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An Exploration of Faculty with Disabilities in Social Work Programs

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An Exploration of Faculty with Disabilities in Social Work Programs

A thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Social Work

by

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Abstract

Disability is a unique dimension of diversity, yet structural, social and attitudinal barriers can make meaningful workforce participation difficult for individuals with disabilities. Faculty with disabilities (FWD) are a particularly underrepresented population in academia, and even more so in social work programs. Based on this under-representation and a concern for the lack of attention this population has received, this project will explore a subset of this group. This thesis will focus on faculty with disabilities, first by looking into the scant research pertaining to FWD, then presenting the data from a qualitative study and demographic survey. Implications for policy, practice and future research needs will be examined with particular emphasis on the social work profession and education. This research will investigate the cultural and social climate of disability amongst social work faculties and education and provide meaningful recommendations for a more inclusive, equitable community of social workers and social work students and faculty.

Keywords: faculty with disabilities, social work, disabled academics, higher education

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Introduction

The Americans with Disability Act (ADA) defines disability broadly as, “a physical or mental impairment that substantially limits one or more major life activities, a record of such an impairment, or being regarded as having such an impairment” (2019.) A disability may hinder an individual from getting an education, accessing resources, forming social relationships or finding meaningful employment. While an individual’s disability may not impede any or all of these life domains, this research explores disability in higher education employment. Disability is commonly framed via two models. The first is the social model where disability is a result of social oppression and environmental barriers (Oliver, 2013.) The second is the medical model where disability results from “a biological or medical focus on the personal” (Brown & Leigh, 2018, p. 986.) When we talk about disability, we cannot exclude the conversation about ableism. Ableism is the belief that “bodies of [disabled people] are inferior to those of people without physical impairments and that, as a consequence, they should be accorded lower social status” (Dali, 2018a.) This definition does not include non-physical disabilities, thus a more general definition is necessary. Ableism has also been defined as “discrimination against people who are not able-bodied or an assumption that it is necessary to cater only for able-bodied people” (Colman, 2015.) Disability is a unique dimension of diversity in that it can be invisible, acquired at any age, and can directly affect performance without appropriate accommodations (Cook, 2009.) Yet, structural, social and attitudinal barriers can make meaningful workforce participation difficult for individuals with disabilities.

The Americans with Disabilities Act (ADA) of 1990 was a landmark in legislation for individuals with disabilities. Since 1990 and as recently as 2009, significant improvements have been made to the bill to encourage and make possible more workforce participation among

people with disabilities (ADA National Network, 2019.) In the United States, approximately 61 million adults (one in 4) identify as having some type of disability (Center for Disease Control and Prevention, 2019). In the United States, the employment-population ratio for persons with a disability is 19.3%, as compared to 66.3% for persons not with a disability (Bureau of Labor Statistics, 2020.) The Organization for Economic Co-operation and Development (OECD) estimates that only 44% of the world's working age population with a disability are integrated into the workforce, as compared to 75% of persons not with a disability of the same age (Araten-Bergman, 2016.) Employers who have made a concerted effort to recruit and hire individuals with disabilities have reported invaluable benefits in terms of meeting the needs of consumers and clients with disabilities (EEOC, 2015.) Employers also believe employing individuals with disabilities gives a competitive edge, in terms of consumer favor (EEOC, 2015.) Yet, persons with disabilities (PWD) are often “unnoticed” by recruiters; there lies a significant discrepancy between expressed intentions to hire a PWD and actual hiring behaviors (Araten-Bergman, 2016.)

Based on this under-representation and a concern for the lack of attention this population has received, this project explored a subset of this group. This thesis will focus on faculty with disabilities, first by looking into the scant research pertaining to FWD, then presenting the data from a qualitative study and demographic survey. Semi-structured, qualitative phone interviews were conducted with deans, directors and chairs of university social work units, in order to measure attitudes, experiences and overall representation of disability in social work programs and academia. The Multi-Systems Life Course perspective and social model of disability were employed to investigate a holistic view of disability including the micro, mezzo and macro systems which serve to empower and/or oppression FWD. Implications for policy, practice and

future research needs will be examined with particular emphasis on the social work profession and education. In particular, this research calls for an overall raising of social consciousness which may influence an increased research interest on this population, more equitable FWD on-campus support services and more disability content, specifically in social work programs.

The National Association of Social Workers (NASW) Code of Ethics sets forth six ideal principles which govern social work education and practice. Included in the Code of Ethics is the value of “Social Justice” which calls upon social workers to “pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people” including issues of unemployment, discrimination, access to information and services, and equality of opportunity (NASW, 2017.) This research will investigate the current climate of disability amongst social work faculties and education and provide meaningful recommendations for a more inclusive, equitable community of social workers and social work students and faculty.

Literature Review

Academia, widely recognized as an innovative, curious and inclusive space is still fraught with discrimination and accessibility barriers for PWD. According to Dali (2018b) issues of disability discrimination in academia can be summarized into three categories: institutional, social dynamics and personal. Academia is behind the curve of disability representation both in academic content and faculty representation (Hutcheon & Wolbring, 2012.) Faculty with disability (FWD) are a particularly underresearched, undertheorized and underrepresented population (Corlett & William, 2011; Grigely, 2017; Dali, 2018a; Brown & Leigh, 2018.) The ratio of disabled academics as a representation of PWD and more specifically undergraduate students with disabilities is unacceptably low (Hirschmann & Linker, 2015; Brown & Leigh, 2018.) While disability services for students have become more robust and inclusive,

encouraging students to be more forthcoming and comfortable disclosing their disabilities, parity for faculty disability services is lacking (Hirschmann & Linker, 2015; Brown & Leigh, 2018.) Whether purposefully or inadvertently, disabled academics have “largely escaped attention” and thus face barriers as professors, faculty members and researchers (Sang, 2017.) Several factors contribute to this issue, including a lack of research on the representation of FWD as well as a lack of comprehensive research of their experiences (Dali, 2018a.) Fear of disclosure and disability stigma perpetuate this research gap and particularly hinder academics with invisible disabilities from “coming out” (Hirschmann & Linker, 2015.)

Aside from the obvious disadvantages for FWD, students, university administration and academic scholarship also suffer the consequences of disability underrepresentation. Higher education institutions, often embedded with dominant styles of learning and pedagogic methods, are inaccessible or non-conducive to the advancement and development of a diverse student, staff and faculty population (Hutcheon & Wolbring, 2012.) Diverse faculty, including FWD may be asked to fulfill “socially responsible roles” (e.g. “diversity experts” or, more colloquially, “model minorities”), in order to provide insight and context to the barriers experienced by those associated with their identity group (Cook, 2009.) It is important to note that individuals who step up into these “diversity” roles do not necessarily do so because they feel called to the work, but because they know if they do not, their voices will be lost (Cook, 2009.) Rather than placing the responsibility for large social, attitudinal and organizational shifts on the few shoulders of those directly oppressed, conscious action must be taken to increase the representation FWD through disability-centric policies, non-traditional recruitment strategies, flexible staffing models and individualized accommodations (Hutcheon & Wolbring, 2012; Araten-Bergman, 2016). In a study of diversity among healthcare professionals, it was suggested that increased diversity in the

healthcare workforce could be a solution to healthcare disparities in the general population (Cook, 2009.) Following this logic, an increase in the representation of FWD may provide solutions to issues of access, accommodations and attitudes in university communities. Similarly, Cook (2009) describes “exposure to minority excellence” as a worthwhile strategy for overcoming biases, resolving misinformation and generating productive discourse. Research suggests that such individuals make the best leaders, advocates, role models and educators (Grenier, et al. 2014). In fact, a study (Burns & Bell, 2011) found that teachers with disabilities highlighted their disability as one of the core tenets of their teacher identity. By nature, university professors represent excellence in their given area of study and can have a powerful influence over students’ beliefs, worldviews and biases.

Cultural Barriers

It is worthwhile to explore how social processes, attitudes and structures serve as barriers to participation in high-skilled, professional employment (Bainbridge & Fujimoto, 2018.) As the movement for disability justice and equality in academia has grown, researchers have begun to study and theorize ableist barriers present throughout the job application process, upon successful hire and throughout one’s tenure. Organizational attitudes about PWD take direct cues from supervisors and those in leadership positions (Araten-Bergman, 2016.) Whether or not a PWD “fits” into an existing culture relies on intentional actions from leadership which demonstrate a commitment to disability-friendly policies and initiatives. With that in mind, there is a need for greater examination of higher education policy in addressing diverse abilities (Hutcheon & Wolbring, 2012.) Cook (2009) suggests a greater emphasis on faculty development programs and their alignment with stated campus diversity initiatives. Further exploration of the

attitudinal differences towards disability between university departments and disciplines is needed to understand the full picture (Cornell University, 2011.)

