

**The Experience of Occupational Therapy Practitioners and Students with  
Disabilities:**

**a Mixed-Methods Pilot Study**

**by**

**Samantha Guenther and Anna Huss**

**Masters of Occupational Therapy, University of North Dakota, 2017**

**Advisor: Janet Jedlicka, PhD, OTR/L, FAOTA**

**An Independent Study**

**Submitted to the Occupational Therapy Department**

**of the**

**University of North Dakota**

**In partial fulfillment of the requirements for the degree of**

**Master of Occupational Therapy**

**Grand Forks, North Dakota**

**May**

**2017**

## Approval Page

This Scholarly Project Paper, submitted by Samantha Guenther and Anna Huss in partial fulfillment of the requirement for the Degree of Master of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

Janet J. Jullidek, Ph.D., OTR/L  
Signature of Faculty Advisor

4-20-17  
Date

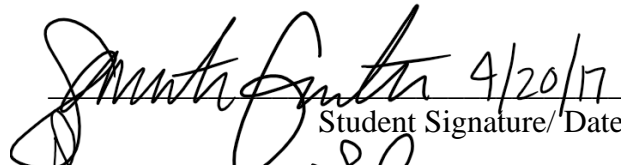
**Permission Page**


**Title:** The Experiences of Occupational Therapy Practitioners and Students with Disabilities: A Mixed-Methods Pilot Study

**Department:** Occupational Therapy

**Degree:** Master of Occupational Therapy

In presenting this Independent Study in partial fulfillment of the requirements for a graduate degree from the University of North Dakota, we agree that the Department of Occupational Therapy shall make it freely available for inspection. We further agree that permission for extensive copying for scholarly purposes may be granted by the professor who supervised our work or, in her absence, by the Chairperson of the Department. It is understood that any copying or publication or other use of this Independent Study or part thereof for financial gain shall not be allowed without our written permission. It is also understood that due recognition shall be given to us and the University of North Dakota in any scholarly use which may be made of any material in our Scholarly Project.

  
Student Signature/ Date

  
Student Signature/ Date

## TABLE OF CONTENTS

LIST OF TABLES .....	v
ACKNOWLEDGEMENTS .....	vi
ABSTRACT .....	vii
CHAPTER I INTRODUCTION.....	1
CHAPTER II LITERATURE REVIEW .....	7
CHAPTER III RESEARCH METHODOLOGY .....	23
CHAPTER IV PRESENTATION, ANALYSIS, AND INTERPERATION OF DATA .	27
CHAPTER V SUMMARY AND RECCOMMENDATIONS.....	42
APPENDICES .....	47
APPENDIX A : QUANTITATIVE INFORMED CONSENT.....	48
APPENDIX B: QUANTITATIVE QUALTRICS QUESTIONS.....	52
APPENDIX C: QUALITATIVE INFORMED CONSENT.....	56
APPENDIX D: QUALITATIVE INTERVIEW QUESTIONS .....	61
APPENDIX E: DATA ANALYSIS .....	65
REFERENCES .....	67

## LIST OF TABLES

Table 1: Disabilities Reported by Participants.....	28
Table 2: ANOVA: Graduation Year and Difficulty Obtaining Reasonable Accommodations .....	29
Table 3: ANOVA: Difficulty Obtaining Reasonable Accommodations and Hours Worked per Week.....	30
Table 4: Interview Participant Information.....	31

## **ACKNOWLEDGEMENTS**

We would first like to acknowledge our advisor, Dr. Janet Jedlicka, for her guidance, expertise, and encouragement throughout this project. Secondly, we would like to thank our statistician, Dr. Marilyn Klug, for her help during the data analysis of our quantitative survey; we are grateful that there are people like her who can gift us with the talents we do not possess. Next, we would like to acknowledge Sandy Hanebrink for her guidance in the development of this study and the many resources she was able to offer. Her passion added to the fuel that got this project moving forward. Most importantly, we would like to thank those who participated in this study, sharing their experiences, stories, and wisdom with incredible vulnerability. Without them, this project would have been impossible.

## **ABSTRACT**

### **Purpose**

This mixed-methods pilot study was conducted to provide insight into the experiences of occupational therapy practitioners and students with disabilities. The focus of this study was to analyze the effect of the Americans with Disabilities Act (ADA) and ADA Amendments Act (ADAAA) on access to reasonable accommodations. The researchers predicted that, although occupational therapy is a profession focused on advocacy for people with disabilities, reasonable accommodations are applied inconsistently for practitioners with disabilities within the OT field.

### **Methodology**

A Qualtrics survey was sent out to occupational therapists with disabilities in order to collect demographic data and select participants for interviews. Forty-three individuals completed the Qualtrics survey. These individuals were asked to rate their difficulty obtaining reasonable accommodations in their occupational therapy programs, fieldwork settings, and workplaces. The final question gave the participants the option to volunteer for a follow-up interview. Data from the survey was analyzed using SPSS.

Eight participants volunteered to participate in an in-depth qualitative interview. Five participants met the inclusion criteria of currently practicing occupational therapist, practicing in the United States, and graduated after 2011; all five individuals participated in a one-hour follow-up interview. The interviews focused on the participants'

experiences as occupational therapy practitioners with disabilities. The participants answered questions about the process of obtaining reasonable accommodations and disclosing their disabilities to faculty members, fieldwork supervisor, and employers. The interviews were transcribed verbatim and coded using qualitative analysis procedures.

## **Results**

The results of the Qualtrics survey were not statistically significant. However, it was found that as average difficulty obtaining accommodations increased, the average hours worked per week decreased. Additionally, when year of graduation was considered, it was found that average difficulty obtaining accommodations decreased for people graduating after the ADA was implemented in 1991 and then again for those who graduated after the amendment in 2008. It was noted in each graduation year grouping (before the ADA, before the ADAAA, and after implementation of the ADAAA) at least one person rated their difficulty obtaining accommodations as a seven or above and average difficulty in each category remained above a four.

## **Conclusions:**

The findings support a potential barrier to full-time work is access to reasonable accommodations. The researchers concluded that, although there has been a decrease in average difficulty obtaining accommodations, there is still a need for improvement. The qualitative interviews resulted in the following assertion: Occupational therapists with disabilities continue to face discrimination in school, fieldwork, and workplace settings in



the form of a lack of access to reasonable accommodations. Those who were unable to obtain reasonable accommodations credited their challenges to internal, external, and systematic barriers, whereas those who experienced success in obtaining reasonable accommodations credited their success to strong support systems and self-advocacy skills. Despite possible challenges, occupational therapists with disabilities valued their place in the field of occupational therapy, believing they brought a unique set of skills and perspective to the profession.

## **CHAPTER I INTRODUCTION**

Individuals with disabilities are employed roughly 30% less often than people with the same level of education (bachelor's degree or higher) who did not have disabilities (Erickson, Lee, & von Schrader, 2017). This makes people with disabilities the least employed population in the United States (Erickson et al., 2017). There is limited research on the employment rate of people with disabilities in the field of occupational therapy, a profession focused on increasing independence in people with disabilities. The limited research leads to the following question: do occupational therapists and occupational therapy students with disabilities receive an appropriate amount of support within the classroom, fieldwork setting, and workplace?

Literature from other healthcare disciplines, such as nursing and medicine, suggests that reasonable accommodations are not provided to individuals with disabilities in a consistent manner and that there are misconceptions about the ADA (Cortés, Hollis, Amick, & Katz, 2001; Mullins, & Preyde, 2013; Rothstein, 2015; Schreuer & Sachs, 2014; Shevlin, Kenny, & McNeela, 2004). Gordon, Lewandowski, Murphy, and Dempsey (2002) found when clinicians' understandings of the ADA were compared to the legal definitions, they were found to be incorrect, confusing the intent of special education law (IDEA) and the intent of the ADA. It was also found that the majority of participants in the study expressed a desire to gain more training on ADA and its implications (Gordon et al., 2002). Disability discrimination is still a prevalent issue. In

fact, between 1992 and 2006, less than five percent of employees who sued their employers due to disability discrimination were successful (Smith, 2011).

The researchers for this study aimed to further understand the experiences of individuals with disabilities who are either students or practitioners in the field of occupational therapy. This study was conducted to initiate research on this specific topic. In the first part, quantitative data was collected from 43 surveys and practitioners and students with disabilities were asked to rate various aspects of their experiences in school, fieldwork, and in their workplaces. They were asked to identify the field in which they worked, the year of their graduation, the number of hours they worked, their age, and the type of disability they had.

From this information, eight participants were selected to participate in an interview about their experiences with having a disability while in the field of occupational therapy. Out of the eight participants selected, five fell within the inclusion criteria and agreed to participate. Five one-hour interviews were completed and included in this study. The interviews were conducted, pseudonyms were assigned to participants and each interview was transcribed verbatim. The researchers collaborated in coding the transcriptions. After coding the transcriptions, the data was grouped into categories and themes were developed. This provided insight into the unique experiences in school, fieldwork, and work for these occupational therapy practitioners with disabilities.

### **Theoretical Framework**

This research was conducted under the theoretical framework of the Person - Environment-Occupation Model of Occupational Performance (PEO). The researchers designed the Qualtrics survey to gather information about the transactive relationship

between each person, their environment, and their occupation (Turpin & Iwama, 2011). The assumption of PEO is that the person, environment, and occupation cannot be studied separately due to the transactive properties between the three (Turpin & Iwama, 2011). The PEO provided a framework to assist the researchers in developing the follow-up interview questions. The follow-up interview questions considered the person, environment and the occupation and how the fit between the three impacted the participants' occupational performance (Turpin & Iwama, 2011). PEO assumes that the environment affects the person's behavior. For this reason, survey and interview questions about school, fieldwork, and workplace were intentionally separated so that the researchers could understand the impact that each environment had on the participants' occupational performance. The researchers considered physical, social, cultural, and institutional contexts that affected each of the participants, consistent with the PEO (Turpin & Iwama, 2011). The PEO model provided a strong theoretical framework for this study, helping the researchers more thoroughly understand the experiences of occupational therapy students and practitioners with disabilities.

The researchers interpreted the data from a perspective shaped by the Rights-Based Disability Theory. This branch of Disability Theory is unique in that it views the right of an individual with a disability to an accessible society as civil rights issue, which is comparative to the medical model, in which the focus is placed on addressing the disability (Lorenzo & Thomas, 2009). In the Rights-Based Model of Disability, access to equal opportunities is viewed, not as an individual burden, but a human right that is to be upheld legally. This study focused on the rights of individuals with disabilities in the

occupational therapy profession and their experiences getting their basic rights met in the form on reasonable accommodations in school, fieldwork, and the workplace.

Considering the Rights Based Model of Disability, researchers developed the following problem statement: There is a lack of research exploring the manner in which occupational therapy practitioners and students with disabilities seek, receive, and utilize their rights to reasonable accommodations in school, fieldwork, and work.

### **Hypothesis**

It was hypothesized that responses from participants in this study would illustrate inconsistencies and challenges in obtaining and using reasonable accommodations.

### **Assumptions**

It was assumed that the experiences of all occupational therapy practitioners and students who have disabilities are unique. Due in part to this assumption, it is also assumed that there is variability in the way that reasonable accommodations are sought, implemented, and utilized.

The scope of this study was occupational therapy students and practitioners with disabilities across the United States. Researchers chose to conduct a mixed-methods phenomenological study. A survey was developed using Qualtrics, this was emailed and posted by a gatekeeper to social media sites. The purpose of the survey was to obtain basic info about occupational therapy students and practitioners with disabilities and to allow individuals to self-identify for participation in qualitative interviews. Interviews were conducted online over Skype, FaceTime, and Google Hangouts, depending on the participant's preference. By using technology, researchers were able to gather

information from individuals across the United States. This study was conducted over a seven-month period.

