

Implementing the Social Model of Disability to Support Students in Recovery

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Recovery in Higher Education

Recovery defined:

- Students who are actively working to manage substance use disorders to maintain sobriety
- Process of change where students have expectations to improve health and wellness
 - Developing a new lifestyle and set of coping mechanisms to manage stress, emotions, and triggers
- Live self-directed lives

What recovery looks like for a college student:

- Balancing academic, social pressures and personal wellness.
- Managing triggers (social, academic, and environmental)
 - Pressure, campus culture, access to substances
- Navigating barriers:
 - Stigma
 - Lack of inclusive policies
 - Rigid academic schedules
 - Inflexible systems
 - Inadequate support systems

The Americans with Disabilities Act

A person has a disability under the ADA if the person:

- Has a physical or mental impairment that substantially limits one or more major life activities
- Has a history of an impairment that substantially limited one or more major life activities
- Is regarded as having such an impairment

Major life activities include, but are not limited to: walking, seeing, caring for oneself, learning, working, thinking, communicating and also the operation of bodily functions, such as neurological and brain functions

Addiction [substance use disorder] is generally considered a disability because it is an impairment that affects brain and neurological functions

Challenges to supporting recovery under ADAAA:

- Often based on medical models focused on diagnosis and treatment
- Limited flexibility in meeting students' recovery needs
 - ADAAA is minimum requirements
 - Burdensome processes for students to obtain necessary supports
 - Intersectionality

What are the different models of disability?

- **Charitable** (indiv. needs special segregated services)
- **Medical** (indiv. needs to be “fixed”)
- **Biopsychosocial** (indiv. has negative attitudes)
 - Primarily developed and promoted by American private health care sector
- **Social** (society needs to be fixed)

The Social Model of Disability

- Holds that people with impairments are ‘disabled’ by the barriers operating in society that exclude and discriminate against them
- Sometimes referred to as a “barriers approach”

The Social Model of Disability



The Social Model of Disability states that the oppression and exclusion people with impairments face is caused by the way society is run and organised.

Types of barriers identified by the Social Model

- **Attitudinal Barriers** (e.g., can't be independent, can't have sex, shouldn't have children, need protecting, are "dangerous," etc.)
- **Physical Barriers** (e.g., stairs/ steps, narrow corridors, inaccessible housing, poor lighting, poorly managed street and public spaces, etc.)
- **Information/Communication Barriers** (e.g., lack of provision of interpreters, lack of information in different accessible formats, etc.)

Quick detour: A note on language

Impairment is an individual's physical, sensory or cognitive difference.

Disability is the name for the social consequences of having an impairment.

People with impairments are disabled by society, so disability is therefore a social construct that can be changed and removed.

Avoid language that implies deficits (e.g., “confined to a wheelchair,” or “suffering from anxiety”)

What about person-first language?

Using the word 'Disabled' before 'people' signifies identification with a collective cultural identity and capitalising the 'D' emphasises the term's political significance. Using the term 'Disabled people' or 'Disabled person' is therefore a political description of the shared, disabling experience that people with impairments face in society.

However, you should always defer to the Disabled person for their preference!

Removing or reducing barriers

Often, the solutions to barriers benefit everyone, not just Disabled people

Barrier: steps to an entrance make the space inaccessible to wheelchair users

Solution: installation of a ramp and actuator on the door

Additional benefits: people pushing strollers or carrying multiple items can use this entrance with ease

Barrier: apartment intercom system does not have video, making it inaccessible to Deaf and HoH users

Solution: installation of a video intercom system

Additional benefits: people who feel vulnerable may feel more secure

Universal Design

1. **Equitable Use** - Provide the same means of use for all users: identical whenever possible; equivalent when not
2. **Flexibility in Use** - Provide adaptability to the user's pace
3. **Simple and Intuitive Use** - Arrange information consistent with its importance
4. **Perceptible Information** - Use different modes (pictorial, verbal, tactile) for redundant presentation of essential information
5. **Tolerance for Error** - Arrange elements to minimize hazards and errors
6. **Low Physical Effort** - Allow user to maintain a neutral body position
7. **Size and Space for Approach and Use** - Provide adequate space for the use of assistive devices or personal assistance

Using the Social Model on college campuses

Dismantling attitudinal barriers:

- Campus-wide conversations about ableism
- Viewing disability as diversity and culture
- Promoting universal design with faculty and campus partners

Dismantling institutional barriers:

- Reconsidering documentation guidelines or requirements
- Designating accessible spaces
- Ensuring clear and digestible communication

Brainstorming solutions (pt. 1)

Barrier: pressure or expectations to participate in drug use

Solution: recovery-supportive social programming

Additional benefits: more opportunities for social connection and belonging with diverse interests

Barrier: negative attitudes around people with SUD or in recovery

Solution: bias and ally training for faculty and staff

Additional benefits: addresses biases across a variety of identities

Brainstorming solutions (pt. 2)

Barrier: isolation from support systems or mutual aid meetings

Solution: college-provided or sponsored transportation in the community (e.g., BMC Septa Pass)

Additional benefits: supports students who need to work or are caretakers

Barrier: proximity to drugs and use

Solution: recovery housing or other housing accommodations

Additional benefits: supports students with PTSD or anxiety, etc.

Benefits of employing a Social Model

- Environmental First Approach
 - Places responsibility on institutions to address discrimination and systemic barriers
 - Easier, faster support for students in recovery
 - Inclusive, less bureaucratic process
 - Focus on proactive change (not reactive)
- Reduces culture of shame or stigma surrounding SUD and recovery
- Holistic and responsive to student needs

Thank you! Questions?

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