Self-Disclosure or “Coming Out”

Higher education institutions generally take a reactive approach to disability accommodations and may even fluctuate their level of support depending on the type of disability (Hutcheon & Wolbring, 2012; Banks, 2019.) Individuals with less visible or invisible disabilities face skepticism in their request for accommodations, as compared to those with physical disabilities (Banks, 2019.) In this example, the individual must weigh the consequences of “coming out” as a member of this stigmatized group in order to receive necessary accommodations or remain isolated in the shadows without the protections they are entitled to. Accommodations policies that do exist may be met with tension and frustration, as they err on the side of legal obligation and fiscal responsibility rather than humanistic values (Hutcheon & Wolbring, 2012.) The language used in accommodation policies tend to imply an adversarial nature: “undue hardship”, “duty”, “leveling the playing field”, “deficiency and impairment”, which further aide a culture where disclosing a disability is burdensome and taxing (Hutcheon & Wolbring, 2012; Banks, 2019.) Power differentials between those requesting and those granting accommodations may deter faculty from disclosing their disability for fear of stigma or skepticism (Banks, 2019; Hutcheon & Wolbring, 2012.) Disclosure has even been cited by FWD as “dangerous” (Dali, 2018a.) The “norm” in addressing disability accommodations uses a biomedical framework. When making an accommodation request, faculty must proceed through a period of “evidence-building”, which can be particularly challenging for a non-medical disability, such as trauma or addiction (Turner, 2015.) Consideration should be given for the time and effort of needing to “prove” one’s condition to a party of decision-makers, which may result

in the time equivalent of an extra “job” (Hutcheon & Wolbring, 2012; Banks, 2019; De Picker, 2020.)

Self-disclosure can be a barrier to gathering comprehensive research from and about FWD, thus plaguing the literature with self-selection biases and primarily highlighting the voices of strong self-advocates or “super crips” (Hutcheon & Wolbring, 2012; McCruer, 2006.)

Increasing the representation of FWD may require affirmative action policies and legislation targeted at educational efforts to address employment stereotypes and barriers (Bainbridge & Fujimoto, 2018.)

Multi-Systems Life Course Perspective

Given the lower representation of FWD and minimal formal supports given to recruit, hire, develop and retain FWD (Hutcheon & Wolbring, 2012), it is important that researchers evaluate possible factors contributing to this social and academic concern. Deeply exploring the role of faculty in higher education and how a faculty identity intersects with a disability identity may improve our understanding of how FWD can be more equally and equitably represented in higher education. As awareness grows that disability is indeed a valuable asset to diversity (Cook, 2009), we may expect to see a shift in dominant cultural beliefs and attitudes related to disability and able-bodiedness.

Using a Multi Systems Life Course (MSLC) Perspective (Murphy-Erby et al., 2010), this study’s qualitative approach explores social work department leaders and their perspectives on the representation, experiences and attitudes related to faculty with disabilities. As earlier noted, academia is lacking in disability representation. Existing research shows that the majority of information known about lived disability experiences comes from exceptionally vocal, self-affirmed and resilient self-advocates (Cook, 2009; Grenier, et al. 2014; Burns & Bell, 2011). Yet,

there is very little research to understand the disparity in representation among FWD. Furthermore, little is known about how higher education addresses or is aware of this disparity. Qualitative inquiry gives way to deeper levels of understanding, and culturally relevant and purposeful strategies which can be further investigated in future research. In the current study, the MSLC perspective highlights the voices of social work department leaders, in order to understand their perspectives and experiences with faculty with disabilities, as well as their personal experiences with disability.

The MSLC perspective takes a multi-layered approach to understanding the anecdotal and intricate lived experiences of FWD. In challenging the status quo of traditional wisdom, MSLC addresses the nuanced dimensions of disability in a way that is “dynamic, integrative, and holistic” (Murphy-Erby et al., 2011). The MSLC perspective incorporates social, cultural, historical, political and environmental factors which shape the life course, meaning-making, relationships and lived experiences of faculty with disabilities.

As evidenced by the literature, social and attitudinal barriers go hand-in-hand with structural and organizational barriers that impede FWD. Issues of disability social justice permeate academia, as they do other life domains and cultural systems. Thus, this research calls for a holistic inquiry of the representation of faculty with disabilities in university social work programs through conversations with the deans, directors and chairs who hire and manage faculty. This research will endeavor to explore Dali’s three categories, as discussed above and whether they hold up in social work faculties. In particular, (a) how do/can departments recruit, retain and develop this population, (b) what barriers are present in recruiting and hiring this population, (c) how are accommodations addressed, particularly in terms of disclosure, (d) are there policies or programs which inhibit the successful hire/development of this population, and

(e) what are recommendations and lessons learned for recruiting, retaining and developing faculty with disabilities in university social work programs.

Methods

Recruitment and Sampling

Convenience and snowball sampling methods were used to recruit deans, directors and chairs of university social work departments and schools from throughout the United States and Europe. Participants were recruited via emails to The Association of Baccalaureate Social Work Program Directors, The National Association of Deans and Directors of Schools of Social Work and the National Association of Social Workers All Members forum listservs, and referrals from existing study participants. Selection criteria included a title of dean, director, or chair of a social work school, department or college; and, participants did not have to identify as having a disability. Phone interviews (n=9) were conducted with these administrators via a semi-structured interview guide (Appendix 1), including questions on demographics. The protocol for this study was approved by a university Institutional Review Board and research participants provided verbal consent before being interviewed.

Data Collection

Interview questions were developed by a research team consisting of two Master of Social Work (MSW) students and two social work faculty with experience in qualitative research and disability studies, respectively. The interview guide broadly asked questions regarding (a) hiring and recruitment of FWD, (b) experiences and perceptions of FWD, (c) barriers and supports experienced by FWD, and (d) recommendations and lessons learned, and their motivation for participating in the study. Phone interviews took place between September and November 2019 and lasted between 20 and 48 minutes. Interviews were audio-recorded and

transcribed verbatim by this researcher. As presented above, nine interviews were completed. In accordance with grounded theory, the methodological framework used in this study, data collection commenced when the data reached theoretical saturation (Thomson, 2011.) That is, when the data supplied no new themes and existing themes became more established and validated by subsequent participants. The aforementioned listservs reached over 556 deans, directors and chairs of social work units, in addition to over 108,000 NASW members. While data saturation did occur, the small sample size may be indicative of a larger cultural value that does not prioritize disability research.

Data Analysis

The rigor of qualitative research is a reflection of the reliability and validity of the study, and can be operationalized as “credibility, transferability, dependability and confirmability” (Cypress, 2017.) Before beginning data collection, the primary researcher engaged in an autoethnography to explore and uncover held beliefs, attitudes and experiences related to disability (Appendix 2) (Ellis, et al., 2011.) Ongoing discussion with the research team allowed for a deeper exploration of personal biases, cultural competence and expectations for the research. This process was useful in ensuring the researcher’s personal beliefs and biases were filtered out and separated from the voices of participants.

References to names, places or universities were removed to protect confidentiality. A process of grounded theory coding techniques was used to analyze the data and generate major themes (Ryan & Bernard, 2003). In this process, grounded theory calls for the researcher(s) to drop pre-conceived notions and engage in constant comparison of the data; given the scant literature and anecdotal nature of the interviews, this approach is most appropriate (Urquhart, 2012.) An initial process of open coding identified major themes and subthemes in the transcripts

as evidenced by recurring words, phrases and ideas. These short segments of text were identified and underlined. All four members of the research team independently coded the transcripts, compared themes and discussed similarities and differences. This comparative process increased rigor and helped to identify relationships among themes (Bricki & Green, 2007.) Some themes merged and reclassified to more accurately and holistically describe the results of the data. Consistent investigation and curiosity of the data allowed themes to be revised and organized to better reflect the study purpose and original research questions. This included taking into consideration the researchers' influence on data analysis. For example, being aware that "favorite" themes were not exaggerated and less favorable themes excluded or minimized (Bricki & Green, 2007.) Finally, codes were re-evaluated based on the initial research questions

Regular meetings were completed at various milestones of the study to reflect and realign along the course of the project. The primary researcher kept a personal journal throughout the study for the purpose of self-reflection and processing (Ellis, et al., 2011.) To further engage in disability studies, the primary researcher connected with campus and community organizations, training and conferences. A process of member checking and peer debriefing to confirm the propriety and validity of themes as they emerged was used (Bricki & Green, 2017.) In summary, validity and trustworthiness were enhanced using an audit trail, multiple and independent codes, autoethnography, a research team and member checking.

