

Teaching About Disability in Psychology:
An Analysis of Disability Curricula in U.S. Undergraduate Psychology Programs

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Abstract

Historically, Psychology education about disability focused narrowly on psychiatric and cognitive disabilities. Furthermore, disability tends to be viewed from the medical model, rather than the social model endorsed by disability scholars, which describes disability as primarily socially constructed. Course offerings for the Psychology departments of 98 top-ranked undergraduate programs in the U.S. were content-analyzed to identify the types of disabilities discussed and the extent to which they utilized a medical or social model. Courses examining psychiatric disabilities were offered at all departments. However, categories such as physical, sensory, and intellectual disabilities were covered in fewer than 20% of departments. Course descriptions contained significantly more medical than social model content. Results suggest many types of disabilities are underrepresented in Psychology programs and the medical model continues to prevail.

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According to the U.S. Census Bureau, approximately 56 million people, over 18% of the non-institutionalized population, had a disability in 2010 (Brault, 2012). Disabilities include chronic health, cognitive, intellectual, physical, psychiatric, and sensory disabilities (Smart, 2009). Disability is a common human experience, cutting across all racial lines and affecting young and old, male and female. Given that people with disabilities (PWDs) make up the single largest minority in the country (Olkin, 2002), it is likely that we all interact with someone with a disability on a regular basis. Therefore, it is imperative that students in the field of Psychology be prepared to interact with, work with, educate, and provide treatment to PWD of all types. In this paper, we will argue that including this sort of preparation in undergraduate Psychology coursework supports the goals of Psychology education by preparing students to be psychologically literate citizens, to interact with a diverse society, and to be effective future clinicians, researchers, and educators.

Education about disability should address the diverse array of types of disability. According to the 2010 U.S. Census, 71% of those identifying as disabled indicated they had a chronic health disability, 37% reported having a physical disability, 10% reported a cognitive disability, 11% had sensory disabilities, and almost 8% reported a psychiatric disability (Brault, 2012). While psychiatric disabilities are most clearly linked to the field of Psychology, based on this breakdown of prevalence among the various types of disability it is somewhat surprising to find that psychiatric disabilities are the only type of disability covered as a standard part of undergraduate or graduate training (Dunn, Fisher, & Beard, 2013; Kemp, Chen, Erickson, & Friesen, 2003; Weiss, Lunsky, & Morin, 2010). Although there has been little research on

disability coverage in undergraduate Psychology curricula, at the graduate level it appears as though the number of available courses related to disabilities has actually decreased. One report shows that there were more programs *without* disability courses in 1999 than in 1989 (Olkin, 2002). Those courses that were offered tended to focus on one of three areas: developmental disabilities, academically gifted children, and learning disabilities.

Although it has not been examined in undergraduate programs, graduate courses tend to follow the medical model (Olkin, 2002) rather than social model (Artman & Daniels, 2010; Wright, 1983). As noted in previous work, most psychologists have traditionally been trained to follow the medical model of disability, viewing disability as a problem inherent in the individual, and focusing on ways to cure or “normalize” the impairment (Barker, 1948; Barker, Wright & Gonick, 1946; Dunn, 2011; Fenderson, 1984; Gill, Kewman, & Brannon, 2003; Olkin & Pledger, 2003; Wright, 1983). In contrast, Disability Studies scholars and rehabilitation psychologists consider the social or minority model of disability, based upon the person-environment relation models common, to be more appropriate (Gill, 2001; Hahn, 1993). This model states that disability is socially constructed through environmental, social, and political barriers. Historically, Rehabilitation Psychology has been modeled after ideas from Social Psychology, which focuses on the influences of situational factors on individuals (Dunn, 2000; 2011). Notably, one of the most influential early rehabilitation psychologists, Beatrice Wright, was trained as a social psychologist, and her important (1960/1983) book framed disability as a social problem. In fact, the primary goal of Rehabilitation Psychology has been to eliminate situational and environmental barriers that contribute to disability for PWDs (Fenderson, 1984). Unfortunately, the importance of the role of the environment in disability has not been as widely recognized by the broader field of Psychology.

One of the most basic goals of an undergraduate education in Psychology is to foster “psychologically literate” citizens who will use psychological principles in their everyday lives, regardless of whether they continue in the field (McGovern et al., 2010). Being a psychologically literate citizen involves being insightful and reflective, acting ethically, and applying psychological principles to the domains of work, relationships, and the broader community (Cranney & Dunn, 2011; McGovern et al., 2010). Given that roughly 10% of undergraduate students self-report as having a disability (U.S. Census Bureau, 2012), learning about disability can offer self-understanding to students with a disability as well as prepare students to interact with this common minority group in their everyday lives, both on campus and in society. This goal also meets the curriculum requirement of diversity advocated by Dunn et al. (2010), just as it addresses the call for cultural competence with diversity in the Guidelines for the Undergraduate Psychology Major 2.0 recently outlined by the APA (2013). For the present study, we were interested in exploring the extent to which undergraduate Psychology programs are offering courses that address this goal through the inclusion of disability education and the model used to present this information.

