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Challenges, Practices, and Preferences of Postsecondary Accessibility Service Providers in Alberta When Implementing Accommodations for Invisible Disabilities

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Abstract

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Dissertation Submitted in Partial Fulfillment
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Abstract

Although the last few decades have seen an improvement in postsecondary opportunities for students with invisible disabilities in Alberta, service providers at postsecondary institutions continue to struggle to ensure they provide reasonable accommodations in a timely manner. Research questions explored the current practices and challenges of postsecondary accessibility services providers in Alberta, Canada, and their preferences for verification documentation for students requesting accommodations for invisible disabilities. The conceptual framework was based upon the medical and social models of disability, as well as the emerging justice theory of disability. Data were collected via semistructured interviews with 13 participants. A constant comparative method was used for coding interview data, which led to themes reflecting participants' need for clarity and consistency and participants' concerns about students and their transition from K-12 or transfer, the failure of the Alberta Human Rights Legislation to clarify terms, the limited resources for staffing and training, and their own struggles to overcome challenges. Findings indicated that while all participants wished to have documentation, they would prefer select components from each of the three models of disability. The findings from this study may lead to positive social change through the review and revision of current practices to better provide consistent access to services for students with disabilities, to accomplish an integral change, and to help ease the transition process for students from secondary to postsecondary education.

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Dedication

This body of work is dedicated to my late father, Taras Wenc, and to my children - my late son, Taras James and my amazing daughter Cadence Wenc. I am so blessed to have had you beside me every step of the way, Sweet Pea! Yes, even when we drove each other crazy. I love you to infinity and beyond, for always and forever. Your strength, resilience, and capacity for kindness never cease to amaze me.

Invisible disabilities are something that many of us are faced with every day, myself included. Yet there remains a significant stigma associated with many diagnoses. Worse, there remains ignorance when a disability is not obvious. It is my fervent wish that this work facilitates conversations and changes in practice to allow a still marginalized population access to the services to which they are entitled.

Acknowledgements

If the PhD was an easy process everyone would have one, and single mothers have many more barriers to overcome than the average bear. Having gone through this experience as a single mother, I am forever indebted to my committee for talking me off the ledge and assisting me to realize my goal! Thank you so much for your always insightful suggestions and recommendations, as well as your undying willingness to get me through. Maybe it was just to get rid of me? Regardless. Dr. Keen, Dr. Mullinix, Dr. Eichholz, and Dr. Terrell, I am truly grateful.

None of this would have been possible without my study participants. They willingly shared experiences, both good and bad, and their commitment and dedication to students shone through. They had my back when things got a little rocky, and were a significant factor in allowing me to complete this arduous journey. I am honored to know you.

Last but certainly not least…my friends and some family. I thank you for your support and commitment to help me make it through these past several years. Thel, thanks for coming through for me. I cannot possibly name everyone I am indebted to, but when I was wavering it was definitely Tammy (RIP) who convinced me that this was a worthwhile endeavour.

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Chapter 1: Introduction to the Study

The number of students with disabilities entering postsecondary education institutions continues to increase every year and is likely to continue (Madaus et al., 2010; Shaw, 2006; Sparks & Lovett, 2009; Summers et al., 2014). As part of this trend, the number and complexity of those entering with invisible disabilities has also increased. Individuals with learning disabilities (LD) have traditionally accounted for the most substantial increase, but students with mental health issues are rapidly overtaking the LD population. Data from the Government of Canada (2013, 2018) and the Government of Alberta (2019) showed that the category of psychiatric disability has overtaken LD in the number of students served. Students with other invisible disabilities, including medical, face many of the same difficulties as those with LD face. Due to the lack of a nationally agreed-upon definition for LD in Canada, and the lack of a systematic approach for the diagnosis and documentation of invisible disabilities, assessment documents received by accessibility services personnel are of varying and often inadequate quality (Harrison & Holmes, 2012; Lovett et al., 2015; Madaus et al., 2010; Sparks & Lovett, 2009, 2013; Weiss et al., 2012).

An invisible disability, or a hidden disability, is a disability that is not immediately apparent and can be neurological, medical, psychological, or any combination thereof (Invisible Disabilities Association, 2019). The disability of some people with visual or auditory disabilities who do not wear glasses or hearing aids, or those who wear discreet hearing aids, may not be obvious. Unlike physical disabilities for which specified, agreed-upon accommodation criteria exist, the level of accommodation needed to overcome functional impairment caused by invisible disabilities often relies on symptomology as reported by the individual, as opposed to easily observed symptoms. For example, the accommodation needs of an individual who uses a wheelchair for mobility are more easily observable than the accommodation needs for an individual who is undergoing treatment for mental illness. Often complicating matters is the disparity that exists in documentation requirements between secondary and postsecondary environments (Banerjee et al., 2015), identified as a documentation disconnect (Gormley et al., 2005; National Joint Committee on Learning Disabilities, 2007; Sparks & Lovett, 2014). Given the concern that some disabilities can be feigned (i.e., LD and attention deficit disorder with or without hyperactivity [ADD/ADHD]; Harrison & Armstrong, 2016), a need exists for reliable documentation at the postsecondary level (Harrison & Holmes, 2012).

In their infancy, accommodation underpinnings with a focus on accommodating physical disabilities begat the universal design (UD) movement in the mid-1980s in architecture by Mace (Art Beyond Sight, 2014). The change in architecture resulted in changes in the physical plants. For example, changes included the development of ramps instead of stairs, and the use of door handles instead of doorknobs.

Although special education did not gain recognition as a valid field of education until the 1960s, the rapidly growing field of disability services and the ensuing demand for specific services brought to the forefront a need for, and the subsequent development of, services by colleges and universities (Madaus et al., 2014). The range of qualifying disabilities for the provision of accommodations soon expanded beyond the initial category of physical disabilities to include the recognition of LD in the 1970s (Madaus, 2011). Service providers across the United States realized the need to have a venue to share information among postsecondary disability service providers, and with this intention, leaders conceptualized the Association of Higher Education and Disability (AHEAD) in the disability services field in the United States. Since its inception in 1978, AHEAD has been the guiding light in the field for disability services providers in postsecondary in both the United States and Canada, having developed and disseminated professional and program standards for postsecondary disability services.

The field of postsecondary disability services originated in the United States for veterans with physical disabilities who were pursuing higher education (Madaus, 2011). Gabel and Peters (2004) asserted that the medical model eschews the viewpoint that (a) disability is a condition inherent among specific individuals, (b) disability labels are useful in making objective distinctions between people with and without disabilities, (c) systems of services that help people with disabilities are rationally conceived and coordinated, and (d) progress toward helping people with disabilities happens by improving diagnosis and intervention. Gabel and Peters outlined how resistance theory facilitated a shift from the medical to the social model. Originally dependent on the medical field for its legitimization, modern special education and disability services providers have continued to promote understanding of the nature of disabilities and advancement in the field (Madaus, 2011). In more recent decades, subsequent approaches to accommodation beyond dependence upon the medical field created the social model of disability (Albrecht et al., 2006; Madaus et al., 2014).

The social model changed the way that service providers generally regarded disability and became the preferred model (Haegle & Hodge, 2016). Various offshoots of the model continue to emerge, with each considered to be sociological. Part of the difficulty with the different approaches, or offshoots, is that each has a differing outcome. As a result, since the late 1980s, the social model has received criticism from disability rights movement scholars (Berghs et al., 2016; Gabel & Peters, 2004; Haegle & Hodge, 2016). Although the social model advocates the equality of human rights, in most situations, true accessibility and the justice thereof are the underlying difficulties. Ideas about the capacity, limitations, experiences, and needs of people with disabilities are socially constructed and will continue to change (Guzman & Balcazar, 2010). Although there was a call for individuals with disabilities to receive equal treatment, equal treatment did not necessarily meet individual needs. Although Rawls (1999) developed the justice theory, it did not become a viable approach to providing services to best suit the needs of students with disabilities until 2012 and on.

The justice theory responds to the purpose of equity (Gabel & Peters, 2004). Equity involves trying to understand and give individuals what they need to enjoy full, healthy lives (World Health Organization [WHO], 2011). Although the justice theory arose from the notion of equality, it is differentiated by the fact that the aim of equality is to ensure everyone receives identical ways and means to enjoy full and healthy lives. The goal of equality is to promote fairness and justice; equality is only appropriate if everyone needs the same things. For example, when considering a situation in which individuals need to gain access to a building by using stairs, an easy and succinct explanation is that the provision of stairs is made under the auspices that all individuals who require access to the building have the same physical capabilities. Ensuring quality in this situation would mean retrofitting a ramp, generally to a back door or an alternate location in the building. Ensuring equity would mean providing a front entrance that allows all potential users to access and enter together.

Gabel and Peters (2004) embraced resistance theories as a way of using what has worked in the past, regardless of the model it originated from, to incorporate better practice on a global scale. Gabel and Peters noted that the social model is the result of resistance to the medical model, oppression, and ableism, and they offered the notion that resistance theory can act as a bridge between diverse versions. Resistance functions as a way for people with disabilities to push against dominance while also attempting to pull society into the way that they see things (Gabel & Peters, 2004; Olkin, 1999). In the same way that the medical model gained preference over the social model, the justice model is gaining preference over the social model (AHEAD, 2012). Although the social model became a more widely accepted approach, many service providers and levels of management in postsecondary institutions in Canada still seemingly eschew the social for the medical model yet prefer the justice model as it pertains to documentation (Alberta Human Rights Commission [AHRC], 2010).

This introductory chapter for the study of the preferences of documentation for invisible disability accommodation purposes among postsecondary disability services providers in Alberta includes a background of the problem and purpose as well as the necessary concepts to establish a basis for the litmus test of the study. The research questions and the conceptual framework upon which the research questions are based include further discussion and detail. The scope, limitations, and delimitations serve as a segue to the significance of the study.

Background of the Problem

With AHEAD having been the guiding power in the United States since the 1970s, the resulting guidelines were specific and formed the basis for services provided by organizations within Canada (Canadian Association of Disability Services Providers in Postsecondary Education [CADSPPE], 1999). The Canadian Charter of Rights and Freedoms, passed in 1982 (Government of Canada, 1982), guaranteed Canadians with disabilities fundamental rights similar to those afforded under Section 504 of the Rehabilitation Act of 1973 in the United States (Shaw, 2006). In 1991, Canada expanded coverage of the charter to include the private sector. This expansion led organizations such as the National Educational Association of Disabled Students (NEADS) and CADSPPE to become unified voices of authority (CADSPPE, 1999).

In 2004, the Individuals With Disabilities Education Act (IDEA) was reorganized, and the No Child Left Behind Act was the resulting significant amendment (IDEA, 2004). The amendment included a highly debated change in LD criteria. Up to this point, the accepted means of determination as to whether an LD diagnosis was warranted depended on a process known as the ability achievement discrepancy model (Flanagan et al., 2013). The added consideration of response to intervention (RTI) enhanced the requirement of the ability achievement discrepancy model. The goal of RTI is to determine if a student responds to scientific, research-based interventions as part of an evaluative and diagnostic process. Researchers never intended RTI to be a stand-alone diagnostic method for LD (Fuchs & Fuchs, 2009; Kavale et al., 2006), yet RTI proponents, many of whom lacked an understanding of the intended meaning of assisting students with LD or determining eligibility for special education, began implementing RTI as an alternate method for identifying the existence of LD (Siegel, 2003).

Section 308, paragraph (a)(2)(ii), of IDEA (2004) identified that, if educational psychologists determine, through an appropriate evaluation under §§300.304–300.311, that a child has one of the disabilities identified in paragraph (a)(1) of this section, but only needs a related service and not special education, the child is therefore not a child with a disability under this definition (Graves, 2004). Subsequently, RTI became an acceptable means for determining or diagnosing LD (Banerjee et al., 2015). In accordance with Section 308, paragraph (a)(1), a child is not considered to be a child with a disability if special education is not required (IDEA, 2004). As a result, many students transitioning from secondary to postsecondary do not have sufficient diagnostic information for accommodations at the postsecondary institution (Banerjee et al., 2015; Brinckerhoff et al., 2002; Harrison & Wolforth, 2012; Wolforth, 2012).

In 2004 AHEAD replaced their previous guidelines with a more general framework of best practices for documentation requirements as related to postsecondary disability needs (AHEAD, 2012). These guidelines included an emphasis on more flexibility, and were far less prescriptive in approach, but still outlined seven essential elements as standard for quality documentation. In 2012, AHEAD redid their existing framework entirely, and updated guidance from AHEAD served as a significant shift from historical practice and left confusion and uncertainty in its wake (Guzman & Balcazar, 2010). In Canada, as well as the United States, the 2012 change by AHEAD represents a paradigm shift and represents an attempt to invoke justice and social model practices wherein the medical model is prevalent but modified. Enrollment officers within Alberta institutions have seen a significant increase in the number of students accessing accommodations (Government of Alberta, 2019), and confusion with guidelines has led to an increase in the services provided with minimal or no documentation. Service providers often rely on verbal reports by students [MYTIQA (this is a pseudonym for an association) executive, personal communication, May 7, 2018]. There was also a renaming of disability services to *accessibility services* and *learner services*, both of which are vague.

Accessibility and disability services personnel in Canada face the task of determining appropriate accommodations to ensure students who claim a need for services do not receive an unfair advantage, thereby maintaining academic integrity (AHRC, 2010; Wolforth, 2012). Complicating this task are concerns regarding the ability to feign or exaggerate symptomology of specific invisible disabilities expressed by faculty and acknowledged by researchers in the diagnostic field (Harrison & Armstrong, 2016). There is not only a documentation disconnect for students coming from the secondary system (Brinckerhoff et al., 2002; Shaw, 2012), but also a lack of clinician knowledge on several key terms and practices for LD documentation (Harrison et al., 2013). Given the concerns expressed in the research (Harrison, 2012) regarding lack of professional knowledge and acumen of psychoeducational assessments in Canada, insight and suggestions for accommodations that will not leave inexperienced disability services providers guessing are often missing (Harrison, 2012; Wolforth, 2012).

Students and clinicians are not only unaware of the shift in documentation requirements but are also unaware of the differences in services provided for accommodation purposes from secondary to postsecondary institutions. For example, secondary education provides modifications, whereas postsecondary education does not. Staff in offices in the disability services system often have no formal training in education or accommodations and have not benefited from explicit training in disability documentation interpretation. As a result, accessibility services personnel are often caught between policymakers, students coming from the secondary system, and students who may have documentation from a clinician who is not familiar with the requirements of postsecondary education institutions (Wolforth, 2012). Wolforth (2012) outlined the need for reliable and valid documentation, especially in the area of LD.

While the provision of reasonable accommodations for students with disabilities is inherent within the Canadian Charter of Rights and Freedoms (Government of Canada, 1982), as well as each province's Human Rights Act (AHRC, 2010; Government of Alberta, 2000) there is no national, unified approach to the provision of disability services (Harrison & Holmes, 2012; Wolforth, 2012). Evaluation of disability services offices and the services provided by those offices is a new concept, is not practiced on a wide-scale basis, and the choices confronting students regarding services available to them vary from one province to the next (NEADS, 2016b). Harrison and Wolforth (2012) identified that Canadian institutions specifically needed to collect comprehensive information from disability services offices. The comprehensive information would allow for the determination of standards and documentation requirements, as well as the consistent evaluation thereof.

In an attempt to facilitate continuity and consistency in decision making and types of accommodations provided, MYTIQA (a pseudonym for the community partner for this study) provides an avenue for communication that supports a unified approach to the development of policy and provision of disability services. MYTIQA requires a paid membership and provides members from the varying postsecondary institutions with opportunities to convene, distribute resources, advocate collaboratively, and to take advantage of ongoing educational opportunities tailored specifically to the membership. Enacting the decisions made via participation in MYTIQA is entirely dependent upon organizational members' abilities to return to their home institutions and initiate and implement action items from any collaborative MYTIQA discussions (MYTIQA, executive, personal communication, May 7, 2018). Implementation of action items may involve an expenditure of institutional monetary resources, and any changes are vetted through administration. Subsequently, changes are dependent upon institutional buy-in and support as well as the potential for the return on investment. Despite the Duty to Accommodate (AHRC, 2010), as well as having provincial guidelines in place, from the Alberta Department of Advanced Education, services and practices vary from institution to institution within Alberta.

This process is limited by the provincial level. National committees exist, but a national definition, as well as policy and procedure for documentation requirements across provinces and territories, is lacking (Learning Disabilities Association of Ontario, 2012). The Council for the Advancement of Standards in Higher Education (CAS) in the United States has developed contextual statements and standards based on a consensus model of member associations and other experts (CAS, 2018). However, this is a United States-based initiative that many institutions are not aware of, and none are mandated to follow (MYTIQA Executive, personal communication, May 7, 2018).

Unlike accommodations within K-12 education, which are designed to help guarantee student success, the AHRC (2010) indicated that the intention of accommodations at the postsecondary education level is only to provide equal access for otherwise qualified students. Students must demonstrate a significant functional limitation for there to be a duty for an institution to accommodate (Harrison et al., 2013; Lovett et al., 2015). With neither a nationally recognized Canadian definition nor an approach to the diagnosis and subsequent documentation required for invisible disabilities, accessibility services personnel are not able to determine consistently what accommodations are appropriate (Goodin, 2014; Harrison & Wolforth, 2012).

Postsecondary institutions not only have a requirement to ensure and uphold academic integrity, but also have a responsibility to level the academic playing field for otherwise qualified students with disabilities (Government of Alberta, 2003; Government of Alberta, 2018a). This process must occur while not providing students with unnecessary advantages, wittingly or otherwise. In providing accommodations, disability services providers in postsecondary education institutions do not have to compromise standards, nor do they have to fundamentally alter programs or degrees by changing specific requirements (AHRC, 2010). Further, a diagnosis of a student's disability does not necessarily warrant the provision of accommodations (NEADS, 2016a; Roberts, 2012).

If variations exist not only between provinces but also between postsecondary education institutions within those provinces, upholding academic integrity and not providing unfair advantages become daunting, if not almost impossible, tasks and has led to potential students shopping for services (British Columbia Ministry of Advanced Education staff, personal communication, 02,16 2005; Harrison & Holmes, 2012; Reed et al., 2006). For example, potential students might check with accessibility services personnel at different postsecondary education institutions to explore the services offered and then apply where they may qualify for the accommodations they perceive as most favorable to their situation. Guidelines have been established (AHEAD, 2012; Canadian Association of College and University Student Services, 2014; CADSPPE, 1999; CAS, 2014) to specify frameworks that provide adequate disability documentation and assurance that there are appropriate matches between students' needs and the subsequent accommodations and supports provided. However, with no national definition and no standardized approach, accessibility services providers often ignore guidelines, which results in varying services and practices from institution to institution (Harrison & Wolforth, 2012; Wolforth, 2012).

Problem Statement

Postsecondary accessibility services coordinators and staff members disseminate information about available services for students with disabilities and how to access them, including but not limited to referral, documentation, accessing accommodations, grievance procedures, and self-disclosure (AHRC, 2010). These personnel must also determine, along with students, the academic accommodations and services that are appropriate for the student and that do not compromise fundamental aspects of the student's program of study. Accessibility services personnel also help promote student independence and self-determination (AHEAD, 2012).

Although the last few decades have seen an improvement in postsecondary opportunities for students with disabilities in Alberta, service providers at postsecondary institutions continue to struggle to ensure they provide reasonable accommodations in a timely manner and are maintaining a unified approach (MYTIQA member of the executive, personal communication, May 13, 2019). Managers do not fully develop and implement policies and procedures to ensure reasonable access for otherwise qualified students (Harrison & Holmes, 2012; Harrison et al., 2013; Shaw & Dukes, 2006). Most accessibility services offices in Canada do not have personnel with experience in psychological and educational assessment, which makes documentation guidelines and adherence to these guidelines imperative (Harrison et al., 2013).

Canada has neither a national definition nor a standardized approach outlined by policies and procedures for documentation requirements pertaining to accommodations and services for students with disabilities within postsecondary education settings (Harrison, 2012; Reed et al., 2006). Instead, Canada relies on the Canadian Charter of Rights and Freedoms (Government of Canada, 1982), as well as the Canadian Human Rights Act (1985), to ensure inherent access and opportunity. Although the charter is similar to Section 504 of the 1973 Rehabilitation Act in the United States, which made the personnel of postsecondary institutions responsible for ensuring reasonable accommodations, the Canadian provincial governments are responsible for educational requirements (NEADS, 2016a). In Canada, provincial populations vary greatly (Government of Canada, 2018). Alberta's population has fewer students than some of the other provinces, but this translates into fewer individuals with specific knowledge and training within the field of accessibility (MYTIQA member of the executive, personal communication, May 13, 2019).

The problem is that variations in services exist not only from province to province but also from institution to institution (Wolforth, 2012). Such variations are problematic, as students may wish to take specific programs available only at certain institutions, only to discover that the accommodations they may require for their disability are not available (Shaw, 2002). Conversely, students may wish to remain close to home and take programs at their local college prior to venturing into larger population centers, only to discover the local college is not able to provide necessary accommodations in a timely manner (MYTIQA member of the executive, personal communication, May 13, 2019).

In this study, I explored current practices and preferences for documentation requirements of accessibility services providers in Alberta as they pertain to the verification of an invisible disability when students are requesting accommodations at the postsecondary education level. Results may provide the impetus for discussing national standards and adherence to those standards, thereby improving the consistency of services for students with invisible disabilities.

Purpose of the Study

The purpose of this basic qualitative study was to explore current challenges, practices, and preferences of postsecondary accessibility services providers in Alberta regarding invisible disability verification documentation requirements for students requesting accommodations. Through the use of interviewing, participants contributed insights into understanding the variations in postsecondary education institutions' policies and procedures in adherence to the defining legislation and established guidelines. I also identified commonalities that may result in a more clearly defined, linear, national practice within Canada, where current accommodation practices vary not only from province to province but also from institution to institution within each province.

Research Questions

There are currently three potential realities within the postsecondary disability and accessibility offices in Alberta pertaining to documentation. First, legislation outlines what is required (AHRC, 2010; Russell & Demco, 2005). Second, what students submit differs significantly from what postsecondary institutions require and what they accept (MYTIQA executive, personal communication, May 13, 2019). Third, given what is required and what is received, this study reveals what service providers prefer. The study included the following research questions:

1. How do accessibility service providers in postsecondary institutions in Alberta describe challenges in documenting invisible disabilities?
2. How do these providers overcome the identified challenges?

