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Field of Clinical Psychology: Importance of Counselors with Disability

The field of clinical psychology is one that is continuously growing in today's society. This is because more and more people are stressed and concerned with the economic growth of industries. In this process, people are in need of mental assistance, someone to communicate and give advices in order for them to meet greater performance. Meanwhile, people with disability are not readily included in the field despite the fact that they are a weighty part of world's population. According to Foley-Nicpon's journal, approximately 19% of the U.S. population identifies themselves as a person with disability, with the number continuously rising. Upon this crucial fact, people with disability need more focus because they are the ones who have most difficulty fitting into the society but who have the most potential if given the opportunity. In order to help them, the standard notion is that people without impairments should be the clinical psychologists. However, in fact, it is much more effective for the counselor to be a disabled individual, then an "abled" body because there is more connection shared between. The patient is more easily and truly understood, since the counselor lives a similar life.

Before going into details about how people with disability should be treated clinically, it is important to be aware of the general view of specifically what they're going through. It is apparent that people with disability need help and attention. Acknowledging the fact that the common area of disability of general practitioners of clinical psychology seems to lie on respiratory, cardiac and stroke problems, over a quarter of the clients felt that their needs were not met, according to a journal by Mckenzie, Matheson, Donald, and Shannon. Majority of participants agreed that clinical psychology had an important role to play in physical disability services as well as behavioral, neuropsychological, and psychosexual difficulties. On top of this aspect, Evans noted in his journal that negative interactions with the health care system has risen because treatment is offered to those with disability but not needed or welcomed. The situation has proven that people with disability are clearly neither adequately helped nor satisfied.

In recognition of the above condition, Foley-Nicpon and Solomon seem to have similar thoughts on how disability studies should be included in the field of clinical psychology. Foley-Nicpon argues that counseling psychology should include people with disabilities within their multicultural training and research initiatives. He admits that disability research comprises only an extremely small amount of counseling psychology. An example in his document illustrates how the topic of disability is very one-dimensional. Its research focuses too much on the illness or disorder, but not on how it

relates to other identities such as race, class, and gender. The analysis for the interrelation is vital for figuring out culturally appropriate treatment approaches. Rather than concentrating on the exact disability feature, Foley-Nicpon asserts that the "complexity of multiple oppressions that individual with disabilities may face" should be more readily discussed. In a similar way, Solomon, in his journal, emphasizes how children who need particular attention do not get special consideration, while discussing the mentality and intelligence of the children with special defect.

Hence, efforts to treat those with disability are evident in today's society. According to Kennedy Krieger Institute's official website, the Department of Neuropsychology and the Center for Autism and Related Disorders at Kennedy Krieger Institute provide training programs for clinical experiences with a diverse patient population. This is for the residents of postdoctoral residency in clinical child psychology, especially those studying neurodevelopment disabilities. By the specialized training and opportunities to collaborate on research projects, the residents are able to obtain necessary skills to start a career as counseling psychologists in the field of neurodevelopment disabilities.

Along with these multiple programs offered to foster positive environment to actually *treat* the patients, increasing efforts to directly involve people with disability in the process are apparent. The American Psychology Association introduces a procedure for people with disabilities to *become* clinical psychologists. It includes four segments: training, research, diversity, and advocacy. All center on the point that people with disability should be included in "providers of services, researchers, educators, and advocates" and "facilitate workshops around disability diversity issues" ("Psychologists with Disabilities"). Encompassing disability as an aspect of human diversity, psychology students with disabilities are opened to mentorship and research opportunities at levels of professional experience.

In the midst of voices for more attention in the field of disability among clinical psychology, there are some new perspectives and attempts in incorporating disability. Palsbo and Kailes introduce the Care Management Information System, which includes alerts, reminders, and prompts for best clinical practice. This is specifically for pediatric care and asthma, with its reports indicating quality improvements. On the other hand, Wurst and Wolford pointed out in their journal that a university program attempted to raise students' awareness of disability by undertaking auditory and visual disability simulation activities. Likewise, there are efforts to provide better insight into the field of disability.

In addition to the multifarious approaches people are taking gradually to recognize those with disability and their opportunities, another instance of shared similarity between counselors and clients might be applicable too. A study by Wade and Bernstein examined the effects of counselors' race on Black female clients' perceptions of counselor and the counseling relationship between the two in actual counseling situation. The results showed that clients assigned to "experienced counselors who had received culture sensitivity training" rated their counselor higher in credibility and

satisfaction (Wade and Bernstein 9). This healthy relationship made clients return for more follow-up sessions and express more contentment than those assigned to inexperienced counselors.

Drawing parallel with the study above, it can be analyzed that shared characteristic as well as more understanding of the client's condition between the counselor and client is pivotal for a successful clinic. It was because the counselors were greatly aware of culture sensitivity that they could treat Black clients with more respect and empathy. Likewise, counselors with disability will be more appropriate for clients with disability because they apprehend better what they're going through.

Because of the stereotype that counselors should be "abled" in order to help people who are "disabled," there is a huge lack of study dealing with the specific issue. In order to make this proposal that there should be more therapists with disability sound, a study can be suggested. A study will look at congenitally disabled twin sisters. The sisters will be looked at by two different counselors – one with a congenital disability and one with a completely abled body. The counselors will be from the same level of professionalism by coming from the same clinic. The sisters will be counseled for five years each by the same assigned counselor. In the process, they will report satisfaction level, brief survey reflections, and desire to attend follow-up meetings every month. The number of therapies the sisters receive will be the same – once a week – at the same place. The sisters will stop counseling at the end of five years and a study will be done incorporating all the reports to figure out the effects of each type of counseling.

The divergent voices out there argue on one idea: disability studies are to be more included in the field of clinical psychology. Whether people collect data to prove the point or show endeavors to find new aspects into it, they all acknowledge the lack of attention. In fact, *how* are people with disability being treated in the field? Are we considering their perspective too when it comes to carrying out actual cure? In the course of this process, it is worthwhile to propose the main argument that it is much more supportive for counselors to be disabled individuals, then "abled" bodies because it builds a more sympathy and understanding relationship between. The future of clinical psychology will be brighter if this multiculturalism is supported, while more effectually aiding those concerned less.

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