Method

We conducted a content analysis of the undergraduate course offerings in Psychology departments to identify the number of courses that pertained to disability, the types of disabilities discussed, and whether they were discussed in a medical or social model orientation. Our sampling frame was the U.S. News and World Report National University Rankings of the top 100 undergraduate institutions (U.S. News & World Report, 2013). We selected this list because it is commonly used by students seeking an undergraduate education, and it included a range of public and private, large and small colleges and universities. Ninety-eight of these universities

were included in our study; the remaining were excluded because they did not offer an undergraduate degree in Psychology. Three research assistants conducted an exhaustive search of the course offerings on the university websites to identify undergraduate courses in Psychology covering disability for the academic year of 2013-2014. Courses were considered to cover disability if the course name or description contained the word “disability,” a synonym such as “special needs,” or “human exceptionality,” or the name of a specific disabling condition. Next, the three research assistants independently coded the courses into disability categories based on the course title and description. The disability category coding scheme is depicted in Table 1 and was based on the disability categories described by Smart (2009). The “other” category included courses that could not be coded into the existing categories (i.e. sleep disorders, disability [unspecified], developmental disability, and pathological aging). Some courses described more than one disabling condition, so it was possible for courses to fall into multiple categories. Research assistants also rated the extent to which the course title and description contained medical and social model content on a scale of 1 (no content) to 5 (a lot of content). Medical content was defined as: including words such as “illness”, “deficit”, “abnormal”, “disease”, “treatment”, “cure”, “diagnosis”, “intervention”, or related vocabulary. Disability is described as a problem in the body, such as an abnormality, disease, or injury, with the main goal being diagnosis and treatment. Disabling conditions are contrasted with “normal” states of being. Social content was defined as: including words such as “diversity”, “accommodation”, “society”, “differences”, “variation”, “barriers”, “acceptance”, “social construction”, “prejudice”, “stigma”, “discrimination”, or related vocabulary. Disability is described as a result of society’s negative attitudes and lack of accommodations towards natural human variations in ability.

All three research assistants coded the first half of the courses. Krippendorff's alpha, an index of interrater reliability appropriate for content analyses involving more than two coders, was calculated for the disability category codes, and ranged from .66 to .90 (Krippendorff, 2012). Discrepancies between ratings were averaged. The interrater reliability of the interval scale ratings for medical and social model content, measured by Chronbach's alpha, was .76 and .86, respectively. Once reliability was reached for the first half of the dataset, research assistants coded the remaining courses individually.

Results

Content analysis identified 694 courses covering disability. The number of courses in each category can be seen in Table 2. It is also of interest whether a university offers *any* courses on a particular disability category, and Table 3 shows this information. All 98 universities offered a course on disability, namely psychiatric disability. There was no other disability category that was universally covered by all universities.

To examine the extent to which courses incorporated a medical or social model of disability, we conducted a paired-samples *t* test based on our evaluation of the course descriptions. Results indicate courses contained more medical model content ($M = 3.38$, $SD = 1.19$) than social model content ($M = 1.70$, $SD = 1.04$), $t(681) = 23.04$, $p < .001$, $d = 1.50$.

Discussion

The present findings indicate that, while all Psychology programs offer courses addressing psychiatric disability, the majority of highly-ranked institutions do not offer courses that cover a representative variety of disabilities. Those courses that are offered typically focus on psychiatric and cognitive disabilities, with little focus on physical, chronic health, sensory, or intellectual disabilities. These proportions are similar to those shown in previous analyses of

graduate programs (Dunn, Fisher, & Beard, 2013; Kemp et al., 2003; Weiss et al., 2010), and are not representative of the distribution of disabilities within society (Brault, 2012). Recall that chronic health and physical disabilities were the most common and that psychiatric disabilities were the least common disabilities reported in the 2010 U.S. Census (Brault, 2012), indicating that Psychology is focusing the most coursework on some of the least common disabilities. Furthermore, those courses tended to follow a medical model, which places blame on the individual. The continued dominance of the medical model serves to stigmatize PWD. The lack of a social model focus represents a missed opportunity to educate students to reduce prejudice and enact social policy change.