Results

Participant Demographics

Of the participants 67% (n=6) identified as female, 89% (n=8) held a PhD or other doctorate. All participants were social workers (n=9). They ranged in age from 47-74 with a median age of 60. Additionally, 78% (n=7) of the participants identified as having a disability,

themselves and 56% (n=5) of participants had another faculty member with a disability in their department. All the participants are leaders in their respective units of social work. Experience varied, however 78% (n=7) of participants had 10 or more years of engagement in disability studies and/or practice and 78% (n=7) reported 10 or more years of hiring experience. Lastly, 56% of participants (n=5) had five or less years of experience in their current leadership position.

Through the exploration of the participants' experiences and perceptions with faculty with disabilities (FWD), including personal experiences four core themes emerged. The themes of culture, accessibility, personal motivation, and reflection weave together in this analysis of the experiences of FWD in university social work programs. It is worth noting that experiences and perceptions varied. For example, those who identified as having a disability were able to bring a perspective of lived experience into their commentary, whereas those who did not identify as having a disability were limited to their recollections and experiences with faculty who did. These differences both complemented and overlapped with one another to reflect the truly nuanced and individual experience of faculty with disabilities and engaging with the group.

Culture

Participants reflected on the cultures and sub-cultures of their campuses with consideration for their impact on FWD. Within the theme of culture, three subthemes were reflected: attitudes, policy and administration, and representation. While experiences varied, each participant articulated both direct and indirect messages which influenced the treatment, inclusion and exclusion of FWD.

Attitudes: Student-to-Faculty

Participants reported that, at times FWD experienced adverse treatment from their students, which they either presumed or knew to be related to the faculty member's disability.

However, participants also reflected that some students had a positive or neutral attitude of a faculty member's disability, which ultimately served their learning and interpersonal relationship with the faculty member. It is important to investigate student-to-faculty attitudes and relationships because they set the stage for how a student learns and engages with their coursework. Similarly, where professors are leaders in their academic disciplines, it is beneficial for students to see a diverse faculty representation. As with other diverse identities, FWD can normalize disability and break down ableist beliefs that do not typically cast PWD in positions of leadership, authority or expertise. It is worthwhile to note that student-to-faculty attitudes were highly nuanced and contextual.

Participants felt it was impactful and important to have faculty with disabilities in their department. However, none of the participants reported having a disability studies program at their university or within their social work department. Overwhelmingly, participants (n=9) expressed dissatisfaction at the lack of disability studies in their programs and felt it needed to be made a priority. This sentiment was reflected by Participant 7, "[it is] critically important that [there are] internship placements in areas that involve disability both physical and cognitive and also in the area of mental health... [as well as], disability content [in] areas related to human behavior, policy and community practice". When asked to describe disability studies in their social work curricula, participants used the following language: "overlooked", "not compulsory" or just "some modules." Students who wished to engage in disability studies needed to individually pursue research opportunities or take a specialized class, if available. Social work programs are required to have several courses on cultural competence and human diversity, but as reported by the participants, disability was only a small portion of this diversity education. The logistical hurdles involved in accessing disability studies does not support the expressed

importance of this study area by participants. Overall, participants felt the lack of disability studies is a deterrent to student learning and would be better served by more disability curriculum and internship placements.

The participants who identified as having a disability (n=7) reflected on the importance of bringing lived experience into the classroom, especially as they felt disability was an underrepresented identity in social work curriculum. For instance, Participant 7 reflected, “when I teach content on ability/disability, I can bring to it a level of lived experience which makes what I’m teaching more relevant to students.” There were differences in how participants with disabilities used their identity in and out of the classroom. Those who used their disability in the classroom, shared anecdotal wisdom and knowledge through storytelling and personal narratives. Again, Participant 7 described themselves as a “role model” of disability, while Participant 6 reflected that having disabled faculty members helps students “understand [that] minorities aren’t just people of color but also people with disabilities.” Consistently, participants agreed that faculty with disabilities brought greater depth and richness to students’ understanding of diversity and minority identities and were able to normalize disability in an ableist environment. For instance, Participant 9 shared that representing their disability in the classroom acted as a “kind of normalization of [disability] in the institution” and among students.

Participant 3 described an online disability and diversity class where the professor did not disclose their disability until several weeks into the semester. The professor had spina bifida and used a wheelchair. Prior to their disclosure, the student researchers engaged in a variety of exercises and autoethnographic activities to explore and uncover their perceptions, beliefs and biases about disability. Following the professor’s disclosure, the students reflected on how they may have seen their professor differently had they known of their disability earlier in the

semester. Through experiential learning, the students were able to engage more deeply in conversations about ableism and biases.

Additionally, participants reported that students' reactions to (and experiences with) FWD were highly situational and varied. While some recounted experiences of microaggressions and disrespect from students, others indicated that social work students were more caring and sympathetic. Participant 3 reflected on a faculty member with a chronic disease and their slow deterioration as their health worsened. In this instance, the students took on a "caregiver" role, where some faculty members in their department perceived boundaries were crossed in the amount of information this faculty member shared with their students. This department leader commented that perhaps lines of authority and professionalism were blurred as students became "overly sympathetic" and even assumed some aspects of caregiving. As a result of this experience, Participant 3 remarked that faculty "have to help social work students separate the personal from the professional." Similarly, Participant 7 noted that when "students [knew] a faculty member [had a disability], they [did not] tend to treat them badly on their student evaluations. They [tended] to be [more] respectful of that faculty member".

Conversely, Participant 2 who was a department chair and FWD, felt pressure to intervene in one classroom where students appeared to be taking advantage of their professor who had a physical disability. In particular, the participant recounted that students rejected the authority of their professor by disregarding certain syllabus rules (i.e. due dates, attendance, classroom behavior) and being intentionally disruptive in class. This participant stated, "there are people that seem to not accept her... somehow her disability puts her in a vulnerable position with the students". This department leader reflected that this incident posed an ethical dilemma, as well as displaying a microaggression. The circumstances posed a disparaging view of the

faculty member and resulted in the chair having to navigate an intervention in the classroom. This had to occur without minimizing the professor's authority and thus encouraging further disrespect from students. According to the participants, student engagement fell to two extremes: "overly sympathetic" versus microaggressive and disrespectful. A healthy middle ground, where faculty with disabilities were normalized and treated with equity in the classroom was lacking in these perceptions.

Participants felt it was easier to talk about students with disabilities than FWD. Most participants felt their student body was more empowered to advocate for their needs and have those needs met than were faculty. Participants noted that while their campuses lacked faculty-specific disability and accessibility resources, students could act as a catalyst for change. For instance, Participant 1 stated, "I think it's easier to think about [inclusion] when we're talking about students than when we're talking about faculty", and confirmed that change and action was more likely to come at the behest of student voices, rather than faculty and staff. While it is not clear if student advocacy brings direct benefits to faculty, it does suggest a pathway for partnership and cooperation that may benefit both students and faculty/staff.

Attitudes: Faculty-to-Faculty

As above, faculty-to-faculty relationships and interactions varied. It is important to remember that while most participants (n=7) identified as having a disability, only five participants identified another FWD in their department other than themselves. Two opposing categories of experience emerged between faculty. The first characterized these relationships as supportive and accommodating. The second relationship subtheme was characterized by microaggressions, disability "blindness", presumption of disability, and negative body language.

In the first sub-theme of supportive and accommodating faculty-to-faculty relationships, faculty were advocates for their peers, operating from a position of affirmation and empowerment. Participant 5 (able-bodied) found that in their experience, “faculty members with disabilities sometimes have unique skills in navigation of resources and navigation of policy [that] may be related to disability or not.” This was especially useful in understanding how faculty and students alike access resources and services. Non-disabled faculty were generally unaware of disability needs or ableist systems until it was pointed out by a FWD. When they became aware, they faced these inequities with openness and curiosity for change. For instance, Participant 1 experienced support retroactively, “as I have been doleful of my disability and letting them know what is going on with me, they are... beginning to recognize that disability is an issue.”

Allyship also came in the form of individual collaborations or sharing the workload even when it was not necessarily reported or appointed by department leadership. Participant 6 reported that achieving true allyship with FWD required “repeated conversations” to better understand individual expectations and outcomes. Still, this participant encouraged their FWD to always request formal accommodations from administration, in addition to agreements made within the department. For example, as Participant 3 experienced decreased mobility, their department took initiative to offer an office closer to the bathroom and building exit/entrance, an accommodation not offered or suggested by administration. Departmental accommodations went beyond the physical. Participant 7 recalled a faculty member struggling with a mental health disorder and the department “[going] out of their way to be as helpful as they could be... [and] very careful to make sure [they] didn’t add any extra stress” on their colleague. Similarly,

Participant 8 “helped develop a plan [for a FWD] to increase their communication abilities and organization abilities” after the faculty member expressed concern with their workload.