3. What documentation do these service providers prefer when faced with accommodation decisions for invisible disabilities?

Conceptual Framework

The conceptual framework was based upon the medical and social models of disability, as well as the emerging justice theory of disability (Albrecht et al, 2006; Amundson, 2009; Gabel & Peters, 2004; Hutchinson & Daly, 2018; Loewen & Pollard, 2010; Momm & Geicker, 2011; Nagi, 1964; Rawls, 1999). From the 1950s to 2020, conceptual models of disability have evolved (Haegle & Hodge, 2016; University of Leicester, 2020). While I explore this in more depth in Chapter 2, the consensus is that it is useful to distinguish impairments, functional limitations, and disabilities (medical model), as well as to conceive of disability as an outcome of the interaction between specific individuals with health conditions and their environments (social model; Jette, 2006; Momm & Geicker, 2011). Postsecondary disability results from the interaction of individuals' impairments, functional limitations, assistive technology, and attitudinal and other personal characteristics with the physical and mental requirements of studies, accessibility of transportation, attitudes of family members and peers, and willingness of postsecondary staff and faculty to make accommodations (Momm & Geicker, 2011).

Definitions and concepts of disability have changed over time, which, in turn, has altered concepts of disability as well as subsequent policies and practice (AHEAD, 2012; National Academies Press, 2007). However, a dichotomy remains. On one hand, individuals with disabilities do not want to be seen as any less capable than their peers without disabilities. On the other hand, there are situations and circumstances wherein accommodations are necessary, regardless of the medical or social models (Ketterlin-Geller & Johnstone, 2006; McGuire et al., 2003; Scott et al., 2001).

From a medical standpoint, to guarantee rights, freedoms, and protection from discrimination, a disability must be defined. When looking at disability from a social perspective, the need to identify appropriate measures (i.e., change in the environment) is necessary. However, disabled individuals have balked at diversity within a social model, as they may not see themselves as disabled, nor follow the notion of biological impairment (Berghs et al., 2016). For populations of deaf and hard of hearing, individuals with intellectual disabilities, those with certain mental health issues, and others with diverse neurologically based diagnoses such as autism, their identity is contained within their characteristics that would otherwise be labeled as disability (Olkin, 1999).

Global concepts of disability affect the adoption of different models of service delivery for individuals with disabilities (Berghs et al., 2016). The type of service delivery adopted seems to determine the types of accommodations provided within postsecondary institutions. Students are seemingly at the mercy of different determining factors they have no control over and that may or may not be effective at mitigating the functional limitations of their disability. When using a disability lens to view the research, the type of model ascribed to will influence and determine the nature and type of documentation required for accommodation purposes.

Nature of the Study

This study was a basic qualitative study (Merriam, 1985) with a disability interpretive lens (WHO, 2011). The ability to view disabilities as a dimensional difference, not a defect (WHO, 2011), allows for a lens that is reflective of social justice when seeking to understand the documentation preferences of postsecondary disability services providers. The population for this study was the postsecondary membership listserv as provided by MYTIQA personnel. The listserv is representative of all 26 public postsecondary institutions in Alberta (Government of Alberta, 2018a, 2019). These public institutions include colleges, universities, and technical sites offering 4- and 2-year academic programs, as well as 1-year diplomas and certifications. These public postsecondary institutions offer most of Alberta's postsecondary programs, receive government funding, and are bound by the provincial legislation regarding the duty to accommodate and provide reasonable accommodations. The sample was 13 disability and accessibility services personnel who were members of MYTIQA, were responsible for determining accommodations within a postsecondary institution in Alberta, and responded to the invitation to participate.

Definitions

This section contains operational definitions of key terms within this study. Terms not identified in this section have a common understanding.

Accommodations: Accommodation is the process of making alterations to the delivery of services so that those services become accessible to more people, including persons with disabilities. According to AHRC (2010), accommodations allow many talented persons with disabilities to make significant contributions to life in Canada and around the world".

Disability: A permanent disability is a functional limitation caused by a physical or mental impairment that restricts the ability of a person to perform the daily activities necessary to participate in studies at the postsecondary level or in the labor force (Government of Alberta, 2018b).

Disability or accessibility services: According to AHRC (2010), disability or accessibility services means helping students with disabilities to develop appropriate accommodation plans, acting as a resource for faculty, instructors, staff, and others at the educational institution who need information about appropriate accommodation and documentation.

Invisible disability: Researchers at the Invisible Disabilities Association (2019) defined an invisible disability as a physical, mental, or neurological condition that limits a person's movements, senses, or activities that is invisible to the onlooker. They go on to note that the very fact that these symptoms are invisible can lead to misunderstandings, false perceptions, and judgments.

Justice theory: Justice theory addresses issues of liberty, social equality, democracy, and the conflicts of interest between the individual and society. Rawls (1999) defined the theory as a system of justice that adequately provides for those positioned on the lowest rungs of society.

Medical model of disability: Researchers at the University of Leicester (2020) explained that the medical model of disability views disability as a 'problem' that belongs to the disabled individual. It is not considered to be an issue of concern for anyone other than the individual affected.

Social model of disability: The social model draws on the idea that it is a society that disables people, through designing everything to meet the needs of the majority who are not disabled. There is a recognition within the social model that there is a great deal that society can do to reduce, and ultimately remove, some of these disabling barriers, and that this task is the responsibility of society, rather than the disabled person (University of Leicester, 2020).

Assumptions

The first assumption associated with this study was that differences in service provision exist among postsecondary institutions. A second assumption was that respondents would be honest, would be well-intentioned, and would operate with the best interests of students at the forefront of their practices. Another assumption was that the respondents would be experienced individuals responsible for determining and facilitating accommodations for students with accessibility concerns at their institutions. A fourth assumption was that a certain competency level is needed by postsecondary education disability services providers to provide accommodations that do not create an advantage over other students with or without disabilities. The last assumption was that the participants and subsequent readers would be able to determine the transferability of results.

Scope and Delimitations

The scope of this study included members of the MYTIQA membership provincial listserv. Although not all members participated, they all had the opportunity to do so. The listserv membership was limited to individuals employed in postsecondary and polytechnic institutes within the province of Alberta, Canada, who had an interest in disability service provision. The provision of services within those institutions is guided by the Postsecondary Learning Act (Government of Alberta, 2003). The requirement that potential respondents would be only individuals within accessibility services departments who review student documentation and provide accommodations further limited the scope of the study.

Delimitations are those limitations imposed by the researcher and over which the researcher has control. Delimitations included the scope of the study as well as the extent of the research questions. Canada's vast geographic expanse precluded a nationwide study. The size of the province of Alberta and the pandemic's restrictions made travel to postsecondary institutions both cost and time prohibitive; therefore, I delimited the study to data that I could collect by phone interview to elicit in-depth and meaningful responses in a short time period.

Limitations

Limitations are restrictions imposed on a study over which a researcher has no control. Limitations for the study included the number of individuals from different postsecondary institutions who provided consent to participate in the study and the fact that there was no means by which to determine participant honesty. By limiting participation to individuals responsible for accommodation decisions, but not limiting the number of individuals from each institution who could respond, the potential existed to have just a few institutions overly represent the population. A further limitation could have been a bias I was not aware of and therefore had no method to control for. These potential weaknesses affect all studies of this nature.

Significance of the Study

Many students with disabilities, especially those with invisible disabilities, do not arrive at postsecondary institutions adequately prepared with the type of assessments historically required to receive accommodations (Harrison & Wolforth, 2012; Madaus, 2011; Madaus et al., 2014; Shaw, 2012). Despite advancement in the field of practice of postsecondary disability services, there is insufficient evidence identifying what practices work, and with which students in which settings. This study involved investigating the preferences of accessibility service providers. Potential areas of difficulty rested within the documentation disconnect from secondary to postsecondary, recent changes, lack of ability to interpret existing legislation, or all the aforementioned. Subsequently, information from this study may led to the review and revision of current practices to provide consistent access to services for students with disabilities, regardless of the institution they choose to attend. Although I did not conduct this research to look at the reasoning behind lack of adherence, by seeking to understand practices, preferences, and why, I hoped to identify common threads that could potentially support change within the field.

Although the study was limited to Alberta, given the lack of a national definition as well as policy and procedures, results may prove relevant for all provinces and territories within Canada. Policy makers may use the information obtained to improve current guidelines for the provision of accommodations within postsecondary education institutions. This study may allow provincial and federal policymakers to address the documentation disconnect, thereby accomplishing an integral change and easing the transition process for students from secondary to postsecondary education. It may further allow managers and the Ministry of Advanced Education to investigate areas of required training for postsecondary educational disability services providers, as identified by the providers.

Summary

Chapter 1 served as an introduction as to the problem, purpose, method, and design of the research study to understand the preferences for documentation of postsecondary accessibility services providers in Alberta when determining accommodations. Accessibility services providers at postsecondary education institutions bear the responsibility to ensure that otherwise qualified individuals with functional impairments receive appropriate accommodations and support services (AHRC, 2010; Government of Canada, 1985, 2018; Postsecondary Service Providers for Students with Disability, 2010). They must do this without compromising academic integrity and program standards. Further, they must not provide an advantage to any student, wittingly or unwittingly.

The problem is that variations in services exist not only from province to province but also from institution to institution (Wolforth, 2012). These variations result in students shopping for services, and some students may receive an unfair advantage as a result. The purpose was to explore and describe current practices and preferences of postsecondary accessibility services providers in Alberta regarding disability verification documentation requirements for students requesting accommodations. This exploration is timely and necessary, as the guidelines from AHEAD increasingly serve as the main point of reference.

As such, it is essential to understand the history, current trends, and recent changes in approach to the documentation required for the provision of services. To this end, three research questions were formulated that served to guide the development of interview questions to examine current practice and preferences of postsecondary accessibility services providers in Alberta. A basic qualitative study methodology was most appropriate for the description of current practices and preferences among postsecondary disability services providers in Alberta. Information from this study may lead to the review and revision of current practices to better provide consistent access to services for students with disabilities, regardless of the institution they choose to attend.

By exploring the practices and preferences of the individuals within the field, I hope that a provincial and ultimately national dialogue may occur to facilitate the provision of consistent accommodations for otherwise qualified students, regardless of which institution they choose to attend. I hope that the results of this study will establish a productive bridge (Gabel & Peters, 2004) across different versions of accommodation provision. This exploration is necessary as postsecondary resources are limited and, without consistency, students may unwittingly receive unnecessary services as well as, potentially, an unfair advantage.

Chapter 2 includes a review of the literature related to the history of disability services and inherent difficulties within the field for service providers in Alberta and in

Canada and an examination into the challenges and potential consequences for both service providers and students with disabilities due to a lack of nationally recognized guiding principles and standards (Harrison & Wolforth, 2012).

Chapter 2: Literature Review

The problem addressed by this study is that variations in postsecondary student disability services exist not only from province to province within Canada, but also from institution to institution in the postsecondary sector. Such variations are problematic, as students may wish to take specific programs available only at certain institutions only to discover that the accommodations they require for their particular disabilities are not available. Conversely, students may wish to remain close to home and take programs at a local college prior to venturing into larger population centers, only to discover the local college is not able to provide the legally required accommodations in a timely manner. The variations between services provided may unwittingly provide an unfair advantage to some students. Summers et al. (2014) reported that the degree to which services are offered, as well as the specific types of supports, varies widely across postsecondary institutions.

Historically, individuals with invisible disabilities such as LD have been required to provide a discrepancy-based diagnosis to warrant accommodations at the postsecondary level (Harrison & Holmes, 2012; Harrison et al., 2013; Madaus, 2010; Wolforth, 2012). Proponents of historical data such as an RTI approach have argued that diagnostic documentation is not only unwarranted but the requirement to provide recent documentation (within the past 3 to 5 years) is onerous for the student (AHEAD, 2012; Siegel, 2003). However, the increased practice within elementary and secondary schools of relying on functional data such as RTI to provide accommodations is problematic (Learning Disabilities Association of Ontario, 2012).

In 2016, a student at York University in Toronto, Ontario, Canada, fought not to have to disclose her specific mental health diagnosis (Disability Rights Promotion International, 2016). While postsecondary accessibility services personnel are still allowed to require an assessment from a licensed doctor to confirm the student has a legitimate condition that may require supports, the focus is now on determining how the disability affects learning (Disability Rights Promotion International, 2016). This has been a systemic shift, and, as a result, there is confusion as to the change in requirements for documentation purposes.

The purpose of this basic qualitative study was to explore current challenges, practices and preferences of postsecondary accessibility services providers in Alberta regarding invisible disability verification documentation requirements for students requesting accommodations. This study also involved identifying commonalities that may result in a more clearly defined, linear, national practice within Canada, where current accommodation practices vary not only from province to province but from institution to institution within each province. Results may provide the impetus for discussing national standards and adherence to those standards, thereby improving the consistency of services for students with disabilities.

Concise Synopsis of Current Literature

Although eligibility for postsecondary disability services includes many different types of disabilities, LD and ADHD, along with mental health issues, remain the most contentious for purposes of accommodation. The contentiousness is due to a lack of consistent approaches, not only for diagnosis but also for the ability of individuals to feign symptomology (Harrison, 2012; Harrison & Armstrong, 2016; Harrison & Holmes, 2012; Harrison & Rosenblum, 2010). Further confounding the issue is a lack of reliable and consistent approaches for determining accommodations at the postsecondary level. It is much easier to understand the needs of an individual in a wheelchair than for students with processing difficulties. According to the U.S. Elementary and Secondary Education Act (1965), the determination as to whether an impairment substantially limits a major life activity requires an individualized assessment by a qualified professional. However, recent changes initiated by AHEAD leaders indicate concern that it can be too onerous for postsecondary students to obtain assessments, thus discouraging students' attempts to seek services.

There have only been a few researchers who have addressed documentation of student disabilities and the associated need for accommodations. Reed et al. (2006) used a survey instrument and examined perspectives pertaining to disability services of three groups of stakeholders within two Canadian universities. Also using an assessment survey instrument, Harrison and Wolforth (2012) examined the demographics of the student population enrolled with accessibility services offices, as well as challenges faced by accessibility services personnel at 122 postsecondary institutions within Canada. Madaus et al. (2010) identified the importance of disability services providers' thoughts and opinions about documentation based on an RTI model and further expressed the lack of study on this issue.

Harrison and Holmes (2012) employed a systematic review of the literature when they investigated a Canadian context for the diagnosis of specific LD. Results indicated that although there were some fundamental commonalities within definitions, a global agreed-upon definition was lacking. Additional results indicated a lack of adherence to any one definition. Canada is not bound by U.S. public law and IDEA, but instead by human rights legislation, as well as the duty to accommodate individuals who have self-identified as having disabilities and have provided the appropriate documentation to support their declaration. Unlike accommodations at the secondary level that are designed to ensure success (much like IDEA), human rights legislation (much like the Americans With Disabilities Act) is designed to ensure equal participation and access. Appropriate accommodation does not ensure the success of a student (Harrison, 2012).

Madaus et al. (2014) examined articles over the 30-year history of the publication of the *Journal of Postsecondary Education and Disability* to determine the topics covered and samples studied. Madaus et al. categorized most articles into a program or institutional level addressing institutional policies and procedures. Included was the type of disability-related program and services provided, as well as the experience, knowledge, attitudes, beliefs, and professional development of postsecondary disability services providers. However, there did not appear to be any studies addressing the service providers' preferences of construct development, which would include service delivery instruction such as UD, evaluation metrics, standards of practice, and assessment instruments used to develop diagnostic profiles.

While functional data can indicate a history of accommodations received, as well as curriculum-based assessment, requirements for the differing levels of intervention for RTI are not standardized (Fuchs & Fuchs, 2009). This continuing lack of standardization has resulted in an increase of non-LD students being identified as LD without further testing, and those students have received services that will not remediate their experienced difficulty. Subsequently, there has also been a decrease in referrals for psychoeducational assessments to provide the specific diagnoses required in postsecondary institutions (Hughes & Dexter, 2011; Rapp, 2018). Leaders at AHEAD (2012), which is the leading proponent for recommending requirements, have made substantial changes to recommendations for documentation requirements within postsecondary institutions within the United States, and the recommendations have started to become adopted in Canada as well. Given the concern regarding students being able to feign some disabilities such as LD and ADHD (Harrison & Armstrong, 2016), there are concerns among service providers that changes in documentation requirements may provide an advantage to some students. Further, service providers have generally acknowledged and accepted that historical data are not sufficient to warrant providing accommodations (AHEAD, 2012; CADSPPE, 1999; NEADS, 2016b). Given that the accommodation model (medical) remains predominant, accepting documentation and granting access to accommodations without a formalized diagnosis by an appropriate professional may create an unfair advantage for accommodated students, as well as squander limited resources.

The LD associations in the United States and Canada have been the driving force behind definitions, diagnostic indicators, and interventions for LD. AHEAD has been at the forefront of establishing recommendations and practice for postsecondary disability services providers. AHEAD developed several program standards for accessibility services DS personnel to ensure a minimum of services are provided in a somewhat consistent format but given that these standards lack a contextual anchor (Guzman & Balcazar, 2010) not all accessibility services personnel are proponents of these standards.

Literature Search Strategy

The literature search began with keywords entered into different Walden Library databases and Google Scholar. Filters helped to ensure results were representative of the topic. Due to the lack of published studies and dissertations regarding thoughts, opinions, and preferences of postsecondary disability services providers, the conceptual framework and literature review provide a historical approach to the basis of service provision as well as the critical issues that face the services providers. The disability services research literature addresses the critical concerns that service providers face with changing recommendations and guidelines, without taking their thoughts, opinions, and preferences into consideration.

The systematic literature search involved using multidisciplinary databases. I used databases available through the Walden University library, as well as Google, Google Scholar, and recommendations solicited from professionals within the field. Keywords included *postsecondary*, *disability services, postsecondary disability services, documentation requirements, invisible disabilities, documentation, psychoeducational assessments, academic assessments, medical model, social model, justice model, postsecondary education, psychiatric disabilities,* and *learning disabilities*. Due to limited prior published research, I also used citation chaining and vetted all potential resources according to peer-reviewed journals, date of publication, language, and type of disability.

Conceptual Framework

The conceptual framework was based upon the medical, social, and justice models of disability. The medical model's processes espouse that the individual with disabilities is the underlying problem. The social model promotes societal attitudes and processes as the cause of disability. These two models are the predominant models used within postsecondary education when providing accommodations for individuals with disabilities. Currently there is an absence of the justice model in postsecondary education. The definition of the overall concept of disability appears in Convention No. 159 of the International Labour Organization, as well as in consideration of the World Health Organization (WHO), and within the contexts of legislative practice, sociopolitical action, vocational rehabilitation, and permanent disadvantage (Vaz et al., 2017). Momm and Geicker (2011) identified distinctions between disabilities that are hereditary or birth-related, mental, or psychological; a result of disease; caused by home, work, sporting, or traffic accidents; occurring due to occupational or environmental causes; and resulting from civil unrest or military conflict.

When using a disability interpretive lens, accommodation decisions are not a one-size-fits-all approach. Instead, specifics that are unique to individuals allow disabilities to emerge as dimensional differences and not defects. Recognized implications for legislation are that the focus of attention should be on the needs associated with the disability, and the outcome of measures should be the concern and not the cause (Momm

& Geicker, 2011). Although early special education and disability services were dependent on the medical model for legitimization, the current paradigm recognizes that disability requires corrective and positive measures to ensure equal access and participation, as opposed to monetary entitlement through social assistance programs (Momm & Geicker, 2011).

The nature and the type of disability vary from one individual to another, and documentation must indicate the specific impairment that warrants the provision of accommodations (Doupe & Samuels, 2007). Although its roots are in the medical model, there is a glimmer of the social model in the recognition that nature and type of disability vary from one individual to another (Russell & Demco, 2005). Ideas about the capacity, limitations, experiences, or needs of disabled people are socially constructed and will continue to change. The social model is a current and widely accepted model throughout Alberta. Although the social model developed from the medical model and researchers see it as an awakening of sorts, past criticism of the social model has included the fact that it is not clear where the social and medical models overlap (Berghs et al., 2016; Jarvis et al., 2016). The overlap_is how service providers operationalize the accommodation model of disability services within Alberta's postsecondary educational institutions. However, as identified, variations occur from one institution to another (Harrison & Holmes, 2012; Harrison & Wolforth, 2012).

Literature Review of Key Factors

The primary foci of this research were LD, including attention deficit disorder with or without hyperactivity AD/HD, but also included mental health/psychiatric disabilities, as these are two of the largest areas of invisible disabilities and together comprise just over half of the entire population of students with disabilities in Alberta postsecondary institutions (Government of Alberta, 2019). Kranke et al. (2013) reported that college students with invisible disabilities experience extrinsic and intrinsic stressors. These stressors include both public and self-stigma. The top three primary disabilities, according to mandated reporting by postsecondary institutions are psychiatric (31.2%), LD (21.4%), and ADHD (19%) (Government of Alberta, 2019). The psychiatric category has increased the most over the past 5 years, and postsecondary policy and procedure for both psychiatric and LD categories have undergone significant scrutiny and challenges within Canada.

The review of the literature focuses first on the history of models of disability, including medical and social models, as they remain the primary method for services and requirements. Regardless of the model followed, LD (including ADHD) remains the more difficult of the invisible disabilities to accommodate due to the lack of a standardized definition and method of diagnosis. For this reason, the second focus of the literature review is invisible disabilities with the subtopic of mental health. Although students with mental health issues are the fastest growing population (Government of Alberta, 2019), they remain firmly within the medical model for diagnosis and accommodations. That leads to the third focus, which is the provision for accommodations with issues for students and documentation subtopics. The final focus of this literature review is disability services.