While the present project is by no means an exhaustive review of all programs in the U.S., it is a sample of disability offerings within Psychology programs among those universities judged to be the best in the country (by US News & World Report [2013]). Our content analysis examined titles and course descriptions to indicate whether courses had a major focus on disability. Certainly, there are other courses that cover disability briefly, but do not mention them in the course description. Thus, a limitation of our study is that we could not capture such courses in our content analysis. These courses might include Introduction to Psychology, Social Psychology, Developmental Psychology, and Psychology of Prejudice. As many of these courses are considered part of the core curriculum of undergraduate Psychology education, including disability offers a natural way to introduce the topic to students and to illustrate its relevance across a number of areas. In fact, including disability topics in introductory courses may be an ideal approach given that many undergraduate students never take courses beyond Introduction to Psychology. Coverage of the psychosocial aspects of disability within introductory courses is likely to reach the largest number of students. Unfortunately, in a review of undergraduate

introduction to Psychology textbooks, Goldstein et al. (2010) found that disability coverage was limited and primarily described through the perspective of the medical model. Thus, in order to incorporate disability into such courses, faculty must seek out readings and materials on their own.

In order to achieve the goal of full inclusion in the field of Psychology, we encourage faculty, curriculum committees, and textbook companies to include information about a variety of disabilities, and the social construction of disability in Psychology curricula. Additionally, we suggest a handbook of resources for the inclusion of disability in Psychology courses, which could introduce students to a wide array of disabilities and would contain readings, sample class exercises to introduce the social construction of disability, and example discussion topics (e.g. Wurst & Wolford, 1994). Such a resource would serve as a curriculum guide and would help to diminish the barriers that interfere with the inclusion of disability in Psychology. Inclusion of disability in Psychology undergraduate education will lead to more well-rounded, socially responsible citizens, and better disability access, diagnosis, and treatment, ultimately creating a better social environment in which PWDs can live, learn, and work.

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Table 1: Disability Category Coding Scheme

Category	Example conditions
Chronic medical disorders	AIDS, cancer, epilepsy/seizures
Cognitive	Learning disabilities (dyslexia, dyscalculia, dyspraxia, ADHD), aphasia, agnosia, TBI/brain damage, stroke, Alzheimer's disease, dementia, memory loss, amnesia
Intellectual	Mental retardation, Down's Syndrome
Physical	Orthopedic, mobility, cerebral palsy
Psychiatric	Abnormal psychology, psychopathology, or any specific mental illness (Autism/Asperger's, schizophrenia, personality disorders, depression, anxiety)
Sensory	Deafness, blindness
Other	Any conditions which do not fit above

Table 2: Disability Courses by Category

	Total (<i>n</i> = 694)	Percent
Psychiatric	466	67
Cognitive	166	24
Other	54	8
Chronic	39	6
Intellectual	23	3
Sensory	22	3
Physical	9	1

Table 3: Number of Universities Offering a Disability Course by Category

	Total ($n = 98$)	Percent
Psychiatric	98	100
Cognitive	72	73
Other	29	30
Chronic	33	34
Intellectual	19	19
Sensory	18	18
Physical	8	8

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Education about disability should address the diverse array of types of disability. According to the 2010 U.S. Census, 71% of those identifying as disabled indicated they had a chronic health disability, 37% reported having a physical disability, 10% reported a cognitive disability, 11% had sensory disabilities, and almost 8% reported a psychiatric disability (Brault, 2012). While psychiatric disabilities are most clearly linked to the field of Psychology, based on this breakdown of prevalence among the various types of disability it is somewhat surprising to find that psychiatric disabilities are the only type of disability covered as a standard part of undergraduate or graduate training (Dunn, Fisher, & Beard, 2013; Kemp, Chen, Erickson, & Friesen, 2003; Weiss, Lunsky, & Morin, 2010). Although there has been little research on

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Table 1: Disability Category Coding Scheme

Category	Example conditions
Chronic medical disorders	AIDS, cancer, epilepsy/seizures
Cognitive	Learning disabilities (dyslexia, dyscalculia, dyspraxia, ADHD), aphasia, agnosia, TBI/brain damage, stroke, Alzheimer's disease, dementia, memory loss, amnesia
Intellectual	Mental retardation, Down's Syndrome
Physical	Orthopedic, mobility, cerebral palsy
Psychiatric	Abnormal psychology, psychopathology, or any specific mental illness (Autism/Asperger's, schizophrenia, personality disorders, depression, anxiety)
Sensory	Deafness, blindness
Other	Any conditions which do not fit above

Table 2: Disability Courses by Category

	Total (<i>n</i> = 694)	Percent
Psychiatric	466	67
Cognitive	166	24
Other	54	8
Chronic	39	6
Intellectual	23	3
Sensory	22	3
Physical	9	1

Table 3: Number of Universities Offering a Disability Course by Category

	Total ($n = 98$)	Percent
Psychiatric	98	100
Cognitive	72	73
Other	29	30
Chronic	33	34
Intellectual	19	19
Sensory	18	18
Physical	8	8