AMERICAN PSYCHOLOGICAL ASSOCIATION

APA RESOLUTION on Support of Universal Design and Accessibility in Education, Training, and Practice

FEBRUARY 2019

WHEREAS universal design concepts support the diverse of individuals with disabilities who make up 18.7% of the civilian, non-institutionalized population, and have a range of disabilities impacting physical, sensory, emotional, or cognitive functioning (U.S. Census Bureau, 2010);

WHEREAS universal design is the process of creating products and built environments to be usable by all people, to the greatest extent possible, without the need for adaptation (Burgstahler, 2012; North Carolina Office on Disability and Health [NCODH] 2004, 2007);

WHEREAS universal design principles are based on architectural concepts that clearly benefit individuals with physical disabilities, the application of these principles to the built environment and educational information extends support to diverse needs based on a range of disabilities, developmental levels, youth and age-related differences, gender or gender expression needs, cultural diversities, and varying levels of education (Burgstahler, 2012; McGuire & Scott, 2017; McGuire-Schwartz & Arndt, 2007; NCODH 2004, 2007; Pace & Schwartz, 2008; Hanass-Hancock, 2009);

WHEREAS universal design principles help make products and services more available and easier to use, expand options for use by all individuals regardless of age, disability, or life status, and address current attitudinal, architectural, and socio-political barriers that exclude individuals from full participation (Burgstahler, 2012; Gill, Kewman, & Brannon, 2003; Groce, 2004; NCODH 2004, 2007);

WHEREAS universal design promotes understanding of the interaction between the environment or built products (Burgstahler, 2012; Gill, Kewman, & Brannon, 2003);

WHEREAS universal design helps decrease attitudinal barriers regarding disability, which is often the most significant barrier keeping disabled persons from performing to their full potential, thereby depriving society of a valuable resource pool (Altay & Demirkan, 2014; Carpenter & Paetzold, 2013; Chan et al., 2009; LaVigna, 1995; Marini & Stebnicki, 2012; Powell, 2013; Whiteneck et al., 2004; Yuker, 1988);

WHEREAS psychological research has greatly helped to demonstrate the pervasive nature of attitudinal barriers associated with disability that result in stigmatization and marginalization (Carpenter & Paetzold, 2013; Corrigan, 2014; Green et al., 2005; Markowitz, 1998; Sartorius, 2006; Van Brakel, 2006);

WHEREAS current accommodations provided by the Americans with Disabilities Act and its amendments do not fully address the ongoing attitudinal, architectural, and socio-political barriers that exclude individuals from full participation in higher education and result in underrepresentation within the workforce due to disability, minority statuses, or socioeconomic disparities (Plantinga, Johansen, Schillinger, & Powell, 2012; Powell, 2013; U.S. Census Bureau, 2010);

WHEREAS further improvements in accessibility will need to involve moving beyond the required physical accommodations, such as ramps, to the application of the universal design process and principles within plans for all built environments, communities, products, instruction, and provision of services (Burgstahler, 2012; NCODH, 2004, 2007; Powell, 2013);

WHEREAS the use of universal design principles for the physical environment and presentation of materials in educational facilities and training programs can be a step toward changing societal attitudes about diversity, increasing inclusion of students with disabilities, and allowing greater employment opportunities for all graduates (Powell, 2013);

WHEREAS including universal design throughout training programs and supervisory approaches demonstrates a way to increase culturally competent approaches for addressing disability as diversity and promoting inclusion of students with disabilities in higher education (Andrews et al., 2013; Lund, Andrews, & Holt, 2014);

WHEREAS universal design principles can be used in psychology practices and healthcare facilities to address health disparities among underserved or marginalized populations that result, in part, from the intersection between diverse identities and institutional or societal factors limiting access to services (Johnson & Woll, 2003; NCODH, 2007; Hanass-Hancock & Alli, 2015);

WHEREAS psychologists must have a model that incorporates universal design in education, training, and provision of services if they are to work to promote education of diverse identities, address barriers to access, assessments, and clinical services

to meet the psychological and health needs of consumers (American Educational Research Association [AERA], American Psychological Association [APA], National Council on Measurement in Education [NCME] 2014); and

WHEREAS the APA opposes prejudice and discrimination based on any demographic characteristics (e.g., age, gender, sexual orientation, race, socioeconomic status) including disability, as reflected in its adopted resolutions and guidelines (i.e., Resolution on the Americans with Disabilities Act, 2008; Policy Statement on the Full Participation for Psychologists with Disabilities, 1997; Guidelines for Assessment of and Intervention with Persons with Disabilities, 2011);

THEREFORE BE IT RESOLVED that the American Psychological Association reaffirms its commitment to increasing accessibility and strives to proactively increase full participation through the promotion of universal design concepts.

BE IT FURTHER RESOLVED that the American Psychological Association will:

Encourage the use of universal design concepts in education, training programs, and professional development, including APA-sponsored educational workshops, professional meetings, and the annual convention. Based on available resources on universal design (NCODH, 2004; Powell, 2013), a focus for promoting universal design will include the following:

- Request input from members with disabilities or other diverse needs, consider issues, and attempt to proactively pursue inclusivity in drafting policies;

- Promote the importance of removing or ameliorating physical, cognitive, and sensory barriers to full participation by encouraging accessibility, such as broad access to events, overall facility adherence to accessibility, accessible set-up of rooms and meeting spaces, provision of captioning and accessible materials, and meeting activities (i.e., food breaks, off-site tours or associated activities) supported by APA;

- Utilize facilities that are barrier-free to the extent possible, and provide for ways to address problems in facilities when barriers are realized;

- Promote the need for presentations and educational materials that are in an accessible format and in which the readability is suitable for the audience;

- Promote the importance of utilizing universal design concepts in practice and the provision of health care services (NCODH, 2007), promote use of universal design in the physical environment, equipment, provision of education (verbal or written) and materials, and encouraging training of providers to increase awareness and sensitivity to diverse needs of consumers;

- Encourage the use of universal design concepts to increase accessibility of psychological services to the public in the ways information is communicated, educational materials are presented (e.g., easy to understand, multiple formats available), and the physical environment is structured; and

- Encourage the dissemination and application of psychological research to strengthen and inform implementation efforts of universal design concepts and the social and psychological impact of utilizing universal design.

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