History of Models of Disability

The notion of the severity of impairment is linked to the medical model and first arose in 1955 as a means to guide decision making for the U.S. Social Security Administration (National Academies Press, 2007). Although there are numerous models of disability used, all distinguish between impairment, functional capacity, and disability (National Academies Press, 2007). Nagi (1964) differentiated among the concepts of pathology, impairment, functional limitations, and disability and considered disability to result from the interaction of a person who has a health condition with his or her environment, which included family support and employer accommodations, as well as physical and sociocultural barriers. Nagi also posited that not all impairments or functional limitations result in disability. Nagi’s model of disability strongly influenced other models in the 1990s, including WHO’s International Classification of Impairment, Disability, and Handicap and the National Center for Medical Rehabilitation Research (Albrecht et al., 2006; Whiteneck, 2005).

International Classification of Impairment, Disability, and Handicaps (ICIDH) (WHO, 2011) made conceptual distinctions that allowed the recognition that disability is based not only on the attributes of the individual (medical model) but also on the interaction between the person and society (social model; Whiteneck, 2005). In 1993 researchers at the National Center for Medical Rehabilitation Research added another dimension called societal limitation and recognized that societal limitations are barriers to full participation that result from attitudes, architectural barriers, and social policies (National Academies Press, 2007). Nagi's (1964) model of disability outlined the following flow of impairment: (a) active pathology, which refers to the interruption or interference with normal processes, leading to (b) impairment including anatomical, physiological, mental, or emotional abnormalities of loss, leading to (c) functional limitation, which is a limitation in the performance at the level of the whole person or organism ultimately taking that person to a state of (d) disability defined by a limitation in the performance of socially defined roles and tasks in a sociocultural and physical environment.

Vaz et al. (2017) shared the WHO's International Classification of Impairment, Disability, and Handicap model of disability published in 1980 that outlined (a) disease defined by changes in the structure or functioning of the body leading to (b) impairment, considered to be any loss or abnormality of a psychological, physiological, or anatomical structure or function. Impairment can lead to (c) disability, defined as a restriction of ability resulting from impairment to perform activities within the normal range, or may circumvent disability and lead right to (d) handicap, defined as disadvantage resulting from impairment or disability that limits or prevents the fulfillment of a typical role.

Jarvis et al. (2016) provided a comparison of people with disabilities according to the medical and social model. Within this comparison, the medical model identifies individuals with disabilities as passive receivers of services. The underlying goals of these services are to cure the defect or disease or to manage it. The medical model further outlines teams, including doctors, surgeons, and therapists, and alternative settings such as training centers, sheltered workshops, benefits agencies, and educational psychologists as being required to cure or manage. Within this medical model, the impairment is at the core of the problem. The social model identifies individuals with disabilities as actively fighting for equality, with the assistance of allies. Inherent within this model is the belief that the structures of society are at issue. Changing these structures through devaluing, prejudice, segregated services, and lack of useful education, for example, means the notion of disability would not exist.

Haegle and Hodge (2016) provided examples of the differing viewpoints between the medical and social models in accordance with several topics. The most poignant of these were that the effects on individuals are typically functioning and the perception of disability. According to the social model, the effects on individuals who are typically functioning see society as having evolved to be more inclusive, and being disabled is neither positive nor negative. Throughout history, legal mandates have been the impetus behind programs and services for students with disabilities within postsecondary institutions (Madaus, 2011; Shaw, 2006; Shaw et al., 2010). AHEAD in the United States has led the way in establishing services for individuals with disabilities, and policy makers in Canada generally adopt what the United States has legislated. The history of legal mandates is readily apparent after the end of World War II, and, by 1946, 52% of the college population in the United States consisted of veterans (National Academies Press, 2007). In 1955, the United States government determined and implemented a list of impairments (National Academies Press, 2007) predominantly to provide services at the college level for war veterans and based chiefly on physical and medical disabilities. People with disabilities were considered handicapped by their disease or impairment, and this became known as the medical model of disability. Until the 1960s, the predominant disability accommodated within postsecondary institutions was physical. The term *learning disability* appeared as early as 1963 and was a category of disability in the K–12 system by 1968 (Madaus, 2011).

During the 1960s, Nagi (1964) developed a model of disability based on his research on outcomes of rehabilitation. By differentiating between different concepts of disability, impairment, functional limitations, and pathology, as well as by using the term disability instead of handicap, the negative connotation of the concept began to change. The change led to the introduction of the perspective that there were factors outside the control of an individual, and the interaction of these factors could significantly improve or impair an individual's situation (Nagi, 1964). This might have been the birth of the social model of disability.

At the core of social justice is the facet of dignity (Loewen & Pollard, 2010). Proponents of the disability rights movement have fought to change the way the world is built and operates to allow everyone to participate in activities to the greatest extent possible with maximum independence. Despite these efforts, other social movements have excluded individuals with disabilities (Amundson, 2009), as is evident in the fact that although universal design for learning (UDL) has received acknowledgment as a meaningful and achievable way to allow maximum participation, it only includes consideration for the physical design of buildings and not for learning. The systemic implementation of the medical model throughout all aspects of daily life has socialized society into conceiving disability as a medical issue, which has ensured a negative view of disability and has contributed to the maintenance of discriminatory practices (Loewen

& Pollard, 2010). The social justice model calls for disability services professionals to "increase individual and collective efforts to educate students, campus communities, and other groups …as to the struggle for human dignity, non-discrimination, equal opportunity, and personal empowerment through independence" (Loewen & Pollard, 2010, p. 14).

Invisible Disabilities

Included in any disability services mandate is LD, and therein exist two main competing viewpoints. To date, the most widely accepted viewpoint and standard of practice indicate intelligence testing is an integral part of an LD diagnosis, as included in the ability achievement discrepancy model. The other predominant viewpoint is that intelligence testing is not necessary to diagnose LD and instead the diagnosis should rely on a record of RTI (i.e., historical data indicating difficulty). Hale et al. (2010) noted that neither stand-alone approach is sufficient. However, a third method that considers patterns of processing strengths and weaknesses and achievement deficits consistent with this pattern would be the most reliable and valid approach. Hale et al. further noted that diagnosticians and policy makers should reinforce current requirements for diagnosis and that, although RTI may be acceptable for preventing learning problems, comprehensive evaluations should occur for specific LD diagnosis, and those students will require subsequent specialized interventions.

Diagnosticians should use cognitive and neuropsychological processes not only for identification purposes but also to determine appropriate intervention. In addition, the information must address who performs the assessments (i.e., qualifications of the assessor) and what the assessments entail (i.e., cognitive and neuropsychological aspects) as well as achievement results and RTI. Hale et al. (2010) provided a solid grounding in the available literature in support of their conclusions. The citations include eminent scholars in the field of education, specifically on LD identification and interventions (Stuebing et al., 2012). Harrison (2012) indicated that, although core similarities exist, many clinicians fail to subscribe to any one diagnostic model when diagnosing LD. Further, there is no specific training requirement when diagnosing LD, apart from registration as a clinical psychologist. The aforementioned, combined with lack of training within accessibility services offices themselves, adds to the confusion when students apply for accommodations.

The diagnosis process for individuals with mental health issues and the subsequent extent of documentation are growing increasingly difficult. Historically, postsecondary disability services personnel only accepted diagnoses by a psychiatrist or psychologist, depending upon the nature of the symptomology (British Columbia Ministry of Advanced Education, 2011). In recent years, as the population has grown and as more mental health issues receive recognition, students are providing notes from a family doctor with no specialization (general practitioners) at disability and accessibility offices in Alberta (MYTIQA executive, personal communication, May 14, 2019).

Society as a whole widely recognizes that access to postsecondary education is highly valued to allow individuals with and without disabilities to achieve their full potential. Both in Canada and in the United States, the number of students with disabilities attending postsecondary continues to rise (Madaus et al., 2010; Shaw, 2006;

Sparks & Lovett, 2009; Summers et al., 2014). All literature reviewed recognized that, without effective supports in place, students with disabilities are not as likely as their peers without disabilities to complete their education. However, due to a lack of research in the topic area under study, I adopted a historical approach to determine how service providers at postsecondary institutions in Alberta established current policy and procedures.

Learning Disabilities

During the 1970s, LD received recognition for the first time within school systems in Canada (Siegel, 2003). Although there has been much progress in the field since then, there is still no nationally recognized definition or method of diagnosis within Canada. Instead, there exist a number of recognized characteristics of LD. Although there is a widely used model of diagnosis for LD, which is the ability achievement discrepancy model, it has been highly contentious approach (Kavale & Spaulding, 2008; Kavale et al., 2009; Siegel, 1992; Stanovich, 2005; Sternberg & Grigorenko, 2002). The achievement discrepancy model aligns with the medical model of disability. In the United States, several resulting court cases emerged for both postsecondary institutions and testing agencies (Madaus, 2011). Siegel (1992, 2003) and Stanovich and Siegel (1994) argued that diagnosticians do not need to take intelligence into consideration when determining difficulties with reading, which is more in line with a social model of disability. Flanagan et al. (2013) proposed a framework for LD diagnosis that is both grounded in contemporary theory and psychometrically defensible research. Flanagan et al.'s approach to diagnosis, termed the Cross Battery Assessment and supported by Kranzler et al. (2016), aligns more closely with a justice perspective when combined with determining functional limitation.

The Learning Disabilities Association of Canada council (2007) published a policy statement on educational accommodations for individuals with LD. The policy statement included diagnostic assessment and recommendations for accommodations as well as roles and responsibilities of ministries of education, school boards, specialists, school principals or other persons designated by the school board, teachers, paraprofessionals, parents and guardians, and students. Subsequently, decision makers within Canadian school systems began to adopt the research-based outcomes progress monitoring approach used in the United States. This approach is called response to intervention (RTI). Although the developers never intended decision makers within education systems to use RTI to diagnose LD and instead intended to ensure students received intensive intervention before being referred for a psychoeducational assessment (National Joint Committee on Learning Disabilities [NJCLD], 2005); therefore, providing students with accommodations throughout their K–12 experience without a diagnosis soon became the norm (Madaus et al., 2010).

Further confusion results from diagnosticians and school personnel who use the term LD when individuals have other disabilities, such as intellectual and developmental disabilities, as well as autism. Subsequently, LD has become a catch-all category, and the integrity of the concept was jeopardized (NJCLD, 2007). As a disabilities services provider myself, I have observed many students with cognitive delays who have been told they have an LD, experience subsequent difficulties and confusion when trying to access postsecondary. There is a significant difference between a learning delay, disorder, and disability, and what may transpire in terms of accommodations should also be very different (Harrison & Rosenblum, 2010).

Reasons for lack of provision of psychoeducational assessments within K–12 vary, but the most frequently offered is the cost associated. Most students who receive an assessment early in their K–12 career will not receive another in the K–12 system. When these students attempt to access accommodations in postsecondary, they find their documentation is not sufficient. A term used for this situation is *documentation disconnect* (NJCLD, 2007; Sparks & Lovett, 2014). Students and their families must accept both the cost and the burden of a psychoeducational assessment to meet the documentation requirements of postsecondary education.

Mental Health

Goodin (2014) wrote about a personal experience when danger to self was no longer a reason to require a student to withdraw and about the resulting suicide of a student. Putting the safety of others in jeopardy constitutes an undue hardship for any postsecondary institution. A note scribbled in haste by an overworked physician who is not aware of the demands a course or program may present is generally not sufficient to provide recommended accommodations (Goodin, 2014). There is an increasing prevalence of postsecondary students with serious psychological disorders (Stein, 2003).

Although it may be easier for disability services staff if accommodations can be provided without the requirement of a documentation review, the converse is also true as the workload may increase significantly, as more students may be deemed eligible when standards are lax. The original intent behind providing services and accommodations for students with disabilities was to level the playing field, not to provide an unfair advantage or to relax academic standards and integrity. Disability services personnel and students continue to fight against discrimination and misunderstandings when advocating for students with disabilities. In 2010, AHRC staff published an interpretive bulletin on the duty to accommodate students with disabilities in postsecondary educational institutions. In this bulletin, they address responsibilities in the accommodation process, including the responsibilities of students seeking accommodation and the responsibilities of the postsecondary institution. The shift in perspective by AHEAD and recommendations of relaxing standards may cause faculty to lose trust in the process of determining accommodations and who is or is not qualified to receive them (Lovett et al., 2015).

Provision for Accommodations

Within Canada, there is no nationally agreed-upon definition for LD, nor are there provincial or national policies and procedures for providing services to students with disabilities within postsecondary institutions (Harrison, 2012; Kozey & Siegel, 2008; Wolforth, 2012). With the passing of the Canadian Charter of Rights and Freedoms (Government of Canada, 1982), Canadians with disabilities were afforded fundamental rights in keeping with those under Section 504 of the 1973 Rehabilitation Act (IDEA, 2004) in the United States (Brinckerhoff et al., 2002). Provincial governments within Canada are responsible for education. This means that laws and subsequent policies for postsecondary students with disabilities vary from province to province (CADSPPE, 1999). Policies also vary from institution to institution within each province (Harrison, 2012). Although the Charter of Rights and Freedoms (Government of Canada, 1982), as well as the AHRC (2010), address the need for the provision of services for students with disabilities in postsecondary settings, there is nothing in place regarding how to provide those services. Although provincial governments across Canada have outlined the type of documentation generally required to be provided by students seeking accommodations, the type of documentation accepted for the provision of accommodations is not always the same as that outlined by the provincial government, or even what has been stated by an individual institution (Summers et al., 2014). Brinckerhoff et al. (2002) likened the policy to a dynamic road map, and Shaw (2006) outlined that policy should undergo review periodically within the context of development in the field and emerging best practice. Shaw et al. (2010) reiterated the importance of ongoing policy review and referred to differing acceptable standards for documentation among postsecondary institutions, as well as the documentation disconnect.

In 2011, the British Columbia Ministry of Advanced Education released a revised disability services framework titled *Guidelines for the Accommodation of Students With Disabilities Attending Postsecondary Education in British Columbia*. I was part of the working committee that determined the original framework that outlined some of the reasonable and appropriate accommodations that might be available. However, accommodations are dependent on receiving documentation of a disability that includes a formal diagnosis and the fact that each student situation must be reviewed on an individual basis. An extensive analysis of documentation is necessary to determine the nature and extent of the disability, the functional impact of the disability on the physical or learning environment, essential course or program outcomes, and a range of accommodations to mitigate the effects of the disability. This approach seems to meld the medical, social, and justice models, as the type and extent of accommodations depend on the need of the student, as some impairments may be disabling for some individuals but not for others (AHEAD, 2012). Roberts (2012) used WHO's model of disability and the human rights context to examine academic requirements and academic integrity, as well as the role of bona fide requirements in accommodation planning. WHO's (2011) model identifies the impairment as well as environmental factors and delivery methods that may contribute to disablement. The Canada Student Loans Program describes not just an underlying medical condition but also the functional limitations caused by impairments and the fact that external factors may influence disability. Roberts supported the premise published by the AHRC (2010) that diagnosis alone is not enough to warrant accommodations. Ketterlin-Geller and Johnstone (2006) described effective accommodations as those that "reduce construct-irrelevant variance caused by the individual's disability without changing the construct targeted by instruction or assessment" (p. 164).

Issues for Students

Alberta Student Aid uses the following definition to determine eligibility for disability-related funding:

> A permanent disability is a functional limitation caused by a physical or mental impairment that restricts the ability of a person to perform the daily activities necessary to participate in studies at the postsecondary level or in the labor force.

> The disability is expected to remain for the person's expected natural life.
> (Government of Alberta, 2019).

The newest guidelines from AHEAD (2012) serve as an example of the social model through the widespread adoption of UD. While experts have long touted UD as best practice for students with disabilities (McGuire et al., 2003; Scott et al., 2001) and accessibility services providers at most postsecondary educational institutions in Alberta prefer UD, the majority of postsecondary institutions have not mandated UD principles in curriculum or teaching (MYTIQA executive, personal communication, May 7, 2018), despite UD being part of the Duty to Accommodate in Postsecondary (AHRC, 2010).

Depending on which model the disability services provider ascribes to and aligns practices with both the type of documentation preferred and the accommodations provided may be impacted. Regardless of the model, society and accessibility services providers still use defectology (Momm & Geicker, 2011), or degrees of deviation from the norm. For example, the levels of impairment severity are mild, moderate, severe, and profound. While the connotation of associating disability with a defect is unpleasant, these levels of impairment can be tied to the needs associated with a disability. For example, an individual with mild hearing loss will not require the same accommodations as an individual with a severe hearing loss, nor should the individual with mild hearing loss feel entitled to the higher-level accommodation. Given that accessibility services personnel are still using the medical model of accommodation, if they use only a student report, they may provide a higher-level accommodation that creates an unfair advantage and potentially squanders limited resources.

Documentation of Disability

The NJCLD (2007) identified that appropriate disability documentation is at the core of the process of accessing accommodations and services at the postsecondary level. The documentation's purpose is twofold. First, it establishes the rights of an individual as a person with a disability, and it validates eligibility for accommodations. Analysts at NEADS (2017) published a guide for disability service providers that included a statement indicating documentation of a disability is paramount to receiving accommodations. The same publication also indicated that it is crucial to provide clear instructions on the documentation required. Staff at AHEAD (2012) provided a document titled *Supporting Accommodation Requests: Guidance on Documentation Practices* that managers and personnel have subsequently cited when looking to change their policy on documentation in an effort to relax requirements (MYTIQA member of the executive, personal communication, May 14, 2019).

The AHEAD (2012) staff noted that primary documentation is a student self-report, secondary documentation is observation interaction, and tertiary documentation includes information from external or third parties. The first page of the document states that "no legislation or regulations require that documentation be requested or obtained in order to demonstrate entitlement to legal protections because of disability and seek reasonable accommodations". However, the guidelines recognize that postsecondary institutions may request a reasonable level of documentation, although a definition of *reasonable* is lacking.

Lovett et al. (2015) questioned the new guidelines from AHEAD and outlined a strategy to address the documentation disconnect, which involved standardizing documentation requirements across postsecondary institutions and communicating these requirements to high school students. Lovett et al. identified that AHEAD's influence in documenting disabilities has been substantial and stressed the importance of having external scrutiny of positions to ensure these positions are consistent with relevant research and that they will result in the provision of appropriate and ethical services.

Disability Services

Russell and Demco (2005) completed an environmental scan in Alberta that included a review of current literature, interviews with relevant stakeholders, focus groups with learners with disabilities attending postsecondary institutions in Alberta, and focus groups with disability service providers in Alberta. The relevant concerns ascertained include inconsistent quality of psychoeducational assessments and a lack of psychologists qualified to do these assessments, increased student numbers with a complexity of needs, and insufficient resources to support these complex students. The Centre for ADHD Awareness Canada (Caddac) has provided a document (Centre for ADHD Awareness Canada, 2015) that is representative of universities and colleges across Canada and indicates postsecondary ADHD documentation requirements. Harrison and Rosenblum (2010) provided an update on standards and diagnostic concerns for students with ADHD. Condra and Condra (2015) provided recommendations for documentation standards and guidelines as they pertained to students in Ontario with mental health issues. With a focus on functional limitations, Condra and Condra noted they wanted to create a universal form suitable for documenting the needs of all students with disabilities. They expressed their disappointment as they found evidence that clinicians do not consistently follow accepted diagnostic criteria when diagnosing LD and ADHD. Harrison et al. (2013) substantiated this evidence when they looked at diagnosticians' understanding of legal regulations and diagnostic standards. Harrison et al. found that many respondents consistently endorsed diagnostic practices that would lead more people to be diagnosed than meet official criteria for diagnosis.

Sparks and Lovett (2014) examined the quality of submitted documentation and found notable deficiencies in much of the documentation. These findings were similar to Wolforth's (2012) argument that clinicians are expected to provide an objective evaluation, but are also advocating for a client who is paying for their services. Wolforth (2012) also found that some clinicians may err on the side of overdiagnosis and unnecessary accommodation recommendations in an effort to help their clients. Harrison et al. (2013) found weak clinician knowledge on certain key issues. In a survey of 119 clinicians that included a 30-item true–false questionnaire, the average respondent score was only 69%. These findings seem to be routine, dating back to the 1990s when McGuire et al. (1996) contended that serious problems in both type and quality of documentation submitted to postsecondary institutions were commonplace.

Although Sparks and Lovett's (2014) findings differed in total percentages regarding faults in submitted documentation, the issues were the same. Sparks and Lovett also found that the college support program that participated in their study did not adhere to its standards. Thus, the finding reinforced previous studies; however, as they examined only one institution, transferability could be questioned. Weiss et al. (2014) examined assessment documentation of 378 students who were receiving accommodations for LD at a community college and found that less than half of the documentation met criteria for LD.

Further, Weiss et al. (2014) found a predominance of indiscriminate accommodations. Clinicians either did not have sufficient objective evidence of a disability, or they did not look at specific functional limitations in an academic setting. Weiss et al. (2012) found that whether students met criteria for specific LD was mainly dependent on the method of assessment and underlying operational definition of specific LD used by the clinician. Thus, the presence or absence of specific LD was more dependent on the conceptualization of the concept by the clinician than on the presenting characteristics of the individual student. Weiss et al. (2012) reported that many college students do not meet the objective criteria for the disorder for which they have received a diagnosis. AHEAD (2012) recognized that when determining policy for disability services, documentation of a disability is paramount to receiving accommodations.

Moreover, policy should include the provision of clear instructions as to what is required and when it needs to be submitted. The number of students who are self-identifying with a disability in postsecondary education continues to increase. The Government of Alberta (2019) provided the following statistics: in the 2017–2018 school year, 18,064 students self-identified. Of this number, 12,456 had a single disabling condition, and 5,579 had multiple disabling conditions. The total number of students is a 10.6% increase over those self-identifying in the 2016–2017 school year and over 10,000 additional students since 2009. Further, 20 of the 26 postsecondary education campuses in Alberta had increases in the number of students self-identifying with disabilities. Given that the enrollment rates show disparity, the increases may be reflective of differing levels of disability accommodation.

There are several types of documentation required for the provision of accommodations, depending upon the nature of the diagnosis. Regardless of discrepancies between the different approaches to LD diagnosis (achievement discrepancy model, RTI, and Cross Battery Assessment), the governing legislation has been reasonably clear (AHRC, 2010; Government of Alberta, 2019). However, there is no previous study conducted to understand why accessibility services providers do not necessarily adhere to guidelines. Although I did not conduct this research to look at the reasoning behind lack of adherence, by seeking to understand practices, preferences, and why, I identified common threads that could potentially support change within the field.

