTER

CO-CHAIRS:

SARAH LAUX &
DALE O'NEILL

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Hello SCD!

I hope your summers are going well as you prepare for the start of fall semester. Summertime always seems to fly by too quickly! Recently I spent the last few days before our kick-off of fall training in residence life at Michigan State at the annual Summer Leadership Meeting (SLM) in Las Vegas. The SLM involved a number of ACPA leaders, including Governing Board members, leaders of State and International Divisions, and leaders of the Commissions. While in Las Vegas, I was able to meet many new people—and see some familiar faces—while representing SCD and learning more about the latest happenings in the association.

At the SLM, we discussed a variety of items, such as the report from Task Force on the Future of Student Affairs, in addition

to the upcoming annual convention next spring in Baltimore, Maryland. Baltimore will be one of the most affordable locations where an ACPA annual convention has taken place for a number of years so please start thinking about plans to attend. (Also remember to submit a program proposal, which is due September 10!). For example, we were told that the Light Rail from the airport to the Convention Center in Baltimore will cost only \$1.70. This convention should be a great opportunity for us to be more conservative with funds during current fiscal restraint. Another point of discussion during the SLM was the role of ACPA in the political context of higher education. Greg Roberts, the Executive Director of ACPA, spoke about the various organizations that ACPA networks with in order to remain abreast of current affairs in D.C., particularly in the case that we wish to make a statement as an

association regarding one of the issues.

While we were in Las Vegas, both the Commissions and the State and International Divisions invited the group of Standing Committee chairs to meet with them. The Standing Committee chairs participated in “speed dating” with the Commission Chairs, discussing possible points of collaboration for each of our groups as we introduced ourselves one-on-one for 60 seconds, before we moved on to the next person. I was impressed by the many possible areas of overlap in our work, in addition to the enthusiasm of the group. During our meeting with the State and International Division chairs, several individuals expressed interest in pursuing the relationship already established at the Annual Convention last spring when a group of SCD

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Letter from the Chair...

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members spoke as part of a panel with them to share information about how to make state conferences for accessible for all members of ACPA.

Finally, conversation at the SLM also took place around the topic of the possible consolidation process of ACPA and NASPA. The Association's goal is to share the final plan for a consolidated association to all ACPA and NASPA members in mid-October, following completion of legal and financial due diligence reviews. An important point to note is that the general membership of ACPA should be able to read proposed by-laws before placing their vote as to whether they believe the consolidation should take place. You can stay informed on the consolidation process by reading the most recent information at http://www2.myacpa.org/au/governance/Joint_Information_Session_July2010.php.

Sincerely,

Katie Stolz

Chairperson, Standing Committee on Disability

Brain Injury and the Post-Secondary Setting: Success through Understanding

Shammah Bermudez, Delaware County Community College

For those who work in disability services, many have begun to see a rise in the number of students on campus diagnosed with a traumatic brain injury (TBI). As a result of advances in pre-hospital care and acute and post-acute rehabilitation, institutions of higher education are likely to continue to see an increase in enrollment of students diagnosed with a TBI. According to a recent study, 52 percent of students with a TBI have enrolled in the post-secondary education since leaving high school (Dept.

of Education, 2010). Of these students, 49 percent attended college full-time (12 credits or more).

The college setting comes with many new challenges, for a student with a brain injury, these challenges can be magnified by the impact of their disability. The combination of a new environment, an increased course load, and the need to meet with different offices across campus, can be overwhelming. Moreover, a diagnosis of a TBI often encompasses multiple disabilities ranging from speech and language

impairments to mobility issues. The student is often facing an uphill battle even before they have attended their first class.

However, with an understanding of the functional impact of such a diagnosis, the value of compensatory strategies, and how to support an individual with a brain injury, disability services staff can help students with a TBI successfully navigate the post-secondary setting.

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"The college setting comes with many new challenges, for a student with a brain injury, these challenges can be magnified by the impact of their disability."