### **Importance of the Study**

There is an overall lack of research regarding the experiences of occupational therapy students and practitioners with disabilities and the process they go through while obtaining reasonable accommodations. The majority of the literature is over 15 years old, having been conducted shortly after the ADA was passed, or is not specifically focused on the profession of occupational therapy. This study is one of the first mixed methods research studies to focus solely on occupational therapy practitioners and students with disabilities. This study will benefit other occupational therapy students and practitioners with disabilities by raising awareness for reasonable accommodations and providing insight into the process of obtaining them. Further investigation is needed in this area, as this study is meant to be a steppingstone for additional research.

### **Definitions of Key Terms**

*Americans with Disabilities Act (ADA)*: Federal Law established in 1990 that protects the rights of individuals with disabilities by prohibiting mistreatment in their communities, areas of work, government functions, and transportation (United States Department of Labor, n.d.).

*Americans with Disabilities Amendments Act (ADAAA)*: Federal Law established in 2008 this is an extension of the ADA that changes the language of the original act, broadens the definition of disability, and clarifies who can get reasonable accommodations. (United States Department of Labor, n.d.).

*Disability:* According to the ADA, disability is the presence or record of a physical or mental impairment that impacts an individual's ability to carry out an important life activity. It also refers to perceived physical and mental impairments, regardless of whether it impacts important life activities (ADA, 2008).

*Reasonable Accommodations:* "Any change or adjustment to a job, the work environment, or the way things usually are done that would allow an individual with a disability to apply for a job, perform job functions, or enjoy equal access to benefits available to other individuals in the workplace" (United States Department of Labor, "Accommodations," para. 1).

*Underemployment:* People who are available for employment and are searching for jobs or unemployed and those who are employed in a position for which they are overqualified (United States Department of Labor, n.d.).

## **CHAPTER II LITERATURE REVIEW**

With the implementation of the ADA in 1990, employers and educators have been held to higher standards of providing employees and students with reasonable accommodations in workplaces and school settings. Since the enactment of ADA, the question of whether or not reasonable accommodations are being provided in the way that they should be, under the law, has been asked by researchers, employers, and students impacted by the law (Rumrill, Roessler, McMahon & Fitzgerald, 2005; Blanck, 1997).

In a study by Rumrill et al. (2005), the researchers found that many individuals, specifically with multiple sclerosis, did not return to work after an episode, despite desiring to continue with their previous employment. Many people chose to quit their jobs before their health conditions advanced to a point that they were no longer able to fulfill their job requirements. The authors identified that one cause for this was employer discrimination (Rumrill et al., 2005). Gordon et al. (2002) surveyed 147 therapists and found a nearly unanimous request for more training on ADA and the implications for access to reasonable accommodations.

Occupational therapy is a profession focused on equipping individuals to live fulfilling lives as independently as possible through encouraging the development of skills and the utilization of necessary accommodations. It is important that occupational therapy practitioners have a working understanding of what reasonable accommodations are available to individuals under ADA within their own profession. This is important to



ensure that occupational therapy students and practitioners with disabilities are provided the basic human rights of accessibility within their schools, fieldwork, and workplace settings.

This literature review will summarize themes found in literature, including unclear definitions in the ADA, stigma surrounding disabilities, visible and invisible disabilities, and how varying perspectives on disabilities impact the implementation of the ADA. Finally, information regarding the common theme of self-advocacy and the importance of individuals with disabilities knowing their rights under ADA will be covered.

### **Unclear Definitions and Efforts to Define Them**

In 1990, the ADA was put into effect, stating that no individual with a disability could legally be denied rights based on the fact that he or she had a disability (Americans with Disabilities Act, 1990). In the ADA, there are two categories of criteria that an individual must meet in order to be protected under the act. The first criteria are for disability. The person must have a condition that, “substantially limits a major life activity” (Americans with Disabilities Act, 1990). Under the ADA, major life events have included, “Caring for oneself, performing manual tasks, walking, seeing, speaking, breathing, learning, and working” (Americans with Disabilities Act, 1990). The second criteria are for accommodations. The accommodations must be considered “reasonable” (Americans with Disabilities Act, 1990). If an individual is deemed to have a disability that significantly limits their performance in a major life event and has requested an accommodation deemed reasonable, they are to be protected under ADA (Smith, 2011). However, there have been inconsistent interpretations of the terms used in ADA, which

have led to variability in reasonable accommodations offered to people with disabilities (Smith, 2011).

The definition of disability varies based on the person defining it. From another perspective, the International Classification of Functioning, Disability and Health (ICF), disability is viewed as, “the outcome of interactions between impairment and the physical, social, and attitudinal environments” (Chacala, McCormack, Collins, & Beagan, 2014, p. 113). Disability is an all-encompassing, broad term, as Kim and Williams (2012) stated, “Disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual executing a task” (p. 100). Some argue that because of this broad definition, specific types and severity of disabilities are not considered, and as a result, needs pertaining to specific disabilities, such as personal care attendants for those with severe disabilities, are not accounted for under ADA (Stumbo, Martin, & Hendrick, 2009). The legal definition of disability compares a person’s functioning to that of an average peer, whereas the clinical definition of disability compares a person’s functioning to that of a person considered to be a cohort (Gordon et al., 2002).

These unclear definitions make a large difference in the understanding of reasonable accommodations in the context of higher education and the workplace. In cases involving college students with learning disabilities, students have been denied accommodations because pursuing an advanced degree is not considered a major life event for most people. It is assumed that, in order for an individual to be accepted into

higher education, their ability to learn needs to be above that of an average person's, rather than a fellow classmate (Smith, 2011).

One such case, *Guckenberger v. Boston University* (1997), highlighted by Blanck (1997), involved students with learning disabilities who were denied accommodations when their university president changed the process for approving accommodations. He felt that accommodations were being given too freely, to people he felt did not qualify as having disabilities, and that students who received accommodations were being given an advantage in their academics (Blanck, 1997). It was determined that the school had wrongly required students to be retested for learning disabilities and provide additional documentation to prove their need for reasonable accommodations (Blanck, 1997). Among the issues leading to this case were the unclear definitions of "disability" and "reasonable accommodation." Questions, such as, "Who is qualified as having a learning disability," "Who can test someone for a disability," and "How might employment and education standards change with reasonable accommodations," were left unanswered by the ADA (Blanck, 1997).

In an article by Smith (2011), court cases of *Wong vs. Regents of the University of California* (2004) and *Toyota Motor Manufacturing, Kentucky, Inc., v Williams* (2002) are discussed. In *Wong vs Regents of the University of California*, Wong, a medical student at the University of California, challenged the University after being dismissed from the medical program for failing to meet academic requirements (Smith, 2011). Wong had been denied accommodations for a learning disability (Smith, 2011). The school felt that Wong failed to meet the qualifications for "disability" under the

ADA, because they felt his past academic history, which allowed him to be accepted into the medical school, failed to demonstrate his learning difficulties (Smith, 2011).

These discrepancies are not limited to the academic setting. In *Toyota Motor Manufacturing, Kentucky, Inc, v Williams* (2002), Ella Williams, an assembly line worker at Toyota, successfully sued Toyota for failing to adequately accommodate her after she developed bilateral carpal tunnel syndrome due to completing repetitive work-related tasks (Smith, 2011). Toyota appealed the lawsuit under the belief that William's disability did not qualify her under ADA due to it only limiting job-related tasks and not other aspects of her daily living (Smith, 2011). This case was eventually brought to the Supreme Court, where it was determined that Williams did not qualify under ADA as having a disability because of her ability to complete everyday tasks (Smith, 2011).

A common theme in these court cases is the varying definitions of ADA terminology, specifically "substantially limiting," "disability," and "reasonable accommodations," ultimately being used to determine individual's rights under the ADA (Blanck, 1997; Smith, 2011). Many of the court cases were resolved based on definitions in the ADA, which were unclear and left to be determined on a case-by-case basis (Blanck, 1997; Smith, 2011)

Part of the confusion around the Americans with Disabilities Act could be attributed to the level of training that professionals receive on it. For instance, school counselors play a key role in advocating for students who qualify for accommodations in grade school, with protection under IDEA (Gordon et al., 2002). However, once a student begins to transfer into higher education or employment, the interpretations of the testing they receive from their school counselor may not be valid, due to the counselor

being more familiar with IDEA than the ADA (Gordon et al., 2002). Misunderstandings of the ADA are not limited to school counselors; other clinicians, such as psychologists, are being asked at increasing rates to determine whether or not their test findings qualify an individual to receive accommodations under ADA, when they have received limited training on the act's standards, due to the enactment occurring after their schooling (Gordon et al., 2002).

In a study by Gordon et al. (2002), it was found that, when clinicians' understandings of the ADA were compared to the legal definitions, they were found to be incorrect, confusing the intent of special education law (IDEA) and the intent of the ADA. It was also found that the majority of participants in the study expressed a desire to gain more training on ADA and its implications (Gordon et al., 2002).

Individuals who seek accommodations and those who qualify for reasonable accommodations but do not seek them, are also susceptible to misinterpreting definitions found in the act. In a survey given out to faculty and staff at a large university, 147 respondents reported that they have limitations at work due to "physical or mental conditions," but did not consider these conditions to be disabilities (Shigaki, Anderson, Howald, Henson, & Gregg, 2012). Mullins and Preyde (2013) found students who sought accommodations reported being questioned by professors who felt that the accommodations would give them an unfair advantage over other students. However, Shevlin et al. (1995) stated that students were not interested in receiving accommodations that gave them an advantage over students. They were interested in accommodations that equipped them to be self-sufficient (Shevlin et al., 1995). The misinterpretations of both the definitions of disability and accommodation have led to a variety of situations

wherein students and employees have not received the protection intended for them under the ADA (Gordon et al., 2002; Shigaki et al., 2012; Shevlin et al., 1995).

The ADAAA was put into place with the purpose of clarifying vague terminology used in the ADA (Smith, 2011). Disability was previously defined in the ADA as a condition that limits an individual from a major life activity, including, “Caring for oneself, performing manual tasks, walking, seeing, speaking, breathing, learning, and working” (Americans with Disabilities Amendment Act, 2009). With the enactment of ADAAA in 2009, “thinking and concentrating,” have been included into the act (Americans with Disabilities Amendment Act, 2009). It is expected that more people will qualify as having disabilities as a result of this act and that more people will be able to receive accommodations as a result, but there is currently limited research on whether or not this has been the case (Smith, 2011).

### **Stigma**

Current literature hosts a handful of varying and vague definitions for stigma. Researchers Link and Phelan (2001) have focused their expertise on this area and define stigma as: “The co-occurrence of its components-labeling, stereotyping, separation, status loss, and discrimination-and further indicate that for stigmatization to occur, power must be exercised” (Link & Phelan, 2001, p. 363). The majority of the qualitative pieces of literature reviewed included stigma as a significant aspect of having a disability. According to Chacala et al. (2014) stigma is a social construct where thoughts, feelings, attitudes, and structures go from being an equal playing field to separating the population and marginalizing those who have impairments, ultimately creating social inequality.

Stigma is a broad term that can be broken down into self-stigma and stigma towards those with invisible and visible disabilities.