Faculty relationships were varied, and some participants struggled with how to respectfully and equitably support their colleagues. Power differentials between department leaders and faculty members further complicated the help-seeking and help-giving process. For example, Participant 2 reported recurring parking issues for a faculty with a mobility disability. As department chair, they visited campus parking to “[be] diplomatic... [and] advocate for her”, but feared in doing so, they were belittling the faculty member’s autonomy. After the fact, the faculty member explicitly asked their chair to drop the incident. Participants made comparisons about the supportiveness of clinical and research faculty – a distinction unique to social work and other helping and healthcare professions, where clinical faculty were seen as more empathetic and helpful. Participant 3 noticed “the difference between clinical faculty... [and] those who are on a tenure track... there does seem to be a different level of support [and] focus on relationships.” Some participants expressed concern over the ability for new faculty to meaningfully participate in relationship-building while balancing their research and publication requirements. For a faculty with a disability, these issues could be further exacerbated and complicated.

Partnership and support transcended social work departments and included collaborative efforts between departments. For instance, Participant 3 recalled the speech and language department reaching out to a faculty member after having a stroke and offering them “suggestions... in terms of communication [and] speech... [and making] the transition back easier.” While the sentiment was loosely shared among all participants, 44% of participants

(n=4) specifically made the distinction that educating faculties on disability issues and ableism should not lie solely on the shoulders of FWD.

Reports of hostile and microaggressive experiences were more prevalent than the former. These experiences were characterized by body language and non-verbal cues, disability “blindness”, presumption of disability and presumption of specialized treatment. Microaggressive body language and non-verbal cues were the most reported. Participant 2 aptly summarized microaggressions in this context: “it’s the small things that add up... [and come] to a higher and higher frustration level, stress level based on small incidents that kind of throw you for a loop.” Participant 8, who identifies as having a hearing disability described a decidedly juvenile experience where after not hearing a question at a meeting, their colleagues “[looked] at each other and kind of [giggled] and [did not] repeat the question.” Microaggressions and hostile body language are not easily defined. They are nuanced and contextual. A good way to think of it, according to Participant 1 is that microaggressions have “plausible deniability”. In essence, this forces FWD to “prove” microaggressive behavior and become confrontational. Participant 1 recommended FWD “call [out] colleagues just like you would call on a student...if a student were to make a racist or misogynist remark in class... you would call them on that immediately.” Here, the participant aimed to encourage their faculty to advocate for disability justice as heavily as they would race and gender equality. Participant 8 agreed that addressing a microaggressive behavior in the moment allowed the individual to immediately see and understand their impact. Participants who identified as having a disability shared a common experience of having to be self-advocates and shoulder the burden of educating those which oppress them.

Participants also reported varying treatment from their colleagues depending if the disability was visible or invisible. For example, Participant 7 reported that “people tend to be

much kinder [to visible disabilities] than they do if they understand somebody can't hear... they almost translate it as 'won't hear', or 'aren't listening.'" Similarly, Participant 1 reflected that "there's definitely a distinction between [visible and invisible] types of disabilities [and] how people respond to them." FWD experienced skepticism as to the legitimacy of their disability in instances where their disability was not physically visible. Participant 7 recalled that "having [a] visible disability or [having] the disability made visible changed how people behaved." While visible disabilities may be easier to detect, they may also come along with a presumption of other disabilities. Participant 2 highlighted this idea by sharing that in their experience a FWD was also "perceived as having some kind of brain or developmental delay." Similarly, Participant 5 reported a faculty member "[calling] questions about one colleague who [had] a closed head injury, in terms of [intellectual] capacity." While traumatic brain injuries may come with cognitive or intellectual consequences, the issue here lays in the evidence of such a consequence, of which none were reported by the participant or their faculty member.

Disability biases and beliefs arose in the interviews. Participants expressed concern about having to take on extra work or offer special privileges to FWD. Two participants indicated that they presumed a faculty member had a disability, despite any type of disclosure or indication from the faculty member, themselves. When asked about this, Participant 3 reported, "I guess I happen to know because I have pretty good assessment skills." Participant 2 encountered a similar situation, where due to a presumed disability she spent extra time correcting her faculty member's writing, "we have a faculty member in our department who has clearly got some type of I would say learning disability... I can see the difficulty that she has with writing... and [I] recognize that I am going to have to spend extra time getting that member up to speed." Neither participant indicated any attempt to confirm the faculty member's "disability" or to see if they

could be supported. Indeed, it is evident there can be insecurity and embarrassment to approach a faculty member with a presumed disability to offer support. Instead, participants resigned to saying nothing. There was also no indication of self-reflection or checking for biases when reflecting on these encounters.

Some participants saw their colleague's disability "go away" and become invisible. For example, Participant 3 recalls, "when I first met her, I think like ten minutes after I was talking to her, I totally forgot she was in a wheelchair, you know the wheelchair just kind of faded away." Participants consistently reiterated the importance of recognizing the diversity and nuances of disability, as one would with other areas of disability. For example, Participant 5 made the comparison, "if you don't have people representative of different gender identities or racial or ethnic groups and different experiences then you're not representing your community... At a very basic level, if you don't have people with disabilities then you're not doing that."

Policy and Administration

Participants overwhelmingly reported a lack of policy compliance and awareness about the Americans with Disabilities Act (ADA) and disability support services. In particular, most respondents noted that while compliance and accommodations for students were readily and more easily made, the same did not hold true for faculty. Indeed, some participants had not even considered the need for faculty-specific initiatives. Despite having a dedicated ADA office or similar, participants consistently felt that adequate response to faculty accommodations requests was not fulfilled. Some participants have made efforts to partner with their campus ADA office in order to assess campus accessibility and policies, but without success. Overwhelmingly, participants reported an attitude of disinterest and fragmentation between disability services and the individuals they are meant to support. One participant reported that although they have

standards and policies that come out of the ADA, they “are not utilized blanketly.” Similarly, another participant reported that disability services are highly disconnected without “serious penalty or consequences if somebody doesn’t really apply [them].” One participant reported that as social workers and leaders of their department, it is their duty to “understand and to advocate and to write and implement policies that reflect and allow people to access the resources... that we all agree upon as a society that [people] qualify for.” In other words, it is not enough to set forth a standard of compliance or resources without adequate action taken in response to a request. Another participant reflected a similar sentiment in that “the chasm between what we aspire to in terms of our core values and ethical standards and what we actually do in practice [with regard to disability]” is still wide. Consistently, participants reported that the duty to support and accommodate faculty with disabilities fell on the respective departments.

As many of the participants identified as having a disability (n=7), their personal narratives were naturally woven into their account of how faculty with disabilities are regarded by administration. Consistently, this narrative was directed by their personal responsibility to take up their own cause and to educate administration. A participant described administration as “not ignorant but [also] mostly not really aware” and that without personal experience of disability, it is challenging to anticipate the needs or importance of disability services. One participant who identified as having a disability reported that campus administration creates a “culture of fear” where faculty with disabilities are fearful of expressing disparities in policy and support services. When asked by administration to give a presentation expressing this issue, the faculty member replied that “[administration] should be looking at it [themselves] rather than looking to us to say something... [they] need to look in the mirror and reflect [on] what [they are] doing to perpetuate [fear]”. Another participant encountered a similar request and reported

that “it is a difficult [balance] between speaking up for yourself... and [insisting], ‘no, it’s not us who are in charge to be aware, you have to be aware, yourself’”. Another participant who does not identify as having a disability reported that they did not see the university taking any action to create policies which empower and support their faculty in and out of the classroom.

By and large, universities were shown to take a reactionary approach to disability policies and support services. One participant noted that if there is “no proactive institutional strategy to promote [inclusion]”, campuses will quickly reach a “ceiling.” Participants consistently reported that issues were only resolved at the persistence of the individual to whom the problem pertained or their direct supervisor. In addition to formal accommodation requests, several participants reported accommodations made on the department level. Three participants reported that individual conversations between faculty and department leaders yielded the most understanding and efficiency with regards to these accommodations. For instance, Participant 5 noted, “we have an obligation as department chairs to go above and beyond” to create an accessible and inclusive workplace environment. At their university, faculty are granted “full parity for behavioral health services, as well as physical health services,” including a clause in their employment contracts which allows for the tenure clock to be paused in the event of serious illness or caregiving of a loved one. Participant 7 reported a similar policy where the tenure clock could be paused to accommodate a chronic or disability-related illness. Participant 1 reported, “it just takes a long time to change culture.” Regardless, department leaders should seek ways to be proactive in developing simpler, person-centered processes for requesting accommodations which do not diminish the individual’s autonomy. To that end, change needs to come from the top and pave the way for improved micro changes at the departmental- and individual-level.