The purposes of requiring documentation for provision of accommodations and support are to demonstrate that students are otherwise qualified, to provide information regarding the current impact of students’ disability on their studies, and to justify the need for accommodations. Banerjee et al. (2015) stipulated that documentation also establishes the rights of an individual as a person with a disability and validates eligibility for accommodations. Shaw (2006) noted that most postsecondary disability services personnel do not have expertise in assessment, and therefore rely on documentation guidelines. Madaus (2011) explained that guidelines are intended to provide adequate documentation to ensure an appropriate match given the needs of the student and the services provided. Banerjee et al. specified that documentation provides both qualitative and quantitative data that help describe an impairment, confirm a diagnosis, and guide decision making for accommodations.

Harrison (2012) gathered information to assist the government and inform best practice when looking at diagnostic trends and subsequent actions related to the provision of accommodations to postsecondary students, specifically those with LD. Until recently, LD has traditionally been the highest reported category of students requiring accommodations within the postsecondary environment. Since 2015, pain and mental health issues have overtaken LD as the most frequently reported population requiring accommodations. Further, for students with invisible disabilities, some must contend with major medical concerns, including chronic pain and mental health issues, complicating factors such as stigma, and increased discrimination (Kranke et al., 2013), both in the United States and Canada (Shaw, 2006).

Regardless of visible or invisible disabilities, there has been neither examination nor consideration of the preferences of postsecondary disability services providers in Alberta, Canada. This study involved exploring, and seeking to understand, the preferences of these integral, frontline individuals.

Summary and Conclusions

Documentation in keeping with legislation to provide accommodations within a postsecondary environment for students with invisible disabilities has been a struggle in both Canada and the United States (AHEAD, 2012; AHRC, 2010). The two categories of invisible disabilities, LD (including ADHD) and mental health, comprise over half of the self-identified population of students with disabilities in postsecondary within Alberta, and both categories have highly contentious diagnostic and documentation requirements (AHEAD, 2012). Disability services providers are tasked with significant responsibilities, yet are not equipped with agreed-upon definitions, policies, practices, or guidelines (AHRC, 2010; Harrison & Armstrong, 2016).

Chapter 3 includes an outline of the methodology used to explore the preferences regarding types of documentation received by postsecondary disability services providers in Alberta, Canada, when making determinations as to accommodations for invisible disabilities.

Chapter 3: Research Method

The problem addressed in this basic qualitative study was that variations in postsecondary student disability services exist not only from province to province within Canada, but also from institution to institution. The purpose of this basic qualitative study was to explore current challenges, practices, and preferences of postsecondary accessibility services providers in Alberta regarding invisible disability verification documentation requirements for students requesting accommodations. This chapter includes a discussion of the research methodology for the study. Also noted is why a basic qualitative study approach (Merriam, 1985; Stake, 1995; Yin, 2003) was most appropriate for examining the accommodation documentation preferences for invisible disabilities among postsecondary disability services providers in Alberta. This chapter includes an outline of the research design and rationale, methodology, data analysis, issues of research trustworthiness, and ethical procedures.

Research Design and Rationale

The study was a basic qualitative study with a disability interpretive lens. A disability interpretive lens allowed a conceptual lens that was reflective of social justice when addressing issues with the medical and social model, thereby achieving the ability to view disabilities as a dimensional difference, not a defect (WHO, 2011).

Research Questions

The research questions for the study were as follows:

1. How do accessibility service providers in postsecondary institutions in Alberta describe challenges in documenting invisible disabilities?

2. How do these providers overcome the identified challenges?
3. What documentation do these service providers prefer when faced with accommodation decisions for invisible disabilities?

Rationale for Research Design

Given that the purpose of this basic qualitative study was to explore current practices, challenges, and preferences of postsecondary accessibility services providers in Alberta, Canada in providing accommodations students with invisible disabilities, a qualitative study was suitable (Merriam, 1985). The qualitative method was the most appropriate choice, as the emphasis was on understanding from an emic perspective, that is from the viewpoint of the participants in the study (Olive, 2014). A qualitative approach is descriptive, whereas a quantitative approach is predictive. A descriptive approach (Elliott & Timulak, 2005; Nassaji, 2015) is necessary to be able to understand a problem with sufficient breadth and depth. Having identified the purpose of this study, and the subsequent possibility to provide an impetus for a discussion of national standards and adherence to those standards, a descriptive approach was most suitable. Yin (2003) articulated that qualitative research involves a contemporary phenomenon within a real-life context. This statement led to the selection of a qualitative study approach. Hutchinson et al.'s (2018) statement that ideas about the capacity, limitations, experiences, and needs of people with disabilities are socially constructed and will continue to change is reflective of the disability lens (Who, 2011). I wanted to provide a framework within which postsecondary disability services providers in Alberta could respond in a way that represented accurately and thoroughly their points of view about their preferences regarding documentation for accommodation purposes.

Stake (1995) outlined the importance of examining the skill and knowledge of a researcher in addition to a desire to gain insight and understanding of the phenomenon of interest. Given Stake's insight, I determined a basic qualitative study approach was most suitable for this study. Initially, I considered both phenomenological and grounded theory approaches. The focus of this study was to more clearly describe the issue under study, as opposed to generating a theory about the issue. I eliminated grounded theory as a possibility. Next, given that there was a phenomenon of interest, I explored using a phenomenological approach. I also eliminated this option, as a description of the phenomenon was the desired result. The analysis of the results as to whether there is an understanding or meaning is dependent upon the individual readers of the research. As this methodology was bound by specific criteria, studied in detail, and evaluated via a constant comparative method, I was able to interpret the preferences of postsecondary accessibility service providers (the participants) when receiving documentation for accommodation determination purposes.

Role of the Researcher

The term *objective researcher* is somewhat oxymoronic. Onwuegbuzie (2002) reinforced this oxymoronic notion, having suggested that the term is a long-standing myth. In qualitative research involving interviews, a researcher is a tool for the research itself. When conducting interviews, the researcher's role is that of the research instrument, and the researcher is an essential component of the design. Human beings can interact and respond in the research setting, as well as perceive and collect information on multiple levels concurrently (Lincoln & Guba, 1985). Researchers are an integral tool of the research process as they must be able to access the thoughts and feelings of the research participants. However, my role in this study was only to collect and analyze the present practices and preferences, and not to influence any change at the participants' institutions during the data collection process.

Andres (2012) recommended that researchers be present, transparent, and known in the research process. Yin (2003) indicated that the desired skills of a researcher include knowledge of the phenomenon, sensitivity for novel and unexpected issues in data collection, the ability to ask good questions, being a good listener, adaptiveness, and flexibility. Creswell (2013) noted that researchers collect data, as it relates to access and rapport, by gaining access through the gatekeeper and gaining the confidence of participants. Janesick (2011) posited a researcher's role is often determined by the stance and intent, much like a historian, and emphasized that a researcher's special access to sources is critical.

There was neither known conflict of interest, nor any relationships involving power over any participants for myself as the researcher. After I sent the invitation email, I accepted potential participants on a first come, first served basis according to who agreed to participate in both the survey and the follow-up interview. However, any potential participant was free to participate or not, with no fear of repercussions. I offered a small incentive for participating in this study. Each participant received a $20 gift card from Tim Horton's, a restaurant chain with multiple locations in Alberta, after completing both the preinterview questionnaire (the responses of which are summarized in Appendix A) and the interview (Appendix B). Given that I had a presence in every aspect of the study, I was able to ensure quality and confirm that my intentions and biases were minimized, and that the contextual meaning and participants' experiences were an authentic representation of the phenomenon of interest.

Methodology

In the following subsections, I describe the aspects of the methodology for the research. These aspects include participant selection logic, procedures for recruitment, and participation. Also included are instrumentation, data collection, and data analysis.

Participant Selection Logic

The participation selection logic for this study began with an understanding of the population for the study: members listed on the membership list of MYTIQA. This list of 47 members comprised individuals from all public institutions within Alberta, including colleges, universities, and technical sites offering 4- and 2-year academic programs as well as 1-year diplomas and certifications, and all levels of responsibility. The members on the list work for institutions that are representative of Alberta's postsecondary programs, receive government funding, and are bound by the provincial legislation regarding the duty to accommodate and the provision of reasonable accommodations. The potential population of participants comes from those employed by institutions in the following categories of publicly funded postsecondary institutions identified by the Alberta government: comprehensive academic and research universities, comprehensive community colleges, polytechnic institutions, specialized arts and cultural institutions, independent academic institutions, and undergraduate universities. These are all public, postsecondary institutions (colleges, universities, and polytechnic) within Alberta and guided by the Postsecondary Learning Act (Government of Alberta, 2003).

According to Lincoln and Guba (1985), in purposeful sampling, informational considerations determine the size of the sample. If the purpose is to maximize information, the sampling is terminated when no new information is forthcoming from new sampled units; thus, redundancy is the primary criterion. Latham (2013) noted 11–12 homogenous participants are generally sufficient to reach saturation but recommended 15 participants to ensure a study goes beyond the point of saturation.

Sargeant (2012) identified that the subjects sampled must be able to inform important facets and perspectives related to the phenomenon under study. For purposes of this study, I determined participants by role (personnel within the disability services office responsible for the determination of accommodations), which was inherent by being a part of the MYTIQA listserv. The desired participants were individuals who had experience determining accommodations at that specific institution, which was a focus of this research and a question asked as a part of the interview. This stipulation helped decrease confusion regarding practices between differing colleges an individual may have worked at (whether within Alberta or elsewhere) and thereby provided better representation in response to questions related to practices at a specific postsecondary institution. I made the request for the specific criteria in the invitation to participate and included a reminder in the preinterview questionnaire I sent with the consent form, indicating that the desired participants were responsible for determining accommodations. I considered these informants to be information-rich and able to offer insight into postsecondary approaches to accessibility services. The preinterview questionnaire, collected through Survey Monkey, was designed to vet participants as to inclusion criteria and give me a brief introduction to participants' procedures and practices to provide me with a starting place in the interview.

I approached the MYTIQA executive to seek permission to have the preinterview questionnaire with the link embedded in the invitation to participate and the consent form in an email, distributed via the mailing list. The purpose of the email was to find individuals interested in participating in the study. Each invitation to participate included an informed consent agreement with IRB information, a statement identifying that participants were under no obligation to participate, their ability to withdraw at any time, criteria for participation, and a link to the preinterview questionnaire. Those individuals who agreed to participate and who were responsible for determining accommodations comprised the sample for the study. No examination for anomalies to consider additional interviews was required. The point of saturation is indicated in the results section.

Instrumentation

A preliminary questionnaire preceded the interview and served to solicit participant information and collect background information in support of participant selections and to lay a foundation for the interview. The primary research instrument for this study was a researcher-designed interview protocol (see Appendix B) to be conducted and recorded by telephone or Skype, depending on the participant's preference or availability.

Development of the PreInterview Questionnaire

The development of the preinterview questionnaire began as part of an assignment within my advanced research methodology coursework. Andres (2012) recommended using existing questions, and the questions for the instrument in this study were initially inspired by those used by Harrison and Wolforth (2012). However, after input from recognized experts in the field, and given the need for brevity, I abandoned those questions and, through field testing, developed new questions to align with the research questions and that pertained only to some invisible disabilities.

Suggestions from participants in the field testing included ways to refine the data collection process with the preinterview questionnaire. Feedback from the field test was the impetus behind abandoning the questions from Harrison and Wolforth (2012). I invited prominent experts in the field of accommodations in both the United States and Canada to guide the development of the instrument. The expertise of the individuals was determined based on their experience and contribution to literature. Subsequently, I used those suggestions to hone the questionnaire. The resulting preinterview questionnaire included open-ended questions and questions requiring a yes or no response. According to Patton (2002), the purpose of open-ended questions is so a researcher can capture and understand the varying points of view of participants without imposing predetermined categories of response.

Development of Interview Questions

I developed the interview questions (see Appendix B) based on the differing practices within the medical and social models of disability, feedback from practice interviews when developing the questionnaire, and on the research questions. The literature review provided the opportunity for me to identify potential areas in which to clarify responses, as well probe for additional information. However, development of the questionnaire led me to more robust interview questions than would have ordinarily been conceptualized. The interview questions provided information pertaining to the types of situations postsecondary disability services providers may encounter in their daily challenges, as well as identifying the type of documentation preferred, and why.

Data Collection

All data were collected from postsecondary disability and accessibility services providers employed by institutions within Alberta who belonged to the MYTIQA listserv. All members of MYTIQA had an opportunity to participate, with the first 13 who responded constituting the convenience sample. Each individual on the MYTIQA listserv received, via email, a consent form and an invitation to participate that outlined the nature of the study and criteria for participation. Included in the email was the link to the preinterview questionnaire. I sent one reminder email through the MYTIQA listserv. I sent invitations to participate to all MYTIQA members in Alberta to yield sufficient data to extend beyond the point of data saturation. The return of the consent form and completion of the preinterview questionnaire served as an indication of the individual's choice to participate in the research and complete the interview. This was followed by a telephone interview.

Participants were the individuals who self-identified as being responsible for determining accommodations in a postsecondary institution in Alberta. There were no other exclusionary or inclusionary requirements such as age, gender, education, or socioeconomic level. Interviews took place over the telephone. Everyone interviewed was sent their transcribed data and a request to confirm its accuracy. To ensure confidentiality, I did not include conspicuous information in the transcribed data Interviews were completed within a 1-month time frame. Participants also received a thank you email messages from me, which contained my cell phone number should they require further contact. For confidentiality purposes, I assigned each participant a number.

Data Analysis

An inductive approach, as is typical within qualitative research (Toma, 2011), allows for patterns and themes to emerge from data collected from interview responses. I coded and analyzed the raw data using an in vivo approach, focusing on the actual spoken words of the participants (Saldana, 2016). Utilizing a disability interpretive lens is a means of ensuring implications for persons with disabilities.

In acknowledging the idiosyncratic process of data analysis, I used a constant comparative method and coded the raw data from the interview questions. I accomplished the coding utilizing a splitter perspective (Saldana, 2016) which involved a thorough, line-by-line approach to data analysis. Hatch (2002) described data analysis as a systematic search for meaning. This process occurred as each interview was completed to allow the emergence of themes. This practice was consistent with Hatch’s (2002) recommendation that formal data analysis should begin early in the data collection process.

For coding purposes, I identified salient features of the raw data, and I examined each area to determine if the data supported the categories. Atkinson and Abu el Haj (1996) discussed a strategy for domain identification that I used. While I identified domains, I indexed the responses and recorded topics of a discussion recorded line by line. After having read the raw data numerous times, I identified the categories from concrete issues that the respondents raised. Given the epistemological framework underlying this qualitative study, the focus of the concurrent analysis was looking for consistent patterns of evidence.

Inductive reasoning moves from the specifics to general information and applying the specifics from the data allows general themes to emerge (Saldana, 2016). For the first cycle of coding, I used in vivo coding as a splitter; that is, splitting data into smaller, codeable units while placing emphasis on the actual words of the participants, and coded line by line. Researchers use in vivo coding when they want to honor and to prioritize the participants' voices (Saldana, 2016). Saldana (2016) identified that one of the purposes of coding is to detect patterns. From the in vivo coding, I identified categories as they emerged, and then I identified and used themes and patterns to compare participant responses. As some of these issues occurred more frequently, subcategories began to reveal themselves. Subcategories indicated the third cycle of coding, and I used a pattern coding method. Within the supported patterns, relationships, and themes within the data, I identified, compared, and contrasted between and among participant responses. The basis of the coding was salient domains and patterns identified. I identified relationships between patterns, and I supported the relationships with direct quotes from the raw data and kept a written record of my analysis.

Issues of Trustworthiness

Trustworthiness is dependent on whether a researcher has provided sufficient evidence as to credibility, transferability, dependability, and confirmability. Credibility speaks to whether a researcher has accurately represented a phenomenon. Transferability addresses whether sufficient contextual descriptions have been provided. Dependability relies on sufficient procedural details having been shared to replicate the study. Confirmability demonstrates that findings are the result of the experiences and ideas of the participants, rather than the characteristics and preferences of the researcher. Tracy (2010) described criteria for qualitative research as “shorthand about the core values of a certain craft” (p.838) and include a worthy topic, rich rigor, sincerity, credibility, resonance, and significance. To address issues of trustworthiness, results must be credible from the perspective of the participants in the research. Therefore, participants are the only ones who can legitimately judge the credibility of the results as they weigh contribution, ethics, and soundness of the study. According to Patton (2002), the credibility of qualitative inquiry depends on three elements: rigorous methods, the credibility of the researcher, and a philosophical belief in the value of qualitative inquiry.

Credibility

I relied on my reputation within the field and the ability to establish quality, mutually respectful relationships to access the perspectives of the participants. In qualitative research, credibility is also dependent on a researcher’s ability to portray participants' views and perceptions accurately. The credibility of a researcher refers to research training and adherence to credible methods. Belief in the value of qualitative research includes an appreciation of naturalistic inquiry, inductive analysis, holistic thinking, and purposeful sampling. I addressed rigor in this study through the design of the study, which included triangulation, by including multiple participants' perceptions. A constant comparative method ensured that units of meaning and emerging themes found within the data create a rich and thick understanding of the phenomenon. A comparison of the findings with the literature base surrounding documentation of accommodations served as a cross-check for consistency and lent credibility to the understanding of the phenomenon. Direct quotes from the participants supported the research findings.

Dependability

Dependability indicates whether a researcher would be able to obtain the same results if able to observe the same phenomenon twice. Interview transcriptions, initial coding, notes and summaries, final coding, emerging themes, interviews, calendar of appointments, IRB procedures and requirements, and the research proposal are available for review.

Confirmability

In addressing confirmability, I was transparent regarding the techniques used for analyzing data, and I accounted for all aspects of bias (potential or realized) to increase the likelihood of being able to describe the phenomenon accurately (Marshall & Rossman, 2016).

Transferability

Transferability refers to the degree to which a researcher can generalize or transfer the results to other contexts or settings. The fact that it would have been more appropriate to include institutions from an adjacent province that meet the same criteria as postsecondary institutions in Alberta included in this study than to include private institutions in Alberta speaks to the transferability of this study. Transferability is primarily the responsibility of the one doing the generalizing. However, researchers can enhance transferability by describing thoroughly the research context and the assumptions that were central to the research. Although I hoped that the results of this study would be transferable to private postsecondary institutions as well, it is the responsibility of the individual who wishes to transfer results to a different context to make an educated judgement as to how functional the transfer would be. To ensure the transferability of the results of this study, I have sought to provide a full and detailed description of both context and the data collection. In addition, I provided a complete description of the criteria for participant selection and how I recruited and selected participants. Further, I have explained data collection techniques in sufficient detail to facilitate replicability.

Researcher Bias

I have worked in the postsecondary accessibility services for the majority of my career and feel devoted to the field. I also have a daughter with invisible disabilities who utilizes postsecondary disability services. In addition, I have invisible disabilities myself. These factors provided a deeper level of understanding of issues that postsecondary disability services personnel face on a daily basis. As explained, I worked to reduce my subjectivity by having participants review the transcripts of their interviews to ensure I had accurately captured their messages. Based on my involvement with MYTIQA as a member and the fact that I have attended numerous face-to-face annual general meetings and teleconferences with the executive, I was expecting some results to be much different than they were, suggesting that my subjectivity was muted enough that I could learn from the other disability advisors and not project my expectations on to them.

Ethical Procedures

The population studied consisted of postsecondary disability and accessibility services providers in Alberta who were members of MYTIQA. This group of adults was low risk, as they were not a vulnerable population, and I followed IRB processes and guidelines as required by Walden University. Following processes and guidelines helped to ensure I obtained appropriate permissions for access to participants, as well as informed consent and acknowledgment of potential risks from all study participants. Part of informed consent and the IRB process is providing the right to withdraw from participation at any time. I removed any identifying characteristics of participants and documents so that I did not compromise names or any other potentially identifying data.

Ethical concerns relate to participants' refusal to participate or to them rescinding permission and withdrawing from the study. As part of informed consent, potential participants received a statement informing them that they were under no obligation to participate, the criteria for participants, and a link to the preinterview questionnaire. There were no known conflicts of interest or power differentials in this study.

I used the information collected for purposes of this study only and stored the information in a locked filing cabinet and on an external hard drive. Data were confidential. Only the committee members and I had access to the data. Although an individual from the college where I was employed was included in recruitment, I did not employ any corresponding identifying characteristics to monitor my home institution or any other participating institutions. Data will remain on my passphrase-protected home computer for a minimum of 5 years and in a file drawer. At the end of 5 years, this data will be destroyed, in accordance with Walden requirements.

Summary

In this chapter, I identified the research methodology, the design for the study, and the rationale as to why a basic qualitative study approach was the most appropriate for examining the accommodation documentation preferences among postsecondary disability services providers in Alberta, Canada. I used a preinterview questionnaire and conducted interviews to glean insight as to current practices and preferences.

In Chapter 4 I describe the setting, the demographics and data collection analysis. I also discuss evidence of trustworthiness and the researcher's role. Further, Chapter 4 will provide the results of this basic qualitative study.

Chapter 4: Results

The purpose of this basic qualitative study was to explore current practices and preferences of postsecondary accessibility services providers in Alberta regarding invisible disability verification documentation requirements for students requesting accommodations. Three research questions served as guides throughout the study:

1. How do accessibility service providers in postsecondary institutions in Alberta describe challenges in documenting invisible disabilities?
2. How do accommodation determination decision providers in postsecondary institutions in Alberta describe challenges in documenting invisible disabilities?
3. How do these providers overcome the identified challenges?
4. What documentation do these service providers prefer when faced with accommodation decisions for invisible disabilities?

This chapter includes a review of the setting and demographics of the study. The chapter also includes an overview of the data collection and data analysis processes I followed. After the discussion of the evidence of trustworthiness of the methodology, the results follow.

Setting

This study was conducted during a time of economic upheaval in the province of Alberta. The election of a new provincial government in October 2019 resulted in budget cuts to all postsecondary institutions beginning that fall and continuing up to and past the point of research completion. The budget cuts translated into the loss of faculty and staff positions within postsecondary institutions, including the position of this researcher, who subsequently secured a position in the neighboring province of British Columbia. At the time of data collection, the world was also in the throes of the coronavirus disease 2019 (COVID-19) pandemic. Within all educational settings, face-to-face classes were cancelled and accessibility services personnel throughout Alberta provided services online rather than via face-to-face interactions with students in campus offices. Despite these unprecedented circumstances, the necessary study sample of participants was procured. I conducted all the interviews via telephone. Participants chose a setting for the interview within their home in which they felt comfortable and private.