### **Self- Stigma**

Kim and Williams (2012) and Mullins and Preyde (2013) both discussed the phenomenon of self- stigma. This occurs when persons with disabilities experience discrimination and stigma so often that they begin to internalize the limitations and view their disability in a negative light (Kim & Williams, 2012). Cortes et al. (2001) discussed the fact that individuals with disabilities identified as not having the skills necessary to perform their roles after experiencing a disability. Similarly, Velde, Chapin and Wittman (2005) reported findings from a qualitative research study where a participant expressed that in a single semester he went from succeeding academically, to feeling inadequate in his skills and was fearful to continue his academic journey with his disability.

Due to the strength of self-stigma, it is possible that post-secondary students and professionals with disabilities experience struggles and limitations in various areas of life. These areas include accessing reasonable accommodations, disclosing their disability, and the emotional stress that facing stigma and social inequality can evoke (Chacala et al., 2014; Kim & Williams, 2012; Mullins & Preyde, 2013).

According to the literature, because of the stigma, post-secondary students and professionals with disabilities feel discouraged from seeking accommodations. These same sources indicate that students find it challenging to disclose their disability to peers, professors, and supervisors, making support systems difficult to establish (Chacala et al., 2014; Cortés et al., 2001; Kim & Williams, 2012; Mullins & Preyde, 2013; Velde et al., 2005). Kim and Williams (2012) completed a qualitative study on the experiences of

post-secondary students. They found that an overwhelming number of students were hesitant and skeptical about disclosing their disability to their professors in order to receive the reasonable accommodations. During this study, participants reported that they often were faced with push back, negativity and even doubt-filled responses from professors. In the same study, students also explained that disclosing their disability to classmates could be stressful. Because of both of the problems discussed, participants reported lack of support, negative reactions and a sense of guilt when asking for accommodations (Kim & Williams, 2012; Velde et al., 2005). Fear of disclosing a disability is one of many barriers people with disabilities face, especially when the disability is not visible. Other barriers may be unique depending on the visibility of one's disability.

### **Invisible vs. Visible Disability**

There are many different classifications of disabilities; a common divide has been between “visible” and “invisible” disabilities. Students with “invisible” disabilities seem to encounter different barriers and stigma compared to the students with “visible” disabilities (Velde et al., 2005). Students and professionals with visible disabilities, such as using a wheelchair, using a prosthetic arm or having cerebral palsy, often experience doubt in skills and lack of trust in their competency and ability to do their job (Chacala et al., 2014). Because their disability is visible to others, people with these disabilities can feel as though they are being judged or held to lower standards (Chacala et al., 2014; Shevlin et al, 2004). One participant in Mullins and Preyde's (2013) qualitative research study stated that she wishes she could hide her disability and look like everybody else, due to the negativity that her disability attracts in the professional setting. Many



individuals with visible disabilities experience the struggle of peers and supervisors questioning their abilities as a student or professional; however, this is a different experience compared to people whose disabilities are less visible.

In contrast, people with an invisible disability such as deafness, learning disabilities and dyslexia, encounter a different form of stigma that presents itself in the form of skepticism and doubt in the disability itself from peers, professors, and supervisors, and employers (Shevlin et al., 2004). These students may have to provide additional documentation and complete more testing in order to prove their disability is legitimate so they can receive reasonable accommodations (Schreuer, & Sachs, 2014; Shevlin, et al., 2004). One student stated, “You have to be forceful [when advocating for reasonable accommodations], especially if your disability is less visible” (Shevlin et al., 2004, p. 23). Another student in the same study stated that he has learned that professors and peers view dyslexia as a strategy to get “unfair advantages” so he chose not to disclose his dyslexia (Shevlin et al., 2004, p. 24). This student is not alone in his experience. Many students with invisible disabilities choose not to disclose their disability due to the stigma, skepticism and extra work that goes into self-advocating (Mullins, & Preyde 2013; Schreuer, & Sachs, 2014; Shevlin et al., 2004). A student in another study reported that she wished that her invisible disability had a visible component so her professors would not question her when she needed reasonable accommodations and her classmates would believe her when she disclosed her disability (Mullins & Preyde, 2013). In a different study, done by Cortés, et al., (2001), a participant reported that he would not disclose his disability to an employer until after he was hired. He stated that he was fearful that his invisible disability was reason enough to

not be hired. Though the experiences between visible and invisible disabilities are different, commonalities in current literature are feelings of frustration, discouragement, and a lack of understanding of the experiences of people with disabilities (Cortés, et al., 2001; Mullins, & Preyde, 2013; Rothstein, 2015; Schreuer & Sachs, 2014; Shevlin et al., 2004.)

Because of the strength of stigma, there is growing evidence suggesting that professionals and post-secondary students with disabilities feel frustrated, misunderstood and marginalized (Chacala et al., 2014; Cortés, et al., 2001; Mullins & Preyde, 2013; Rothstein, 2015; Shevlin et al., 2004). Mullins and Preyde (2013), report one participant described his embarrassment when having to go to a particular part of the library in order to receive his accommodations. He felt like his disability was “extra-visible”. Students in Shevlin et al., (2004) study reported a similar experience, along with feelings of being “second-class citizens” (p. 22). That was one of the many examples of stigma expressed throughout the literature. Another student in Rothstein’s (2015) study was not admitted to her school’s medical program solely due to her disability. The qualitative research study conducted by Chacala et al., (2014) describe an occupational therapist with a disability who reported that one of her coworkers questioned her ability to live alone, as well as her capabilities as a professional. These experiences provide insight into the stigma, frustration and marginalization experienced by individuals with disabilities in the post-secondary education and professional setting.

### **Perspective of Disability**

Another theme found in much of the current literature is the varying perspective of those with and without disabilities. Researchers have discussed both the perspective of

the person with the disability and the abled- bodied person's perspective of disability.

Almost all of the research conducted on the perspective of disability included comments about a lack of understanding and the negative affected stigma had on people with disabilities (Chacala et al., 2014; Cortés et al., 2001; Mullins & Preyde, 2013; Rothstein, 2015; Shevlin et al., 2004). The perspective of the person with the disability often differs from a person who does not have a disability.

### **Perspectives of Individuals with Disabilities**

Chacala et al. (2014) interviewed two occupational therapists with disabilities. Both participants described experiences of being discriminated against in their workplace by co-workers and supervisors. They also discussed how the negativity from others, though frustrating, makes them better occupational therapists. Both participants described their ability to better connect and understand their client's everyday struggles. Similar results were reported in Velde et al. (2005) study where occupational therapy students felt like their disability gave them a leg up in some areas of the profession. These areas included empathizing with others with disabilities, teaching coping skills as well as understanding their strengths and weaknesses. In another research study that examined medical students with disabilities, authors discussed the fact that people respond better and receive better treatment when they feel that they have similarities with their medical professional (Zazove et al., 2016). In addition, doctors with disabilities often better relate with people and treat people with disabilities. (Zazove et al., 2016). Even though there is negativity felt towards their own disabilities, individuals use their unique experiences to be the best they can be in their profession.

A theme found in the research was that people who have disabilities feel as if the disability is part of who they are; many people reported being at peace with their disability (Mullins & Peryde, 2013; Velde et al., 2005). Though people feel that a disability is a part of them, it can make it more difficult when they experience the stigma and negative attitudes of people from others (Mullins & Peryde, 2013; Velde et al., 2005).

### **Perspectives of Individuals Without Disabilities**

Another theme found in the literature was employers and professors often have negative perceptions when it came to providing accommodations to people with disabilities. It was found that in some cases, the people who were granting or denying the accommodations were employers or professors who were not qualified or educated in the area of ADA and the rights of people with disabilities to receive reasonable accommodations (Blanck, 1997; Shigaki et al., 2012; Zazove et al., 2016). Due to a lack of education in these areas, there can be a negative response from professors. Reportedly, students have been accused by professors for faking their disability, sharing notes with peers and just wanting the easy way out (Blanck, 1997; Shigaki et al., 2012; Shevlin et al., 2004; Zazove et al., 2016). Due to this negativity and resistance, students often do not receive the needed reasonable accommodations.

In contrast with the misconceptions of some educators and employers regarding reasonable accommodations, many individuals with disabilities want to be held to the same standards and expectations as other people (Kim & Williams, 2012; Shevlin et al., 2004). Multiple sources discussed that when accommodations were reasonable and provided students and professionals were able to be successful in their environment

(Hartnett, Stuart, Thurman, Loy, & Batiste, 2011; Shevlin et al., 2004; Velde et al., 2005). People strive to be a contributing part of society, whether they have disabilities or not (Hartnett, et al., 2011; Kim & Williams, 2012).

### **Social Model vs. Medical Model vs. Rights-Based Model**

There are two different models that are commonly used to approach “disability”. The first is the medical model; this is most commonly used today. The medical model describes disability in that it is only to be the concern of the person who has it. In the medical model, disabilities are seen as abnormal and in need of fixing. Disability is something that is a problem rather than just another difference between two people (Chacala et al., 2014; Shevlin et al., 2004; Shigaki, et al., 2012; Velde et al., 2005). The medical model is the most common lens in which people look at disabilities; exemplified by students and employees having to seek out accommodations, jump through extra hoops and advocate for themselves (Shevlin et al, 2004; Stumbo et al., 2009). However, the social model is an alternative perspective on disability.

The social model is emerging perspective on disability that is more holistic and inclusive to people with disabilities. It is defined by Velde et al. (2005) as “The social model defines disability as a construct of the social and economic structures of a society” (p. 83). This means the social model looks at disability through a different lens than the medical model does. First, the social model sees disability as a barrier that has been systematically created by the environment (Velde et al., 2005). Secondly, the social model views disability as a normal part of being a human, compared to the medical model as seeing a person with a disability as flawed. Universities and companies that use the social model commonly follow “universal design” (Schreuer & Sachs, 2014). Some

examples of universal design include all doorways are wide enough for wheelchairs, all information provided in a variety of mediums, easy to access elevators and ramps to name a few. Universal design goes hand in hand with the social model because barriers are reduced and inclusivity is placed on the forefront (Schreuer & Sachs, 2014). By implementing universal design, all people, disabilities or not, are able to have access without having to fight for accommodations (Schreuer & Sachs, 2014.)

Similar to the social model is the rights-based model of disability. In the rights-based model, the ability to access society as a person with a disability is considered not only a social issue, but also a civil-rights issue (Lorenzo & Thomas, 2009). While the social model encourages the use of universal-design and a more accessible society for all people, the rights-based model focuses on the individual and their specific rights that have or have not been met (Lorenzo & Thomas, 2009). This is different than the medical model in that the person's needs are not classified by disability or symptomology, but by their value as a member of society who has the right to have his or her needs met, regardless of the barriers that may exist.

Literature reviewed describes both the medical and social models of disability. There have been consistencies throughout the literature because with the medical model students and professionals with disabilities often do not seek out the accommodations needed (Mullins & Preyde, 2013; Stumbo et al., 2009). Possible different reasons include, the difficulty of obtaining accommodations, the negative stigma of disclosing their disability and being viewed as less than able, being questioned about the need for accommodations, not feeling like their condition is severe enough to receive accommodations, not knowing that there are accommodations available to them (Cortés

et al., 2001; Kim & Williams, 2012; Mullins, & Preyde, 2013; Schreuer & Sachs, 2014).

If the social model was employed, most of these barriers would be abolished due to the lack of necessity to disclose disability, inclusivity and universal nature of the social model (Schreuer & Sachs, 2014).

