Disability Services' Standards and the Worldviews Guiding Their Implementation

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Abstract

This paper presents a study that incorporated an Internet survey to analyze disability-related perspectives held by higher education's disability service providers in the implementation of program standards. Incorporating disability studies scholarship, the quantitative study used the constructs of individual, social, and universal approaches to service delivery as a looking glass. The study's investigation involved a sample of disability service providers who held a membership in the Association of Higher Education And Disability (AHEAD) during fiscal year 2007. In general, findings indicated participants were more likely to deliver services guided by an individual approach, thereby determining the individual's "deficit" and accommodating the disability. However, findings also indicated that, to some extent, participants had awareness of and sometimes utilized either social or universal approaches in their service delivery. This manuscript concludes with a discussion of implications for disability studies, disability services, AHEAD, and service professionals.

The present study sought to understand perspectives held by higher education's disability service providers relative to disability and/or students with disabilities and how such perspectives became evident in the implementation of best practices. Although the intention of the Association on Higher Education And Disabilities (AHEAD) standards is to improve the quality of services provided to students with disabilities attending colleges, the standards lack a contextual anchor, permitting the utilization of diverse and antithetical worldviews in their implementation. Using the work of disability studies scholars, three disability worldviews and their applications in the provision of disability services in higher education were considered to explain how these perspectives have maintained the status quo or have re-framed disability. For those reasons, the historical development of disability services, the legislation affecting its development, and also ideas and frameworks developed by disability studies scholars were reviewed. Ultimately, the researcher sought to learn how disability service providers' perspectives of disability and/or disabled people have percolated into service delivery practices.

Disability services in postsecondary education have undergone many changes, including an increase in the population of disabled students from 2.2% in 1978 to 17% in 2000 (Gajar, 1998; National Center for the Study of Postsecondary Educational Supports [NCESPES], 2002), legislative mandates prohibiting discrimination against people with disabilities (Rehabilitation Act, 1973), and the professionalization of disability services (Dukes & Shaw, 1999, 2001; Madaus, 2000; Prize, 1997; Shaw & Dukes, 2001, 2005, 2006; Shaw, McGuire, & Madaus, 1997). In addition to experiencing the stress of rapid growth and change, the provision of disability services in postsecondary education did not enjoy the benefits of having standards delineating the essential components for the job. Section 504 of the Rehabilitation Act (1973) and the Americans with Disabilities Act (ADA, 1990) did not establish standards or dictate the manner in which disability services in postsecondary education should be implemented. Regardless, the development of such enactments was the result of societal forces, changes in attitudes, legislation, and student advocacy (Madaus, 2000). Meanwhile, disability service providers/researchers have developed standards (Prize, 1997; Shaw & Dukes, 2001, 2005, 2006; Shaw, et al.,

1997) as a framework to guide service provision.

AHEAD's standards are a research-based approach of informing stakeholders of the ethical, professional, and programmatic requirements needed to achieve equal access for students with disabilities who are attending higher education institutions (Prize, 1997; Shaw & Dukes, 2001; Shaw, et al., 1997). The standards have provided professionals with clear indicators of the skills needed to do their job and add important elements necessary for both quality service delivery and evaluation. These empirically developed standards have also allowed postsecondary disability service providers to move their profession to a best-practice model, having evolved from one in which an agent was in charge of implementing legislative mandates that did not delineate state-of-the-art services (Brinckerhoff, Shaw, & McGuire, 1993).

Disability service professionals do not enjoy the standardized training of other professions and come from a variety of disciplines (Brinckerhoff, et al., 1993; Madaus, 2000). Therefore, standards are necessary to ensure that disability service providers adequately serve students with disabilities (Brinckerhoff, et al., 1993). Brinckerhoff et al. (1993) explain that the creation of standards of best practice could prevent the erosion of legislators' intentions because courts would be more likely to follow the lead of established professionals at the vanguard of best practice. In addition to these standards, other factors related to participation of students with disabilities in higher education pertain to the passage of federal legislation regarding civil rights and the education of persons with disabilities.