Demographics and Current Institutional Procedures and Practices

Thirteen respondents from the MYTIQA membership in Alberta who agreed to participate comprised the sample. These respondents represented 11 of 26 postsecondary institutions in Alberta. Of the 26 postsecondary institutions with employees who are MYTIQA members, only the larger institutions had more than one individual working under the umbrella of disability accessibility services. MYTIQA membership requires that an individual is employed in the postsecondary disability services field, but membership is not mandatory for individuals or institutions, and not all who are MYTIQA members determine accommodations. The respondents for this study self-identified as an individual responsible for determining accommodations at a postsecondary institution within Alberta.

The 13 study participants were all accessibility (disability) services advisors and were from 11 of the 26 postsecondary institutions within Alberta including colleges, universities, and technical institutes. There was representation from every type of postsecondary designation within Alberta, except one, an arts institute. All participants were female, which is typical of the field, and had varying levels of experience. Length of experience ranged from less than 1 year to over 30 years working within the field of postsecondary accessibility services.

Distribution of Preinterview Questionnaire

A preinterview questionnaire, sent to participants before the interviews, was designed to understand the context the participants were working in and to save time in the data collection and interview process. Questionnaire responses allowed me to confirm that respondents fit the study's selection criteria and anticipate their setting to facilitate the interview. The questionnaire took about 10 minutes, on average, to complete. In particular, the preinterview questionnaire captured participants' procedures and practices. The interview questions, explained in the section on data collection, later allowed them to expand on the current practices they briefly described in the preinterview questionnaire and focus more on their individual preferences. Interview questions also encouraged participants to verbalize what, if anything, they would like to see done differently as part of their preferences.

Summary of Preinterview Questionnaire Responses

I developed the questionnaire as part of an assignment in the advanced research course as part of the Ph.D. process, and I honed the questions further in preparation for the research process. I received feedback on the questionnaire from two prominent experts in the field. The responses to the preinterview questionnaire are included in bar charts in Appendix A. Here I summarize the responses that provided me a context for the interviews.

The majority of the 13 postsecondary accessibility services professionals reported they recognize the same types of disabilities and diagnoses that students present with and for which they request services. Twelve of the 13 participants recognized LD, mental health, medical, physical, hearing, vision, and ASD (See Figure 1 in Appendix A). All the participants indicated their institutions had a framework in place guiding accommodation decisions. Eleven of the 13 indicated their institutions have a policy and procedure in place guiding accommodation decisions, while two of 13 did not. The majority of respondents created the policy and procedure for guiding accommodation decisions within their individual institutions (see Figure 2, Appendix A). The majority of respondents also noted that the basis of the internal policies was Alberta student aid and Alberta human rights requirements. Those who did not refer to student aid and human rights directly, indicated their policies were modeled after other institutions within Alberta. Ergo, Alberta student aid and Alberta human rights were the primary bases for policy development.

The majority of respondents responded that they would query accommodations listed in the documentation provided by students, while the remaining participants answered *maybe*. The remaining participants indicated they would query the reporting professional. Over half of respondents reported they had a specific policy in place for LD, while just under half of respondents replied they did not. Researching the type of documentation required for providing accommodations for an LD revealed a psychoeducational assessment was necessary at 12 of the 13 institutions, as illustrated in Figure 3 in Appendix A. Before determining qualification for funding for severe functional limitations, participants predominantly consulted student self-reports and recommendations from a professional (see Figure 4 in Appendix A). Figure 5 (Appendix A) shows the documentation that they might present in lieu of what the institution requires. The most frequent were recommendations from a psychologist and student self-reports. Participants indicated they selected the type of documentation they feel most confident and comfortable using when making accommodation decisions for students who present with LD. Figure 6 indicates, all of the participants indicated that the predominant documentation was a psychoeducational assessment. When given a choice of types of documents, two participants preferred to use a psychoeducational report in conjunction with a student's report of lived experiences to differentiate between generic recommendations and those specific to the individual.

When dealing with mental health related documentation and accommodations, all participants indicated that their institution required some specific documentation. The most frequent were psychiatrists' and psychologists' reports and general practitioner/doctors' letters. Three individuals referred to interim accommodations used with mental health issues. One participant institution used an internally created form but would still seek an appropriate professional to complete the form. Documentation from mental health and treatment centers was acceptable, as was a letter from a counselor or social worker. see Figure 7 in Appendix A). The document required, as shown in Figure 7, and that students provided are seemingly congruent, as shown in Figure 8 (Appendix

A). No participant reported using a parent report, as shown in Figure 9, but some consulted recommendations from high schools (see Appendix A).

The type of documentation that participants reported as being the most comfortable with and having the most confidence with regarding mental health conditions were similar to those required by their institutions, those presented by students, and those they preferred. Only three used a past IAP or other past accommodation form. One participant reported her institution had its own verification form.

The questionnaire ended with a forced choice question to determine if accessibility services providers perceived they must provide accommodations, regardless of the type of documentation presented. Seven of the 13 respondents indicated that they were obligated to provide accommodations, which differs from Alberta’s Human Rights Legislation’s indication that funding for an assessment is not automatic, regardless of the diagnosis. Their responses prepared me for the interview, insuring I would probe to understand the nature of possible misunderstanding on the part of almost half of the participants.

Data Collection

Data collection began after receiving Walden’s IRB approval (Approval # 04-24-20-0424601). The initial invitation email, that included the letter of consent as well as a link to the preinterview questionnaire, was sent through the MYTIQA LISTSERV on April 25, 2020 and the 12 initial responses started to arrive within 1 day. A reminder email to encourage participation and solicit participants was sent on May 15, 2020 which brought one more participant for a total of 13 participants.

The preinterview questionnaire, implemented through Survey Monkey, as explained above, was designed to vet participants as to inclusion criteria and give me a brief introduction to participants' procedures and practices providing me with a starting place for the interview. The questionnaire also asked the participants' preferences for documentation as well as the different types of invisible disabilities that are accommodated. My SurveyMonkey account indicated that the average time for participants to complete the brief questionnaire was 10 minutes. I contacted each interested participant who had completed the consent form and the questionnaire to set up a time for the one-on-one interview. All 13 participants were women, so I use the gendered pronoun, s*he* in the Results section.

All interviews took place over the telephone, which was the expressed preference of each participant. Further, all participants were in their homes during the interviews, where they could choose a private setting, as no one was allowed to be in their institution offices due to COVID-19 institutional closures. Between April 30 and May 21, 2020, I interviewed all 13 participants. Data collection did not involve any unusual circumstances. Interviews ranged between 45-120 minutes, with one interview at 30 minutes. The average was approximately 1 hour. Prior to beginning the interview, I informed all participants that I had accepted a new position out of the province, and I provided them my personal and Walden University contact information in case they decided to change any of their responses or to change their minds regarding participation.

Upon completion of each interview, I asked each respective participant if she would like to receive a copy of the results. All expressed a desire to receive a copy of the results. On May 22, 2020, I sent an email that offered my gratitude for their participation and offered a small gift for participating in this study: a $20 gift card from Tim Horton's, a restaurant chain with multiple locations in Alberta.

The original proposal indicated the study would include a sample size of eight to 12 participants and that data saturation would be the indicator as to when and whether to pursue more interviews. Although I perceived that data saturation occurred for most research questions after three to five interviews, and for all research questions after seven to nine interviews, I chose to include the data collected from all 13 participants, as I had already scheduled the interviews and wished to honor the participants' desire to participate. I assumed this decision would help ensure the data were robust, and the decision might support increased transferability.

I had initially planned to audio record the interviews. However, when technology issues prevented me from recording the first interview, I referred to my coursework and determined all conditions could be kept the same for all participants (Creswell, 2012; Patton, 2002). Further, given that my consent form did not indicate the use of audio recordings, I determined that hand recorded responses (rather than audio recordings) would ensure consistency in data collection for all interviews. To confirm this strategy, I informed each participant of the technical difficulty encountered prior to the interview beginning and requested their preferences for how to handle the recording of their interview responses. While some indicated they would not have minded if audio recording was considered necessary, they all expressed a preference to not be recorded. Over my professional career I have developed the capacity for verbatim note taking, both critical in my field where documentation is required and in my professional association service as secretary.

In consideration of this hand recording protocol, I advised each participant that I may request them to slow down or repeat a response to ensure I had captured the data accurately. When I had doubt about my written notes' accuracy, I read the hand recorded notes to the participant to ensure data capture was accurate. Participants also confirmed accuracy when they lost their train of thought or could not remember if they had already conveyed specific information they wished to include, as I was able to read back their responses. I typed the handwritten interview data into a Word document and ensured I eliminated any identifying information or characteristics.

A copy of each participant's transcript was emailed to them, with the instructions to review and alert me if there was anything incomplete or inaccurate. Eleven of the 13 participants responded. All replies contained positive feedback indicating their responses had been accurately and completely captured. There was one minor edit requested, correcting a *4-week* period to a *4-month* period for interim accommodations, with the participant acknowledging that she had misspoken.

Data Analysis

Saldana (2016) noted, "There is something about manipulating qualitative data on paper and writing codes in pencil that gives you more control over and ownership of the work" (p. 29). I began coding data early in the data collection process using the concurrent analytical tactic recommended by Saldana (2016). I read each preinterview questionnaire when I received it and again prior to each associated participant's interview. I also reflected on my written recording for each interview shortly following the interview, offering me a chance to look for emergent codes and patterns and thus, evaluating data saturation status (Guest et al., 2006).

Hand recording required my careful attention and focused listening throughout the interview to ensure the accuracy of my recording. Upon completion of an interview, I read the handwritten transcript. As potential codes emerged, I noted my thoughts regarding potential codes in the same notebook I used for recording the interview data. As I reviewed the data, I looked to identify and explore any potential discrepant cases with the intent to address any potential bias I might have held as the researcher (Maxwell, 2005). There were no discrepant cases identified. Data saturation occurred early in the data analysis, and as interviews proceeded, evidence of patterns among the codes led me to identify several potential categories. I considered patterns to be a recurrence of a statement, phrase, or words. Another reading of the data led to the assignment of almost every line of data to these identified categories. Another reading allowed for the multiple categories to be combined into a smaller number of themes, which are identified and associated with each research question in Table 1. The themes are further explained in the Results section of this chapter.

Table 1

Categories and Themes by Research Question

Research Question	Categories	Themes
RQ 1 How do accommodation determination decision providers in postsecondary institutions in Alberta describe challenges in documenting invisible disabilities?	• Clarity • Consistency • Collaboration	Need for clarity and consistency
	• Secondary school transition	Lack of processes for student transfer and K-12 transitions
	• Human rights	Lack of clarity with Alberta Human Rights Legislation terms
	• Resources • Faculty • Autonomy	Lack of resources for staffing and training
RQ 2 How do these providers overcome the challenges?	• Universal Design for Learning • Training • Student aid • Resources	Current practice is not sustainable
RQ 3 What documentation do these service providers prefer when faced with accommodation decisions for invisible disabilities?	• Documentation	No single model for accommodation decisions is adequate

Evidence of Trustworthiness

Trustworthiness refers to methods used to ensure the quality of a study wherein researchers must establish protocols and procedures. The protocols and procedures are necessary to address the degree of confidence in data and interpretation for readers to be able to consider the study worthy. In this section I address how my procedures increased credibility, dependability, transferability, and confirmability.

Credibility

Results must be credible from the perspective of the participants in the research. While I am a member of MYTIQA, I had not met many of the participants prior to their participation in this study. Given the positive comments and encouragement received from the participants for undertaking this research, we established quality, mutually respectful relationships, and the participants did not hesitate to share their perspectives. I sought to understand the participants' perspectives, and participants willingly shared their experience and training in the field. Triangulation requirements were met by comparing the interviews and referring to my researcher notes, and I adhered to my research training and applied credible methods. I also accurately portrayed participants' views and perceptions by capturing and referencing direct quotes. Such rigor enabled the results to be credible.

Transferability

Transferability is the degree to which the results can be generalized or transferred to other contexts or settings. Although it is the responsibility of the individual who wishes to transfer results to make an educated judgment regarding how functional the transfer would be (Conjointly, 2020), providing a complete description of the criteria for participant selection and recruitment increases the likelihood of transferability. The thorough description of the research context, the assumptions that were central to the research, and the data collection process heightened the transferability potential for this study.

Dependability

Although dependability in qualitative research can be problematic given the interpretive assumption that the world is constantly changing (Marshall & Rossman, 2016), a thorough description of the research design, details of data collection procedures, and reports of flaws, missteps, and changes reduce the likelihood that problems may occur. Interview transcriptions, coding notes and summaries, together with a calendar of appointments, IRB procedures and requirements, that demonstrate alignment with the research proposal are available for review.

Confirmability

Confirmability indicates that someone else can confirm the findings of this study. The description of my role and my affiliation with the partner organization, in addition to triangulation, the transparency of the audit trail from data collection to interpretation, and the description of how I moved from data to themes satisfied the requirements for confirmability.

Results

The interview responses provided information as to current practices as well as preferences of participants, in accordance with their perceptions. A total of six themes emerged from the data associated with my three research questions. The majority of the themes were identified in response to RQ1, “How do accessibility service providers in postsecondary institutions in Alberta describe challenges in documenting invisible disabilities?” I discovered as I posed the interview questions and analyzed my results that the phrasing of RQ2 “how do these providers overcome the identified challenges” was presumptive and the emergent theme clearly suggested that service providers, perceived themselves as surviving, not “overcoming” challenges. Hence the theme is called “current practice is not sustainable”.

However, participants were described what is required to help overcome the challenges they faced, and most potential solutions embraced what was identified with RQ1’s description of challenges. The evident theme in RQ3 was that service providers like different aspects of both the medical and social models. Neither one nor the other alone meet their needs completely. The emergent theme is “no single model for accommodation decisions is adequate.”

Overall, evidence of the six themes were evident in the detailed narratives as participants spoke about challenges and preferences. Overall, participants were very dedicated to their role and field, and all were committed to providing the best services possible for their students. While approaches varied, all participants identified similar challenges and expressed their desire to overcome the identified challenges.

Themes Pertaining to RQ1: Challenges in Appropriate Documentation for Invisible Disabilities

There were four themes evident in responses to RQ1, “how do accommodation determination decision providers in postsecondary institutions in Alberta describe challenges in documenting invisible disabilities?” These themes, in order of participant expressed importance were *need for clarity and consistency*, lack of processes for student transfer and K-12 transitions*, lack of clarification with Alberta Human Rights Legislation terms, and lack of resources for staffing and training.* While numerous challenges described were common to all postsecondary settings, and four themes emerged from each interview, some postsecondary accessibility services providers reported challenges strictly related to the size and location (rural, urban, or remote) of their institutions.

Need for Clarity and Consistency

The most commonplace example offered when asked about their strongest challenge in documenting invisible disabilities was the need for clarity in multiple aspects of the work. Participants identified the need for clarity across aspects such as common policy and procedure, definitions for terms used such as undue hardship and reasonable accommodations, balancing the needs and rights of students and institutions, and human rights. Participant 1, the newest person in the field, stressed that she needed clear guidelines:

> I do not have a background in this field whatsoever; I didn’t get any training; I have often called [Alberta] Human Rights for their input. How do we determine what is reasonable; I joined MYTIQA hoping for some guidance and assistance,

> but I’m finding that there is no consistency and everything varies from institution to institution. We need something more formal that says “this can be accepted and this can’t”; we need clear guidelines.

While all participants identified the same aspects of needing clarity on their campuses, several participants expressed their wishes to have not just clarity, but consistency through a common policy and procedure across Alberta. Participant 10 summed it up nicely when she indicated “Get us all on the same page. I beg. Period!!”Participant 5 said “Accommodation guidelines from the government are not overly helpful. Not everyone knows they exist, and no one is required to use them.” Participant 7 emphasized a similar point.

> We have no rulebook to fall back on; documentation is often not clear and we have to try to balance the needs of students and the institution as well as provincial expectations. We have difficult conversations when what the student is requesting is not going to look like what they had previously, what they’re used to, or what they’re picturing. Where documentation would be absolutely required would be in copyright (sic alternate format) situations, when privacy is going to be impacted, or when we have external partners who require documentation. Right now, the remainder of services is up to the program if not disability related.

Another area where they pointed out that clarity is needed, addressed communication with faculty about requirements in syllabi. Participant 8 echoed what almost all colleagues identified, stating “We really need to see the course outline and syllabus online that includes [sic] more clearly defined course and core requirements and competencies." Participant 9 and 11 summed up the frustration expressed by all individuals noting "We need appreciation for the fact that we don't pull accommodations out of thin air" and "faculty not questioning our decisions would be nice."

Participant 9 was not as concerned with clarity of what should be done so much as with consistency in carrying it out while feeling an impact from their program, by legal issues, as well as others who think they know what the job should entail.

> ommodation decisions aren't difficult. What is difficult is getting people to follow through with implementing them and understanding why (including colleagues). [There] needs to be a connection between functional limitation and accommodations, past postsecondary institutions allowing unreasonable accommodations, different processes for hiring tutors depending upon documentation, and often no clear connection as to why a student may require a tutor. [There are] differences between tutors and lab aids and this again is a very different process with very specific criteria. We have so many things that come from human rights legislation and student aid.

However, Participant 9 did want to see more clarity about a particular focus on mandating students to learn academic (study and learning) strategies. While this may not have risen to the level of a category in data analysis, it seems a central issue.

> I would love to see it mandated that every student has to do academic strategies instead of us trying to convince them they need it and them feeling that extra time

> on an exam will fix everything. We have to remember that students have the right to fail, they have the right not to have accommodations. We need to know where we're going, who is leading us, and where the student is in the process.

Participant 11 said something similar about the need for focus on academic strategies:

> We seem to have a bulk standard lot of accommodations and it's challenging trying to find out what will best support the student; students believe that extra time is a magic bullet when in fact they really need study skills; they do not come with study skills or time management. Extra time is not going to magically solve their problems when they're not prepared for exams.

The issue of consistency was a concern not only relating to documentation received for diagnostic purposes within their institutions, but between institutions in Alberta and Canada as well as amongst advisors within the same institution. Participant 10, concerned about advisors within her campus as well as other campuses attended by transfer students, shared her "…fear of not providing appropriate accommodations because our guidelines are so wishy washy; I worry that whatever I provide the other advisors may not do the same thing." Ontario's decision to not require a mental health diagnosis was noted by several participants as the model they feel will be adopted by the province of Alberta to follow but was also identified as not reasonable and not helpful for the dilemmas that postsecondary service providers like themselves face. Further, they claimed the decision is not sustainable from a resource aspect. Participant 5 explained that decisions are made "based on the individual student and policy, and we don't have a lot to guide us." Participant 12's comments reflected most of the other participants' thoughts and wishes: “we need consistency provincially.” When checking with colleagues within her institution as well as those within Alberta, Participant 10 shared “I receive different information with different people according to their background. I’m not confident that I can trust the responses I receive.”

Some participants expressed that in many situations their hands are tied due to having to check everything with managers…managers who may or may not have any experience or training within the field of disability services. Being provided with a list of accommodations that have been pre-determined by diagnostic professionals for specific diagnoses and having to seek and receive approval prior to implementing anything else that could be of benefit for the student was identified as time consuming and humiliating. Participant 2 indicated that:

> with remote intakes (due to COVID) we’re seeing an unusual amount of students in certain courses requiring accommodations and we are providing accommodations without documentation due to the pandemic. We need an increase in understanding that what happens at one institution doesn’t happen at another.

Participant 5 reinforced the tension between the need for clarity and consistency along with flexibility and attention to individual circumstances.

> Every case is individual. We have policy, but there are exceptions within the policy. A student argues and puts in an appeal and we have to do it. We do need clarity on reasonable accommodations and undue hardship. We need to expand that definition. The advisor must make the call based on the individual student

> and policy and we don't have a lot to guide us. Temporary accommodations have been very loosey-goosey. We need to have a formal written policy around temporary accommodations.

Lack of Processes for Student Transfer and K-12 Transitions

There was overwhelming agreement by all participants that the K-12 system in Alberta is not meeting the government mandated roles and responsibilities, which creates challenges for them in responding to invisible disabilities. Participants claimed this lack of adequate preparation of students with disabilities for postsecondary is having long lasting, serious consequences for students. Issues participants identified include students being 'pushed through' K-12 and not having requisite skills and abilities for high school, let alone higher education. They claimed students are not receiving the assessments they need that will allow them to receive accommodations in postsecondary educational settings. Transition planning, although mandated by the provincial government, is rarely evidenced in students attending postsecondary education, nor is evidence-based decision making, as they reported students and parents are told postsecondary is a viable option when, in fact, students are being set up for failure. Participants observed that students lack study skills, self-advocacy skills, and self-awareness. They also observed that students coming from K-12 lack an awareness of their functional limitations and how this will impact them in postsecondary. They also felt parents who have advocated for their students throughout K-12 are unaware of the differences and become angry and frustrated when told the documentation is lacking, or that postsecondary may not be the best environment for their student. In particular they pointed out that students are arriving at postsecondary with few skills to mitigate their diagnosis and parents have been their advocates and often students will not have read their assessment reports. *Documentation disconnect* is a phrase that has been used to describe the differences between what is acceptable documentation for providing accommodations in K-12 versus what is required in postsecondary. All participants expressed exasperation when they receive incomplete or inappropriate documentation from K-12 and then were faced with angry students and parents. Participants described K-12 institutions having assured parents that the IEP is all that is required to receive accommodations in postsecondary, but what they described is not the reality.

Often, if the students are arriving from a different postsecondary institution, they have no understanding that things may be done differently and expect to receive the same services and accommodations that they received elsewhere. Participant 12 described it best “Accommodations vary at each institution and when students don’t get what they’re used to or what they want it can be very challenging for staff!” Participant 7 nicely summarized that “we have no rulebook to fall back on; we have difficult conversations when what the student is requesting is not going to look like what they had previously, what they’re used to, or what they’re picturing”.

