

# Accessibility Workshop 2016 – Speaker Summary

## Dr. Jeff Preston – Rethinking Disability and Education

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### Speaker Summary

Over the past 20 years, Jeff has delivered thousands of motivational and keynote presentations on a variety of topics including disability awareness, self-esteem, and bullying. While the disabled population face several unique challenges, Jeff feels one of the biggest barriers to an inclusive Ontario is the lack of understanding and awareness of disability. Unless living with a disability or knowing someone with a visible limitation, many in our community are unaware of what the disabled life is like, and as a result, have problems understanding what support the disabled population needs to overcome the obstacles we encounter.

I've always believed DISABILITY is a construct, a cultural signifier we've created. If true, we can push beyond the limitation, the belief of loss, and we can be so much more. Despite those claims of the doctors so many years ago (that I would be forever dependant), I did move out, get a job, go to school. I am able to live an independent life, a full life, on my terms. Despite all of this, I've been an interloper: "you are not what I thought someone with a disability would be like." I heard, throughout school: "are you contagious?" that I would somehow give them my disability by being near them, it would rub off. Now, I think I am contagious! I am influencing people, rubbing off on them, a little bit. By showing the ways people are all disabled, all inherently limited and not to define yourself or anyone else by these limitations.

It's not the diagnosis that disables me, rather, it is the world that is built for people not with wheelchairs. A world built for two functional eyes, two functional arms, two functional legs, and a brain that works at a functional level specifically. Build a world for people in different ways. Not just one or two kinds of people. Disability, I don't think, is a curse, but a moment of education. An experience we can learn from. To see the world differently.

## **Allison Hawkins – Navigating the System: One Mother’s Story of Removing Barriers Inside and Out**

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### **Speaker Summary**

A founding partner in an accounting firm, Allison is also an expert in designing systems and processes. She will discuss the insights she gained from navigating both the education and the medical systems, and the sometimes unexpected challenges that parents, advocates, administrators and professionals face in doing the right thing.

Allison has a particular passion for education, and was instrumental in bringing the Arrowsmith Program for children with learning disabilities to Lakeview Montessori School in Windsor. This program draws on latest research in neuroplasticity to help students “rewire their brain” and solve their underlying challenges, rather than simply compensating for them. The Arrowsmith Program is used in over 75 schools across the world, and – in its third year – is oversubscribed here in Windsor-Essex.

“Everyone that works in the NICU knows that even though two children are born at 31 weeks one may need help breathing while the other may need help eating and they require completely different care. Even though two children may be diagnosed with cerebral palsy that doesn’t mean they follow a checklist and give them the same care. Labels are irrelevant in the NICU. Each baby is given what they need regardless of the label that is placed on them. It is a matter of life and death. I say this because it is such a contrast to everything that has come since the NICU and the paradox that having a diagnosis and/or a label have created for Christopher.”

## **Janet Ste. Marie**

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### **Speaker Summary**

Janet Ste. Marie has been educating children and adults for over 30 years. After teaching for 13 years in a prestigious private school, in 2010, she took on the new challenge of Resource Teacher at Lakeview Montessori School in Tecumseh, Ontario. In her capacity as Resource teacher, she had the opportunity to work with students with a variety of learning difficulties. These learning issues ranged from challenges in language and math and diagnosed learning disabilities, to physical and emotional challenges.

Following the traditional thinking regarding learning difficulties, she programmed different methods that classroom teachers could use to accommodate each child’s learning difficulty, and worked one-on-one with each of these children. Her compassion towards and understanding of

children and education, made her an excellent advocate and support for these children.

## **WE Are Able – Do the Smart Thing Challenge**

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“Many of us view the dandelion as a weed – something to be rooted out of our lawns & flower beds. What a lot of people don’t realize is that, when cultivated, the dandelion is one of the most valuable and useful plants in nature – known for it’s nutritional, healing, and medicinal properties. A dandelion is only a weed in an environment where it is not welcomed. If the dandelion is in an environment where it is welcomes, valued, and nurtured, it turns into an herb. Individuals with disabilities can be compared to the dandelion.”