### **Self-Advocating**

Because the medical model is still widely used today, people with disabilities need to use the skill of advocating for their own needs. According to a student in Paul's (1999) research on individuals who use wheelchairs in post-secondary education, people with disabilities need to speak up, break the negative stereotypes and resist the urge to become invisible. This statement clashes with Chacala et al. (2014) where a participant described her frustration of always having to advocate for herself in the workplace on top of her job as an occupational therapist. The participant continued to say that she wished there was somebody that could do the advocating and educating so she could focus on her practice. Though there are conflicting viewpoints on how much a person should speak up about their disability, there is no arguing the fact that the only way for a person with disabilities to receive appropriate accommodations is by advocating for themselves to educators, employers and peers (Chacala et al., 2014; Paul, 1999; Shevlin et al., 2004; Stumbo et al., 2009). The following chapter describes the methodology that was used to conduct this research study.

### **CHAPTER III RESEARCH METHODOLOGY**

Based on the findings in the literature review, the researchers determined that a mixed methods study would be appropriate for analyzing the experiences of occupational therapy practitioners with disabilities. By utilizing a mixed methods approach, the researchers were able to collect a wide range of information about the experiences of occupational therapy students and practitioners recruited participants, and hear personal stories from the individuals.

#### **Research Design**

A mixed methods research approach was used to conduct this study. Researchers chose a mixed methods study to collect a variety of types of data. A 10-question Qualtrics survey was distributed to participants through social media via the Network of Occupational Therapy Practitioners with Disabilities and their Supporters. The Qualtrics software was chosen based on its confidentiality, dependability and ease of access to the researchers. Forty-three participants completed this survey. Seven individuals were interviewed about their unique and personal experience of school, fieldwork, and work. Prior to each interview, participants were sent informed consent forms via email. After interviews were reviewed, five individuals met the specified criteria and are included in the results. The inclusion criteria consisted of the following: currently practicing in the field of occupational therapy, practicing in the United States, graduating after 2008, and willingness to participate in an interview. Each interview was conducted via Facetime, Skype and Google Hangout and lasted approximately one hour. By completing a mixed-



methodology research study, researchers were provided with the opportunity to examine a large sample size along with a variety of varying in experiences while also capturing the in-depth experience of a smaller sample.

### **Sampling**

The sample of the Qualtrics study was occupational therapy students and practitioners with disabilities. Criteria included anybody who identified as a OTA or OT student, or OTA or OTR/L with a disability. Participants for part one of the study, the quantitative survey, were contacted via a gatekeeper of the Network of Occupational Therapy Practitioners with Disabilities and their Supporters along with e-mail contacts from the gatekeeper. By using social media sites as an outlet, this study was able to reach a wide array of participants geographically and culturally. The researchers used the quantitative data to purposively select participants for the phenomenological interview. The researchers used inclusion criteria for the qualitative interview. The inclusion criteria were: currently working, occupational therapy practitioner with a disability, graduated occupational therapy school after 2011, and attended an occupational therapy school in the United States. These inclusion criteria were established to generate data from a group who had similar experiences. The graduation year of 2011 was specifically selected because the most recent ADA Amendment Act was implemented in 2009. The final sample for the Qualtrics survey was 43 individuals, and five individuals for the qualitative interviews.

### **Instrumentation and Data Collection**

A 10 question Qualtrics survey was developed to gain background information from participants regarding graduation year, current job setting, number of hours worked

a week, type of disability and perceived availability of accommodations in school, fieldwork and work settings. Informed consent was obtained from each participant prior to their completion of the Qualtrics survey. The informed consent can be found in Appendix A. The Qualtrics survey questions can be located in Appendix B. Each participant that participated in the survey was asked at the end of the survey if they would be interested in a follow up one-hour interview on their personal experiences.

Based on the theoretical framework of the PEO model, the literature review and knowledge of qualitative research, the authors developed a semi-structured interview. Out of the individuals who responded that they were interested in a follow up interview, eight participants were purposively selected. Participants were contacted by phone to schedule interview dates. Before completing interviews, informed consent was obtained via email. The informed consent can be located in Appendix C. Interviews were conducted through FaceTime, Skype or Google Hangout, depending on the preference of the interviewee. Interviews were conducted between 10/15 /17 and 1/13/17. After the interviews were completed, each interview was reviewed and five were included in the final data analysis. The interviews were transcribed verbatim and sent back to the participants for member checking. Next, codes, themes and an assertion were developed based on the five interviews.

### **Tools for Data Analysis**

Statistical Package for Social Science (SPSS) was used to analyze the data collected from the Qualtrics survey using a one-way analysis of variance (ANOVA) test. The quantitative data was used to assist the researchers in answering the following questions: Is there a relationship between the levels of difficulty an individual

experienced obtaining accommodations and the number of hours they now work in their careers, and is there a relationship between the amount of difficulty individuals experienced obtaining accommodations and the year they graduated?

From the descriptive information in the quantitative data, five participants were purposively selected to participate in a one-hour qualitative follow up interview. Interviews were completed using a semi-standardized interview (Appendix D). The interviews were transcribed verbatim and analyzed into codes, themes, and an assertion was drawn from the data. The following chapter outlines the findings from the research.

## **CHAPTER IV PRESENTATION, ANALYSIS, AND INTERPERATION OF DATA**

This chapter describes the results of the quantitative and qualitative data. Results of the quantitative data were generated using SPSS. The findings for the qualitative data were analyzed using the initial coding method and are presented in a narrative format (Charmaz, 2006; Corbin & Strauss, 2008; Glaser & Strauss, 1978; Glaser & Strauss, 1967; Strauss, 1987; Corbin & Strauss, 1998 as cited in Saldaña, 2009).

### **Quantitative Findings**

The researchers used a Qualtrics survey to collect demographic information, select interview participants, and answer two research questions. The researchers wanted to know whether or not the amount of difficulty a person experienced when obtaining accommodations related to the year they graduated. Graduation years were grouped as to those who graduated between 1977 and 1991, before the ADA, those who graduated from 1991-2007, before the ADA Amendment, and after 2008. Additionally, the researchers wanted to know whether or not there was a relationship between the levels of difficulty an individual experienced obtaining accommodations and the number of hours they now work in their careers.

Forty-three individuals completed the survey. The sample was comprised of nine OT students, 32 OTs, two OTAs, and four people who chose “other.” Those who chose “other” wrote in, “just graduated OT student,” “former OT student,” “OTR/L,” and one participant left the category unlabeled. Participants were asked to identify their disabilities by checking all that applied. Participants checked between one and four

responses. The number of participants who chose each of the categories is shown below, including written-in responses from those who did not identify with the categories provided.

*Table 1: Disabilities Reported by Participants*

<b>Disability</b>	<b>Number</b>	<b>Percentage</b>
Physical Impairment Limiting Mobility	17	23.9%
Chronic Illness	15	21.1%
Psychological Disability	11	15.5%
Learning Disability	5	7%
Neurological Disability	5	7%
Physical Impairment Not limiting mobility	4	5.6%
Visual impairment	4	5.6%
Intellectual and Cognitive Disability	4	5.6%
Speech/ Language Impairment	1	1.4%
Other (Written-in Responses)		
Hearing	4	5.6%
TBI	2	2.8%
High-Functioning ASD/Sensory Processing Difficulties/ADHD	1	1.4%
Epilepsy	1	1.4%
Cerebral Palsy	1	1.4%
Lifting Restriction	1	1.4%
Severe Osteoarthritis	1	1.4%

Of the 32 participants who rated their level of difficulty obtaining accommodations in school, fieldwork, and workplace, two people graduated before 1991, five people graduated between 1991 and 2007, and 25 people graduated after 2008. Because of the inconsistent sample size, the data gathered was not statistically significant but still provided insight into the experiences of this particular sample of occupational therapy practitioners with disabilities. The mean ratings for ease of access for reasonable accommodations decreased slightly in all settings (school, fieldwork, and workplace) after ADA came into effect in 1991 and were amended in 2008. This suggests that the Americans with Disabilities Act has enabled more people with disabilities to access

reasonable accommodations within the field of occupational therapy. However, at least one individual in each graduation year bracket after 1991 rated their experience obtaining accommodations in each setting as an eight or above. The average difficulty level for those graduating after 2008 was a 4.6. This suggests that difficulties still remain for occupational therapy practitioners with disabilities.

*Table 2: ANOVA: Graduation Year and Difficulty Obtaining Reasonable*

*Accommodations*

<b>Graduation Year</b>	<b>N</b>	<b>Mean</b>	<b>S.D.</b>	<b>Min</b>	<b>Max</b>	<b>F</b>	<b>p</b>
<b>Difficulty in School</b>							
Before 1991	0	.	.	.	.	.802	.381
1992-2008	4	5.00	2.45	2	8		
After 2008	18	3.94	2.07	1	8		
Total	22	4.14	2.12	1	8		
<b>Difficulty in Fieldwork</b>							
Before 1991	1	4	.	4	4	.221	.803
1992-2008	4	5.75	3.30	2	9		
After 2008	18	5.06	2.41	1	9		
Total	23	5.13	2.47	1	9		
<b>Difficulty in Workplace</b>							
Before 1991	2	7.50	.71	7	8	2.428	.110
1992-2008	5	7.80	3.83	1	10		
After 2008	19	5.05	2.51	2	10		
Total	26	5.77	2.89	1	10		
<b>Average Difficulty</b>							
Before 1991	2	6.75	1.77	5.50	8.00	2.139	.136
1992-2008	5	6.07	2.93	1.50	9.00		
After 2008	25	4.62	1.67	1.50	7.50		
Total	32	4.98	1.97	1.50	9.00		

Of the 43 people who completed the survey, 27 marked that they were currently practicing and provided their number of hours a week worked and also rated their

difficulty obtaining accommodations in school, fieldwork, and workplace. A One-way ANOVA was used to assess whether there was a relationship between the levels of difficulty occupational therapy practitioners have in obtaining accommodations and the number of hours they work in their careers. Due to the small sample size, the data collected was not statistically significant. However, it was noted that the 17 participants who reported working fulltime had a lower average difficulty score in all settings (school, fieldwork, and workplace) than those who were working part-time or unemployed. As difficulty obtaining accommodations increased, hours a week worked, decreased. There are many reasons participants may have chosen to work the hours that they did; however, this finding may suggest that one factor limiting full-time work is difficulty obtaining reasonable accommodations.

*Table 3: ANOVA: Difficulty Obtaining Reasonable Accommodations and Hours Worked per Week*

<b>Hours Worked /Week</b>	<b>N</b>	<b>Mean</b>	<b>S.D.</b>	<b>Min</b>	<b>Max</b>	<b>F</b>	<b>p</b>
<b>Difficulty in School</b>							
Full-time	9	3.56	1.94	1	6	.519	.605
Part- time	3	4.33	1.16	3	5		
Casual/ Not Working	6	4.67	2.66	2	8		
Total	18	4.06	2.07	1	8		
<b>Difficulty in Fieldwork</b>							
Full-time	10	4.70	2.41	1	9	2.251	.138
Part-time	3	3.67	3.79	1	8		
Casual/ Not Working	6	7.00	2.10	4	9		
Total	19	5.26	2.71	1	9		
<b>Difficulty in Workplace</b>							
Full-time	16	5.00	2.71	1	10	3.302	.057
Part-time	4	7.50	2.65	4	10		
Casual /Not Working	4	8.25	2.06	6	10		
Total	24	5.96	2.87	1	10		
<b>Average Difficulty</b>							
Full-time	17	4.53	2.11	1.50	8.00	2.061	.149

Part-time	4	5.46	1.81	3.00	7.33		
Casual/ Not Working	6	6.42	1.70	4.67	9.00		
Total	27	5.09	2.08	1.50	9.00		

## Qualitative Findings

In order to provide insight into the experiences of occupational therapists with disabilities, five participants who met the inclusion criteria were selected to be interviewed. Each participant is described in the table below.