As a summary for this theme, Participant 10 said “I would love to see students being supported in their last year of high school to ensure the bridge is gapped.” This statement from Participant 10 encapsulates all participants’ concerns as they relate to K-12, diagnostic professionals, internal decision makers, faculty, and external partners such as Alberta Student Aid and Alberta Human Rights Commission.

Alberta Human Rights Legislation Does Not Clarify Terms

"It becomes dicey when it is a human rights issue" said Participant 6. Participant 12 clearly stated:

> Students know that we have a legal obligation to accommodate. If they can't access funding because student aid has denied them, they come to us and demand the services. Student aid indicates that a student isn't eligible unless they disclose, and then for us to not require a student's diagnosis creates a tenuous situation.

Alberta Human Rights has published a document that outlines the duty to accommodate and that this involves providing reasonable accommodations to the point of undue hardship. However, participants noted there is nothing identifying what constitutes reasonable accommodations, and many are not clear as to what undue hardship involves. Participants told me that when students are not receiving what they want, they threaten to file a human rights complaint against the individual and institution. Participant 1 shared that she often calls Alberta Human Rights for their input and felt that "We need something more formal that says this can be accepted and this can't. We need clear guidelines." Many participants reported that they feel vulnerable because it is their name on the line, and would like to see their supervisors be more willing to have difficult conversations with staff and students in a proactive manner – not just when an issue escalates. Within the postsecondary environment, participants observed that if an individual demands accommodations be provided when not required, and accessibility services acquiesce to these demands, resources for accommodations that another student legitimately requires are potentially squandered. Participants found this occurred when students have insufficient evidence to support their claim of requiring accommodations for disability-related reasons or due to a lack of knowledge of the accessibility services personnel. Participants also conveyed stories of students and parents making threats of legal action or human rights complaints, and accessibility services personnel who lack the confidence or knowledge needed to successfully perform their job may succumb to that pressure and provide unwarranted accommodations. Two participants who have been in the field for a significant period of time, shared similar sentiments around the fact that they do not experience difficulty determining accommodations, but that "What is difficult is getting people to follow through with implementing them (accommodations) and understanding why." Participant 9 expressed frustration because "We are impacted by programs, by legal, and by those who think they know what our job is." The same participant stated "We have to remember that students have the right to fail, they have the right not to have accommodations". Participant 5 cut to the chase when she shared

> We have policy, but there are exceptions. A student argues and puts in an appeal and we have to do it. We do need clarity on reasonable accommodations and undue hardship. We need to expand that definition. The advisor must make the call based on the individual student and policy and we don't have a lot to guide us. Accommodation guidelines from the government are not overly helpful. Not everyone knows they exist, and no one is required to use them.

Participant 10 agreed "We need guidelines and policies that everyone are require[d] to follow."

Lack of Resources for Staffing and Training

A lack of resources in every area was identified by all but one participant who felt she had everything needed to do her job, except time. The remainder of participants identified a lack of physical resources, such as space and equipment; human resources, such as sufficient personnel to relieve huge case loads, as well as a lack of specialized personnel to provide assistive technology; and intellectual, such as collaboration and software resources.

Participant 3's responses focused on budgets and resources for appropriate documentation. The most common challenges identified were a lack of training, not only of accessibility services personnel but also of the professionals providing the documentation. Due to the identified lack of clear-cut guidelines and definitions, training was identified as being required to address needs for clarity as well. Participant 1 stated "This is not my background and I really didn't have a lot of training" this statement was reiterated by a quarter of all participants. While several participants have been involved in the area of disability services for students for a number of years, a lack of training was echoed as well as concern as not only is there an increase in the number of students, but also an increase in the number and complexity of disability related issues. Participant 11 shared

> We are not expert on all disabilities nor should we be expected to be. We need more specific guidance and training. We don't have the full picture as to what

> supports – if any, are going to be effective for the students. We have a lot of challenges supporting students with borderline intellectual functioning.

Participant 7 captured all participants' sentiments and responses when she stated,

> I no longer have time to research particular disabilities. We have an increase in the number of new students. We have an increase in individuals who are on the autism spectrum. I have had a huge increase in my caseload and because I see so many now, there are new diagnoses that I never knew existed!

Professionals were challenged by what seemed a lack of knowledge or recognition concerning the differences between what is required for accommodations in the secondary system versus the postsecondary system. Participant 2 broached the need to "…educate the professionals completing the forms as to temporary versus permanent disabilities, as indicating a condition is temporary in order to 'give students hope' eliminates their ability to qualify for grants".

Half of participants referred to the differences in needs for documentation between K-12 and postsecondary as well as incorrect usage of LD when a cognitive impairment is actually present, speaking to challenges with documentation providing appropriate diagnoses. Participant 13's statement reflects the majority of the participants' views: "Differential diagnosis is important. Educational psychologists need to know when a diagnosis of LD is appropriate and when it is not."

Further muddling of participants' roles in determining accommodations was captured nicely by Participants 2 and 12 who complained about receiving 'a laundry list' of accommodations from psychologists. While the laundry lists are perhaps diagnosis relevant, they are not necessarily relevant to the particular individual. Many participants shared their concern regarding the quality of assessments that they receive. Participant 10 succinctly stated “Assessors will ‘find’ a disability because students are paying upward of $2000 for them to do so.”

Theme Pertaining to RQ2: Current Practice is Not Sustainable

There was one overarching theme that was identified for RQ 2,’how do service providers overcome the challenges,” that current practice is not sustainable. Frustrations voiced by participants were clear. They are trying to do the best they can with what they have, but identified that not only is current practice not sustainable, it is not in the best interest of students. Participant 11 identified that they have a “bulk standard lot of accommodations and it’s challenging to find out what will best support the student”. Participant 2 shared that

> because of the increase in the number of students and complexity of the cases, we are reverting back to a very medical model. Students are going to be put in certain slots and just receive a certain bank of accommodations. We need to be proactive rather than reactive, but we have to be given the tools and resources to be able to do this. We need an increase in exam spaces, an increase in mobility aids, and increases in equipment and personnel. We need different people for assistive technology, for learning strategies, for exam accommodations, and accessibility services. We spend a lot of time and effort speaking with instructors, managing conflict, and negotiating resolutions for difficult situations.

Participant 11 and 4 also identified resolving issues with faculty as difficult, but preferable. Participant 4 exclaimed “Faculty understanding! Faculty will talk amongst themselves, and not in a good way.” Participants expressed that they are doing the best they can with what they have and identified that they are in an untenable and unsustainable situation. RQ 2 “how do these providers overcome the identified challenges?” elicited the theme reflecting on the barriers that were identified in RQ1. Most accessibility services providers (advisors) are not overcoming challenges. Instead, they identified what they would need to be able to do so.

Participants shared the need for specific training, increased personnel (resources), clear and comprehensive guidelines for documentation (clarity and consistency), identification of a clear definition of reasonable accommodations (clarity) as well as the discrepancy between what is required for eligibility for Alberta Student Aid (ASA) funding and what is required to receive accommodations when not applying for ASA and the grants associated. A common wish list item was the use of UDL throughout the province.

To deal with the documentation disconnect, participants identified that different formats are accepted for documentation for different purposes. The first purpose was for accommodations within the institution, and the second was what was required for eligibility for student aid. However, this work around comes with complications. They felt worried about legal ramifications for themselves (human rights), but all stipulated their main concern was students not being able to get what they need for warranted accommodations (resources). In one situation, this was because the participant had to rely on student self-report versus documentation, and the participant acknowledged that students have taken advantage of accessibility services and not providing documentation. Further, she reported that resources that should have gone to assist students with bona fide requirements had been squandered and used up on students requesting accommodations just because they received them in high school. As a result of squandered resources, they no longer were able to offer free tutoring. In other institutions, students who required a separate place to write exams were often denied their accommodations because there was no room and reportedly no resources to provide the accommodations.

A common approach offered by all participants to serve students as well as adhere to documentation requirements was to offer interim accommodations for students. There was some variation in the amount of time wherein interim accommodations would be provided. At most institutions, one semester or the equivalent i.e., 4 months, was provided. However, one institution provided a full year. The provision of interim accommodations was understood to be dependent upon the student actively seeking documentation, but none of the institutions had effective policy to ensure that accommodations did not continue past the agreed upon date of termination. Participant 2 expressed her wish to just have documentation that meets fundable requirements “We have used just an IEP before although I don’t agree with that. We might start with basic accommodations at the beginning of the semester only to find out the student meets funding requirements and have to go back and get (formal) documentation anyway”.

Theme Pertaining to RQ3: No Single Model for Accommodation Decisions is Adequate

RQ3 was as follows: What documentation do these service providers prefer when faced with accommodation decisions for invisible disabilities? The theme that became apparent for RQ3 captures the dissonance in the finding that *no single model for accommodation decisions is adequate*. While all participants indicated that their preferred documentation type was psychoeducational assessments, as reflecting the medical model, all participants also expressed a desire to move away from the medical model and toward the social model. However, when further queried, other than providing UDL as an example, or taking student report into account, not all were aware of what the differences between the two models entailed. Further, many confused the social model with the justice model. Despite AHEAD (2012) guidelines for decreased dependency on documentation as the primary consideration for accommodations, a few respondents made it very clear they felt that some of their colleagues misconstrued the guidelines and were operating more in accordance with the justice model, i.e. no documentation was required. Over half of the respondents indicated that they were obligated to provide accommodations when, in fact, this is not the case, in accordance with the Alberta Ministry of Advanced Education and Alberta Human Rights Legislation. This confusion is a direct result of the lack of clarity in Alberta Human Rights Legislation. In fact, documentation and student report should both be considered, not one or the other. Moreover, service providers are not required to provide accommodations if the student does not submit documentation that speaks to a diagnosis and functional limitations. All participants stated they were not only reliant upon formal documentation from professionals and the suggestions contained therein, but, due to the diverse backgrounds of themselves and colleagues not necessarily having the ability to "think outside the box", that this was also their preferred type of documentation. Participant 1 shared that she had accepted a letter from a social worker who saw the student once, but went on to state that with rare disorders, having diagnosis and the functional impact is a must as "I don't have time to do in-depth research".

However, there were two differences between what participants identified in the preinterview questionnaire as preferred documentation and what they expressed in the interview itself. These differences were a result of participants' expression that it was their personal values and belief that there is no need for documentation as it puts a burden on students. Regardless of the initial difference between the preinterview questionnaire responses and the interview responses, they all espoused that clear documentation indicating functional limitations assists in ensuring an unfair advantage is not provided. Participant 6 bluntly stated "because of the potential for human rights and litigation, we need to have clear and concrete diagnoses and functional impacts." Participant 5 echoed this as for her "Having a diagnosis is extremely important. Eliminate the ambiguity as much as possible".

Participants also reported aspects of psychoeducational assessments that are not helpful. These included generic recommendations with a focus on a diagnosis and not an individual, the increasing difficulty of the diagnostic professionals not understanding the information needs of postsecondary education institutions, and their own need to state a diagnosis because the student client is paying them for the assessment. Participants would still rather deal with the unhelpful aspects, than to not have any documentation.

Although most participants felt that Alberta will be following suit with Ontario's decision regarding not requiring a mental health diagnosis when students request accommodations, a number of participants specifically stated that a DSM reference is preferred. The DSM reference preference was supported by the identification of an expressed need for mental health training. The majority of participants were frustrated with the documentation disconnect, the current differences between what is accepted for accommodations within the different institutions, and what is required by the ASA. Although they would like to see ASA 'relax' their requirements, all participants agreed that current requirements for documentation (although not always followed – whether by the advisors or the diagnosing professionals) are useful and helpful. Overall, the participants provided a clear picture that none of the models in their entirety, or as stand-alone models, met their needs. Instead, they indicated taking the best features from all models would serve their needs, thus better serving the student needs.

Summary

Data analysis for RQ1 resulted in four themes. Participants perceived a need for clarity and consistency, lack of processes for student transfer and K-12 transitions, lack of clarity with Alberta Human Rights Legislation terms, and lack of resources for staffing and training. Although participants reported some challenges strictly related to the size and location (rural, urban, or remote) of their institution, they also identified and described numerous challenges that are common to all postsecondary settings. RQ2's theme expressed that participants are not overcoming, and are struggling just to keep the status quo, and the one theme indicated that current practice is not sustainable. The emergent theme for RQ3 suggests that all participants expressed a desire to get away from the medical model to some degree and move toward the social model. However, neither the social, medical, or justice model provide all that is required and participants would like to utilize the positive and effective aspects of all models.

Chapter 5 includes an interpretation of the findings and limitations of the study. The chapter also includes recommendations for further research and implications. Implications will include not only the potential impact for positive social change, but also recommendations for practice.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this basic qualitative study was to explore current challenges, practices, and preferences of postsecondary accessibility services providers in Alberta regarding invisible disability verification documentation requirements for students requesting accommodations. This study included an examination of postsecondary accessibility services providers' preferences for documentation when making accommodation decisions for students with invisible disabilities. The three research questions allowed for a deeper understanding of the existing variations in postsecondary education institutions' policies, guidelines, and procedures related to the provision of accessibility services. The research questions also identified commonalities that may support more clearly defined, linear, national practices within Canada. Thirteen disability service providers within Alberta's higher education institutions, who fit the criteria for inclusion, participated in interviews.

The three research questions established to guide the development of this study were as follows:

1. How do accessibility service providers in postsecondary institutions in Alberta describe challenges in documenting invisible disabilities?
2. How do these providers overcome the identified challenges?
3. What documentation do these service providers prefer when faced with accommodation decisions for invisible disabilities?

Six themes emerged regarding the three RQs. The four themes that emerged in response to RQ1 were clarity and consistency, students and their transition from K-12 or transfer, Alberta Human Rights Legislation does not clarify terms, and resources for staffing and training. During interviews it became apparent that RQ2 was presumptive, and the emergent theme clearly suggested that service providers perceived themselves as surviving, not “overcoming” challenges. RQ3’s single theme captures the dissonance in the finding as all participants favored aspects of the social model’s documentation practices yet largely preferred using documentation associated with the medical model.

Interpretation of the Findings

In this section I address the findings for the three RQs. I focus first on the findings in regard to the conceptual framework, which was based upon the medical and social models of disability, as well as the emerging justice theory of disability. I then interpret the results in regard to studies and scholarly sources cited in the literature review.

Interpretation in Light of Conceptual Framework

The conceptual framework for this study was based upon the medical and social models of disability, as well as the emerging justice theory of disability. The themes addressing all three RQs signified the participants’ concerns were reflective of aspects of both the medical and the social models. The need for more clarity and consistency was the predominant concern among participants. Guidelines from AHEAD (2012) reflected a 180-degree shift in perspective from previous recommendations, leaving many service providers confused, and many misinterpreting the intent of the updated guidelines. These guidelines reflected a rapid push toward a social and justice-based model. Most institutions are currently enmeshed in managing requirements aligned with the medical model, while trying to occasionally integrate some aspects of the social model (Berghs et al., 2016). The theme of current practice is not sustainable in facing obstacles identified in RQ2 is logical. The different concepts of disability models, aspects of which are neither well known nor understood by disability service advisors (Jarvis et al., 2016), have produced an environment that the participants reported as unsustainable.

Further confounding clarity is that the Alberta Human Rights Legislation (2010) is specific, yet the guiding language is vague. The Government of Alberta (2003, 2018) provided guidelines for the provision of accommodations, but these are difficult to find, and there are no evaluative measures or accountability factors to ensure institutions are adhering to the provided guidelines. Moreover, current resources for staffing and training are insufficient for any of the models. This factor has been evident across publications. WHO (2011) provided the basis for the current definition of the overall operational concept of disability, and when taking into consideration the distinctions of disability identified by Momm and Geicker (2011), providing services and accommodations comes with a significant cost across all types of disability models. Not only have complexities in prevalence and incidence of invisible disability types as well as corresponding needs increased, so too have the number of students with invisible disabilities who are accessing postsecondary education (Government of Alberta, 2019; Newman et al., 2019). Disability services in postsecondary education, whether they are medical, social, or justice focused, are insufficiently funded (NEADS, 2018), leaving the participants, as they claimed, to try and make do with what they have. Participant 2 brought this alive when she said “I’m now working in the same office I received services through over 20 years ago. The approach and accommodations have not changed, but now we have less resources.” Regardless of the model, the increase in the numbers of students, as well as the complexity of student needs, leave service providers wanting for resources.

Interpretation in Light of Literature Review

In this section I interpret the findings in relationship to each of the RQs in light of the literature review. There are relevant studies and scholarly articles pertaining to each of the three RQs. The findings of the RQs focused on challenges in documenting invisible disabilities, the struggle of participants to survive the job challenges, and their preferences for types of documentation.

RQ1: Challenges Reported in Documenting Invisible Disabilities

The need for clarity and consistency was the most prevalent theme with respect to disability documentation. This finding reinforces a longstanding issue in the field of disability services (AHEAD, 2012; Banerjee et al., 2015; Brinckerhoff et al., 2002; Harrison, 2012; Harrison & Holmes, 2012; Harrison et al., 2013; Kozey & Siegel, 2008; LDAC 2007, 2012; Loewen & Pollard, 2010; Lovett, 2020, Lovett et al., 2015; Madaus, 2011; Madaus et al., 2010, 2014; McGuire et al., 1996). With no clear national or provincial guidelines addressing definitions of LD or how best to diagnose this condition, the field has experienced the gamut of influences of the three main theoretical frameworks -- medical, social, and justice -- over the last few decades (AHEAD, 2012; CACUSS 2020).

Postsecondary accessibility services providers in Alberta that I interviewed identified an additional desire for clarity and consistency regarding their difficulties encountered in providing a level playing field for accommodated students while also ensuring those students do not get an unfair advantage over non-accommodated students. Their concern was directly associated with a recent human rights decision in Ontario, as well as the AHEAD (2012) guidelines. Several participants revealed misunderstanding as to their interpretation of AHEAD's recommendations and participants' subsequent practices and beliefs.

Another theme was that Alberta Human Rights Legislation does not clarify terms. While guidelines from AHRC (2012) provide direction for what must be provided by postsecondary institutions, these guidelines do not define terms or a measure to facilitate whether or not a directive has been accomplished. Despite participants disparaging the medical model, most practices and preferences described by participants were in accordance with the medical model, and when queried, participants did not appear to be aware of many best practice aspects of either the medical or social model–even the participants who felt they were fully embracing the social model. The same lack of differentiation on the part of disability service advisors is evident in several prior studies (AHEAD, 2012; Berghs et al., 2016; Condra & Condra, 2015; Guzman & Balcazar, 2010; Haegle & Hodge, 2016; Jette, 2006; Loewen & Pollard, 2010; Momm & Geicker, 2011; Nagi, 1964; Olkin, 1999; Rawls, 1999; Weiss et al., 2012; Whiteneck, 2005; WHO, 2011).

Regarding RQ1's theme focused on the transition from K-12 to college, the participants frequently spoke of students providing documentation to a postsecondary school that originated from an elementary or secondary school. and how this situation was problematic in many ways. The documentation disconnect and eligibility differences between secondary and postsecondary institutions are identified in several studies (Banerjee et al., 2015; Gormley et al., 2005; Madaus, 2010; McGuire et al., 1996; Shaw, 2012; Sparks & Lovett, 2014). What is acceptable in K-12 for the provision of accommodations is not acceptable in postsecondary settings. Further complicating the identified documentation disconnect is that in recent years K-12 institutions in Alberta have done away with the requisite diploma exams, and in doing so, have moved away from a diagnostic role for students with some invisible disabilities (Government of Alberta, 2018). This has left students with incomplete and insufficient documentation for postsecondary purposes.

In discussing experiences regarding the lack of resources as a challenge in responding to invisible disabilities, the fourth and final theme for RQ1, study participants spoke of physical, fiscal, and personnel shortages. This finding echoes that of other studies where resources were found to be scarce in meeting the needs of students with invisible disabilities in postsecondary education (CAS, 2018; Doupe & Samuels, 2007).

While the majority of disability advisors have traditionally followed the prefects of the medical model, more recent years have seen a preference for what is espoused as the social model, especially with more widespread recognition of the tenets of UDL (CACUSS, 2020; MYTIQA, personal communication, October 6, 2019). Adoption of

UDL would eliminate much of the need and subsequent resources for providing individual accommodations (Ketterlin-Geller & Johnstone, 2006; Scott et al., 2001).

RQ2: Current Practice is not Sustainable

Research Question 2 was as follows: How do these providers overcome the identified challenges? Although this question's phrasing was presumptive in assuming providers were able to overcome challenges, it did prompt generative reflections. Other studies have found expressions of stress and challenge amongst those in the disabilities services profession (Rancic, 2018). In this study, participants indicated they are simply surviving as opposed to either thriving or overcoming challenges. Postsecondary accessibility services providers were able to identify what is required to remediate and improve the field of practice for long term sustainability, such as clear directives, more training, and increased resources. They also strongly expressed a desire to be included in any decision-making process initiated, as was found in Olkin's (1999) publication. Their minimal request was for a consistent government and human rights approach and strategy that all postsecondary education would be required to follow.

RQ3: No Single Model for Accommodation Decisions is Adequate

RQ3 asked: What documentation do these service providers prefer when faced with accommodation decisions for invisible disabilities? All participants in the preinterview questionnaire expressed that the documentation required by the medical model is what they are most comfortable with, as well as what they prefer. This is consistent with the majority of the literature (Banerjee et al., 2015; Brinckerhoff et al., 2002; Harrison, 2012; Harrison et al.,2013; Kavale et al., 2009; Lovett et al., 2015;

Roberts, 2012; Wolforth, 2012), with the exception of Siegel (1992, 2003), Stanovich (2005), and Stanovich and Siegel (1994) who are not in agreement with formalized assessment (in particular an ability measure) to diagnose LD. Although most participants mentioned their wish to switch completely to the social model of disabilities from the medical model, other than making reference to UDL and documentation, none of the participants expressed familiarity with the distinctions between the medical and social models.

