

**Thema Bryant-Davis, PhD**  
**Responses to Questions Posed by Div. 22 to APA President-Elect Candidates**

*1. How could you, as APA president, address the issue of including disability in the definition of diversity in the applied sense (e.g.; development of cultural competency in disability among psychologists)?*

My presidential platform is *Thriving in a Post-Pandemic World: Applying Psychological Science to Enhance People's Lives*. I can help raise attention to visible and invisible disabilities by continuing my work in promoting an inclusive multicultural psychology, attending to the dynamics of power, privilege, needs, and resources of persons who have been marginalized across diverse identities. I have taught from this perspective and provided training in higher education, both undergraduate and graduate level, as well as in community settings and continuing educational seminars. The keys to thriving that comprise my presidential platform directly address challenges facing those with disabilities. The first key is addressing trauma and loss. Our research demonstrates the increased risk people with disabilities face for interpersonal, medical, and societal trauma and losses. The second key is to combat oppression and inequities which have created physical, mental, and economic loss and stress for people with disabilities. The third key focuses on holistic therapies that integrate the body, spirituality, and culture. Body positive and body affirming interventions are especially important for people with disabilities who often experience the ignoring, shaming, or pitying of their bodies by health professionals and the general public. The integration of spirituality and culture are significant as disability-affirmative practices intentionally and consistently highlight disabled persons as holistic beings noting that services need to attend to their multiple identities and resources. The fourth key is rebuilding community and while many people with disabilities face stigma and isolation, many have found community and social support as an important resource for resilience and empowerment. Finally, the fifth key is embracing the arts. Much research has demonstrated the rich role that the expressive arts, whether in formalized mental health interventions or informally in personal or community usage, has as an important outlet for disabled youth and adults to uncover or enhance community, connection, and expression.

*2. What do you see as health service psychology's role in health care reform efforts and legislative advances, particularly as they affect those with disabilities and chronic health conditions?*

Rehabilitation psychology's role in health care reform efforts and legislative advances, particularly for people with disabilities and chronic health conditions, includes awareness-raising, advocacy, and monitoring. As someone who is not only a psychologist but who is challenged with diabetes, I am passionate about the dissemination of knowledge gained from our health service providers and researchers in ways that can produce tangible benefits for the wellness of community members. Rehabilitation psychologists can educate the public through written statements, oral testimonies, and public health media campaigns. Based on their practical and scientific knowledge, rehabilitation psychologists can provide informed advocacy on prevention and intervention strategies that will bring equity and access while countering measures that have created additional barriers to people with disabilities. Finally, rehabilitation psychologists can play a crucial role in monitoring legislative reforms as sometimes corporations and legislative bodies institute changes on paper but those changes fail to be adopted consistently and thoroughly. Rehabilitation psychologists can serve in this function as practitioners,

consultants, and researchers to influence the successful translation of policy as well as ways to address barriers to these translations.

*3. How can psychology meet the needs of our largest minority consumer, the nearly 1 in 5 individuals in the U.S. who have a disability?*

Psychology can better serve the needs of the largest minority consumers, people with disabilities, by attending to access, content, development and dissemination, as well as evaluation of interventions that center the experiences, needs, and contributions of people with disabilities. Attending to financial barriers and access to physical spaces as well as telehealth are important priorities for psychologists. People with disabilities are more likely to live in poverty than temporarily ambled people, often leaving mental health services inaccessible. Structural barriers keep some disabled persons out of mental health agencies and out of telehealth services. It is also important to attend to the actual content of mental health services, noting that erasure is unethical. Many psychologists utilize a disability-avoidant approach that never names, explores, or addresses clients' disabilities. Disabilities need to be a standard part of assessment tools and intervention strategies. Additionally, a liberation psychology or disability affirmative approach moves beyond awareness of disabilities to a place of empowerment and actively countering ableism. These interventions need to incorporate an intersectional approach that recognizes that some people with disabilities live with multiple marginalized identities including people of color and sexual minorities. Consistent with this approach, there is a need for psychologists to continue developing and disseminating models that center and empower people with disabilities. Finally, on-going evaluation is needed to not only examine the effectiveness of interventions that center disabilities as they are created or modified, but also assess how well the interventions center the voices and perspectives of people with disabilities so that we know the needs and desires of the community as we co-create a scientific response that is actually meeting communities' needs.