Prior to Section 504 of the Rehabilitation Act of 1973, services for students with disabilities were limited to a few institutions. Some of these programs were created in conjunction with vocational rehabilitation services to meet the needs of war veterans with physical disabilities, yet discrimination on the basis of a student's disability was common (Madaus, 2000). Section 504 was the first civil rights law that challenged the status quo by prohibiting any program receiving federal dollars, including institutions of higher education, from discriminating against "otherwise qualified" individuals with disabilities seeking entrance to such programs (Rehabilitation Act, 1973). Other influential legal mandates that further impacted services offered at colleges and universities were the Education for All Handicapped Children Education Act of 1975, commonly known today as Individual with Disabilities Education Im-

provement Act (IDEA, 2004), and the Americans with Disabilities Act (ADA, 1990). IDEA (1975) stands as a promise for a free and appropriate public education, using tools such as the Individualized Education Programs (IEP; K-12) and transition plans for all students with disabilities. Adding to the requirements set in these two legislations, and because the discrimination clause was not contingent upon the program receiving federal funds, the ADA broadened the reach of Section 504. However, court decisions, not postsecondary disability service professionals, have continued to redefine who is protected by the law, what are essential components of a program, and the role of mitigating circumstances (Madaus, 2000). In addition to the standards and laws created which affect the implementation of services, a discussion of the potential role disability studies could and should play in the provision of services was included.

An emerging discipline, disability studies serves to theorize about the experience of disability, using the voices of the individuals living under the oppression of disablement (Abberley, 1987; Oliver, 1990). The discipline considers the environment instead of the impairment in attempting to understand what contributions the environment makes in limiting the ability of individuals to function as active members of society (Hahn, 1985, 1987; Oliver, 1990; Zola, 1989). Both Oliver and Hahn argued that the disadvantages experienced by persons with disabilities are due to conditions (the environment) that reside outside the individual's body. Therefore, lower socio-economic statuses as well as poor labor force participation are products of a society that continues to marginalize disabled people. Oliver (1996) has explained how disability is a product of our materialist society, one that does not take into consideration the needs of those living with disabilities. Hahn (1985, 1987), like Oliver, emphasized that society is responsible for the disadvantages experienced by persons with disabilities; however, he also argued that the acquisition of civil rights by this group could aid in their emancipation. The acquisition of civil rights should prevent persons with disabilities from being relegated to a subjugated status (Hahn, 1985, 1987).

Like Hahn and Oliver, the late sociologist, Irving Zola (1989) argued that disability resulted from the poor fit between impairments and societal environments. His position reaffirms the role of the environment and, like Hahn, Zola argued that policies played an important role in the oppression or emancipation of persons with impairments. His greatest point of departure from

Hahn and Oliver was his view that disability is not a dichotomous concept with a person either having a disability or not. Instead, Zola (1989) emphasized that all individuals fall within a continuum that represents all the levels of ability found among human beings – a universal dimension of the human experience. Zola noted that the ranges of ability among humans vary widely and, therefore, society should adopt measures that are universally compatible with those variations. Reframing disability through policies that provide the greatest level of flexibility possible should prevent the marginalization of individuals falling at the lower end of the ability spectrum.

Understanding how these perceptions are reflected in disability services in higher education could help service professionals determine the implications of their approach. This knowledge allows the service provider to evaluate their own biases and also their personal impact on service provision. Having the means for evaluating the hidden assumptions behind service provision and having different perspectives to compare offers the potential for articulating a new vision of service delivery, one that could fully embrace the expectation of eliminating discrimination against students with disabilities. Lastly, an understanding of the different perceptions about disability may help frame the AHEAD standards and ensure the provision of state-of-the-art services. Therefore, this study analyzed implementations of the AHEAD standards to understand the intersection between service provision in postsecondary education and current perspectives of disability. For the present study, the following hypotheses were explored:

1. Disability services personnel in higher education utilize/frame an individual approach more often than either a social or universal approach when implementing the AHEAD program standards.
2. Disability services personnel in higher education are guided by a mixture of ideas reflecting all three approaches.