Brain Injury and the Post-Secondary

Setting: Success through Understanding

Shammah Bermudez, Delaware County Community College

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Definition

Defined as a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain, a TBI affects 1.7 million Americans annually (BIAA, 2010). Among those who suffer a TBI, 50,000 die, 275,000 are hospitalized, and 1.365 million are treated and released from the emergency department. Among the age group with the highest rate of occurrence are individuals between the ages of 15 and 19 years of age.

TBI & the Military

Colleges have seen a high number of Iraq war veterans arrive on campus, a large majority of whom have suffered a TBI. According the Defense department, in 2009 there were 28,946 soldiers diagnosed with a TBI (DVBIC 2010). Veterans who have suffered a brain injury are often unable to return to the military or employment due to the effects of the injury. Many veterans are turning to college as a way of rebuilding their

lives. Some are looking for a new career path because they are no longer able to pursue their current field while others are looking to take classes while participating in the rehabilitation process.

Severity Classification

TBI's are classified into three levels of severity: mild, moderate or severe. A mild TBI can be described as brief or no loss of consciousness, a Glasgow Coma Scale of 13-15, and show signs of a concussion. A small percentage may experience long term consequences. Studies suggest that as many 80% of individuals who suffer a TBI are diagnosed with a mild TBI (BIAA 2009). In the case of a moderate TBI, the individual could be in a coma for up to 24 hours. The injury is also more likely to be visible with medical imaging and a Glasgow Coma Scale of 9-12. Approximately 1/3 to 1/2 of the individuals have lifetime difficulties. An estimated 10 to 30% of individuals with TBI are diagnosed with a moderate TBI. A severe TBI can be described as being in a coma for more than 24 hours, bruising and bleeding in the brain,

Glasgow Coma Scale of 3 to 8, and long term impairments in one or more areas of life. It should be noted that severity does not always equate with outcome or need for education supports.

Effects of TBI

When an individual suffers a traumatic injury of any kind, it can be devastating. Trauma to the brain however can be, and often time is catastrophic. Unlike a broken bone, which can eventually heal, an injury to the brain often results in long lasting deficits. Functional areas such as cognitive, behavioral, emotional and sensorimotor can be greatly impacted (BIAA, 2008). Everyday tasks such as getting dressed, cleaning the house and going to the store or school can suddenly require great assistance. Among some hallmarks of brain injury are issues with short-term memory, confusion and distractibility, rigid thinking, deficit awareness and fatigue. Given some of these areas of impact, organization becomes an essential component of success. Individuals with brain injury often time

have difficulties with organizing and processing information. This may include time management, organization of papers or personal information, and keeping track of items such as bank statements, bills or in the case of students, school work. Another issue that may have an impact is fatigue. With an injury to the brain, fatigue can become a major obstacle in the individual's day. It is important that the student understands their limits. It is not uncommon for a person diagnosed with a TBI to try and push themselves beyond their capabilities. The individual is sometimes looking for ways to show progress in their rehabilitation when it may or may not be there. Fatigue also can affect an individual's cognitive ability. This can lead to an increase in difficulties with information processing, confusion and even the ability to stay awake.

The College Environment

For a student either entering the post-secondary environment

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for the first time or returning to campus following an injury, it can be a lot to manage. The combination of the functional impact of the injury, coupled with the challenges faced while attending school can prove to be difficult. With some students, it is a matter of figuring out how to manage their disability in the classroom environment, while other students have difficulty with organization and initiation. Another common challenge is getting the student to pace themselves. With a desire to see success, some students may be eager to take a full load of classes and jump right in, a sign that they are having trouble understanding their deficits. This can be hard for the student to accept, however failure to do so can lead to the student getting in over their head and ultimately being unsuccessful. Taking on too much can also negatively impact the individual's rehabilitation process and cause unnecessary setbacks. It is important for DSS staff to

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help the student understand the benefit of starting off at a slower pace and working towards building up to a full schedule.