Representation

Participants consistently reported the importance of disability representation in social work faculty and curriculum. Participant 2 felt representation offers “the benefit [of] relating to someone else who has a different experience” than one’s own. Similarly, Participant 5 felt that social work faculty should lead by example by “representing student populations and also the communities [they] serve.” FWD provide a lens for normalizing disability to students and campus communities. Where other minority identities, such as ethnicity and sexuality are sought out to represent underserved student populations, so should disability identities. Participant 6 reported that “50% of [their] faculty is minority status” and bringing disability into the classroom “helps student understand minorities aren’t just people of color, but also people with disabilities.” Yet, actually including disability content into coursework showed up as a challenge for most participants. It was consistently agreed that lived experiences and anecdotal wisdom were rich, compelling ways to teach about disability. Still, Participant 2 noted the challenges of including storytelling into class discussion without “[putting] all the responsibility on the [faculty member] to educate” the students. Participants created a distinction between asking a FWD to represent their disability in the classroom and a FWD doing so of their own volition. For instance, Participant 5 works with a group of “peer specialist leaders” whose essential role is to use their lived experiences as a tool for learning, discussion and advocacy. This was a completely voluntary and self-directed group. These peer specialist leaders drew upon their experiences with mental health and substance abuse disorders to shed light on the realities of navigating services and resources. Participant 5 reflected that a person with a disability can represent the complex nature of service delivery and social supports. For social work students,

understanding these barriers through the lens of a lived experience makes them more tangible and robust.

Disability representation should also go beyond the classroom to include internship placements, service-learning opportunities and research. Both bachelor's and master's social work students are required to complete internship hours in order to graduation. As such, there is a massive opportunity to get students involved in disability work before entering the field. According to most participants, this opportunity is still relatively untapped. Disability can also offer valuable insight to different styles of learning and relating in the classroom. Participant 8 said their social work department is taking active steps to incorporate diverse learning styles, but that they are "still waiting for them to address disabilities." In a program that trains individuals with learning disabilities to become teachers and professors, Participant 9 noted that individuals became "not the object of teaching, but the subject of the teaching." Similarly, Participant 3 felt they could positively represent disability to students who may have never met someone with a disability, let alone a professor.

Where representation was forced or requested, the response from FWD was less favorable. Participant 1 felt their disability status was, in some ways seen as "the exception to the rule" because they did not fit the expected image of a FWD. Their disability was not immediately visible, and they did not always use assistive devices. When asked repeatedly by university administration to "write an article or give a presentation" about disability policy on-campus, they responded, "you should be looking at [it] yourself rather than looking to us to say something to you." Participant 9 reflected a similar feeling, "no, I don't want to be the person complaining all the time. I am living with it anyway" and urging their administration, "it's not us who are in charge to be aware." Most participants encountered similar situations where a lack of

disability representation created a unique pressure for FWD to take up their own cause. Among participants with a disability, there was pervasive uncertainty of whether using their disability identity to advocate for disability justice would diminish the motivation of non-disabled individuals to do the same.

Issues of disability representation and status were significantly disjointed with regard to visible and invisible disabilities. In the experience of Participant 1, “there [was] definitely a distinction between [these two broad types] of disabilities, [and] how people respond to them.” Participants implied that visible disabilities were more approachable or better understood by non-disabled people. Conversely, invisible disabilities were received with skepticism and required a more involved process of “proving” one’s condition or accommodations eligibility. For instance, Participant 7 noticed that “if you don’t have something that shows [your disability] you’re probably just trying to get special status.” While no participants reported actual preferential treatment given to faculty with visible disabilities, most reported that the cultural stigma still existed on their campuses. Participant 2 had a different experience where individuals with physical disabilities were “perceived as having some kind of brain or development [disability]” and their authority was diminished. Participants also reported on the collective visibility of the disabled community. For instance, Participant 9 organized a significant disability conference and noted how having 25+ wheelchair users on their campus highlighted accessibility issues, “so visible that no one [could] ignore it.”

Accessibility (Barriers vs. Access)

This research began as a quest to understand how faculty with disabilities access the application, hiring and accommodations process. Where there seems to be significant support for university students to receive accommodations and support in their academics and campus life,

parity for faculty and staff resources is lacking. The expectation was to learn about specific processes and policies that make professorship accessible to those with a disability. Specifically, an understanding of barriers and opportunities from recruitment and hiring to retention and development. Thus, accessibility became an important and core theme, including three subthemes: accommodations, hiring and physical spaces.

Accommodations

Requesting accommodations was not a linear, simple process. Participants reported that the process for faculty is widely underdeveloped at their universities and can be exceptionally complicated. While the ADA provides specific regulations and rights, most participants felt their institution was ill-equipped to interpret those policies, and even less equipped to implement them. Participant 7 reported that at their university ADA policies are “not utilized blanketly.” Similarly, Participant 8 called for a university-wide ADA compliance review, while Participant 4 saw benefit in peer-to-peer education regarding ADA policies.

Before a request is even made, the faculty member must “out” themselves. That is, disclose their disability and the extent to which they require accommodations. This process can be particularly vulnerable and arduous for a faculty member. Participant 5 described, “the toll of having to out yourself by asking for accommodations...[as] significant” and not to be underestimated. Participants identified a variety of protocols regarding the accommodations process. Some participants reported that the accommodations process began at the department level, while others reported it started in Human Resources, Disability Services or a similar administrative agent. Accommodations may even begin before the hire in the recruitment phase. It is unclear as to the cause for these discrepancies, however a safe presumption is that because of the general lack of attention given to FWD, a standard care of practice has not been established

and thus not widely used. With greater awareness and understanding, higher education as a workplace can evolve towards more universally designed accommodations protocols.

Participant 1 reported, “if a potential applicant needs information in [a] different format they can contact us and... access it [differently] to accommodate their disability.” Similarly, Participant 7’s department used concerted effort to ensure, “if anybody applied with an acknowledged disability... accommodations [to] interview successfully was granted.” This instance highlights the importance of clarification, documentation and policies to ensure accommodations are properly fulfilled.

Communication between a faculty member’s department and administration was fragmented, thus requiring the FWD to shoulder all the responsibility. That responsibility begins with defining a “reasonable” accommodation. For example, at the university of Participant 1, their Accessibility Resource Center is responsible for determining what is reasonable and then sends notice to the respective department. Participant 3 and 8 requested accommodations via Human Resources. Participant 5 started the accommodations process via a personal, department-level conversation and moved upwards. Participant 7 reported to a campus ADA office. Most participants reported a combination of administrative and departmental accommodations. Participant 3 consistently recommended that colleagues get official university accommodations, regardless of what is being done on the departmental level. In some instances, reasonable accommodations were determined at the administrative level and then delegated to the individual departments who also shouldered the financial responsibility. The most common accommodation mentioned (n=4) was concerned with pausing the tenure clock. For example, Participant 5 reported one could pause the tenure clock for a year or more while continuing their probationary period and avoiding tenure review during that time.

Participant 8 shared that in order to get a closed captioning telephone, they “had to find the telephone, tell [IT] where to get it and who the contact people were... [IT] facilitated the purchase... and installing it.” The cost of the telephone came from the department budget, thus putting a financial strain on faculty and emotional strain on the faculty member requesting the accommodation. Faculty members with disabilities consistently reported that they had to be their own self-advocates in the accommodations process, even including drafting their own medical accommodations letter. Participant 1 was “just amazed that... a doctor at a premier teaching hospital (host university)... [did not] know what was a reasonable accommodation” and asked the faculty member to draft their own letter. The amount of time, effort and emotional energy required to be granted accommodations was taxing and time-consuming for most participants.

Most participants expressed concern about stigma related to their personal accommodations request or requests from their colleagues. Some participants spent over a decade in their current role before requesting an accommodation for fear of stigma and/or emotional burden of “coming out.” When asked to discuss the culture of accommodations, participants used words and phrases including, “burden”, “workload increase for everybody else” and “complex.” Misconceptions about accommodations alienated FWD from their colleagues and fractured any sense of support. Participants shared a general feeling that institutions need to move towards eliminating those systems and processes which create a disabling environment. Education to reframe the stigma of accommodations needs to take place, in order to create greater understanding of their necessity to create a just and equitable experience for all. Recommendation from participants included asking about accommodations in the interview process, using personal dialogue to normalize accommodations and to work closely with a faculty member to develop a plan that meets their needs. Department leaders should be open and

willing to adapt the plan, where necessary and reasonable. Finally, participants reported it is the responsibility of department leaders to work against this stigma and educate others on the complexities and nuances of disability accommodations.