The objective at WEareABLE is to educate local business owners about the numerous benefits of hiring individuals with disabilities. By eliminating the barriers and stereotypes, we can create a positive pathway towards these individuals gaining competitive employment within our community. WE Are Able look to partner with employers to help foster a community of inclusion for individuals with disabilities.

## **Fran Odette – Disability and Sexual Health**

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### **Speaker Summary**

Sexuality includes much more than sexual activities like intercourse. Sexuality includes:

- How we feel about our bodies and ourselves as sexy, sensual, or sexual.
- Our erotic thoughts and feelings even if they don’t lead to engaging in sexual activities.
- Our experience in the world of being treated as a sexual being, being flirted with, being asked out, being ignored or being the focus of other people’s sexual interest and attention.
- How we define ourselves AND how others define us as being masculine or feminine and all the places in between.
- Who we think about being sexual with, who we want to actually be sexual with, and who we are in reality sexual with.

In our work we are not interested in offering a uniform or monolithic idea of what sexuality is, or how disability should be understood. We are excited to be a part of a growing body of activism, education, and academic work that is challenging ableist constructions of sexuality and working towards

complicating public and private conversations about sexuality, gender, and embodiment.

## **Melissa Graham – From Small Town to Big City**

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### **Speaker Summary**

How Municipalities Can Do it (Accessibility) Right

- Cities don't always get it right
- Strong communities look out for each other
- Barriers are easier to change when it impacts someone you know
- Recognize that people with disabilities are looking to be involved as community members
- The same stability and security in their lives as anyone else
- Jobs and transit are a great start, but its community attachment that makes people stay and look for those jobs.
- Changing community perspectives

## **Justin Lammers – PTSD and First Responder Legislation**

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### **Speaker Summary**

PTSD, or post-traumatic stress disorder, is an anxiety problem that develops in some people after extremely traumatic events, such as combat, crime, an accident or natural disaster. People with PTSD may relive the event via intrusive memories, flashbacks and nightmares; avoid anything that reminds them of the trauma; and have anxious feelings they didn't have before that are so intense their lives are disrupted.

Bill 163 Impacts:

- amends the Workplace Safety and Insurance Act – now includes PTSD diagnosis to receive entitlement to benefits - Presumption that PTSD in those workers arises out of and in the course of the workers employment
- MOL may direct an employer to provide information to the province on how the employer plans to prevent PTSD in the workplace
- Members of an emergency response team, Correctional Institution workers, Workers in a place of secure custody or place of secure temporary detention, Dispatch, Paramedics, Ambulance Service Managers, Police Officers, Firefighters

### Speaker Summary

"Mental health doesn't affect "those people" or "them" – it affects US. In various ways. Someone we care about, someone we work with, a neighbor, friend or family member. Try to be a little open about it and look at it from a new perspective. At CMHA we strive for Healthy People in a Healthy Society. When one thing (mental health) is not coming along, it affects all other aspects of life. How we think, behave and act are all related. It is a global issue, important to recognize mental health in society as a real issue that requires the same diligence, attention and treatment as other illnesses or disabilities."

DEPRESSION is very common, affects mind and body, disturbs work and social functioning, and can disrupt personal and professional life and can lead to illness and death. How do I know it is depression or just sad? The difference between depression and The Blues, being sad. Clinical depression is an illness. Sadness, The Blues, is a normal reaction to life situations. If you run out of coping strategies, it doesn't mean it can't evolve into depression. Clinical Depression is multiple – mood, thoughts, bodily functions. For sadness, we are able to distract ourselves, to concentrate, do the things we normally do.

Depression is not a sign of weakness - Many capable, intelligent, and extremely accomplished people have been depressed. Being depressed does not mean that you have a "weak personality" or a character flaw. If you have depression, you are not alone. More than 4% of adults are depressed at any given time, and more than 15% of adults will be depressed at some time in their lives.