*Table 4: Interview Participant Information*

<b>Pseudonym</b>	<b>Diagnosis Identified in Qualtrics</b>	<b>Diagnosis Disclosed in Interview</b>	<b>Graduation Year</b>	<b>Full-time/Part-time</b>
Patricia	Psychiatric Disability, Learning Disability	Bipolar Disorder, ADHD, Anxiety	2014	Full-time
Stephanie	Chronic Illness, Physical Impairment Not Limiting Mobility	Rheumatoid Arthritis	2012	Full-time
Kelsey	Physical Impairment Limiting Mobility	Spina Bifida	2011	Part-time
Lucy	Vision Impairment	Retinopathy	2014	Full-time
Tammy	Chronic Illness, Psychiatric Disability, Learning Disability	Anxiety, PTSD, and Learning Disability	2015	Part-time

The researchers completed one-hour interviews with each participant. The researchers coded one transcription together to establish codes. The four remaining interviews were coded independently. The researchers then used the coded data from each interview to develop themes. A chart depicting the coding process can be found in Appendix E, four main themes were identified and are described below.



## **Self-Acceptance and Positivity Empowering Occupational Therapists with Disabilities to Advocate for and Empathize with Others**

Each participant shared experiences related to success, positivity, empathy and perspective, supporting others with disabilities, and self-acceptance and growth when asked to describe their personal experiences as a person with a disability. The majority of the participants shared that they viewed their disability in a positive light. Kelsey stated, “I will take every opportunity and make it the best that I possibly can and live life to its fullest.”

Lucy shared, “...I have a lifelong vision impairment, but I never let that stop me from perusing anything...” She continued to describe her overall experience: “school was a really positive experience for me for the most part, and even fieldwork and my job.” This positivity was a common theme throughout the interviews.

A more specific benefit discussed was how living with a disability provided them with a unique skill set as an occupational therapist. Stephanie stated: “Being an OT with a disability gives me a lot more empathy for my patients and their families and I think it is a positive for my career.”

Similarly, Patricia reported, “I am much more able to empathize with the challenges my clients face.” As a whole, the participants expressed a positive outlook on their personal skill sets. They believed that their unique perspective and experiences with disability was something that other, able-bodied, occupational therapist lacked.

Tammy described this outlook when she stated, “I think going through all of this really affects my ability to be a good OT.... I feel that I have a better ability to relate to a person with a disability.” Patricia provided an example that highlighted the empathy and

perspective the other therapists shared. She shared the following story about her experience as an occupational therapy student on fieldwork:

I remember in my first day there, we went through and met people and there were people there with psychosis and they were talking to themselves and having pretty severe symptoms and were acting oddly and stuff like that. We came back to the office and he [supervisor] was like, 'So, how are you doing? What do you think?' And I said, 'Oh, it's fine! Whatever.'  
And he said, 'I have to say you're reacting really calmly. You reacted a lot better than most of my students.'  
And I said, 'What do you mean?'  
And he was like, 'Think about all of the stuff you just saw.'  
And I said, 'They're just people.'  
...And I just thought that... I wasn't scared in my population. I have heard of people going into the psych hospital and being concerned for their safety and, you know, being scared of the patients...? I had no fear of the patients because, honestly, they are just like you and me.

Patricia's ability to relate to the population she was serving and view them holistically, was enhanced by her experience as a person with a disability, and, as her supervisor acknowledged, this set her apart from other occupational therapy students.

The desire to advocate for others with disabilities was another commonality in all participants. Participants shared stories about wanting to be occupational therapists because of their desire to be in an altruistic profession and help people. However, more specifically, these participants shared stories of using their unique perspectives to assist people who may be going through challenges that they, as people with disabilities, have also experienced. Tammy stated, "It has been challenging. I had a lot of challenges. But for me it all worked out and now I am an OT and I get to help other people overcome their challenges and become successful also!" Stephanie also shared that she was able to use her experience of living with a disability to understand her clients' lives more holistically. After sharing the complexities associated with living with Rheumatoid

Arthritis, including frequent medical appointments, complicated medication management, and difficulties navigating insurance coverage, she stated:

I have a patient who has ADHD and autism. He is highly gifted and has difficulty with coordination and handwriting stuff. You may think, ‘that has nothing to do with Rheumatoid Arthritis,’ and you’re right. They are not related at all... but it does give me the ability to relate to his complexity of care.

Her own challenges allowed her to relate to the child she was serving, as well as his family, who was coordinating his care.

### **Experiences Disclosing Various Types of Disabilities**

Contributing to this theme were the experiences participants shared of self-advocacy, disclosing disability, communication, differences in visible and invisible disabilities, and assumptions of others. A common theme was that participants who struggled to disclose their disabilities to faculty and supervisors often had disabilities that were not immediately apparent, or were “invisible”. Participants who had visible disabilities, such as using a wheelchair, did not experience the same difficulties when disclosing their disability to others.

Participants who described their disabilities as invisible shared that they experienced the fear that others would judge them for needing accommodations or that they would be viewed differently by coworkers and classmates if they knew about their disability. Lucy, who has a vision-impairment, shared, “when I do go to advocate for my needs they [supervisors] can be like ‘Well you seem fine, you don’t seem like you really need it [reasonable accommodations].’”

This was similar to Tammy, who has processing difficulties and anxiety. She stated. “You have to think, [when disclosing] ‘What are people going to think of me?’

And sometimes it's not easy to actually talk about that kind of stuff." She continued to share, "I didn't want to be seen as a person with a disability first... I didn't ask for help... for the most part I wanted my disability to be invisible." These experiences suggest that there are both benefits and difficulties in having a disability that is not immediately apparent to others. For Tammy, she struggled to advocate for herself because of the fear of being seen as different than her peers, suggesting that one benefit of invisible disabilities is being able to "blend in." However, "blending in" appeared to have negative effects for Lucy. She encountered difficulties getting her needs met because of being able to compensate and appear as though she did not need any reasonable accommodations. These experiences illustrate a difference in experiences from the participants interviewed who had visible disabilities.

Participants who had disabilities that they described as more visible, or immediately apparent, reported unique factors that either facilitated or inhibited their ability to disclose their disabilities and advocate for reasonable accommodations. When asked to describe their experiences disclosing their disabilities, Kelsey, who uses a wheelchair, shared that she did not have any problems disclosing her disability. She stated, "I was upfront with disclosing my disability to my fieldwork placement because I felt if I was not upfront going in, it may hinder my placement... it would have been an uncomfortable surprise." She shared that she did not fear disclosing her disability because it was not something that she could hide. She considered it to be a part of who she was. However, she did mention one challenge of having a visible disability, stating, "There were patients that did not want to work with me; I had to learn how to not take

that personal.” This was not an issue mentioned by any of the participants with invisible disabilities.

Patricia, who has an invisible disability, shared her thoughts on the difference between visible and invisible disabilities, stating, “I feel like there’re definitely barriers to ask for accommodations... it really depends on the kind of disability that you have any accommodations that you need. If it is access to a handicap washroom or an elevator, those may or may not be difficult to accommodate but if it is deadlines or increased font size on your computer, that’s more of an issue.”

### **General Factors Affecting Success in Relation to Obtaining Reasonable Accommodations**

Participants shared their experiences with support systems, resources, and self-advocacy, which were all combined to form this theme. These factors fall into a category, which these researchers have termed, “general factors.” General factors are elements that affect the ability of all people, with and without disabilities, to experience success. Although each of these factors is important for all occupational therapy practitioners, these participants with disabilities uniquely recognized the importance of these factors in, not only their success, but in their ability to have their rights upheld. The presence of resources, support systems, self-confidence, and the ability to self-advocate were all recognized as positively impacting participants’ ability to obtain reasonable accommodations.

Participants were asked to describe their successes in obtaining reasonable accommodations. Lucy stated, “I have developed good self-advocacy skills so, by the time I got to graduate school and fieldwork and employment, I had gotten pretty

successful with asking for what I needed.” The same participant continued to explain that she had a variety of support systems and had resources to use throughout her experience.

Similarly, Stephanie stated, “Having networks is really beneficial and I wish there was more that within the OT community.” Increased support and resources positively affected the participants’ ability to obtain accommodations easily.

In contrast, participants discussed the difficulties that arose when they experienced a lack of support systems, resources, or self-advocacy skills. Lucy shared, “Overall I just think there is not enough support for individuals with disabilities to advocate for themselves in occupational therapy...”

Referring to resources and supports, Stephanie said, “I just wish there were more resources out there like that, maybe even through AOTA.” She did continue, sharing that she had heard of group for occupational therapists with disabilities through AOTA, but that she had difficulty finding them and getting involved. Stephanie was willing to look for supports and had the self-advocacy skills to do so, but was limited by the lack available and accessible resources.

When discussing supports in fieldwork, Patricia shared about the lack of support she received from a fieldwork supervisor, saying, “I felt like I couldn’t ask for any help. It felt like it was my fault and I wasn’t meeting expectations. I felt like I was coming up short and I blamed myself for the challenges that I was having.” She felt that she would have been more successful in her fieldwork experience, had she been able to communicate effectively with her supervisor.

Lucy discussed the struggle that she experienced when advocating for her needs, stating, “Sometimes I had to go to them [faculty] and really advocate for myself and be like, ‘you know, this is what I really need,’ and that’s not easy.” Overall, participants attributed their success in obtaining reasonable accommodations to support systems, resources, and self-advocacy skills and described having difficulties when those factors were absent.

### **Disability-Specific Barriers to Obtaining Reasonable Accommodations**

Participants shared about their experiences with occupational therapy practitioners who were rigid and uneducated in their application of the ADA and, specifically, reasonable accommodations. They also discussed discrimination and challenges that led to not obtaining reasonable accommodations. Unlike a lack of support systems and resources, this theme is comprised of barriers that are specific to those who have disabilities. All employees may experience a lack of support and a lack of resources in their work settings, but not all employees will experience discrimination that is specific to having a disability.

A significant barrier that was described by most of the participants was a lack of knowledge of the ADA and reasonable accommodations. Participants mentioned that their employers and educators lacked familiarity with the policies for applying reasonable accommodations. Participants also admitted that, they, as individuals with disabilities, lacked knowledge on the ADA and their rights to reasonable accommodations. Lucy explained her experience applying for a job, saying:

I disclosed fairly early on before I got hired that I was going to have these challenges due to my vision with transportation and they never, at least that supervisor, had never dealt with someone with a vision challenge and so she didn’t know what that would look like... and I think she was pretty apprehensive

to hire somebody, but she definitely, I think, looked at the bigger picture of the skill sets that I could bring to the job as an individual with a disability, but also, she was willing to have a new experience and, you know, learn.

Lucy described feeling supported despite her supervisor's lack of knowledge, because of her willingness to work with her to figure out solutions to potential problems. The open communication that Lucy and her supervisor shared, as well as Lucy's knowledge of the accommodations she needed, aided in her ability to obtain reasonable accommodations. Patricia shared that it was not necessarily her supervisor's lack of knowledge, but her own, that prevented her from obtaining reasonable accommodations. She shared, "I have not formally sought out accommodations at work because I don't really know what I could ask for." She went on to explain that she and her supervisor talk regularly about meeting deadlines for documentation and that her supervisor has worked with her to make it easier, although no formal reasonable accommodations have been implemented.