The following question was answered:

1. Are there significant differences in the utilization of an individual/medical, social, or universal perspective when framing the implementation of standards of best practice used by disability service providers in postsecondary education?

Method

Key Measurements

Through an Internet survey, data was collected to understand the prevalence of an individual/medical, social, or universal worldview (Figure 1) of disability in the implementation of eight core areas encompassing the AHEAD's program standards. This study established a baseline and significant group differences by measuring "some unknown characteristic of a population" (Czaja & Blair, 2005, p. 21), in this case, the disability service providers' perceptions of disability. The data collected from this sample assisted in the description of the phenomenon studied (Czaja & Blair, 2005) and provided useful data for structuring future disability services' policy. The study consisted of a group of disability service providers in the United States who were AHEAD members during the fiscal year 2007 (See Tables 1 and 2 for descriptive statistics).

Selection of Study Respondents

The researcher randomly targeted disability service personnel from a range of colleges and universities. The sample was chosen to be representative of those AHEAD members responsible for the implementation of AHEAD program standards. To determine the sample size, the researcher followed the formula used by Czaja and Blair (2005) to obtain the sample size of 215 participants. To account for non-responses, this sample size was increased 100%, therefore the final sample size included 430 AHEAD members. The survey response rate achieved was 30%, somewhat lower than specified by the literature (Bradburn, Sudman, & Wansik, 2004; Czaja & Blair, 2005; Trochim, 2001), and response rates from other studies conducted with AHEAD members (Harding, Blaine, Whelley, & Chang, 2006; Sneads, 2006). However, since this study used a simple random sample of disability service providers, the study maintained the external validity required generalizing to the overall population of AHEAD service providers (Bradburn, et al., 2004; Czaja & Blair, 2005; Trochim, 2001). Once the sample size was determined, participant selection began via a randomized procedure. After purging the list provided by AHEAD of private companies, governmental service institutions, and private citizens, the researcher kept only a list of postsecondary academic institutions. A selection of 430 institutions was randomly selected from the list. Institutions from this shorter list having more than one member underwent

Individual Approach

Looks at the inividual and seeks strategies that will compensate or level the playing field

Social Approach

Looks at the environment and seeks strategies to remove barriers

Universal Approach

Looks at the design and seeks to develop an environment inclusive of the largest number of persons possible.

Figure 1. Three Approaches to Disability Service Provision

Table 1

Individual Characteristics

Disability		Gender		Main Responsibility		Years of Experience	
No	31.85%	Male	17.78%	Director	51.85%	Range	1-34
Yes	68.15%	Female	82.22%	Service Provider	45.93%	Mean	8.61
No Response	0.74%	No Response	0.74%	Neither	0.74%	-	-
-	-	-	-	No Response	2.22%	-	-

another selection round in which only one of the eligible AHEAD members was randomly chosen.

Survey Instrument

The Internet survey was pre-tested with 10 individuals unfamiliar with the project. Results from this test confirmed the survey was compatible with screen reading technology. The test took approximately 10 minutes to complete and questions were clear and understandable. The survey constructs were discussed and refined by submitting the instrument to experts in different content areas. The instrument (See Appendix A) provided macro-level evidence on approaches used by disability service providers in implementing the AHEAD program standards. The survey contained general demographic questions to allow for investigation of group differences. Primarily, the survey asked par-

ticipants to rank the implementation of each of the core program standards in order of importance, using three worldviews: individual/medical, social, or universal.

The survey was constructed with a screening question to determine if the participants had been responsible for implementing each of the components. If the screening question was answered in the affirmative, respondents were then directed to a question that explored a specific standard along with the priority rank the participant assigned to each of the worldviews. Participants were not asked if they used one of the worldviews directly. Rather, for each core element participants were asked to choose one of three action statements that described an action representing each of the three worldviews. The action statements were carefully crafted and communicated key elements of the specific worldview, such as remediation, rights, and/or environmental design. This part of the study only established a

Table 2

Individual's Educational Characteristics

Educational Level		Educational background	
Associate	0.74%	Counseling	20.74%
Bachelor	8.89%	Higher Education	17.78%
Masters	73.33%	Psychology	8.89%
Doctorate	14.81%	Rehabilitation Counseling	13.33%
Other	2.96%	Social Work	4.44%
		Special Education	17.78%
		Other	17.78%

baseline, regarding the perceptions of disability service providers. A second manuscript, still under preparation, documents qualitative data examining how participants' actions match their perceptions.