All participants expressed a "need to know" a student's particular disability diagnosis to better provide accommodations that will remove barriers that are implicit in the social model (Gabel & Peters, 2004; Haegle & Hodge, 2016; Lovett & Lindstrom, 2015). One individual with mental illness may benefit from extended time on exams, whereas extended time may cause increased anxiety for another individual with mental illness. All participants referenced the increasing numbers and complexities of disabilities, as well as the increasing number of students who present with multiple disabilities and expressed the importance of knowing a student's diagnosis to provide accommodations that will remove barriers most effectively (Banerjee et al., 2015; Brinckerhoff et al., 2002; BCAVED, 2011; CACUSS, 2014; LDAC, 2007; Lovett & Harrison, 2019; McGuire et al., 2009; NEADS 1999, 2016b). Most participants were cognizant of and concerned about the potential for students to claim an invisible disability when one did not exist. Harrison and Armstrong (2016) emphasized the need to use measures that detect feigning in assessments of invisible disabilities and Lovett (2019) outlined a hard lesson learned regarding the ability to obtain false documentation.

The importance of knowing a student's disability diagnosis was evident in participants' comments regarding their need for training, their lack of expertise, and the importance of getting everyone on the same page with so many new and complicated diagnoses.

All participants identified that psychoeducational assessments (largely medical model) were their preferred choice of documentation for LD and that this documentation helps inform each institution as to what is required for accommodations. This need for psychoeducational assessments was also found in research conducted by Banerjee et al. (2015), Goodin (2014), Shaw (2002), Sparks and Lovett (2014), and Wolforth (2012) This finding also contradicted arguments by Siegel (1992, 2003), Stanovich (2005) and Sternberg and Grigorenko (2002) that challenge the need for intelligence testing when determining the existence of learning disabilities. Psychologist or psychiatrist reports were the participants' preferred form of documentation for student mental health issues. While this approach is supported by previous research and requirements, (Wolforth, 2012) participants indicated that the recent legal decision in Ontario related to human rights issues, (Condra & Condra, 2015; Disability Rights Promotion International, 2016) as well as AHEAD (2012) guidelines, have many stakeholders confused.

Within the postsecondary environment, if an individual insists they require accommodations but does not have the appropriate documentation to indicate a need for accommodations such as extra time, assistive software such as text to speech software programs, speech to text software programs, separate space for tests, textbooks in alternate format, sign language interpreters and accommodations, then resources that another individual legitimately requires may be potentially squandered on the first individual (Kavale et al., 2009; Lovett, 2020; Lovett & Harrison, 2019; McGuire et al., 2009; NEADS, 2016b; Roberts, 2012). This misallocation of resources may occur when students have insufficient evidence to support their claim of requiring accommodations for disability-related reasons or due to a lack of knowledge of the accessibility services personnel Gormley et al., 2005; Rapp, 2018; Shaw, 2012; Shaw et al., 2010; Sparks & Lovett 2009, 2013; Wolforth, 2012). Participants reported that students and parents will often make threats of legal action or human rights complaints, and accessibility services personnel who lack the confidence or knowledge needed to successfully perform their job may succumb to that pressure and provide unwarranted accommodations.

There are several factors that impact the suitability or appropriateness of documentation that were raised by participants and reflected in the literature. First, due to the shift to RTI in the K-12 system, the lack of documentation of diagnosis is problematic for postsecondary requirements. Second, student abilities are vastly different when in the K-12 system than when students are in college or university. Over time students develop compensatory strategies as the different lobes of their brains develop more fully (NJCLD, 2005). To incorporate accommodations from when an individual was 13 years old is inefficient, inappropriate, and, depending on the diagnosis, potentially provides an unfair advantage (Kavale et al, 2009; Lovett & Harrison, 2019; McGuire et al., 2009; NEADS, 2016b).

All service providers in this study indicated a desire to have documentation but not make it onerous for students to obtain (AHEAD, 2012). Most participants wished to have a common language and understanding within guidelines that all accessibility services offices must follow. None of the three models, medical, social, or justice, as stand-alone models, met the needs and preferences of the participants. Instead, participants described preferences that encompassed some aspects of all the models.

Limitations of the Study

Within a qualitative study cause-and-effect connections cannot be determined (Quiros et al., 2017). Using a semistructured interview approach, the participants often delved into in-depth explanations without my having to query further. The nature of the follow-up questions was determined predominantly by each participant's responses. As is common, both of these patterns may contribute to generalizability of the findings.

The interview responses were dependent upon the accuracy and truthfulness of participants. However, there was no indication or evidence supporting or suggesting this as a potential limitation. This study was limited by resources, which resulted in the use of strictly electronic means of data collection using computers and phones. As neither face-to-face interviewing nor video was an option, as all participants chose to use the phone, I could not observe body language. However, participants' voice tone and cadence proved to be helpful in analyzing the data and contributing to the trustworthiness of the data analysis. Another limitation potentially lay with the lack of audio recording of the interviews, also a preference of interviewees, and the reliance on handwritten recording of the interviews. This limitation was mitigated by correspondence with participants. I shared their transcripts and, to confirm the accuracy of the transcripts, asked them to advise if there were errors. All but one of the participants responded and all confirmed their transcript as an accurate representation of their interview. All the actions taken to mitigate limitations serve to contribute to the trustworthiness of the data and ability of other researchers to consider what findings might be generalizable and applicable to their settings.

Recommendations

In this section I made several recommendations for research to support students with invisible disabilities. Students with disabilities account for approximately 11% of the population within postsecondary institutions in Canada, and these students earn fewer credits and are less likely to complete their programs than their peers without disabilities (Newman et al., 2019). I recommend further research explore why policy makers are not more actively embracing and incorporating past and current research to address the needs of these aspiring college students. UDL was identified decades ago and has many vital and distinctive recommendations that fit all students, not just those with disabilities. Ketterlin-Geller and Johnstone (2006) identified the benefits of UDL when accommodations are required, yet UDL is only slowly starting to be acknowledged as best practice and is still not the prevalent form of practice.

Further research is necessary to determine why the gold standard in diagnosis in the field of psychology has not naturally and logically extended to educational psychology and its assessment purposes. A DSM diagnosis is a requisite component of providing accommodations, and this study has shown that there are questions and concerns with some assessments that are received. Lovett and Harrison's (2019) exploration of forensic psychology for purposes of disability verification identifies the ideal and uncompromising mechanisms for diagnosis within clinical practice and pinpoints the components that have been consistently taught and touted as the gold standard. Their paper could be used as the model when looking to replicate previous studies to advance the field of reliable and valid psychoeducational assessments.

Research is necessary to help establish a common definition and common diagnostic approach to LDs. In addition, establishment of strict criteria for designation and use of terms is also recommended, to avoid confusing students, parents, school leaders, and practitioners as to whether a LD exists or if a student is an overall slow learner with some areas of relative strengths (Banerjee et al., 2015; Brinckerhoff et al., 2002; Condra & Condra, 2015; Doupe & Samuels, 2007; Flanagan et al., 2013; Gormley et al., 2005; Hale et al., 2010; Harrison, 2012; Harrison & Wolforth, 2012, 2013; Kavale et al., 2006; Kavale & Spaulding, 2008, Kavale et al., 2009). Related to the need for common definitions and diagnostic approaches is the need for research regarding how the DSM is updated, and by whom, and why. As this study has shown, a diagnosis grounded in the DSM is necessary for provision of services. When the DSM changes, subsequent diagnoses are impacted and there is a significant effect on accommodations that are then provided.

Implications

This study shows that there is tremendous potential for positive social change at many levels. The levels include individual and organizational, as well as societal. In this section I present recommendations for improvements in practice in relationship to the findings of this study.

Challenges

Participants were resoundingly vocal and united in what they would like to see in place to overcome barriers to implement services to students. Based on themes associated with this research, I heard that participants perceive that a standardized procedure is nonexistent, which results in much confusion, hesitation, and a subsequent willingness to acquiesce to student and parent demands for accommodations. Given that documents help inform the institution as to what accommodations are required, lack of reliable diagnoses and information place accessibility services at a disadvantage. Participants indicated that if they are going to err, they choose to err on the side of granting student requests, thereby creating an unfair advantage for those accommodated students. The creation and adoption of clear standards of practice is recommended, in addition to how these standards will be measured. Given that there were several misconceptions and various forms of misinformation that the participants were using as a basis for their decisions about the provision of services, the development of a reference manual is a key recommendation for providing training. As the lack of a standardized procedure leaves service providers struggling to balance student and institutional needs whilst meeting provincial requirements, an outline of definitive rights and responsibilities according to stakeholder roles may result in positive and significant social change across all levels.

Participants stated that many students are not receiving the accommodations they are entitled to because of a reported lack of space for the provision of necessary services, such as quiet spaces for exam accommodations. This study identified that lack of space, among other challenges, is in direct relationship to students demanding accommodations they are not entitled to, and the subsequent squandering of resources. Accessibility services personnel bear the responsibility of ensuring they are complying with legislation and the duty to accommodate. However, some participants reported concern with a lack of consistency between colleagues and between institutions, resulting in an unfair advantage for some students with and without disabilities. Due to a lack of accountability for services, unless service providers are extremely conscientious in their record keeping allowing for statistical analysis, and/or unless students file a formal human rights complaint, there is no way to determine whether students are receiving the accommodations to which they are entitled.

As shared by participants, due to a lack of specific educational or experiential requirements, some participants who are in accessibility services positions may not clearly comprehend the effect that current practices have on the student population that has the greatest need for services. With limited resources and grants often allocated to other areas under the guise of accessibility, some participants expressed they do not want to bring unwanted attention to their positions. Moreover, they are fearful of job loss, often mentioning recent budgetary cuts experienced in all postsecondary institutions in Alberta. Therefore, instead of bringing the lack of resources to the attention of the postsecondary institutions, as well as other stakeholders, such as the funding government, accessibility services personnel in some institutions have adopted a first come, first served attitude for some accommodations, such as private study and exam space. As participants indicated, this often means that students without disabilities are receiving accommodations to which they are not entitled, but more importantly, students with a bona fide need for accommodations are not receiving their accommodations. Not only does this create an unfair advantage for some students, but it contributes to a vicious cycle being created and sustained wherein the student deserving accommodations does without. Recommendations for steps that can be taken to mitigate the challenges described are offered below.

The need for clarity and consistency in terminology and guidelines, a recommendation emerging from the first theme, is key to the success of all recommendations. A sustained lack of clarity and consistency will continue to result in disparity and unfairness in the provision of services. The top area wherein clarity and consistency is necessary, but desperately lacking, is balancing the needs and rights of students with institutional needs and provincial expectations. This need was evidenced in participants' call for common policies, procedures, and practices in addition to better definitions regarding what constitutes reasonable accommodations and undue hardship. Reasonable accommodations and undue hardship are terms tied to human rights. The AHRC, until recently, understood complaints related to accommodations to be related to housing needs, which could be a potential explanation for why some of AHRC's terms are not clear. However, more research would be required to determine if there is a causal link. Although clarity from the AHRC is necessary, each institution must also internally determine how to arrive at a means to educate staff and justify decisions.

More than half of participants believed they were legally obligated to provide services if a student presented with a diagnosis. However, a diagnosis alone is not sufficient to warrant accommodations (Roberts, 2012). Significant functional limitations must also be present (AHEAD, 2012). Lovett and Harrison (2019) argued for forensic thinking in disability assessment and noted that evaluations that do not start out encompassing a forensic rationale toward documentation, can be used later in legal proceedings. Lovett and Harrison emphasized the importance of careful, unbiased evaluations of evidence and referred to a three-legged stool of assessment methods. This recommended approach would see data from objective diagnostic testing, self-reports from students, information from third parties, and historical data used to inform a diagnosis and subsequent recommendations.

K-12 Transitions

The goal in K-12, as described by participants, must be to increase student independence, as students are in need of many skills that they are not currently acquiring in the K-12 system. Therefore, it is recommended that practitioners in the K-12 system follow through on their legal responsibilities for all transitions, for students with and without disabilities. Some of these responsibilities include ensuring eligible students have access to, and are using, assistive technology, and ensuring all documentation is up to date and completed by an appropriate professional. In addition, documentation must reflect the use of using adult measures to ensure the assessment is valid for postsecondary institutions when a student is 16 years of age or older. Possibly the most vital recommendation is that K-12 should provide an education to parents and students about the differences between secondary and postsecondary documentation requirements and potential qualification for accommodations. Parents and students would then be able to make informed decisions. If students enter the postsecondary environment dependent on other people to access and express their knowledge, their chances for success will be limited (BCAVED, 2011).

Participants agreed that all students would benefit from being taught study strategies, test-taking strategies, time management, money management, and daily living skills. K-12 educators and leaders fulfilling their legal responsibilities will assist accessibility services providers in postsecondary institutions, as well as the students who are making the transition, regardless of when this transition occurs. The assistance comes in the form of postsecondary services providers having what they legally require for the provision of appropriate accommodations, and students being prepared for the expectations and requirements of their new educational setting. The secondary system ensures that accommodations are equated with success, but postsecondary accommodations only ensure access. Students are expected to be able to meet the requirements of individual courses and programs in order to experience success.

Differential Diagnosis

To be given a diagnosis of a learning disability, the diagnostic professional is required to eliminate any other diagnosis that could potentially be interfering with the student's expected achievement. A differential diagnosis is a list of possible conditions that could be interfering with the student's learning, and then proceeding with a process of elimination prior to a DSM diagnosis being arrived upon by the diagnostic professional. Students with mild or moderate cognitive delays are presenting within postsecondary and expecting accommodations as they have been told they have learning disabilities. This is an issue faced by all participants. It becomes very confusing, and detrimental to appropriate transition planning, to diagnose an individual with a cognitive delay as also having learning disabilities. The two are mutually exclusive as the cognitive delay explains why a student is not performing to age or grade equivalencies. (Brinckerhoff et al., 2002; Doupe & Samuels, 2007; LDAC, Kavale et al., 2006; Kavale et al., 2009; LDAC, 2007; LDAO, 2012; Wolforth, 2012).

Therefore, to lessen confusion, it is very important for anyone diagnosing, and those subsequently working with students, to avoid referring to students with cognitive challenges, intellectual delays, autism spectrum disorder, fetal alcohol spectrum, and so forth as having learning disabilities. These are separate diagnoses and the aforementioned are also exclusionary criteria as part of the differential diagnosis process for the diagnosis of specific learning disabilities in accordance with both DSM-IV and V.

In the same vein, the no-fail policy does not deal with underlying diagnoses or difficulties a student may be experiencing. For example, special education teachers, in conjunction with classroom teachers (with the approval of administration), must stop providing modifications instead of accommodations, as this sets students up for failure outside of high school, including in the postsecondary environment. Modifications include less work assigned, decrease in expectations of quality and output, make-up assignments, or repeated attempts at tests to increase a student’s grade, and are often mistakenly referred to as accommodations within K-12.

This same group (special education teachers, teachers, and administrators) must recognize that there are differences between what is required to meet ministry criteria for accommodations in K-12 schools and what is required in postsecondary schools. These differences must be respected. This may be accomplished by ensuring that students are adequately prepared and also by educating students and parents about the differences. All participants voiced that most students coming to postsecondary schools, regardless of whether they have a disability, are unprepared for the demands of postsecondary institutions. Policy makers and administrators within the K-12 system are encouraged to reconsider the no-fail policy and stop pushing students through classes by ensuring student marks meet the minimum requirements. Within Alberta, teachers have been at risk of losing their job if they assign a zero grade to a student (CBC, 2012).

Finally, the K-12 education system, as well as the licensing body of psychologists, must ensure any psychologist, not just those who work within the K-12 system, who perform assessments in any situation and for any reason, are impartial and professional (Harrison & Lovett, 2020; Wolforth, 2012). The desire for accurate diagnostics are in keeping with the medical model. Participants asserted that diagnosing a non-existent disability, or falsely reporting severity to assuage parents, ensure qualification for government programs, or justify their professional fee is neither legal, nor in the best interests of students. I recommend a reckoning of realistic goals for students with cognitive disabilities and learning disabilities. If students are not capable of the level of work required within K-12, this fact should be accurately documented and utilized to reflect on the situation so that transition planning can be completed with realistic goals for the students.

Increase Access to Resources for Providers

Student aid requirements, in conjunction with AHRC, have been the driving factors behind policy and practice. Collaboration with these entities, in accordance with a social model approach, would be highly beneficial. A manual of procedures, services, and available resources would provide a baseline for all postsecondary disability service providers and could also provide a basis for consistency and accountability evaluations.

Potential content for a procedural manual could include consistent messaging and practices for all accessibility services personnel. This would include what is and what is not acceptable as it relates to the requirement for documentation, as well as the types and timelines of accommodations provided. Even though the Government of Alberta Higher Education website contains information regarding requirements for documentation and accommodations, the information is difficult to find. For example, several participants expressed that psychoeducational assessments are free for postsecondary students in Alberta, when this is not the case.

A training manual developed in conjunction with the Ministry of Alberta Higher Education, Alberta Student Aid, and representatives from the postsecondary accessibility services community would be ground-breaking in Alberta. British Columbia developed such a manual over a decade ago for new personnel. The manual helped to ensure everyone provided consistent services not only within institutions but across institutions within the province. Representatives from Articulation in British Colombia are currently in the process of updating the manual. Resources within the manual included the need to examine and set case load numbers, availability of adaptive technology, remediation to physical plant limitations, exam space, adaptive chairs and desks, and other factors that impede postsecondary accessibility services providers’ ability to do their job effectively and comfortably.

UDL was identified by participants as the primary mechanism by which the social model may be more widely adopted. Resources for implementing UDL may already exist without being explicitly labeled as UDL. To assist postsecondary services providers with their expressed desire to move more toward the social model, it is important that disability services providers actively seek allies across the institutional landscape. Such allies may include those who are in charge of curriculum development, as well as centers for teaching and learning who bear the responsibility for providing specific training on ‘how to teach’. Within postsecondary institutions, individuals are hired specifically for their content matter expertise. Often, many do not have previous teaching experience, or where they do, they do not have postsecondary teaching experience. Teaching and learning centers are best positioned to introduce faculty and instructors to UDL principles. If support and mandates for implementing UDL are actively supported at the administrative level, an increased focus on institutional awareness and institutional responsibility for accommodations will help foster teaching practices that support all students. In so doing, departmental silos may be broken down, students may learn more and accessibility services providers in postsecondary settings may be positioned to move toward the social model approach that they promote.

Management Commitment and Support for Difficult Conversations

Many of the postsecondary accessibility services providers in this study felt they are alone, even when they work in an office with colleagues. Being unsure of one’s decisions is not a comfortable place to be. Continually second guessing, comparing oneself to colleagues, and asking questions but receiving no responses, or questioning responses because of a lack of clarity and consistency, is not conducive to productivity or novel problem solving. Some smaller institutions have only one service provider, and a lack of clear guidelines, policy, and procedure hampers individuals’ comfort in providing appropriate accommodations. The same lack of clear guidelines, policy, and procedures from management also inhibits confidence in individuals working within institutions with numerous employees in the accessibility services office.

As voiced by the participants, instead of waiting until there is a legal situation or complaint, the managers of accessibility services departments are encouraged to find ways to provide support to those who face the task of having the difficult conversations with students, parents, and instructors, as well as having to make difficult decisions. The participants of this study described situations that showed their perception of a lack of willingness by their managers to discuss and problem solve potential issues. Managers’ commitment and support should include professional development and training opportunities in addition to clear policy, procedure, and guidelines. Receiving support from management, hiring knowledgeable and experienced individuals, and providing these individuals with the tools to do the job, will help ensure that postsecondary disability services providers have an effective balance of guidance and support, while simultaneously addressing the need for the autonomy of providers.

Helping Providers Overcome Obstacles

Participants were very clear as to the barriers and obstacles they face when trying to balance the needs of many stakeholders when providing accommodations for students. They were also very clear as to what they would like to see occur to ease their difficulties, as well as to provide better learning experiences overall for students with all disabilities.

Adopt UDL Throughout Postsecondary Environments

All participants wanted to see UDL adopted throughout all postsecondary education environments. Research has shown that what works for students with disabilities works for all students and adopting UDL principles and methods greatly decreases the need for specific accommodation requests (McGuire et al., 2003; NEADS, 2016; Scott et al., 2001). Although there will always be a need for accommodations of some disabilities, with the adoption of UDL, accessibility services providers can have more time to provide direct services to students who require it.

Given the sudden shift to online delivery format due to the COVID-19 pandemic, institutions have been presented with an opportunity to embrace UDL principles. For example, the shift to having online exams has eliminated the need for many accommodations to have to be provided. The present unpredicted and unprecedented situation has provided the opportunity for UDL principles to be incorporated on a permanent basis.

More Collaboration with Faculty, K-12 and Diagnostic Professionals

Engaging key stakeholders in all education efforts is vital to ensure the provision of access to the institution, and in supporting the fact that an accessible academic environment is seen as everyone's responsibility. To help providers address lack of clarity and consistency, which was a shared and primary concern for all those interviewed, several improvements are recommended. Recommendations include collaboration with various stakeholders, inclusive of faculty, K-12 educators, and professionals.

Faculty. Institutional leaders should provide education for faculty regarding the duty to accommodate as well as instructional practices. This study identified challenges faced when faculty members who have previously taught students with disabilities, or have experience with family members with disabilities, felt their experience lent itself to providing accommodations without the knowledge or support of the accessibility services department. Such prior experience does not make the faculty member an expert in the complex task of determining accommodations. A familial awareness of disability, either physical or invisible, or previous teaching experience, does not make faculty knowledgeable enough to challenge accommodation decisions made by those in the role of determining appropriate accommodations.

K-12. Representatives from individual postsecondary institutions, as well as MYTIQA, should consider sending an informative letter to the schools within the province to confirm that the information regarding assessments and differences between K-12 and postsecondary are clear. Transition meetings for students coming from high schools could help to ensure that documentation requirements are met or a backup plan is established, and that a discussion of potential accommodations takes place prior to the student's arrival at postsecondary educational institution.

Professionals. Diagnostic experts are relied upon to provide a clear picture of the strengths and challenges a student faces. These professionals include medical doctors, psychiatrists, psychologists, as well as any type of specialist. Service providers depend upon the reports and assessments supplied to establish eligibility as well as when looking to determine reasonable accommodations. Without reliable reports, it is extremely difficult for the postsecondary accessibility services providers to ensure the student is receiving what they are legally required to, without providing an unfair advantage.

MYTIQA leaders could establish a separate working group to compile a list of frequently asked questions, to post on the MYTIQA website. In addition, members of this working group could take turns responding to member inquiries, ensuring responses are timely and accurate. Establishing a buddy system might be helpful for those who are new to the profession and require information and guidance.