Rigidity of the occupational therapy profession and discrimination were other common themes. Lucy shared:

Getting OT practitioners to provide accommodations is like pulling teeth and I don't understand it. It is like, the whole core of occupational therapy is about making people independent and helping them be as successful as possible. I don't understand why it is there're some practitioners out there who don't think you need it or they don't understand why you're requesting it, or they're not willing to kind of collaborate to come up with the best accommodations for you.

Patricia shared an experience on fieldwork, stating, "I needed some accommodations and then they didn't think that I would be a good fit for them because it was really demanding setting and that other people were dependent on my work being in on time so they were resistive." She also shared an experience she had in the workplace, when she requested medical leave. She stated:



I was like, 'Am I going to have a job when I come back?'  
And she said, 'You never know what will happen.'  
And then I thought that maybe I shouldn't take this short-term disability...I lost my job the day after I came back from short-term disability.

Despite occupational therapy being focused on equipping people to be as independent as possible, these participants found that their employers were not always supportive in providing reasonable accommodations to their employees.

It was also found that occupational therapists with disabilities tend to minimize the difficulties that they experience. Multiple participants discussed how, even though they encountered discrimination and challenges, their struggles could be easily compared to those of their peers. Stephanie said, "A lot of people had it easier than me; a lot of people had it harder than me. It seems to help to think like that."

Later the same participant stated, "I can do it, I'll just suck it up and do it." She continued to explain, "I have a tendency to minimize... it is very functional for me because it allows me not to dwell on things. But If I minimize to the degree of where my body hurts then it's too much minimizing."

After discussing her experience advocating for her needs in the classroom, Lucy stated, "I think they are doing the best they can to provide the accommodations." She understood the time and energy that her professors put into meeting her needs and justified the times that her needs were not met. Although she did use minimizing language, she recognized her right to obtain reasonable accommodations, and was not okay with her not having her needs met, which she also voiced throughout the interview. Participants used minimizing language in each interview. Minimizing was seen to justify the lack of accommodations provided in school, fieldwork, and the workplace, as well as a coping mechanism for some participants.

## **Assertion**

The information indicated by the participants can be summarized by the following: Occupational therapists with disabilities continue to face discrimination in school, fieldwork, and workplace settings in the form of a lack of access to reasonable accommodations. Those who were unable to obtain reasonable accommodations credited their challenges to internal, external, and systematic barriers, whereas those who experienced success in obtaining reasonable accommodations credited their success to strong support systems and self-advocacy skills. Despite possible challenges, occupational therapists who participated in this study valued their place in the field of occupational therapy, believing they brought a unique set of skills and perspective to the profession.

## **CHAPTER V SUMMARY AND RECOMMENDATIONS**

According to the literature review, occupational therapy students and practitioners with disabilities continue to face challenges that affect their ability to receive reasonable accommodations in school, fieldwork, and workplace settings. This study was conducted to answer the following research question: do occupational therapists and occupational therapy students with disabilities receive an appropriate amount of support within the classroom, fieldwork setting, and workplace?

In order to answer the research questions, a mixed-method pilot study was conducted to gather information on the lived experiences of occupational therapy students and practitioners with disabilities. Quantitative data was gathered through a 10-question Qualtrics survey. The survey provided researchers with demographic data along with insight into the level of difficulty participants faced when obtaining reasonable accommodations. The data was analyzed through two, one-way ANOVAs using SPSS. Although the results were not statistically significant, the data supports the following hypotheses: Responses from participants in this study will illustrate inconsistencies and challenges in obtaining and using reasonable accommodations.

From the individuals who completed the survey, five individuals met inclusion criteria and were asked to participate in a one- hour follow up qualitative interview. The data interviews were recorded, transcribed verbatim and the identifying information was removed from the transcriptions. The interviews were then analyzed for codes, the codes

combined into themes, and ultimately an assertion statement was compiled. Of the qualitative data, four major themes emerged.

The participants had a strong sense of personal acceptance and took pride in their successes. Specifically, participants all shared that they possessed a personal skill set allowed them to empathize and understand their patients in a way that set them apart from their coworkers. Participants described this skill as just one of the strengths that they contributed to the profession.

The second theme encompassed the participant's unique experiences when disclosing their disability. Researchers observed that participants with disabilities that were visible, or immediately apparent, experienced different stressors when disclosing their needs than individuals who had less apparent disabilities. Of the participants, the ones who experienced the most difficulty disclosing their disability and needs were those who had invisible disabilities. However, the participants who had visible disabilities mentioned that, unlike people with invisible disabilities, they did not possess the ability to "blend in" with the general population. Though the participants had different experiences with disclosing their disabilities, both shared the common experience of struggling to receive reasonable accommodations.

The third theme was the need for participants to advocate for their needs and utilize resources and personal supports in order to succeed. The factors affecting success were given the title, "general factor," because they are factors that are not unique to individuals with disabilities. Researchers identified the factors above to be influential for all occupational therapy practitioners' success. However, occupational therapy

practitioners with disabilities rely on general factors for not only their success, but for the fulfillment of their rights.

Lastly, the participants consistently shared specific barriers affected success. These barriers were titled, “disability-specific barriers” because they are issues that negatively affect people with disabilities in a unique manner. One disability-specific barrier was a lack of knowledge in both the person with a disability and their faculty or supervisor. Participants shared that their supervisors often lacked the necessary knowledge or desire to accommodate for their needs. They also mentioned that they did not always know whether or not they could ask for accommodations or what accommodations would be beneficial. Participants also shared experiences with discrimination by fieldwork supervisors and workplace managers. Overall, the participants in this study experienced difficulties navigating the system due to a general lack of awareness and support.

## **Conclusions**

After completing the quantitative data analysis, it was found that the results were not statistically significant. The data does suggest that the more difficulty an individual had receiving reasonable accommodations, the less likely they were to work full-time. The lack of significance shows the need for additional, more rigorous research studies on occupational therapy students and practitioners with disabilities, with a larger sample size. The small sample size and large variety of disabilities reduced the ability to generalize the findings to the larger population. The researchers concluded that the findings highlight the need for increased awareness and support for occupational therapy

students and practitioners with disabilities who are eligible to obtain reasonable accommodations in school, fieldwork, and workplace settings.

### **Recommendations**

This pilot study was conducted to fill the gap in available literature and encourage future research on this specific population. Due to the lack of research on this topic, there is a strong need for further research on occupational therapy students and practitioners with disabilities. Future research should collect data from a larger sample size to improve statistical significance and generalizability. Additionally, the researchers suggest that the data collection system is universally-accessible to generate the most accurate data available.

Through conducting this study, the researchers have identified related topics that require further research. The first recommendation is to consider different types of disabilities and how the disability affects a person's ability to receive reasonable accommodations in school, fieldwork, and workplace settings. The overwhelming importance of self-advocacy brought about another important topic to consider; how are individuals who have disabilities that impact their ability to self-advocate affected in their success in obtaining reasonable accommodations? Thirdly, this study exclusively focused on occupational therapy practitioners who were currently successfully working in the field. The researchers propose that it would be important to conduct a study that considers the experiences of individuals with disabilities who did not fulfill the requirements for graduation from occupational therapy school, or who are not currently practicing. Researchers believe that the recommendations above will help to provide

depth to the analysis of the experiences of occupational therapy students and practitioners with disabilities.

### **Action Plan**

The results of this study supported the need for increased accessibility to reasonable accommodations for occupational therapy students and practitioners with disabilities. To achieve this goal, the researchers propose that the following steps need to be taken: increase general awareness to form allies within the school, fieldwork, and workplace settings; increase education on the ADA for individuals with disabilities; increase education on the ADA for those who provide reasonable accommodations in school, fieldwork, and workplace settings. By addressing all three of these areas, societal and self-stigma will be reduced, resulting in increased ease of disclosure and ability to self-advocate. Implementing all three of these steps will collectively improve the access of the occupational therapy profession for individuals with disabilities.

## **APPENDICES**



## **APPENDIX A : Quantitative Informed Consent**

**UNIVERSITY OF NORTH DAKOTA**  
**Institutional Review Board**  
**Informed Consent Statement**

Title of Project:                   The experiences of occupational therapy practitioners and students with disabilities

Principal Investigator:       Anna Huss, (763) 439-7890, [anna.huss@und.edu](mailto:anna.huss@und.edu)  
  Samantha Guenther, (651) 328-3920,  
[samantha.guenther@und.edu](mailto:samantha.guenther@und.edu)

Adviser:                             Janet Jedlicka, (701) 777-2017,  
[janet.jedlicka@med.und.edu](mailto:janet.jedlicka@med.und.edu)

**Purpose of the Study:**

You are invited to be in a research study about the experiences of occupational therapy practitioners and students who have disabilities. The study will focus on your experiences with seeking out and receiving the accommodations available to you under the Americans with Disabilities Act (ADA), during both your occupational therapy schooling and in the workplace.

The purpose of this research study is to gain a more thorough understanding of the experiences of OT practitioners and students with disabilities. Occupational therapy is a profession focused on equipping people to be as independent in their desired occupations as they can be. The researchers are seeking to understand the process of reasonable accommodations on individuals and their ability to engage in educational and work activities, as required by the ADA.

**Procedures to be followed:**

This survey will ask for basic information about your experiences with disabilities and any accommodations you have received through ADA in school, fieldwork, and employment, and whether or not you would be willing to participate in an hour-long interview about your experiences.

Information gathered from the surveys will be analyzed using descriptive statistics. Information will be used to assist researchers in purposely selecting participants for qualitative interviews. The interviews will be conducted with individuals who indicated that they have had experienced the process of advocating for

accommodations in either their occupational therapy or occupational therapy assistant education or employment.

There are no risks in participating in this research beyond those experienced in everyday life. Some of the questions are personal and might cause discomfort. If you experience any discomfort, you are encouraged to reach out to your medical provider for services and support.

**Benefits:**

You may not benefit personally from being in this study. However, we hope that, in the future, other people might benefit from this study because of the increased awareness of experiences of individuals with disabilities in the occupational therapy profession. This will hopefully give a better understanding of reasonable accommodations and how they can impact the success of persons with disabilities.

**Duration:**

It will take approximately 10 minutes to complete the survey.

**Statement of Confidentiality:**

The records of this study will be kept private to the extent permitted by law. In any report about this study that might be published, you will not be identified. Your study record may be reviewed by Government agencies, the UND Research Development and Compliance office, and the University of North Dakota Institutional Review Board.

Any information that is obtained in this study and that can be identified with you will remain confidential and will be disclosed only with your permission, for use in contacting you for an interview, or as required by law. You should know, however, that there are some circumstances in which we may have to show your information to other people. For example, the law may require us to show your information to a court or to tell authorities if we believe you have abused a child, or you pose a danger to yourself or someone else. Confidentiality will be maintained by means of assigning pseudonyms to all transcribed information and deleting recorded interviews after transcription.

All survey responses that we receive will be treated confidentially and stored on a secure server. However, given that the surveys can be completed from any computer (e.g., personal, work, school), we are unable to guarantee the security of the computer on which you choose to enter your responses. As a participant in our study, we want you to

be aware that certain "key logging" software programs exist that can be used to track or capture data that you enter and/or websites that you visit.

**Right to Ask Questions:**

The researchers conducting this study are Anna Huss and Samantha Guenther. You may email or call the researcher with any questions you have. If you later have questions, concerns, or complaints about the research please contact Anna Huss at (763) 439-7890 or Samantha Guenther at (651) 328-3920. You may also contact the research adviser, Dr. Janet Jedlicka, at (701) 777-2017.