Below are some suggested strategies for working with students diagnosed with a brain injury. One thing to consider is that every brain injury is different. While many individuals have similar deficits, how they impact that individual is often very different. Always treat each case individually, considering factors such as, how long has it been since their injury, have they been to college before, and what kind of support have they received. Each of these factors can have varying effects.

Strategies for Success

Fatigue

- Limit number of classes during the semester.
- Avoid back to back classes.
- Schedule breaks during the day.

Processing and Memory

- Extended Test Time
- Tape recorded lectures
- Students should break-up major assignments into smaller sections.
- Study in groups or with a classmate

Organization

- Use of a daily planner
- Create study guide with study timeline
- Color code class materials (different colors for different subjects).
- Use technology available to the student (PDA, Smart Phones).

Brain Injury Resources
Brain Injury Association of America
www.biausa.org

Center for Disease Control
www.cdc.gov

Sexual Identity Development and Disability

Alice A. Mitchell, University of Maryland

This article is one of a series of articles exploring the intersection of disability with student development theory that the scholarship committee of the ACPA Standing Committee on Disability is presenting to enable disability providers and other student affairs professionals to work more effectively with individuals with disabilities. In this particular article in the series I present an overview of a model of lesbian identity development offered by McCarn and Fassinger (1996) followed by discussion of some possible implications for students with disabilities.

Introduction

In general, theories of sexual identity development address an individual's growing awareness of her or his own sexuality and the larger societal context within which that sexuality is viewed. Typically, models of sexual identity development address gay, lesbian, and bisexual development rather than heterosexual identity development. Evans, Forney, Guido, Patton, and Renn (2010, citing Bieschke, 2002) observed: "Perhaps because of the assumption that

heterosexuality is normative, almost no attention has been given to heterosexual identity development" (p. 320). For students with a disability, sexuality is often not considered at all or if considered, a heterosexual identity is presumed. Indeed, misperceptions of the sexual identity development of people with disabilities can be part of the oppression from the dominant culture of people without disabilities; "One of the chief stereotypes oppressing disabled people is the myth that they do not experience sexual feelings or that they do not have or want to have sex – in short, that they do not have a sexual culture" (Siebers, 2008, p. 138).

In this article, I will use the theory outlined by McCarn and Fassinger (1996) as a basis for discussing the possible intersections of sexual identity development and disability. Readers may be interested in subsequent development of the theory by Fassinger and colleagues; see, for example, Bieschke, Hardy, Fassinger, and Croteau, (2008); Fassinger and Arseneau (2008); Fassinger and Miller (1997); Fassinger, Shullman, and Stevenson (2010); Moradi,

Mohr, Worthington, and Fassinger (2009); and Tomlinson and Fassinger (2003).

While some may consider sexuality a private matter, sexuality impacts many facets of the lives of students whose success we seek to foster. Those impacts can include interactions with peers and professors, career planning decisions, and support from family members. For this reason, it is important for professionals to knowledgeably approach the sexual identity development of students. This article explores the intersection of one such theory of sexual identity development with issues for students with disabilities.

Fassinger's Model

In contrast with earlier models, Fassinger and her colleagues recognized that identity development occurs not only for the individual but also in the context of the larger group. The model – first developed for lesbians and then validated for gay men as well – suggests a four phase sequence of development that occurs in two parallel areas that are "reciprocally catalytic" (McCarn & Fassinger, 1996, p. 521): awareness, exploration, deepening/commitment,

and internalization/synthesis. These two parallel areas are individual development and group membership development.

Development may not be consistent in both of these parallel areas. For example, an individual could have reached internalization/synthesis in her individual development but yet be at the awareness level in the context of her role in the larger gay/lesbian community.