Hiring

Accessibility begins at recruitment and hiring. Most participants reported that their social work departments gave at least some consideration to making the application and interview process accessible to all eligible candidates. Some included accessibility statements in their job posting which included information on how to make an accommodations request. For example, as a department leader during the hiring process, Participant 7 remained committed to “[making] sure that the job was about what [the candidate] had to offer, not about any physical issues,” which included various application methods, selecting a fully accessible interview site and discussing accommodations needs early in the process. In general, participants agreed it is necessary for departments to be open to learning and adapting when hiring a FWD. With consideration for hiring, participants were more apt to discuss physical barriers and accessibility. Indeed, not all barriers were identified at the time of hiring, but more often as the faculty member began working and integrating into their department. Most participants reported that implicit bias trainings for those on the search committee were useful. However, participants did not identify specific content related to disability in those trainings.

Participants were not able to name specific strategies or action for recruiting more faculty with disabilities. Advertising job vacancies was more limited among departments with a smaller budget. Participant 4 reported with a larger budget their department would have done more recruitment at disability-related conferences, publications or professional journals. Consistently,

participants reported an openness and desire to hire faculty with disabilities, but little to no active recruitment of this population. Participant 5 reflected that their department has not “thought as extensively about diversity and inclusion from a disability perspective, as [they] have from gender, racial, ethnicity [perspectives].” Participant 8 reported similarly, “we have a diversity committee but that’s mostly related to race and ethnicity... I fear that race and ethnicity will overshadow disability... if they were combined under one committee.” Again, Participant 1 shared, “the department would have been open to hiring someone with a disability and... [their disability] might not even have been discussed.” Participants did not report hesitancy or resistance to hiring a FWD, but also did not offer insights for how to recruit this population.

Physical Spaces

Accessibility of physical spaces continues to be a challenge on university campuses. While the ADA has helped create a standard, participants reported it is not well understood or adhered to. Participant 9 reported that despite known accessibility policies, “buildings and structures... are being set-up without considering barriers or problem areas.” On campuses with historical structures or building preservation guidelines, improving accessibility was further complicated. The most significant sub-theme regarding physical spaces was parking. Limited handicap parking spaces and conflict with parking authority was a consistent theme. At Participant 2’s university, faculty are assigned specific parking space. Conflict arose when a FWD tried to park in another spot across campus and was given a ticket. Participant 2 recommended their department absorb this cost, however they did not. In fact, Participant 2 reported, “people [came] together... have been angry and frustrated but... feel powerless in the larger system.” Some participants said they saw changes to building accessibility including bathrooms, automatic doors and more consideration when constructing new structures, however

parking remained a consistent issue. Participant 3 reported inaccessible parking is such an issue, they feared a prospective faculty member may turn down a job because of it. Similarly, Participant 7 hired a new faculty member who “expresses concerns with her mobility and where she would have to park.” Most participants believed their university was aware of these issues and making some effort to improve. Participant 1 summarized the experience aptly, “it just takes a long time to change culture.” It is worth noting that several participants including some with disabilities felt their campuses were fully accessible and issues were met on a case-by-case basis.

Two participants 5 and 8 mentioned adaptive technology. Participant 5 expressed that adaptive technology was one of the only accommodations they were aware of for faculty. Participant 8 had a vastly different experience. In a training designed to teach faculty new teaching methods for various learning style, Participant 8 is “still waiting for them to address disabilities” and has regularly attended meetings where videos were shown without closed captioning. Consistently, participants reported that universities and social work departments should be prepared to adapt to faculty members’ needs as their disabilities continue to evolve. Especially as faculty are prone to spending years or decades in their roles, it is even more important to recognize that an accommodation made on day one may not look the same over time.

Personal Reflections and Experiences

The initial aim of this research did not anticipate such a high representation of PWD. Nevertheless, the majority (n=7) of participants identified as having a disability and the remaining (n=2) had some significant connection to disability, whether it be personally or professionally. Naturally, personal reflections and experiences were interwoven into the interviews and brought context to how participants responded. Some of the experiences reported

by participants can be viewed from two perspectives: as an administrator and as one's personal experience with disability. As such, some of the observations below have been previously mentioned but have been reframed to address the personal nature of what it means to have a disability in academia. Four subthemes emerged: self-advocacy, recommendations and motivations for participating in the research.

Consistently, participants reported that self-advocacy and persistence were the most important factors when it came to their needs being met. Participant 1 felt, "if you're a person with a disability, you have to learn very quickly how to develop a thick skin." Some participants felt isolated because they were the only or among the few faculty members with a known disability. The responsibility of "checking" their colleagues' biases and assumptions with regard to accommodations or accessibility felt like a lone and taxing venture. Some participants identified feelings of tokenism, where they were asked to speak on behalf of the entire disability community on-campus via presentations, publications or events. While participants mostly identified themselves as strong self-advocates, they felt somewhat resentful of the notion that if they did not advocate for themselves, no one would. Participant 8 felt their colleagues, "don't think about disabilities until they're confronted with it... and then, it's more of a reaction instead of being proactive." Participants also expressed desire for more proactivity and allyship from their peers and administration but felt there was a major lack of awareness from non-disabled people. For example, Participant 9 reflected, "it is difficult for some people in charge who do not have [a disability] to anticipate the meaning or importance of the issue... they are not ignorant, but they are also not really aware."

Participants shared recommendations for improving equity, accessibility, and knowledge relating to faculty with disabilities based on their own experiences of initiatives they hope to see

in the future. Conferences, specifically social work conferences can include disability-specific tracks and themes. Similarly, faculty can engage students in research about disability and present their findings at conference. Several participants felt their departments and administration could be more proactive in educating their campuses about disability services, programs and policies. For instance, Participant 3 recommended physical markers, such as a sign or placard in human resources and/or diversity and inclusion offices that signaled where to go to request accommodations or disability services. According to Participant 3, physical markers could make the process less stigmatized and more normalized. Participants called for university-wide ADA compliance audits which could be led by a faculty and staff disability resource group or committee. It was recommended that such a committee should include both individuals with disabilities, as well as allies and key stakeholders, who could regularly meet to discuss disability topics on-campus, review policies and procedure, make recommendations and host advocacy events. Such groups could also be used to mentor new faculty members with disabilities to support in requesting accommodations and becoming acclimated with the university. With regard to students, participants recommended an integration of more disability studies in human behavior, policy and community practice courses; similarly, participants recommended more internship places in areas of disability. Inter-departmental collaboration was consistently recommended to achieve these goals.

Each participant had their own unique reason for participating in the research. However, overwhelmingly (n=7) their motivation was their personal experience with disability; the remaining participants (n=2) had a significant connection or relationship to disability in a personal and professional context. Most participants felt disability is missing from academia and they wanted to contribute to the research. Some participants had negative experiences on their

campus and the process of sharing their story was cathartic and empowering. Most participants hoped their participation would translate into more awareness of the needs of faculty with disabilities and parity in support services. Finally, some participants (n=3) were actively conducting disability research and wanted to contribute to the field.

Discussion

The representation of FWD in social work programs is unacceptably low, which may translate into a lack of disability-related research, university services and persistent disability stigma. The participants of this study used their voices to highlight the social and structural barriers FWD face, as well as the support they received and richness they brought to academia, their departments and their students. It is easy to decree diversity as a necessary and wanted cultural value at universities, but it is another to put policy and practices into action that truly support inclusion and equity for all. Unfortunately, disability has historically been a diverse identity that is unconcerned and excluded. If higher education genuinely desires to be inclusive of all, disability *must* be central to the conversation. Where faculty are prominent leaders, changemakers and advocates on their campuses, a proportional representation of FWD is essential. Investigating the lived experiences of FWD including faculty leaders who hire and manage them can help shape future policies and practices to prevent further exclusion of this valuable population. Furthermore, a more intentional, rigorous rejection of able-ism and able-bodied preference is critical to improving social and cultural attitudes towards disability. Social workers and social work faculty have the unique opportunity to use their natural inclination towards inclusion, equity and diversity, as well as their National Association of Social Worker (NASW) values to further this mission. The conversations resulting from this study offer a useful framework for understanding how the social work profession can continue to meaningfully

support, advocate for and advance social justice for people with disabilities, particularly in academia.

In this study, the nuanced nature of disability was apparent. Participants reported a wide range of experiences and perceptions, both positive and negative. No two narratives were the same, although some similarities emerged. The participants' observations were consistent with the observations of Dali (2018a), who identified three factors related to discrimination of FWD as institutional, social dynamics and personal. Participants of this study were more reflective of the relationship between FWD and students than was present in the literature. Conversely, the literature was reflected in the participants' view of the importance of peer relationships and faculty leadership in influencing organizational attitudes about disability and ableism (Araten-Bergman, 2016.)