Data Analysis

This study's data was aggregated to help identify the utilization and prioritization of services depending on whether disability service providers in postsecondary education employed an individual/medical, social, universal, hybrid approach, or philosophy while implementing AHEAD's standards (Table 3). These patterns were studied in relationship to selected demographic variables with the purpose of understanding if there are significant differences among different groups (e.g., gender, years of experience).

Results

This section of the study focused on the prevalence of the three ideologies during implementation of the AHEAD's program standards (see Table 4). The eight core areas are advocacy; access; consultation; academic accommodations; promotion of independence; policy development/review/revision; and disability professional, professional development, plus a composite vari-

able accounting for all core components. Nonparametric statistics were utilized because the data being analyzed was categorical in nature. Therefore, the aim of this study was to find patterns rather than absolute values or measures of central tendency (Trochim, 2001).

A Friedman test was utilized to determine if there were significant differences on the ranking of the three ideological approaches when implementing the AHEAD program standards. This test showed that each of the eight core areas, as well as the composite variable, had significant results (see Table 5). Therefore, subsequent Wilcoxon-related sample post hoc analyses were conducted to understand the differences. The results of this post hoc test showed the following differences:

- Participants ranked using an individual approach significantly higher than a universal approach for the following eight components: advocacy ($z = -4.908$, $p = .000$), access ($z = -3.852$, $p = .000$), consultation ($z = -2.247$, $p = .012$), accommodations ($z = -8.754$, $p = .000$), policy ($z = -4.654$, $p = .000$), professional ($z = -5.486$, $p = .000$), professional development ($z = -1.657$, $p = .049$) and the composite ($z = -6.455$, $p = .000$) components of the program standards.
- Participants ranked using an individual ap-

Table 3

Ideology Rankings

Dependent Variable	Question	Test
Advocacy Promote access Consultation Accommodation Promoting independence Policy development Disability professional Professional development Program Standards	Are there significant differences in the utilization of an individual/medical, social, or universal perspective on the implementation of the program standards?	Friedman/Wilcoxon

Table 4

Breakdowns of Rankings by Ideology

	Individual			Soc ial			U niversal		
Priority	High	Mid	Low	High	Mid	Low	High	Mid	Low
Advocate	58.2	25.4	16.4	20.9	41.8	37.3	20.9	32.8	46.3
Access	42.7	33.9	23.4	31.5	57.3	11.3	25.8	8.9	65.3
Consult	58.1	29.0	12.9	5.6	25.8	68.5	36.3	45.2	18.5
Accommodate	85.0	9.8	5.3	8.3	49.6	42.1	6.8	41.4	51.9
Independence	32.1	26.6	40.4	18.3	42.2	38.5	48.6	30.3	20.2
Policies	54.1	25.4	20.5	23.8	53.3	23.0	22.1	21.3	56.6
Professional	68.1	24.4	7.4	3.7	40.0	56.3	28.1	35.6	36.3
Development	53.3	33.3	13.3	1.5	36.3	62.2	45.2	31.1	23.7

Participant response frequency percentages (n=135)

Table 5

Freidman Test, Significant Findings

Component	Chi-square	DF	N	*P*
Advocacy	35.64	2	134	.000
Access	29.05	2	133	.000
Consultation	72.59	2	124	.000
Academic accommodations	127.81	2	133	.000
Promotion of independence	14.13	2	109	.000
Policy development, review, and revision	28.25	2	122	.000
Type of professional	88.04	2	135	.000
Acquisition of professional development	78.14	2	135	.000
Composite	96.20	2	135	.000

proach significantly higher than a Social approach for the following six components: advocacy ($z = -4.865$, $p = .000$), consultation ($z = -7.657$, $p = .000$), accommodations ($z = -8.506$, $p = .000$), policy ($z = -2.748$, $p = .003$), development ($z = -8.336$, $p = .000$) and the composite ($z = -8.5$, $p = .000$) components of the program standards.