If you have questions regarding your rights as a research subject, you may contact The University of North Dakota Institutional Review Board at (701) 777-4279. You may also call this number with problems, complaints, or concerns about the research. Please call this number if you cannot reach research staff, or you wish to talk with someone who is an informed individual who is independent of the research team.

General information about being a research subject can be found on the Institutional Review Board website "Information for Research Participants"  
<http://und.edu/research/resources/human-subjects/research-participants.cfm>

**Compensation:** You will not receive compensation for your participation. Voluntary

**Participation:** You do not have to participate in this research. You can stop your participation at any time. You may refuse to participate or choose to discontinue participation at any time without losing any benefits to which you are otherwise entitled.

You do not have to answer any questions you do not want to answer.

You must be 18 years of age older to participate in this research study.

Completion of this survey implies that you have read the information in this form and consent to participate in the research.

Please print this form for your records or future reference.

## **APPENDIX B: Quantitative Qualtrics Questions**

1. Age

2. What is your current training level?

- OT (1)
- OTA (2)
- OT Student (3)
- OTA Student (4)
- Other (5) \_\_\_\_\_

Display This Question:

If What is your current training level? OT Is Selected  
Or What is your current training level? OTA Is Selected

3. Are you currently practicing in an OT or health related setting?

- Yes (1)
- No (2)
- Other (3) \_\_\_\_\_

Display This Question:

If What is your current training level? OT Is Selected  
Or What is your current training level? OTA Is Selected

4. How many hours a week do you normally work?

- Full time (32 to 40+ hours a week) (1)
- Part time (16 to 31 hours a week) (2)
- Casual (1- 15 hours a week) (3)
- I am not currently working (4)

Display This Question:

If What is your current training level? OT Is Selected

5. What year did you graduate from OT school?

Display This Question:

If What is your current training level? OTA Is Selected

5. What year did you graduate from OTA school?

Display This Question:

If What is your current training level? OT Student Is Selected  
Or What is your current training level? OTA Student Is Selected

3. What year will you graduate?

6. How would you categorize your disability/ disabilities? (mark all that apply)

- Chronic Illness (1)
- Psychiatric Disability (2)
- Learning disability (3)
- Physical impairment limiting mobility (4)
- Physical impairment not limiting mobility (5)
- Vision impairment (6)
- Speech/ Language impairment (7)
- Intellectual/ cognitive disability (8)
- Other (9) \_\_\_\_\_
- None of the above (10)

7. Was/ is your disability you sought services for short term or long term?

- short term (1)
- long term (2)

8. On a scale from 1-10 how difficult was it to obtain accommodations in each of the following settings? (1 being extremely easy- 10 being extremely difficult)

	1 Extremely easy (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	7 (7)	8 (8)	9 (9)	10 Extremely difficult (10)	N/A (11)
In school (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During Fieldwork (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work Place (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Would you be willing to participate in a 1 hour follow up interview to further discuss your personal experience as a student/ practitioner with a disability? The interview will take place over Skype or face time. Prior to completing the interview, you will be provided with an informed consent form to sign, we will go through the information at that time. Your participation is voluntary but would help researchers gain an in depth understanding of your unique experience. The researchers are hoping to interview 6-8 individuals in order to gain a complete understanding.

- Yes I would like to participate. (The researchers will be able to identify your previous responses) (1)
- No I would not like to participate. (Your responses will remain anonymous) (2)

Display This Question:

If Would you be willing to participate in a 1 hour Skype/ FaceTime style interview to further discuss your personal experience as a student/ practitioner with a disability? Your participation is volun... Yes I would like to participate. Is Selected

10. Thank you for your interest! Please include your contact information below. A researcher will contact you in the next week to set up a time that works best for you for the interview.

First name (1)

Phone Number (2)

Best time to contact you (3)

11. Thank you for your participation on this survey, your time is greatly appreciated!



## **APPENDIX C: Qualitative Informed Consent**

**THE UNIVERSITY OF NORTH DAKOTA  
CONSENT TO PARTICIPATE IN RESEARCH**

**TITLE:** The experiences of occupational therapy practitioners and students with disabilities

**PROJECT DIRECTOR:** Anna Huss, Samantha Guenther

**PHONE #** (763) 439-7890, (651) 328-3920

**DEPARTMENT:** Occupational Therapy

**STATEMENT OF RESEARCH**

A person who is to participate in the research must give his or her informed consent to such participation. This consent must be based on an understanding of the nature and risks of the research. This document provides information that is important for this understanding. Research projects include only subjects who choose to take part. Please take your time in making your decision as to whether to participate. If you have questions at any time, please ask.

**WHAT IS THE PURPOSE OF THIS STUDY?**

You are invited to be in a research study about the experiences of occupational therapy practitioners and students who have disabilities. The study will focus on your experiences with seeking out and receiving the accommodations available to you under the Americans with Disabilities Act (ADA), during both your occupational therapy schooling and in the workplace.

The purpose of this research study is to gain a more thorough understanding of the experiences of OT practitioners and students with disabilities. Occupational therapy is a profession focused on equipping people to be as independent in their desired occupations as they can be. The researchers are seeking to understand the process of acquiring reasonable accommodations on individuals and their ability to engage in educational and work activities, as required by the ADA.

**HOW MANY PEOPLE WILL PARTICIPATE?**

Approximately 6-8 people will take part in this study conducted through the University of North Dakota. The interviews will be taking place over Skype or FaceTime, so it is not necessary for participants to be located in North Dakota.

**HOW LONG WILL I BE IN THIS STUDY?**

Your participation in the study will last 1-2 hours. You will need to schedule one Skype/FaceTime interview with the researcher.

**WHAT WILL HAPPEN DURING THIS STUDY?**

The study will consist of a semi-structured interview, highlighting your experiences as an occupational therapy practitioner or a student with a disability. You will be asked to share about your experiences both as a student and a practicing occupational therapist with seeking out and receiving reasonable accommodations. If, at any point, you are uncomfortable answering a question, you are free to ask to skip it and move on through the interview.

**WHAT ARE THE RISKS OF THE STUDY?**

There are minimal risks in being involved in this study. You may experience some discomfort or sadness in reflecting upon your experiences. If this is the case, you are welcome to skip the question or exit the interview at any time.

**WHAT ARE THE BENEFITS OF THIS STUDY?**

You may not benefit personally from being in this study. However, we hope that, in the future, other people might benefit from this study because of the increased awareness of experiences of individuals with disabilities in the occupational therapy profession. This will hopefully give a better understanding of reasonable accommodations and how these can impact the success of persons with disabilities.

**WILL IT COST ME ANYTHING TO BE IN THIS STUDY?**

You will not have any costs for being in this research study.

**WILL I BE PAID FOR PARTICIPATING?**

You will not be paid for being in this research study.

## **WHO IS FUNDING THE STUDY?**

The University of North Dakota and the research team are receiving no payments from other agencies, organizations, or companies to conduct this research study.

## **CONFIDENTIALITY**

The records of this study will be kept private to the extent permitted by law. In any report about this study that might be published, you will not be identified. Your study record may be reviewed by Government agencies, the UND Research Development and Compliance office, and the University of North Dakota Institutional Review Board.

Any information that is obtained in this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law.

You should know, however, that there are some circumstances in which we may have to show your information to other people. For example, the law may require us to show your information to a court or to tell authorities if we believe you have abused a child, or you pose a danger to yourself or someone else. Confidentiality will be maintained by means of assigning pseudonyms to all transcribed information and deleting recorded interviews after transcription is verified.

## **IS THIS STUDY VOLUNTARY?**

Your participation is voluntary. You may choose not to participate or you may discontinue your participation at any time without penalty or loss of benefits to which you are otherwise entitled. Your decision whether or not to participate will not affect your current or future relations with the University of North Dakota.

## **CONTACTS AND QUESTIONS?**

The researchers conducting this study are Anna Huss and Samantha Guenther. You may ask any questions you have now. If you later have questions, concerns, or complaints about the research please contact Anna Huss at (763) 439-7890 or Samantha Guenther at (651) 328-3920. You may also contact the research advisor, Dr. Janet Jedlicka, at (701) 777-2017

If you have questions regarding your rights as a research subject, you may contact The University of North Dakota Institutional Review Board at (701) 777-4279 or [UND.irb@research.UND.edu](mailto:UND.irb@research.UND.edu).

- You may also call this number about any problems, complaints, or concerns you have about this research study.
- You may also call this number if you cannot reach research staff, or you wish to talk with someone who is independent of the research team.

- General information about being a research subject can be found by clicking “Information for Research Participants” on the web site:  
<http://und.edu/research/resources/human-subjects/research-participants.cfm>

**I give consent to be audiotaped during this study.**

**Please initial:**         Yes         No

**I give consent for my quotes to be used in the research; however, I will not be identified.**

**Please initial:**         Yes         No

Your signature indicates that this research study has been explained to you, that your questions have been answered, and that you agree to take part in this study. You will receive a copy of this form.

Subjects Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Subject

\_\_\_\_\_  
Date

I have discussed the above points with the subject or, where appropriate, with the subject’s legally authorized representative.

\_\_\_\_\_  
Signature of Person Who Obtained Consent

\_\_\_\_\_  
Date

## **APPENDIX D: Qualitative Interview Questions**

## Follow up interview

**The purpose is to identify participants who completed an occupational therapy education program and are working in an occupational therapy or health related position. We want to explore and gain a deeper understanding of your experiences and challenges as a practitioner with a disability.**

**Part 2 of this research is a qualitative, 1 hour interview portion. It will take place over skype or facetime. This section is aimed to delve into the lived experiences of people with disabilities and their journey throughout school, fieldwork, and their carrier. Researchers hope to gain a comprehensive and thorough understanding of the experiences of people who have disabilities in occupational therapy programs and practice.**

**Hello! My name is \_\_\_\_\_ and I just wanted to start out the interview by saying thank you. Your participation in this interview is greatly appreciated. The purpose of this qualitative interview is to explore and gain a deeper understanding of your experiences and challenges as a practitioner with a disability. This interview is broken down into 3 major parts: education, fieldwork and workplace. Throughout this interview you will be asked questions about your personal experiences. If at any point you do not feel comfortable answering a question we can skip the question and move forward, or if you wish, you can stop the interview at any time. The interview will be recorded and is expected to be about one hour long. Do you have any questions before we continue?**

1. Tell me a little about yourself.
  - Why did you choose OT?
  - How did you go about choosing your OT program?
2. Tell me about your disability and the accommodations you received
  - What disability?
  - When was the onset of disability?
  - What kinds of adaptations?
  - When did you need adaptations?

### **Educational Experience**

**We're going to talk about your educational experience now,**

3. Tell me about your educational experience and how your disability and needs affected your experience.
  - Struggles?
  - Triumphs?
  - Specific incidences that you remember negative or positive?
  - Did you ask for necessary accommodations?
  - When did you disclose your need for accommodations?
  - Were you able to get necessary accommodations?

- What was the process like to get the accommodations?
    - How long did it take?
    - Did you get exactly what you asked for/ needed?
  - Were there accommodations you needed but chose not to ask for?
4. How do you feel your academic experience compared to your classmates who did not have a disability?
- How did your challenges compared to your classmates?

**Now let's talk about your experience with fieldwork**

5. Tell me about your fieldwork experience.
- Where did you go?
  - Did you need accommodations?
  - What accommodations did you need?
  - Did you ask for the accommodations you needed?
  - When did you disclose your need for accommodations?
  - Were your needs met?
  - What was the process for getting the accommodations you needed?
  - Was your supervisor flexible with your needs?
  - Was your experience similar or different to your classmates?