Furthermore, participants' reflections mirrored the literature with regard to discrepancy in attitudes and behaviors based on disability type, disclosure process and overall campus culture (Banks, 2019; Brown & Leigh, 2018; Hirschmann & Linker, 2015.) Participants widely agreed that disability discrimination is prevalent in academia as a workplace (Dali, 2018b.) Consistent with current literature about FWD, the participants who identified as having a disability recognized their disability as an essential and powerful aspect of their faculty identity (Grenier, et al. 2014.) This idea is consistent with social identity theory which addresses how an individual's self-perception can be influenced by or reflective of in-group membership to a particular identity (Stets & Burke, 2000.) This phenomenon can manifest in the way one perceives the world and how they move through it. Thus, personal experiences with disability were a key motivator for participants to take part in this study and share their experiences. As prior studies note, participants were frustrated with the lack of representation in academic

research about FWD and were motivated to make their voices heard (Corlett & William, 2011; Grigely, 2017; Dali, 2018a; Brown & Leigh, 2018.) Similarly, participants reflected the literature as it pertained to FWD being particularly under-researched and under-theorized (Sang, 2017.) Participants provided a range of disability experiences that are also reflected in the literature, including concerns related to career advancement, accessibility, traditional employment structures and the added workload of having to disclose one's disability and seek accommodations (De Picker, 2020; Sang, 2017.) The reported experiences provide context for understanding the short- and long-term impacts of disability discrimination in academia. Their narratives offer valuable insight into the pervasive nature of such discrimination from the individual to macro level.

Limitations

It is unclear how much generalizability of this research is applicable to academic fields outside of social work or outside the United States. Similarly, it is unclear how generalizable this study is to all social work programs. As most participants identified as having a disability (n=7) and self-selected to participate, consideration should be given to the generalizability of the research to disabled academics on a broader scope. The participants of this study with a disability identified as strong self-advocates and were eager to speak about their experience. However, fear of "coming out" and self-disclosing in academia is significant and the research continues to miss out on their voices. Finally, while efforts were made to check personal biases and beliefs, the members of this research team do not identify as having a disability and are thus limited by their lack of personal experience with disability. The aforementioned limitations could be mitigated by more diverse research teams which include people with disabilities. This approach would not

only offer a valuable perspective with regard to data analysis, but also in recruitment through effective avenues where disabled academics are more likely to engage.

Implications

Practice

In social work and academia, opportunity for meaningful change begins at the micro level. Continued personal conversations with the FWD are necessary to assess and adapt granted accommodations. University campuses can consider developing and supporting faculty/staff disability resource groups. Such resource groups should undoubtedly be led by PWD but must not be limited to those individuals who identify as a PWD. Allyship is integral to the advancement of FWD. Within those resource groups or perhaps at the department level, FWD mentorship initiatives can continue to support a community of disabled academics, as well as provide a pathway for incoming faculty members. Training on disability competency for both faculty and staff is crucial. Such training should include a breakdown of prevalent biases and prejudices of disability, including addressing people's discomfort with disability topics and discrimination. Training should be a guide for competence, responsible allyship that also builds compassion, understanding and respect for PWD. For FWD, parity in disability support services is desperately needed. A lack of such services ultimately takes away from the time and energy that could be dedicated to research, curriculum and supporting their students.

Similarly, social work curriculum must include more disability content and disability-related field placements. This is especially important for Master-level students who prepare to enter the field as licensed social workers. To facilitate in this learning, students should be encouraged to engage in autoethnographies, self-reflection activities and research opportunities where they are able to investigate their own beliefs, experiences and biases related to disability.

Student groups related to disabilities should be led by faculty/staff members with disabilities. This research identified opportunities for students and faculty/staff with disabilities to unite and advocate for shared needs on-campus. Such a partnership can be mutually beneficial and lean on the complementary abilities of both sides. For example, where students may be more active, vocal and impassioned in advocating for their needs, faculty/staff generally have a greater understanding of how university and administrative systems work, and subsequently how to frame a need in ways administration will respond to. Perhaps most importantly, social work faculty can encourage the “pipeline” of students with disabilities from undergraduate to PhD and eventually professorship so we may see a greater representation of FWD in the near future. Creating a learning environment that supports more than just traditional pedagogic methods will be central to the realization of this goal.

Policy

If social work programs truly desire to hire more FWD, efforts should begin in the recruitment process. Leaders should include equal opportunity employer statements which include disability and affirm applicants that diverse candidates are encouraged. A strategic plan should be developed which makes new hires aware of on-campus disability services and where to receive support. If formal supports do not exist or are insufficient, social work faculty leaders should be prepared to design their own processes for addressing accommodation requests. In addition, FWD can be supported by creating flexible working schedules that may include work-from-home options or earlier office hours when parking is more accessible. Similarly, institutions should prioritize a campus-wide review of physical accessibility with special attention to parking, technology, audio/visual capabilities, restrooms and entry/exit access points. For FWD who wish to present their research at conferences or professional engagements, more

travel and logistic support should be offered. In that same vein, conferences should offer video conferencing options for individuals who cannot physically attend, as well as a single day rates for those whom a multi-day conference is not feasible. Finally, to support meaningful career advancements for FWD, a policy which allows for the tenure clock to be paused for issues related to one's disability or a chronic illness is essential.

Research

As previously mentioned, a greatly needed area of research includes an investigation of the “pipeline” from undergraduate student to professorship and understanding whether an underrepresentation of FWD is related to an avoidance of higher education as a workplace, or discrimination in the hiring process. Further study of FWD should continue to prioritize lived experiences. Study of disability, as a diverse identity can help address issues of resource inequity and opportunity inequality for PWD, specifically as it related to human capital development and addressing issues of employment inclusion. Further research can facilitate in the creation of more universally designed work environments, including high education institutions. If universities are indeed keen on promoting a more diverse faculty, research should explore how hiring intentions are linked to actual hiring practices and anti-discrimination efforts. Investigation of FWD experiences per disability type, area of study, and faculty seniority are worthwhile variables for exploration. Similarly, cross-cultural comparisons of disability attitudes and policies in higher education around the world may shed light on cultural value, recruitment practices and workplace environments. Similarly, efforts to support international cooperation of disability research may influence a generally raising of social consciousness. Finally, for social work conferences, more disability tracks and calls for disability-related research should be included.

Conclusion

Persons with disabilities are a disproportionately underrepresented and underresearched population in general society and in particular, social work education. This project focused on the voices of deans, directors and chairs of social work units and measured attitudes, experiences and representation of disability in their respective programs and academia, as a whole. The research provided insights to micro, mezzo and macro systems that serve to empower or oppress faculty with disabilities. Three core themes emerged which represented the experiences and observations of participants: culture, accessibility and personal reflections and experiences. It is evident that the majority of participants identifying as having a disability (n=7) had a significant impact on the data. From the onset, it became clear that disability is primarily discussed and considered by those who either have a disability or a very close connection to disability. This idea expanded and manifested in the data by way of how PWD behaved and were treated in academia, from actual person-to-person interactions to representation in curriculum and accommodations requests. Perhaps more so than other diverse identities, having a disability is an alienating experience even among in-group members. In reflecting on this project and its significance in pushing this issue forward, there is hope that a wider raising of social consciousness is on the horizon. More so than specific practice or policy implications, one can read between the lines and access that which is shared and valued by people alike: to be included, to be considered and to be heard. By genuinely embracing and acting upon these sentiments in practice and the like, readers of this research will benefit more greatly than by simply reading the content.

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Appendices

Appendix 1:

Interview Guide

Demographics:

- Gender
- Age
- Personal disability?
- Degree
- Position
- Number of years in current role
- Number of years of experience in hiring
- Number of years of experience in disability-related work
- Number of faculty members
- Number of faculty members with a known disability
- University
- Location

Hiring/Recruitment

- Have you been successful in hiring an individual with a disability?
 - If so,
 - how many?
 - are you able to elaborate on what kind(s) of disabilities they have?
 - were there specific strategies or activities that helped in recruiting and hiring them?
 - If no,
 - did you encounter specific barriers to recruiting and hiring them? Which ones?
 - did you find any part of the process inhibiting?

Training/Onboarding/Culture

- Please describe your new faculty onboarding process.
- If you hired an individual with a disability, did that process change?
- If so,
 - how?
 - did you find any strategy or activity specifically helpful in onboarding this new faculty?
 - If not,
 - why not?
- To your awareness, did they face any social or attitudinal barriers during the onboarding process?
 - If so,
 - please describe.
 - If not,

- how do you believe your department overcome/avoided these barriers?

