Shifting the Discourse on Disability: Moving to an Inclusive, Intersectional Focus
Supplement 1
Examples of working with clients using an intersectional approach in therapy

A. Carla is a 33-year-old presenting with symptoms consistent with borderline personality disorder and a restrictive eating disorder. During the intake or first session with the client, a therapist working from an intersectional framework asks about the client's age, race, ethnicity, gender identity and expression, sexuality, disability, socioeconomic status, family status, language, immigration status or nativity, and other identity factors to gain a more holistic view of the client's culture and identity. An intersectional therapist also continues to explore the following areas of the client's identity, oppressive experiences, privileged experiences, and interpersonal relationships as well as how these interact with one another:
    a. How the client's identity changes over time. For example, a client may develop a disability, experience a change in their immigration status, or express a different gender identity.
    b. The client's understanding of their symptoms and how they are or are not related to their various identities.
    c. How the client views their disability and how this view impacts the different aspects of their life. A conversation about disability classification may be beneficial for the purposes of insurance reimbursement and clinic policies/procedures.
    d. How the people in their community and culture understand their symptoms.
    e. The oppressive experiences the client experiences(ed) and what oppressive systems they are (were) involved in. Do they experience discrimination or prejudice such as racism, ableism, homophobia, or other forms of oppression?
    f. The forms of privilege the client experiences(ed) and how privilege benefits(ed) them. How do their privileged and oppressed identities relate?
    g. The environments and settings the client is in. This may include work, school, and social environments. Understand how the meaning of their identities or expression of their identities changes as a result of changing environments or settings.
    h. Understand how privilege and oppression affect therapeutic rapport, access, and progress.

Note that an intersectional therapist will also reflect on their own identities and how these factors interact with the client's identities.

B. Malaki is a 7-year-old presenting with anxiety symptoms, a specific learning disorder in math, and cerebral palsy. During the intake or first session with the client and their caregivers, a therapist working from an intersectional framework asks about the client's age, race, ethnicity, gender identity and expression, sexuality, disability, socioeconomic status, family status, language, immigration status or nativity, and other identity factors to gain a more holistic view of the client's culture and identity. In addition to the questions posed above, an intersectional therapist can also consider:

a. The child's relationship with their caregivers and other family members, as well as how this may differ based on the identities of the caregivers or family members.
b. The school and social environment the child is involved in and how their identity interacts with these environments or contexts.

Examples of working with clients using an intersectional approach in assessment

A. Drew is a 19-year old Deaf individual who communicates using American Sign Language (ASL) and is presenting for a Learning Disability/Attention-Deficit/Hyperactivity Disorder assessment. During the intake and throughout the assessment process with the client, a clinician working from an intersectional framework asks about the client's age, race, ethnicity, gender identity and expression, sexuality, disability, socioeconomic status, family status, language, immigration status or nativity, and other identity factors to gain a more holistic view of the client's culture and identity. An intersectional clinician also continues to evaluate and identify the following areas of the client's identity, oppressive experiences, privileged experiences, and interpersonal relationships as well as how these interact with one another:
    a. Ask about the client's age, race, ethnicity, gender identity and expression, sexuality, disability, socioeconomic status, family status, language, immigration status or nativity, and other identity factors to gain a more holistic view of their culture and identity.
    b. As Drew communicates using ASL, it will be vital to interpret assessment results for tests assessing verbal language, comprehension, and language keeping in mind that they use a non-English language. Assessments measuring reading and writing are likely underestimates of Drew's ability as they measure English understanding which is distinct from American Sign Language.
    c. Reflect on how power dynamics inherently present in the client/clinician relationship may affect assessment results and interactions with the client.
    d. Identify how client experiences of privilege and oppression may affect their assessment experience and subsequent assessment results as well as recommendations that are made.
    e. Consider the client's identity, environment, interpersonal experience, and group membership when interpreting assessment results and making diagnostic decisions. Consider working alongside certified ASL interpreters and/or Certified Deaf Interpreters.
    f. Be mindful about how a diagnosis or assessment result could negatively or positively affect a client's well-being and ability to seek services.

