Clinician Reflection: Assumptions & Ableism in Assessment

Section 1: Guided Self-Reflection

In what ways might I unintentionally interpret disability-related behaviors as symptoms of substance use, defiance, or noncompliance?

- What symptoms or behaviors do I tend to associate most with substance use?
- Are there identities (e.g., neurodivergent, Deaf, mobility-impaired) that I find harder to assess accurately?
- Have I ever mistaken regulation strategies (e.g., stimming, pausing, scripting) for resistance?
- How do I respond when a client doesn't use verbal communication?

Section 2: Assumption Mapping

Circle or highlight the areas where you may be making default assumptions:

- ☐ Eye contact indicates honesty
- ☐ Fatigue = depression
- ☐ Missed appointments = lack of motivation
- ☐ Delayed responses = substance influence
- ☐ Silence = disengagement
- ☐ Repetitive movement = restlessness

Section 3: Supervision Discussion Prompts

Bring these to your next team or supervisory meeting:

- Where are our agency's forms, screenings, or procedures most ableist or inflexible?
- What alternative communication methods do we offer?
- How do we train staff to distinguish between disability-related behaviors and substance-related ones?

Final Prompt:

Write one way you can adapt your assessments this week to be more disability-affirming.