- Participants ranked using a Social approach significantly higher than a universal for the following three components: access ($z = -4.528$, $p = .000$), policy ($z = -2.8158$, $p = .002$) and professional ($z = -8.878$, $p = .000$) components of the program standards.
- Participants ranked using a universal approach significantly higher than asocial for the following five components: consultation ($z = -6.518$, $p = .000$), independence ($z = -3.721$, $p = .000$), professional ($z = -4.1$, $p = .000$), professional development ($z = -6.978$, $p = .000$) and composite ($z = -2.86$, $p = .002$) components of the program standards; and E) Participants ranked using a universal approach significantly higher than an individual for the independence ($z = -2.64$, $p = .004$) component of the program standards.

Group differences based on individuals' characteristics

Findings also suggested group differences in a number of areas. This section of the results focuses on significant findings between groups. It includes the participant's gender and years of experience. Findings suggest that significant differences exist between men and women and also depend on years of experience.

Gender Differences

The results of the Mann-Whitney tests (see Table 6) indicated that male respondents, in comparison to female respondents, ranked significantly higher in individual approach for the advocacy component and the type of professional as well as social approach for accommodations, policy, and composite components. Conversely, findings also suggested that female respondents typically ranked significantly higher in using the universal approach for the access, accommodation components and the type of professional.

Years of Experience

The Spearman rank-order correlation coefficient (see Table 7) was used to examine the rankings of the different approaches in relationship to years of experi-

Table 6

Male and Female Comparisons

Male			Female		
Component	**Highest Rank**	***p***	**Component**	**Highest Rank**	***p***
Advocacy	Individual	.046	Providing access to campus community	Universal	.037
Professional	Individual	.040	Professional	Universal	.010
Providing academic accommodations	Social	.000	Providing academic accommodations	Universal	.012
Composite	Social	.022	Composite	Universal	.017
Developing policy	Social	.008	--	--	--

Table 7

Findings Comparing Years of Experience

MORE YEARS OF EXPERIENCE			LESS YEARS OF EXPERIENCE		
Component Approach		***p***	**Component**	**Approach**	***p***
Advocacy	Universal	.001	Advocacy	Individual	.002
Promotion of access to the campus community	Universal	.004	Promotion of access to the campus community	Individual	.017
Type of professional	Universal	.03	Type of professional	Individual	.015
Composite	Universal	.013	Composite	Individual	.01
Acting as a consultant	Social	.037	--	--	--

ence. Findings suggested that participants with more years of experience positively associated with the use of the universal approach for the components of advocacy, access, type of professional, and the composite variable. Similarly, there was a positive association between more years of experience and the use of a social approach for the consultation component. In contrast, participants with less years of experience negatively associated with the use of the individual approach for the components of advocacy, access, type of professional, and the composite variable.

Discussion

Although the author supports evidence-based standards of practice as a way to improve service delivery, this study identified areas requiring further attention. In response to the hypotheses, the quantitative results pointed toward two key conclusions. First, the individual approach to service provision served as a ubiquitous foundation to the implementation of most of the core AHEAD components as well as the program standards. While certain researchers acknowledge that a need for individualized accommodations will always exist, the extent to which these accommodations are present in postsecondary education services today misses the opportunity for broader implementation of universal design. Hence, prioritizing the implementation of the program standards from an individual approach serves as the foundation for an environment that singles out and makes the individual responsible for not fitting into an academic setting that lacks universal design.

This analysis also addressed the second hypothesis that disability service providers frame service delivery from a mixed approach. In particular, the study's findings suggested that certain groups and institutions framed program standards using a universal approach significantly more often than did others. Those framers included females, the respondents who had more years of experience, the participants who subscribed to a universal ideology and also institutions that had a higher number of full-time staff in addition to those with the largest number of students.