Shifting the Discourse on Disability: Moving to an Inclusive, Intersectional Focus
Supplemental Material 2

Implementing Disability-Affirmative Intersectional Research, Clinical, and Training Practices to Advance Disability Justice in Psychology: A Starter Kit

Note. It is important to remember that mental health challenges can be conceptualized as a form of disability. Thus, *most, if not all,* psychological researchers and clinicians can benefit from actively considering ways to advance disability justice in their scientific work and clinical care. The *entire* field of psychology must actively consider how to enhance disability justice within training and departmental contexts. Additionally, this resource is designed to support readers in beginning or enhancing their pursuit of dismantling oppressive systems and advancing disability justice within and beyond the field of psychology. This is *not* a comprehensive resource and should *not* be viewed as a "checklist" on which items are "completed." Instead, readers *are* encouraged to view this resource as a "starter kit" to launch continual, iterative work in this domain moving forward.

Action Step	**Guiding Question**	**Suggested First Steps**
Research Contexts		
Accepting that dominant research practices need to change to enhance accessibility, inclusivity, and intersectionality, as well as auditing current practices accordingly	*To what extent have I critically considered that dominant research practices need to change to enhance accessibility, inclusivity, and intersectionality, including for disabled people?*	Engage with scholars and scholarship that elucidates why common research practices perpetuate harmful, oppressive systems (e.g., Auguste, 2021; Buchanan & Wiklund, 2020; Neblett, 2019; Galán et al., 2021; Lund, 2021; Victor et al.. under review). Actively participate in interactive experiences designed to foster positive change in academia (e.g., Academics for Black Survival and Wellness). Consider how dominant research practices benefit you, your work, your community, and broader society. Consider how dominant research practices disadvantage and/or limit you, your work, your community, and broader society.

Adopting inclusive and accessible recruitment and data collection processes	*To what extent are my research recruitment and data collection practices enhancing the representation and empowerment of multiply-marginalized disabled people?*	Consider methods for actively recruiting research participants to combat barriers to research participation that disproportionately affect disabled people, such as disability-related stigma and warranted mistrust of academic institutions (Banas, Magasi, The, & Victorson, 2019). Expand the definition of disability within recruitment procedures and conduct scientific work in collaboration with multiply-marginalized people with *co-occurring* disabilities. Procedures should be carefully audited and modified in collaboration with non-academic stakeholders to be more inclusive (e.g., include write-in options for demographic questions, ask disabled people about the appropriateness and resonance of included measures, provide appropriate payment that is accessible and adequately compensates participation, use flexible scheduling procedures to accommodate a range of employment, transportation, and child care needs; Collins et al., 2018).
Applying community-driven research methods that allow for flexibility, dimensionality, and centering of "participant" voices	*To what extent is my research team actively collaborating with disabled stakeholders when conceptualizing, conducting, interpreting, and disseminating psychological and related research?*	Community-driven research exists on a continuum (Key et al, 2019), including no involvement of non-academic communities, community consultation (e.g., Havlicek et al., 2016), and community-based participatory research (Collins et al., 2018; Lund et al., 2021; Rasmus et al., 2014). Consider where your research currently falls on this

		continuum, where you would like it to fall moving forward, and outline specific steps that your team can take to pursue that goal. Consider adopting qualitative and mixed-methods research principles (e.g., thematically analyzing participant-generated text data; Braun & Clarke, 2006), idiographic - rather than only standardized - measures of outcomes (e.g., Top Problems Assessment to capture therapy target priorities among families seeking mental health services; Weisz et al., 2011), flexible demographic measures and grouping variables (e.g., allowing for write-in demographic items to capture a range of identities; Fernandez et al., 2016), and statistical methods that account for intersectionality (e.g., Shaw et al., 2012).
Considering intersectionality and multiple levels of analysis	*To what extent is my research team acknowledging intersectionality and multi-level contributors to mental health concerns and disparities?*	Consider how converging identities (e.g., see Moodley & Graham, 2015), inequalities (e.g., see Cole, 2009), and multiple levels of stigma and oppression (e.g., see Hatzenbuehler et al., 2013; Price et al., 2021; Roulston et al., in press) may be related to the outcome of interest in your research.
Clinical Practice Contexts		
Understanding ableism within self, proximal community, and broader mental health care system	*To what extent have I reflected on and made active steps to address my internalized ableism, as well as the ableism present within my*	Build an action plan to address ableism in yourself - including as a clinician - and your proximal and broader communities. Consider how internalized ableism might inform the language that you use