McCarn and Fassinger (1996) provided a rich description of each of the four phases within the individual and group development areas. An abbreviated description follows. In the individual sexual identity development area, the awareness phase can include feelings or desires that appear to be different from the heterosexual norm. Exploration includes "strong relationships with or feelings about other women or another woman in particular" (p. 522). In the deepening/commitment phase "the woman recognizes that her forms of intimacy imply certain things about her

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identity and then moves toward accepting and further reexamining those aspects of herself" (p. 523). Internalization/synthesis is the last phase of this model. In this phase, "choices will be made about where and how to be open about sexuality.... A woman may choose to be professionally "closeted" for important contextual reasons; as long as the choice has been addressed this woman may be as developmentally integrated as the woman who is professionally open. However, at some point, as the woman lives in society with a clearly defined alternative sexual preference, she will have to address the meaning of lesbianism in that society. Therefore, we believe that it is unlikely that one could reach the final phase of individual sexual identity development without beginning to address the group membership questions in the parallel branch of the model (McCarn & Fassinger, 1996, p. 523).

In the group membership identity development area, awareness includes recognition that heterosexuality is not a universal norm and . . . people exist who have

different sexual orientations" (p. 524). Exploration includes "active pursuit of knowledge about lesbian/gay people, in terms of both the group as a whole and the possibility of one's belonging in the group" (p. 524). The deepening/commitment phase of group membership identity development "involves a commitment to create a personal relationship to the reference group, with awareness of the possible consequences entailed" (p. 525). Internalization/synthesis brings an ability to synthesize this new or added identity into one's overall self-concept.

Applications of Fassinger's Theory to Working with Students with Disabilities

Fassinger and Miller (1996) wrote: "For many [lesbians and gay men], other forms of difference (e.g., race/ethnicity, class, age, geographic location, religion, occupation, community support) exert a profound impact on the identity formation process" (p. 55). Disability is certainly one area that might also exert that

might also exert that profound impact. Nuances such as age of onset of disability are an important contribution to that impact.

Brownworth and Raffo's 1999 work, *Restricted access: Lesbians on disability*, includes 31 essays by lesbians with disabilities. The majority of contributors were lesbians with acquired rather than congenital (existing from birth) disabilities. In these contributions, the evolution of a disability identity was highlighted, perhaps because the development of a lesbian identity was advanced and now part of the background for each writer. However, two essays highlighted the experience of women with congenital disabilities who recounted various aspects of their development as lesbians. These two essays provide a framework from which to consider several intersections between lesbian identity development and disability.

Brownworth (1999a) interviewed Maura Kelly, a lesbian with arthrogryposis, a congenital

"One of the chief stereotypes oppressing disabled people is the myth that they do not experience sexual feelings or that they do not have or want to have sex – in short, that they do not have a sexual culture"

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maldevelopment of the joints and muscles that affects the body's joints, muscles...limbs and extremities" (p. 74). Maura uses a wheelchair because her legs are too weak to bear weight.

Kelly recalled her feelings toward her best friend while both were in seventh grade. She fantasized about lying in bed with this friend but that was the extent of her fantasies. This fantasy might have been part of the exploration phase; "exploration of sexual feelings but . . . not necessarily exploration of sexual behaviors" (McCarn & Fassinger, 1996, p. 522). Because Kelly needs the assistance of others to be lifted out of chairs, she was aware of being comfortable with a female friend when being lifted; "after that experience I began to wonder if I was gay" (p. 78). When Kelly went to college, she got involved with "a group of sexually ambiguous youths" (p. 78). She missed a party where the sexual orientation of two women from among this group became clear, and reflected, "I wanted to have seen this, to have watched this" (p. 78), perhaps expressing the "active pursuit of knowledge about lesbian/gay people" (McCarn & Fassinger, 1996, p. 524)

characteristic of the exploration phase of lesbian group membership identity development.