Also, the study found that female respondents ranked a universal approach higher than their male counterparts. Perhaps this finding can be partially attributed to the larger size of the female sample (82% of the respondents). Previous studies that looked at faculty in higher education showed that female faculty members were more likely to hold positive attitudes towards disability (Aksamit, Morris, & Leuenberger, 1987; Baggett, 1994; Fonosch & Schwab, 1981; Junco & Salter, 2004; Leyser, 1989; Rao, 2002). Additionally, experience also may play a role on the positive attitudes of faculty, as earlier studies have shown more experienced faculty members tended to have more positive attitudes towards disability and accommodations than those with less experience (Fichten, Amsel, Bourdon, & Creti, 1988; Fonosch & Schwab, 1981; Satcher, 1992, Leyser, 1989). And feminist perspectives have offered some interesting nuances to the findings of this study suggesting that, perhaps, female disability service providers possess emotional acumen therefore perhaps offering an explanation for why female respondents in the current study ranked a universal approach higher than did males (Hesse-Bibiber, 2007; Yagger, 1997).

Despite having doubled the sample size to account for non-responses, the number of respondents did not reach the desired level, which subsequently minimized the study's power (Czaja & Blair, 2005). However, because the study found significant results, such factors may be an indicator of a potential relationship, particularly since lower power typically makes finding significant results more difficult. Another limitation was that AHEAD members in the study represented approximately 28% of accredited institutions of higher education in the United States (AHEAD Annual Report, 2008) and, therefore, results could only be generalized to the targeted sub-group within the whole of higher education. Although the study looked at directors as well as front line personnel, findings did not account for external barriers, such as limited or inadequate resources or administrative opposition that impede or encourage the implementation of the program standards. That omission can potentially bias the findings of this study (Czaja & Blair, 2005). One more limitation is that there was always a potential bias on the part of the individuals that choose to answer versus those who opted not to answer, particularly because the researcher did not know the motivation for individuals choosing not to respond.

As with other research endeavors, this study has created more questions but also has illustrated that practice and theory are currently on different tracks. Future research should focus, among other things, on exploring the tipping point for changing disability service providers' perception of disability as an individual condition or something to be sympathetic about, to a societal problem

that places barriers for individuals with disabilities. Other important questions exist: How do researchers and professional leaders ensure knowledge transfer that is usable by practitioners? What are the external barriers to the implementation of social and universal designs? Is there a long-term cost benefit to implementing universal design, not only measured from a dollars and cents perspective, but of an overall improvement in the inclusion and participation of individuals with disability in our society? Which factors currently promote the implementation of these approaches? Since participants, to a small degree, claimed to use other than an individual approach, what are the implications of utilizing a hybrid approach, which combines all three methods? Is there an appropriate balance for mixing these three frames?

For the field of disability studies, it is imperative that more models are developed to ensure that a sound foundation can be established. Disability studies must engage the disability service profession to determine the factors, internal and external, interfering with the implementation of a service model that is consistent with new thinking about disability. It is imperative to recognize that perceptions of disability are shaped by social constructs, yet challenges exist: (1) By valuing independence, one often forgets about the interdependence that is required for our society to function, (2) One may devalue individuals that one considers to be dependent, (3) Thinking about the needs of students prevents the examination of the society which creates barriers, and (4) Hierarchies are thereby created among those considered "able" to help and those considered to be recipients of the help. Critically and honestly analyzing these and other values that individuals are raised to accept instead of challenge may shed light on how an individual approach to service delivery could work in fomenting the oppression current structures exercises on individuals the profession diligently works to include in the postsecondary education system.

For the Association of Higher Education And Disability (AHEAD), this study provides a framework for developing future professional development opportunities. The principal investigator hopes AHEAD will utilize this information to set priorities and to continue to lead the profession into a new paradigm, such as anchoring future revision for the program standards in a "universal approach." In addition, AHEAD may continue to sponsor and increase future professional development opportunities that increase the membership's exposure and access to the scholarship of disability studies and good design practices. AHEAD might also encourage and/or sponsor research that addresses issues relating to the implementation of universal design, which includes cost efficient ways of transferring into a social approach while also collecting data to aid disability providers justify the transition process to academic administrators.