Barriers/Challenges

- At your university, are there any program or policy issues which make it difficult to hire a faculty with a disability?
- Can you describe the overall “climate” as it pertains to disability on your campus?
- Is disability something you search for as a criteria of diversity when making a hiring decision?

Strengths/Opportunities

- If you have a faculty member with a disability, can you describe the unique strengths or resources they bring to your department?
- Have you recognized any direct benefits to your department, scholarship and students, as it pertains to having a faculty member with a disability?

Appendix 2:

Personal Ethnography (September 16, 2019)

My first childhood recollection of an individual with a disability was in after school care with a girl named Dakota. I do not remember many specifics about her other than she had some communication and cognitive impairments, which limited her ability to express herself clearly. She often became agitated and stressed. Otherwise, I believe she was calm. I have a small scar on my face that I also remember as having been received by Dakota after she had some sort of “fit”. Looking back, I can not remember if this story is true or not, but I always assumed it was. When thinking of that story, I saw myself as a “victim” and Dakota helpless to her behaviors and thus not responsible. I must have been 5 or 6 at the time of the alleged incident. It is curious that even in my early childhood I determined us both innocent.

In elementary and middle school, I do not have any strong recollections of individuals with disabilities. More than likely, students with disabilities were mostly segregated from our classes, with the exception of P.E. or other such electives. At the time, I do not think I even noticed their absence or separation. The term “sped” (special education) was often used as an insult or derogatory joke towards someone who was dumb, slow, stupid or weird. We would use this term among our friends and people we liked. It never occurred to me how hurtful that word could be, especially given the context. It was also very common to called people “retards” or to say something was “retarded”. In music, “retarded” was used to describe something very cool or crazy. In school, it was used as an insult or to tease someone. I still hear this word used often. Specifically, I have heard my Dad use this word to describe something that is unbelievable, especially incidents relating to our current President (i.e. “this guy is *retarded*”). I have tried, in the past, to explain the heaviness of this word, and that there are surely better options, but it

hasn't made much difference. It is curious how I should be so offended by a word that is not targeted towards me or anyone I know.

In high school there was a "PAL" (Passion About Learning) program that paired students with disabilities with a traditional student who would act as their mentor. I was not part of this program, but part of me always felt it was a bit self-serving. I did not like the way the traditional students would talk to their "pals" like infants, despite being of nearly the exact same age. The school would occasionally "parade" the PAL students through a pep rally which indeed seems kind, but also somewhat patronizing. I have a somewhat negative bias of this program, however, in truth I do not know much about it and never engaged in it, personally. To my knowledge, I have never had a close or intimate relationship with an individual with a disability.

Thoughts, Beliefs, Feelings

Inherent in the construct of disability is the notion of something lacking. That is, lacking physical, mental, cognitive, intellectual or sensory ability to conduct oneself as is "normal" or traditional. The differing ability of one individual versus the other is only dubbed a "dis"-ability because it falls outside of the common experience and accommodations provided in society. Being deaf is not inherently a disability, yet it becomes a disability because our world is centered around the ability to hear and make sounds, in order to communicate and conduct oneself. One might have an impairment that restricts them from traditionally engaging in some aspect of life, but it only becomes a disability in the eyes of society. The notion that disability means a lack of ability feels wrong. There is more than one road to Rome and not a singular "right" path.

Prior to the fall of 2018, I cannot say I thought about individuals with disabilities or ableism. Ableism was a new word for me. In general, I believe my opinions leaned towards two extremes: sympathy/pity or admiration/awe. Sympathy for those who are seemingly helpless and

vulnerable, or admiration for what I now know to be called a “super crip”, someone who does a truly amazing or un-human thing that seems at odds with their disability status. In this way, I unconsciously dehumanized or “othered” individuals with disabilities by seeing them solely through the lens of their disability. It is truly a paradox that does not make sense to my logical mind. On the one side, if you are an individual with down syndrome and do something completely average, such as getting a driver’s license, you are amazing and brave and have defied all odds. By the same token, we give equal praise to an Olympic athlete who runs with prosthetic legs. The underlying assumption is that I don’t expect you to be able to do or accomplish things that able-bodied people can, and when you do, it is something fantastical and somewhat unbelievable, therefore we must over-celebrate it. I do not believe my conscious mind is analyzing situations and behaviors through this lense, yet my unconscious bias is reflected in my behaviors and attitudes.

In what I have learned about disability and ableism topics thus far, I am most interested in attitudinal and social barriers - the subtlety of life’s interactions (from the micro to the macro) which keep individuals with disabilities invisible and at the margins. The most prevalent topic of discussion in relation to disability is typically physical access - are there enough ramps and elevators? Are our sidewalks paved or cobblestone? Do we have reliable and accessible bus routes? The benefit of these discussion points is that there can be a definitive yes or no. For well-intentioned able-bodied individuals, this is gratifying and comforting. It means we can say with certainty that we did something and here are the results. Social and attitudinal barriers are not as equally measured. They lie in our urge to smile at a person in a wheelchair as they go by, when I would never do the same to someone who is equally a stranger but walking on two feet. They occur when I am overly nice or interested in a conversation with an individual with a cognitive

or intellectual disability because I somehow assume no one else is taking the time, and I will be one of the “good” ones. On the surface level, I do not see these actions as bad. Yet, they imply some level of sympathy or pity that is tied to perceived vulnerability, and which is ultimately patronizing.

Areas for Growth

First and foremost, I would like to better understand how to address and challenge social and attitudinal barriers. I know it will not be as simple as building a ramp or adding more handicapped parking spaces, but I hope to gain insights that can be translated into tangible action for myself and others. While I am aware of my unconscious biases, I am certainly not immune to them. I am enthusiastic about disability studies because it truly pushes my realm of thinking to include a group which I have long overlooked. Disability is an interesting topic because it intersects with every possible identity (race, sexual orientation, gender, class, etc.) and offers a new perspective, an intersection. As a student of social work, I feel it is an underrepresented identity group and population. I would like to understand why this may be and what I can do as a student and researcher to change the narrative. As much as I have begun to think and talk about individuals with disabilities, I have very limited experience interacting, socializing or working with them. What’s more, disability is such a complicated identity, as there are different types of disabilities and to varying degrees. In comparison to other identity groups, I think this difference sets disability apart. For example, if you are white, you cannot say, “I am this type of white” or “I am this level or variation of white”. You are white and thus have a very specific experience because of that whiteness. In comparison, having a physical disability is vastly different than an intellectual disability. You may have a disability that impairs your reading, but you are still

perfectly capable of leading an independent life, versus an individual with disabilities that require lifelong, full-time care.

In this next year of study I hope to gain insight and recommendations for how disability and ableism topics can be integrated into social work curriculums, how we can foster greater visibility and inclusion of this group in university positions, and which individual and group attitudes most influence the marginalization of this group. From a practice perspective, I would like to experience working with individuals with disabilities, perhaps in a social work setting. Finally, I would like to attend an academic conference related to disability studies/practice.

Appendix 3:



To: Kelly Elizabeth Dundon
From: Douglas James Adams, Chair
IRB Committee
Date: 10/07/2019
Action: **Expedited Approval**
Action Date: 10/04/2019
Protocol #: 1906203233A001
Study Title: An Exploration of the Experiences of Faculty with Disabilities in University Programs
Expiration Date: 07/21/2020
Last Approval Date: 10/04/2019

The above-referenced protocol has been approved following expedited review by the IRB Committee that oversees research with human subjects.

If the research involves collaboration with another institution then the research cannot commence until the Committee receives written notification of approval from the collaborating institution's IRB.

It is the Principal Investigator's responsibility to obtain review and continued approval before the expiration date.

Protocols are approved for a maximum period of one year. You may not continue any research activity beyond the expiration date without Committee approval. Please submit continuation requests early enough to allow sufficient time for review. Failure to receive approval for continuation before the expiration date will result in the automatic suspension of the approval of this protocol. Information collected following suspension is unapproved research and cannot be reported or published as research data. If you do not wish continued approval, please notify the Committee of the study closure.

Adverse Events: Any serious or unexpected adverse event must be reported to the IRB Committee within 48 hours. All other adverse events should be reported within 10 working days.

Amendments: If you wish to change any aspect of this study, such as the procedures, the consent forms, study personnel, or number of participants, please submit an amendment to the IRB. All changes must be approved by the IRB Committee before they can be initiated.

You must maintain a research file for at least 3 years after completion of the study. This file should include all correspondence with the IRB Committee, original signed consent forms, and study data.

cc: Gonzalo Camp, Investigator
Kim Stauss, Investigator