	community and the broader mental health care system?	when communicating about or with disabled clients (e.g., ableist vs. person-centered language; Hyams et al., 2018). Engage with academic/clinical content (e.g., see Borowsky et al., 2021 for training content; explore reference section of current paper for related scholarly work) and non-academic/clinical content (e.g., Disability Visibility Project) related to anti-ableism and disability justice. Support and hold accountable other members of your community in efforts to advance anti-ableism in mental health care and beyond.
Delivering disability-affirming, intersectional mental health care	*To what extent is the mental health care I am delivering disability-affirming and intersectional*?	Consider integrating disability-affirmative mental health care principles into delivery of care (e.g., Olkin, 2012; see Olkin, 2017 for a case formulation template). Engaging in ongoing reflection and embracing humility and openness over competence (Galán et al., 2021).
Adapting assessments to be more inclusive for a range of disabled individuals and interpreting them with caution	*To what extent has my clinical team considered ways in which our assessment practices could be adapted to be more inclusive for a range of disabilities?*	Recognize that standardized assessments are often "norm referenced" in ways that systematically exclude and, ultimately, pathologize and limit applicability to the experiences of multiply-marginalized populations, including people with disabilities (e.g., see Kwate, 2001; Holman et al., 2021). Position interpretations of findings from these assessments within the context of their limitations (e.g., explicitly highlight the limitations of tools used within the context of a neuropsychological assessment in

		the report and interpretation of findings). Consider how assessment practices might be made more accessible (e.g., using an American Sign Language interpreter in the completion of a self-report assessment).
Engaging in multidisciplinary collaboration, especially to enhance care for multiply-marginalized and multiply-disabled clients	*To what extent does my clinical team actively collaborate with multidisciplinary providers involved with care for multiply-disabled/marginalized clients?*	Expand definition of "healthcare practitioner" beyond the medical model and consider the variety of practitioners with whom you could collaborate to improve client care, including those specializing in symptom management and overall functioning (e.g., acupuncture, occupational therapy, dietitian, case management, etc.).
Training and Departmental Contexts		
Deconstructing perpetuating factors of oppressive systems within and beyond training institutions	*To what extent has my broader institution considered and actively addressed the factors that perpetuate the oppression of multiply-disabled/marginalized individuals, within and beyond our institution?*	Evaluate your program's infrastructure for assessing trainees' and faculty's experiences of accessibility and inclusion related to diverse and intersectional experiences (e.g., see Galán et al., 2021; Lund et al., 2022; Victor et al., in press). Acknowledge the ableism inherent in expecting work weeks that exceed 40-hours and incentivize work-life balance. Redefine productivity expectations of students and trainees (Jammaers et al., 2016). Reduce barriers to help seeking (Victor et al., in press).
Increasing representation of disabled trainees in psychology	*To what extent has my institution made concerted efforts to recruit and retain disabled trainees?*	Reevaluate admissions criteria and processes to identify elements that disadvantage disabled individuals or groups. Evaluate personal and departmental

		assumptions of how disability and/or psychopathology impact suitability for education or employment, productivity, or research ability (Lund et al., 2022; Victor et al., in press).
Advocating for and implementing proactive, intersectional-oriented support for disabled trainees	*To what extent does my program offer institutional, logistical (e.g., financial), and interpersonal support to disabled trainees?*	Conduct an anonymous assessment of trainees' needs. Reevaluate class rubrics through an accessibility-informed lens (see Tigert & Miller, 2021 for example). Promote disability-affirmative supervisor-advocacy, including removing barriers to disclosing disabilities, addressing attitudinal barriers from supervisors and colleagues, and providing reasonable accommodations (Lund, Wilbur, & Kuemmel, 2020). Consider ways in which necessary logistical support can be allocated to disabled trainees, such as funds dedicated to offsetting disproportionate healthcare costs.
Promoting equity through universal design and the creation of welcoming, accessible, and barrier free environments	*To what extent does my workplace allow for access by a disabled person? To what extent do work productivity expectations set disabled trainees up for success?*	Use universal design principles to reform physical, intellectual, and social inaccessibility. For example, in discussion-based classes, allow for verbal responses as well as the option to write responses down on a notecard and submit after class (Dolmage, 2017) and consider ways in which you could modify your class syllabi to advance disability justice (e.g., see Syllabus Challenge for example). Evaluate personal and departmental assumptions of how disability or psychopathology impact suitability for education or employment, productivity, or research ability (Victor et al., in press). Reflect on

		whether your department prioritizes research productivity over other important strengths (e.g., teaching, interpersonal, service) on the faculty and student level (Brunsma et al., 2017).

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