This study shows that despite the fact that many disability service providers speak the language of equality, rights, self-determination, and universal design, their actions are often implemented and guided by dealing with the individual's limitations. The principal investigator recognizes there always will be cases requiring one-on-one attention. These cases, however, are not the only barrier to promoting a social or universal approach to service delivery; the real barrier exists because members of society have been and continue to be socialized by media, politics, religion, and the medical profession.

For the disability service profession in higher education, this study presents an opportunity for dialogue and reconsideration of where we have been, where we are, and where we are going. It is important providers move towards reframing disability as a socio-political construct rather than an individual deficit issue. Although challenging, providers and other members in society must first recognize the influences that surround and shape perceptions of disability. Individuals are socialized to value independence and help those labeled 'needy'.

Acknowledging and working to move further away from the individual approach will constitute a leap from practices that continue to discriminate against students with disabilities. Ultimately, this shift should aid in the movement toward a new paradigm that recognizes differences and nurtures them and also works to proactively plan for a diverse student population rather than acting reactively to "need." New paradigms or paradigm shifts are not a simple transition from established practice to innovative and new thinking. The difficulty of the shift lies in that it is very time consuming to evaluate previous assumptions and facts and the change is typically resisted (Kuhn, 1962). Therefore, the challenge before the professional, although attainable, remains a formidable task.

Although AHEAD's program standards are a useful tool for assessment and professional development, the lack of a contextual framework allows for multiple and unequal implementation as demonstrated in this study. Therefore, it is important that AHEAD, as a leading or-

ganization, and its members, place careful consideration to the ideologies used to implement the standards. Moving away from a service delivery approach that places great strain on the individual to conform or act like a "normal" person could make for state-of-the-art services in higher education. Moving away from an individual approach will allow all students to participate in an environment which is flexible and responsive, to go in through the same door, and travel the path together.

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About the Authors

Alberto Guzman, Ph.D. obtained his doctoral degree in disability studies from the University of Illinois at Chicago in 2009. Currently, he holds a postdoctoral research position at the University of Arizona's Sonoran Center for Excellence in Developmental Disability. Dr. Guzman is interested in the nexus of disability studies and disability service provision in postsecondary education, transition, and the development of academic curricula using principles of universal design. Publications from his master's thesis focus on acquisition of assistive technology for people with disabilities. His doctoral work explored the perceptions held by postsecondary education disability service providers on the implementation of program standards delineating best practice.

Fabricio E. Balcazar, Ph.D., is a Professor in the Department of Disability and Human Development at the University of Illinois at Chicago. His primary interest is in developing methods for enhancing and facilitating consumer empowerment and personal effectiveness of individuals with disabilities. Dr. Balcazar has conducted research over the past 23 years on the development of systematic approaches for effective involvement of people with disabilities in consumer advocacy organizations. Dr. Balcazar is currently the director of the Center on Capacity Building for Minorities with Disabilities Research and in this capacity he has led an effort to promote culturally competent service provision for minorities with disabilities. Dr. Balcazar has published over 60 peer-reviewed journal articles and recently published a co-edited book, *Race, Culture and Disability: Issues in Rehabilitation Research and Practice.*

Appendix

Part I. The following section exhibits essential functions or requirements for disability service providers adopted by the Association of Higher Education and Disability (AHEAD). For the following items, please, first answer if the task applies to you presently or at some point in your career. If the specified task is applicable, please rank the statements A through C according to the importance you place on it, either as an approach or philosophy. Place a 1 next to your highest priority, 2 next to the second highest priority, and 3 next to the lowest or non-priority item. All statements, A through C, must be ranked.

1. As a disability service provider, have you ever served as an advocate for students with disabilities?

   Yes
   No

2. When serving as an advocate for issues regarding students with disabilities, I mostly make sure that:

   a.   staff/faculty/administration understand the importance of making campus activities flexible and accessible to the largest number of people possible
   b.   staff/faculty/administration understand the needs of students with disabilities
   c.   staff/faculty/administration understand the impact of physical/programmatic/attitudinal barriers on persons with disabilities

3. As a disability service provider, have you ever been responsible for ensuring access to the campus community for students with disabilities?