**Finally, lets chat about your workplace**

6. Tell me about the areas you have worked in
- How did you end up there?
  - How did you end up at your current job?
  - Why are you currently not working?
  - What accommodations did you need at the different work places?
  - When did you disclose your need for accommodations?
  - Were your needs met at all places?

**Now let's talk about overall experience of a person with disability.**

7. Tell me about a time when you felt you needed reasonable accommodations but chose not to ask for them?
- What were some reasons you chose not to ask?
  - Was there a turning point where you decided you needed to ask for the accommodation?
  - How do you think your experience would have been impacted if you decided to ask?
8. During our literature review on ADA, many articles said that the ADA is sufficiently followed in both higher education and the workplace. How do you feel about this? (devil's advocate)



**Now for an overview over view of our interview, as we have talked about earlier most people have both positive and negative experiences in terms of ADA, reasonable accommodations, and living with a disability.**

9. Summarize for me some of the positives experiences you have had.

10. Summarize for me the drawbacks you have experienced.

11. What are some of the drawbacks you have had in terms of ADA.

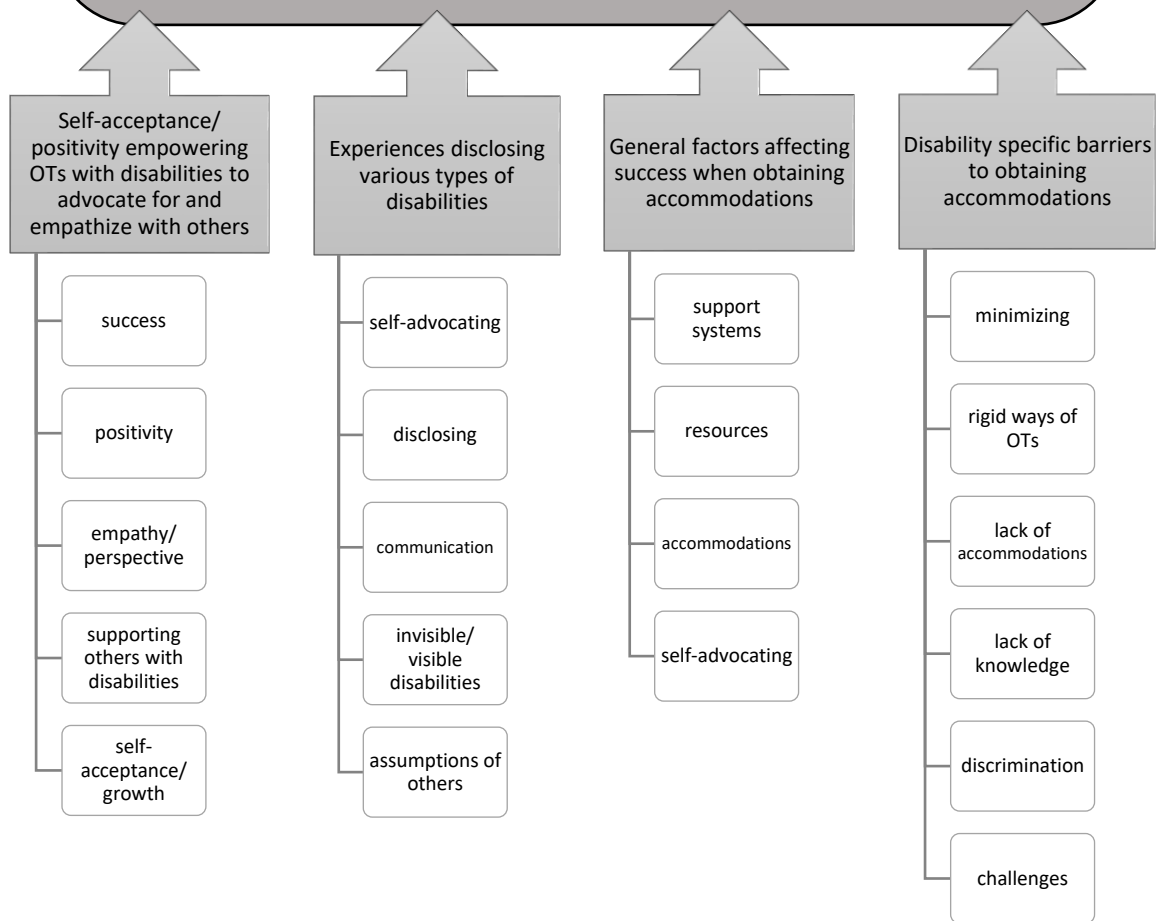
12. What is one overarching statement that sums up your experience of a person who has disabilities going through OT school?

13. Is there any other information that you would like to share with me about yourself or any of your experiences?

**That wraps up our interview. Again, we deeply appreciate your participation in this interview, you have provided us with a lot of rich content. If you would like us to send you a summary of our findings we would be happy to do so. Thank you again, if you have any additional questions or comments feel free to contact us. Have a great evening!**

## **APPENDIX E: Data Analysis**

OTs with disabilities continue to face discrimination in school, fieldwork, and workplace settings in the form of a lack of access to reasonable accommodations. Those who were unable to obtain reasonable accommodations credited their challenges to internal, external, and systematic barriers, whereas those who experienced success in obtaining reasonable accommodations, credited their success to strong support systems and self-advocacy skills. Despite possible challenges, OTs with disabilities valued their place in the field of occupational therapy, believing they brought a unique set of skills and perspective to the profession.



## REFERENCES

Americans With Disabilities Act of 1990, Pub. L. No. 101-336, 104 Stat. 328 (1990)

ADA Amendment Act of 2008 Pub. L. No. 110-325, S 3406 (2008)

Blanck, P. D. (1997). Students with learning disabilities, reasonable accommodations,

and the rights of colleges and universities to establish and enforce academic

standards: *Guckenberger v. Boston University. Mental & Physical Disability L.*

*Rep.*, 21, 679. Retrieved from

[http://heinonline.org/HOL/Page?handle=hein.journals/menphydis21&div=137&g  
\\_sent=1&collection=journals](http://heinonline.org/HOL/Page?handle=hein.journals/menphydis21&div=137&g_sent=1&collection=journals)

Chacala, A., McCormack, C., Collins, B., & Beagan, B. L. (2014). 'My view that

disability is okay sometimes clashes': experiences of two disabled occupational

therapists. *Scandinavian Journal of Occupational Therapy*, 21(2), 107-115.

doi:10.3109/11038128.2013.861016

Cortés, M. C., Hollis, C., Amick 3rd, B. C., & Katz, J. N. (2001). An invisible disability:

Qualitative research on upper extremity disorders in a university community.

*Work (Reading, Mass.)*, 18(3), 315-321. Retrieved from

<http://content.iospress.com/articles/work/wor00243>

Erickson, W., Lee, C., von Schrader, S. (2017). Disability Statistics from the American

Community Survey (ACS). Ithaca, NY: Cornell University Yang-Tan Institute

(YTI). Retrieved from Cornell University Disability Statistics website:

[www.disabilitystatistics.org](http://www.disabilitystatistics.org)

- Gordon, M., Lewandowski, L., Murphy, K., & Dempsey, K. (2002). ADA-based accommodations in higher education: a survey of clinicians about documentation requirements and diagnostic standards. *Journal of Learning Disabilities, 35*(4), 357-363. doi:10.1177/00222194020350040601
- Hartnett, H., Stuart, H., Thurman, H., Loy, B., & Batiste, L. (2011). Employers' perceptions of the benefits of workplace accommodations: reasons to hire, retain and promote people with disabilities. *Journal of Vocational Rehabilitation, 34*(1), 17-23. doi:10.3233/JVR-2010-0530
- Kim, M. M., & Williams, B. C. (2012). Lived employment experiences of college students and graduates with physical disabilities in the United States. *Disability & Society, 27*(6), 837-852. doi:10.1080/09687599.2012.673081
- Link B.G., Phelan J.C. (2001) Conceptualizing stigma. *Annual Review of Sociology, 27*, pp. 363-385. doi:10.1146/annurev.soc.27.1.363
- Lorenzo, T. & Thomas, J. (2009). 'We've moved away from disability as a health issue, it's a human rights issue': reflecting on 10 years of the right to equality in South Africa. *Disability and Society, 24*(7). doi:10.1080/09687590903283464
- Mullins, L., & Preyde, M. (2013). The lived experience of students with an invisible disability at a Canadian university. *Disability & Society, 28*(2), 147-160. doi:10.1080/09687599.2012.752127
- ODEP- Office of Disability Employment Policy  
<https://www.dol.gov/odep/topics/Accommodations.htm>

- Paul, S. (1999). Students with disabilities in post-secondary education: the perspectives of wheelchair users. *Occupational Therapy International*, 6(2), 90-109.  
doi:10.1002/oti.91
- Rothstein, L. (2015). Impaired Physicians and the ADA. *Journal of the American Medical Association*, 313(22), 2219-2220. doi:10.1001/jama.2015.4602
- Saldana, J. (2009). An introduction to codes and coding. *The Coding Manual for Qualitative Researchers*, 1-31.
- Schreuer, N., & Sachs, D. (2014). Efficacy of accommodations for students with disabilities in higher education. *Journal of Vocational Rehabilitation*, 40(1), 27-40. doi:10.3233/JVR-130665
- Scott, S. S. (1994). Determining reasonable academic adjustments for college students with learning disabilities. *Journal of Learning Disabilities*, 27(7); 403-12.  
doi:10.1177%2F002221949402700701
- Shevlin, M., Kenny, M., & McNeela, E. (2004). Participation in higher education for students with disabilities: an Irish perspective. *Disability & Society*, 19(1), 15-30.  
doi:10.1080/0968759032000155604
- Shigaki, C. L., Anderson, K. M., Howald, C. L., Henson, L., & Gregg, B. E. (2012). Disability on campus: A perspective from faculty and staff. *Work*, 42(4), 559-571.  
doi:10.3233/WOR-2012-1409
- Smith (2011). Implications of the 2008 Amendments to the Americans with disabilities act for medical education, *Journal of Academic Medicine*, (86)6; 768-772.  
doi:10.1097/ACM.0b013e318217e325

- Stumbo, N., Martin, J., & Hedrick, B. (2009). Personal assistance for students with severe physical disabilities in post-secondary education: is it the deal breaker?. *Journal of Vocational Rehabilitation*, 30(1), 11-20. doi:10.3233/JVR-2009-0449
- Turpin, M. J., & Iwama, M. K. (2011). *Using occupational therapy models in practice: A fieldguide*. Elsevier Health Sciences.
- United States Department of Labor. (n.d.). Retrieved February 17, 2017, from <http://www.dol.gov/>
- Velde, B.P., Chapin, M.H., Wittman, P.P. (2005). Working around "it": the experience of occupational therapy students with a disability. *Journal of Allied Health*, 34(2), 83-9. Retrieved from <http://docserver.ingentaconnect.com/deliver/connect/asahp/00907421/v34n2/s4.pdf?expires=1491848768&id=90409050&titleid=6329&accname=University+of+North+Dakota&checksum=025CD237386A9E6AB37DFFB167147563>
- Zazove, P., Case, B., Moreland, C., Plegue, M. A., Hoekstra, A., Ouellette, A., ... Fetters, M. D. (2016). U.S. medical schools' compliance with the Americans with disabilities act. *Academic Medicine*, 91(7), 979–986. doi:10.1097/ACM.0000000000001087