In these recollections, we see the critical importance not only of physical access to activities but also of the attitude of friends in Kelly's development. If her heterosexual and lesbian friends were not knowledgeable about disability and inclusive, it is possible that Kelly's lesbian identity development would have stalled. Beyond friends, it is quite possible that for people with disabilities the attitudes of professionals at colleges and universities play somewhat the same role as the attitudes of friends. If professionals approach disability with pity and exclusionary practices, important aspects of the identity development of students – including sexual identity development – can suffer.

Lesbians with disabilities belong to two communities: lesbian and disability. Each of these communities may or may not be informed and supportive of the other, complicating the identity development for a lesbian with a disability. D'aoust (1999), who was Deaf and used a wheelchair, wrote:

"As a lesbian, I have found that some parts of the Deaf community are tolerant, accepting and even supportive of various sexual orientations, while parts of the leadership and the grassroots are as homophobic as mainstream society I was scared to date Deaf women, and even interpreters, because the community is so small that just a single night spent with someone would be generally known by the next day. I isolated myself from a lot of potential allies because I was worried about the negative repercussions." (D'aoust, 1999, p. 117).

Reflecting on the experience as a lesbian with a disability, Brownworth (1999b) likewise wrote, "Disabled lesbians must cope not only with their disability, but [also] with the disabling of spirit caused by exclusion from the nondisabled lesbian community" (p. 275). It is possible that the group identity development of lesbians with disabilities can be thwarted by the degree to which a given community recognizes and affirms a dual identity. The disability community may not be informed and encouraging of lesbians; the lesbian community may or may not be informed and encouraging of

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people with disabilities. A lesbian with a disability can be a “social nomad” (Blackwell-Stratton, Breslin, Mayerson, & Bailey, 1988) with no community to call her own. This difficulty can be particularly pronounced outside of major metropolitan areas where a smaller population can mean fewer diverse others. Institutions with small enrollments or that are located in sparsely populated areas can offer a particular challenge for the identity development of lesbians with disabilities. It may be helpful for professionals to become familiar with appropriate online and other virtual communities

that transcend the possible constraints of geographic location to offer support and community to lesbians with disabilities.

Summary

Campus professionals work with students from very diverse groups. Some professionals work with students in a particular area of diversity such as disability. For disability professionals, it is important to become knowledgeable about multiple aspects of the identity development of individual students. Those areas of identity development can and must include sexual identity development. Likewise, it is

important for professionals who work with other student groups, such as students of color, to recognize that there are multiple areas of identity represented by each student and within any one group of students focused on the same identity. As the essay selections demonstrate, being a member of one ostracized group does not necessarily mean that one is aware and accepting of others who may face similar exclusion. Professionals and students alike may need assistance in recognizing that we are all walking coalitions, each of us a member of multiple identity groups. The intersection of lesbian identity and disability is one such walking coalition.

Ally Corner

That's So Retarded

Allyson Mao, The College of New Jersey

As an undergrad in the 21st century, it is difficult to ignore the obvious hot-button issues in our society. On more than one occasion, I walked out of class with the intention of grabbing lunch at the Student Center only to be distracted by college students and protestors arguing both sides of the gay marriage debate, yielding signs and quoting the Bible. However, going to a college with a reputation for being at the forefront of teacher preparation, and majoring in education, I became alarmingly aware of another sensitive issue: disability. While most college students are unequipped to really tackle society's acceptance of those with disabilities, there was one thing that became more apparent to me with each semester I spent on campus.

An observation of a crowded campus place, the dining hall, for example, makes it painfully obvious how frequently college students toss around the word “retarded”. It has permeated conversation at all levels and has become a word that many do not even realize they are using. Phrases such as, “That's so *retarded*,” “I got so *retarded* at that party last night,” and “My friends are acting like *retards*,” show that college students equate the word with stupid or a waste of time. The true meaning of the word *retard* has been lost and, while it is another debate entirely as to whether or not it should be reclaimed by disability