   Yes
   No

4. When providing services that promote access to the campus community I mostly work:

   a.   on providing students with needed technology(ies)
   b.   toward the implementation of universal design in all possible areas
   c.   on ensuring access and usability of available assistive technology(ies)

5. As a disability services provider, have you ever acted as a consultant on issues regarding disabilities?

   Yes
   No

6. When providing consultation with administrators regarding academic accommodations, compliance with legal responsibilities, as well as instructional, programmatic, physical, and curriculum modifications, I mostly inform them about:

   a.   the role of the environment
   b.   the legal requirements
   c.   proven and new strategies on how to make all relevant areas more accessible and usable by the larger number of people possible

7. As a disability service provider, have you ever been responsible for planning academic accommodations for students with disabilities?

    Yes
    No

8. When developing a plan to provide Academic accommodations, I mostly work towards:

    a. making available reasonable academic accommodations
    b. having students enjoy a barrier free environment
    c. minimizing reasonable academic accommodations, by promoting principles of universal design

9. As a disability service provider, have you ever been responsible for delivering a service model that promotes students with disabilities' independence?

    Yes
    No

10. When implementing a service delivery model that encourages students with disabilities to develop independence, I mostly focus on:

    a. teaching students how to understand their rights and learn how and when to advocate for changes that include the largest number of people possible
    b. teaching students how to identify physical barriers and strategies to deal with them
    c. teaching students how to deal with their disability

11. As a disability service provider, have you ever been part on an effort responsible for developing, reviewing, or revising policies?

    Yes
    No

12. When developing, reviewing, or revising policies related to service provision, my focus is to ensure:

    a. that barriers are removed
    b. that the individual's needs are met
    c. the promotion of universal design

13. The disability service provider should be a full-time professional focused on:

    a. the elimination of environmental barriers
    b. understanding individual disabilities and the best strategies to accommodate them
    c. reframing disability and making system change

14. The best professional development activities are:

    a. those focused on creating truly inclusive environments
    b. those focused on eliminating environmental barriers
    c. those focused on understanding all aspects of disability/reasonable accommodations

Professional Perspective

Katheryne Staeger-Wilson
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Guzman explores historical developments within our profession, legal mandates, and three views of disability: individual/medical, social, and universal. He then significantly exposes the disability service industry and provides ideas on how we might begin a paradigm shift in our service delivery.

He illustrates, through his research, how some disability service professionals understand and identify with progressive models of disability, such as the social and universal models. However, most of us are not progressive in our practices and continue to work in ways that are guided by the individual/medical model. We still look at individual deficits and attempt to normalize students with disabilities through retrofits and accommodations. His work prompted me to ask: Why does our work not reflect progressive approaches? How are we creating and maintaining barriers on our campuses?

We need to embrace disability studies and reframe our own perceptions of disability. Only then can we accurately evaluate our work and biases, and encourage others to do the same. We can redefine the disability service industry by considering the following questions:

- Have we taken the time to explore and understand the field of disability studies and to examine the role the disability service industry plays in the marginalization of disabled people?
- What model of disability does our language reflect? What messages are we sending to students, faculty, and staff?
- What model of disability is reflected in our trainings? Do we promote disability assimilation and promote stereotypes, or do we focus on barriers that society creates? Do we educate so that we as a community proactively design equitable and inclusive learning environments?
- When looking at equal access issues, do we focus on the individual's deficits and the minimum legal requirements, or do we question our college and university environmental designs (curricular, physical, social, information, policy)? Do we value and proactively plan for a diverse student population?
- Are we resisting the change that is needed to move our profession forward, and to improve the perception of disability? If we are resisting change, what is the cause of that resistance?
- How can we share what we learn about ourselves through the exploration of disability studies and progressive disability models?
- How can we become change agents on our campus and in our profession?
- We must work to create a stronger partnership between studies and services so that we understand how professionals help maintain a deficit frame of disability and why we, and our professions, are such critical components in achieving social justice for disabled people.