**March 25, 2022**

**Collateral Damage**

*Collateral damage: unintentional or incidental injury or damage to persons or objects that are not the lawful and intended targets in the circumstances ruling at the time.*

No, I am not going to talk about what is happening on the global stage in Ukraine. I want to talk about the potential for collateral damage on our *professional* stage, as disability service providers in higher education. As higher educational institutions stretch and shift and reinvent themselves in response to the pandemic, George Floyd’s death, the 2020 election madness, and all the rest of the happenings in the world around us, I worry that the field of disability services could end up being collateral damage in the struggle to find a way forward. What is threatened is not our health or safety – it is our mission.

The disability services office on campus exists for a reason. The institution has a legal responsibility to provide equal access to education and opportunities for students with disabilities, as defined by federal law. I readily acknowledge that, within the field, we sometimes approach that goal from different directions, and that some have enthusiastically embraced a broader vision for what can and should be accomplished through our offices. But whatever else some have added on to the charge of the disability services unit on campus, at the core we remain committed to the same basic understanding. We exist because our institutions NEED us to assure that students with disabilities have access to all the academic opportunities and campus experiences that every other student at our institutions enjoy.

Thirty years ago, colleague Randy Borst would remind folks on the DSSHE-L at regular intervals that, “*Nothing in our stated job responsibilities gives us the obligation, or the* **RIGHT***, to engage in rehabilitation*.” Usually, he made the statement in response to some conversation that had emerged about whether it was appropriate to refuse a requested accommodation for a student because, “it is in their own, best interest that they learn to function independently, without the accommodation.” Randy would admonish the person who posted that it is not our job to impose what **we** think is the appropriate way for students to manage their disability. Our job is to meet them where they are, and do the best we can to make sure that they have equal access *now*.

Randy recently retired, so it seems to fall to me to take up the charge. Except, in today’s world I think it is appropriate to turn his admonishment around. “*Nothing in our stated job responsibilities gives us the right, or the* **OBLIGATION***, to engage in therapeutic intervention.”*

The mental health crisis is very real on campus. That’s a given. We have spoken in the past about the danger to OUR mental health (burnout, compassion fatigue), and about how frustrating it is that the higher ed publications all express great concern for how the pandemic is impacting on faculty and administrators, but never mention what it is doing to student services personnel. All that is still true and still worrisome. But, for now, I am concerned about how the institutional response to the mental health crisis on campus is a threat to what we do in disability services.

I just completed a class on providing housing accommodations to students with disabilities. The overriding worry for participants in that class was how to determine when to provide, and when to refuse, a request for a housing accommodation (ESA, single room, release from housing) for a student with a mental health disability whose documentation indicates that the student NEEDS this accommodation, and that their mental health will suffer if it is not granted (and it will be the DSS provider’s fault!). I’ve come to realize that such requests (demands!) make the accommodation part of the treatment plan – and the service provider part of the therapy team. THAT’S NOT OUR JOB. I believe the students are hurting, but I don’t think the accommodation process is an appropriate way to treat them. The more we subvert our mission (equal access) in support of an often elusive quest for wellness, the more we abandon our focus and core values. (Recently, someone came to the listserv for advice on how to respond to the student who was requesting, with support from the clinician, a single room in the residence hall because she is working with a telehealth therapist for an hour, twice a week, and she needs a private space to hold those Zoom sessions. Really.)

I think granting the accommodations of leniency in attendance and extended deadlines/due dates may be representative of that same diverging role. There isn’t an access issue to be resolved through the accommodations. They are offered because the student makes a case for suggesting that, because of their disability, they simply cannot manage the demands and pressures that other students are managing. Without leniency in attendance or extended deadlines and due dates, they won’t be able to function as a student. So we assign the accommodation so that they will be able to continue, and tell ourselves we are providing access to the educational opportunity. What we are really doing is finding ways to help the student cope with their disability – just as any good therapist would do!

The pandemic has exacerbated the problem. I would equate many requests for remote participation in classes with requests for leniency in attendance. Most often, the request is not about providing equal access to educational opportunity so much as it is about students looking for a way to cope with their stress and anxiety. I repeat – THAT IS NOT OUR JOB.

But it isn’t only students with mental health problems who challenge our focus on mission. Our professional listservs are full of questions about how best to support students who are immuno-compromised. Weren’t most of them immuno-compromised before the pandemic? I understand that the spread and seriousness of COVID-19 makes these students emotionally and physically more vulnerable. But how did it become our job to make the students feel *less* vulnerable? Last week, there was a protracted discussion on one of our listservs as to whether it would be appropriate, as an accommodation for an immuno-compromised student, to require all the students in her classes to continue to wear masks, although the campus has lifted its mask mandate. No. It would not be appropriate.

I suppose part of the reason I am so worried about this trend is because our listservs are also full of advertisements, recruiting new personnel into the ranks of our profession. We are seeing significant turnover in DSS offices across the country. If these newcomers see this kind of therapeutic intervention on behalf of students with disabilities as the norm in our field, won’t they incorporate that into their practice and carry it forward? How do we make it clear to them that our basic focus is – and always has been – on equal access, when they look around and see so much being done that seems not to fit that description?

Consider this a warning – and a challenge! Let’s not end up as collateral damage. Take a long look at the accommodations you currently have assigned for students at the institution. Can you find accommodations that were granted as part of treatment, rather than part of access? If so, how will you handle those same requests in the Fall? I recognize that it may be appropriate to “grandfather in” students who are currently receiving accommodations, rather than pulling them from a student. Just don’t do it again – at least not without consciously deciding that is what you choose to do.

For what it is worth…

Janie

*Commitment means staying loyal to what you said you were going to do long after the mood you said it in has left you.*

*Always remember, your focus determines your reality.*

*In a world deluged by irrelevant information, clarity is power.*