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That's So Retarded

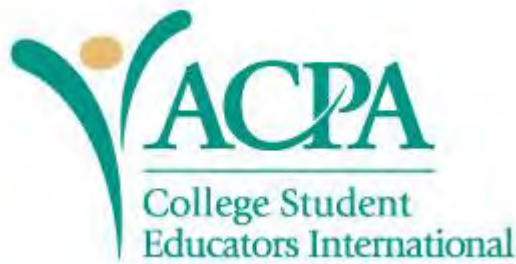
Allyson Mao, The College of New Jersey

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culture, as it stands, tossed around as it is, is disrespectful to people who are actually labeled as having a developmental disability. With the word *retarded* having permeated language at such a deep level, what can be done to stop people from using it?

In my experience as an undergrad and as a resident advisor, I have found that students are more likely to listen to peers than they are professionals. Hearing something from a friend makes it that much more personal than hearing it from a “higher power.” As a resident advisor in a first year building, I was very aware of how hard it was to toe the line between peer and superior with my residents. When I hosted programs, I knew that the best way to reach them on an educational level was to get them involved so that I was not seen as some almighty source they could not relate to. Instead, I asked them to impart their own knowledge to the rest of us in a way where I was also learning. To combat use of the word *retarded*, I gathered a group of five of my residents and told them about my idea. I was careful with selecting students. I knew who had influence on the floor and who would be overlooked. I selected students that I knew were affected on one or more levels by the word *retarded*. All but one was on board for the idea and the program took off. One of the students was involved in the “-R-Word Campaign,” a national campaign aimed at ending the casual use of the word *retarded* and used some of her connections to get R-Word buttons and stickers. Another student wrote a short story about his experiences having a little brother with autism and decided to read it during the program. The other residents worked on advertising and information sheets to hand out during the event. I used their materials and some additional ones to put together an informational bulletin board.

While the program's concept was very simple and it was not time consuming to put together, the residents were invested in it and were able to get their friends to attend because of their enthusiasm. And the message of the program was clear: Our language frames how we think about others. While I am not naïve enough to think that all of the residents in attendance have completely eradicated *retarded* from their lexicons, even making a few aware of how painful the word can be so that they can continue to call out others can make a difference.



Contributors to the Fall Edition of the Standing Committee on Disability Newsletter:

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Author of Brain Injury and the Post-Secondary Setting: Success through Understanding

Shammah Bermudez is the Coordinator of Disability Services for Chester County Campuses at Delaware County Community College (DCCC). Prior to coming to DCCC, he worked in the post-acute brain injury rehabilitation setting. Shammah is a member of the SCD Directorate Body and is currently the Scholarship Chair. He is also actively involved in the Brain Injury Association of Delaware and currently holds the position of Board Vice-President. Shammah has presented both locally and nationally on the topic of Brain Injury and the Post-Secondary Setting, including presentations at ACPA and NASPA.

Alice A. Mitchell, PhD

Author of Sexual Identity Development and Disability

Alice Mitchell has held student affairs positions since 1978 and joined the University of Maryland College Park staff in 2005 where she currently directs the Testing Office. Alice earned her Bachelor of Music degree from Heidelberg College (Ohio) in 1978, her M.A. in College Student Personnel from Bowling Green State University in 1982 and her PhD in College Student Personnel Administration (doctoral minor in measurement/statistics) from the University of Maryland College Park in 1997. As an ACPA member since 1980, Alice has held numerous elected and appointed leadership positions in ACPA including Founding Chair of the ACPA Standing Committee for Disability.

Allyson Meo

Author of That's So Retarded

Allyson Meo is a graduate student at The College of New Jersey studying Special Education with a focus on Literacy Development and Disorders. Prior to beginning her graduate work, she studied Integrated Math, Science, and Technology Education, also at The College of New Jersey, where she served as a Resident Adviser for first-year students and upperclassmen.

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COMMENTS OR QUESTIONS CONCERNING THE STANDING COMMITTEE ON DISABILITY'S NEWSLETTER?

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