As the concerns and complaints of the participants were unanimous regarding difficulties with the quality of reports received, a better understanding by the Alberta College of Psychologists regarding the requirements of postsecondary education could enhance the reports provided, as well as diagnostic techniques and approaches. Further, more precise recommendations for accommodations specific to a particular individual will increase confidence in the accommodation process within postsecondary institutions. Adoption of the forensic approach by the Alberta College of Psychologists, as touted by

Lovett and Harrison (2019), seems reasonable as this would establish definitive diagnoses as well as subsequent recommendations for postsecondary education of the individual who has undergone assessment.

No Single Model is Adequate

While all participants were clear as to the type of documentation they prefer, in a supposedly regulated field (diagnostics) that requires individuals to be licensed, the range of quality of assessments produced, and inappropriate suggestions for accommodations, is staggering. Psychologists ‘finding’ a diagnosis because they feel they owe it to the client who is paying, or doctors who will write whatever their patient requests of them, not only calls the legitimacy of the field of accessibility services into question but casts a negative light on the diagnostic professionals as well.

As I heard in the interviews, there is frustration and a sense of barely surviving, as service providers describe the current approach to practice as an unsustainable situation and model of service delivery. Current government documents and requirements are confusing and difficult to find; few accessibility services offices follow the guidelines as not many are aware of the existence of the documents, and the requirements themselves are so confusing they can preclude compliance. Added to the current model the fact that there is no program evaluation or accountability system in place, other than reporting numbers as to the different types of disabilities and standard accommodations offered, and it is little wonder the participants are frustrated and confused. The clear message was that no one model, medical, social, or justice, is sufficient. It is recommended that a clear set of guidelines that incorporates participants’ thoughts, opinions, practices, and attitudes is developed in conjunction with the participants and others in the field. Olkin (1999) expressed the necessity of ensuring that no decisions are made for a particular population, without the input and permission of the population. It is this resounding message and recommendation, that will allow for a more effective, and more importantly sustainable, method of service delivery to be established.

Conclusion

Conducting the research for this study was a labor of love and resulted in some surprising as well as some expected outcomes. As a practitioner in the field, I had anticipated participants' expressions of the need for training and development of resources, feelings of confusion and frustration, and a need for sufficient physical resources. Physical resources are not only required to meet the learning needs of students, but also to provide the capacity to fulfill the duty to accommodate. I also anticipated the commitment to students and passion demonstrated by participants. However, the complete agreement among participants regarding the need for documentation of diagnoses was surprising. Having participated in provincial meetings prior to the study, the involvement and vocality of professionals had led me to believe that many in the field would do away with the need for diagnoses and the need for documentation, if that were presented as an option. However, in explicitly exploring this issue, I found that participants in my study went so far as to indicate that although they are not happy with the quality of documentation currently received, they consider some documentation to be better than none at all. Also somewhat surprising was the participants' seeming misunderstanding of the differences between the medical and social delivery models.

There is an opportunity for the province of Alberta to listen and respond to the informed voices of these participants who, collectively, provide thousands of services to tens of thousands of postsecondary students every year. Clarity and building bridges with stakeholders through collaboration, along with access to and provision of training, UDL, and other sufficient resources, may prove to be determining factors that help ensure current service providers and their generations to come, will be able to strike a much-needed balance of the needs of all stakeholders. These research findings have confirmed for me that only in achieving that balance will students with disabilities be able to access, navigate, and graduate from higher education institutions with a similar success rate as their peers without disabilities. In building structurally sound and sustainable bridges, we may walk independently and confidently with an increased likelihood that no one will fall through the cracks.

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Appendix A: Preinterview Questionnaire Results

Figure 1A

Types of Disabilities Commonly Encountered Within Alberta Postsecondary Institutions

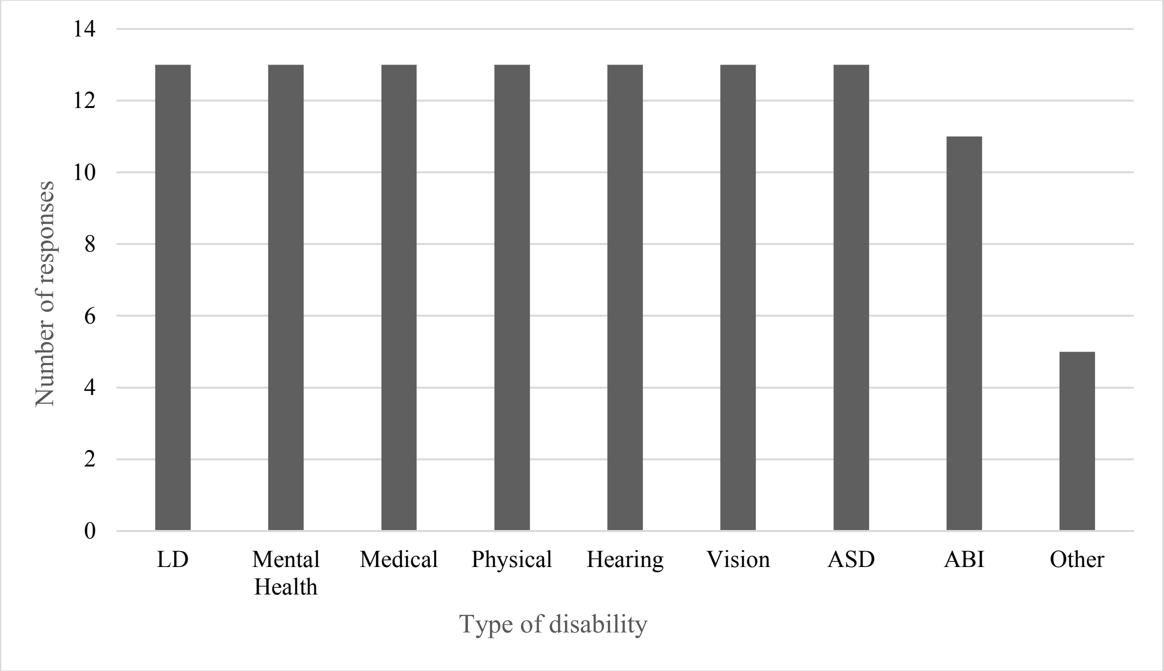


Figure 2A

Origin of the Framework and Institutional Policy and Procedure

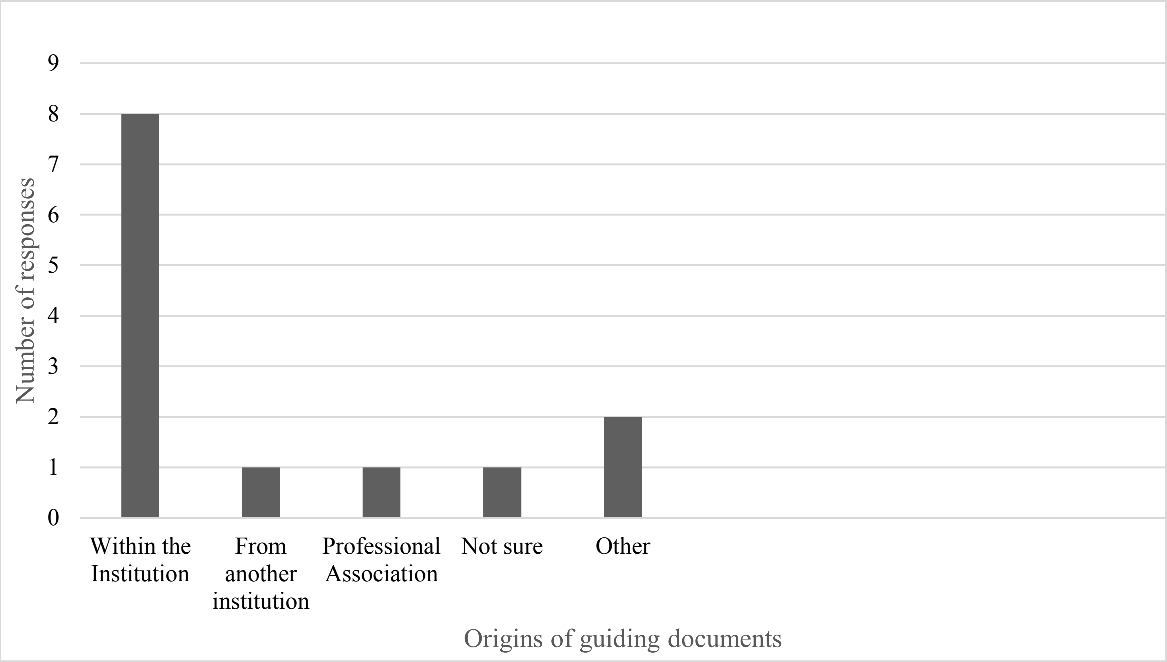


Figure 3A

Required Documentation for a Learning Disability

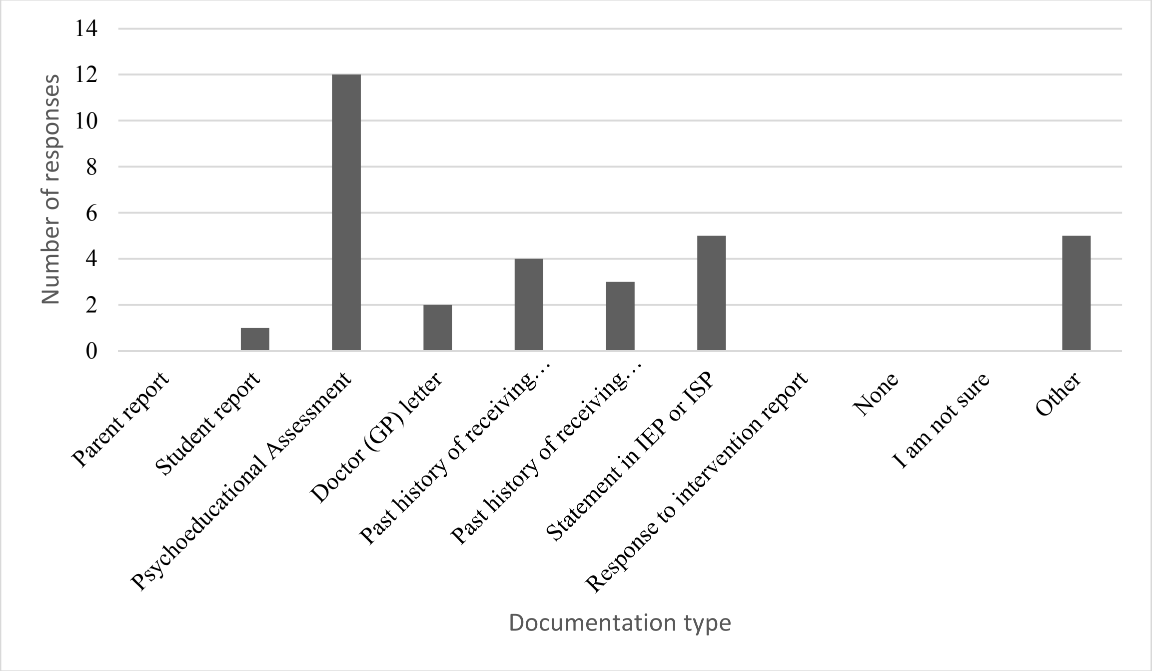


Figure 4A

Determining Severe Functional Limitations

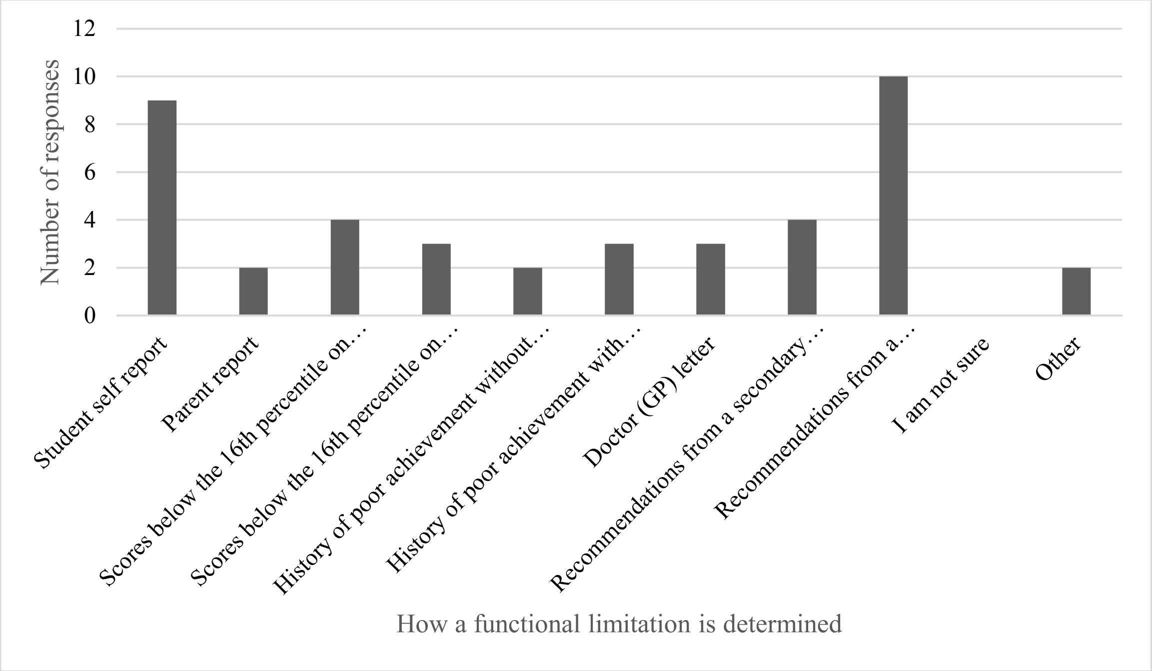


Figure 5A

Documentation Provided by Students With a Learning Disability for Accommodation Purposes

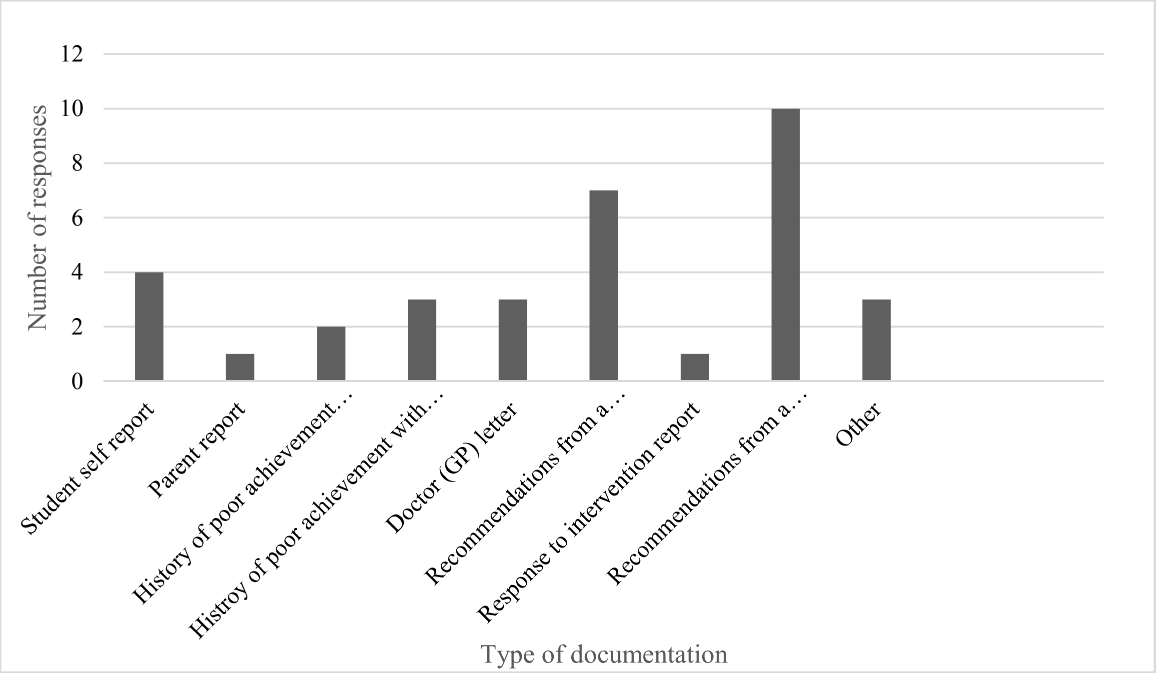


Figure 6A

Comfort and Confidence Levels of Service Providers with Types of Documentation for LD Verification and Accommodations

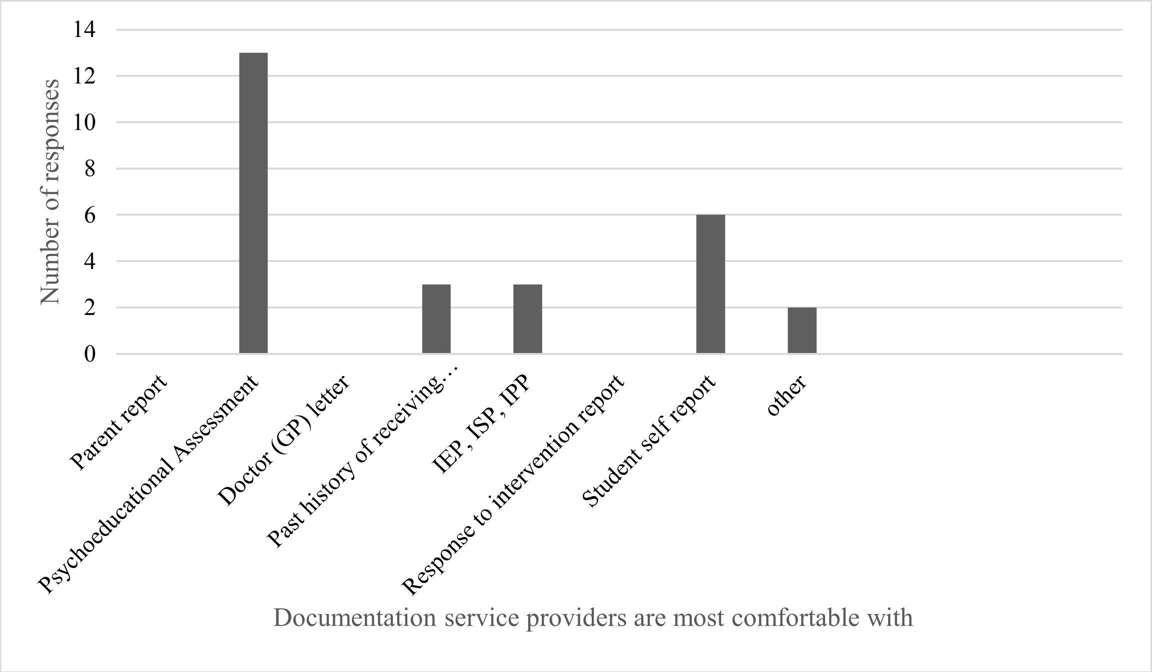


Figure 7A

Documentation Required for Mental Health Accommodations

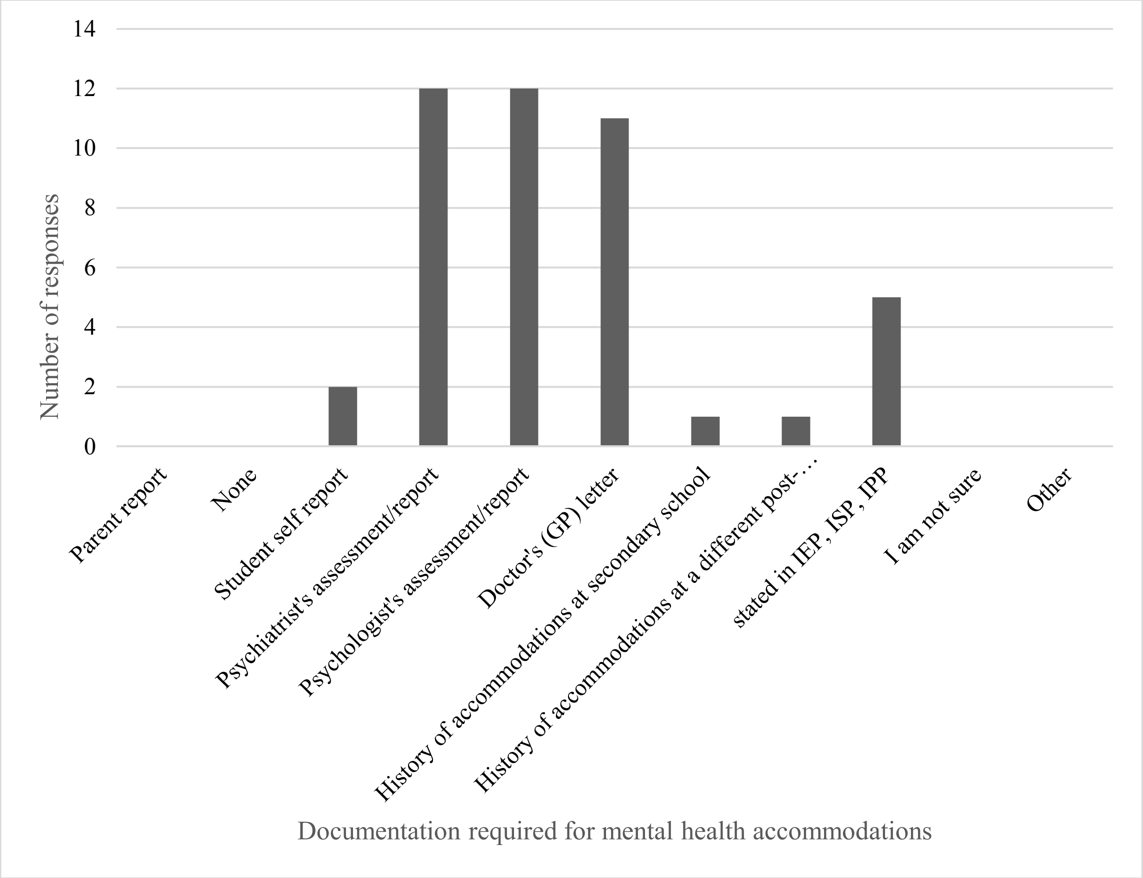


Figure 8A

Documentation Provided by Students for Mental Health Accommodations

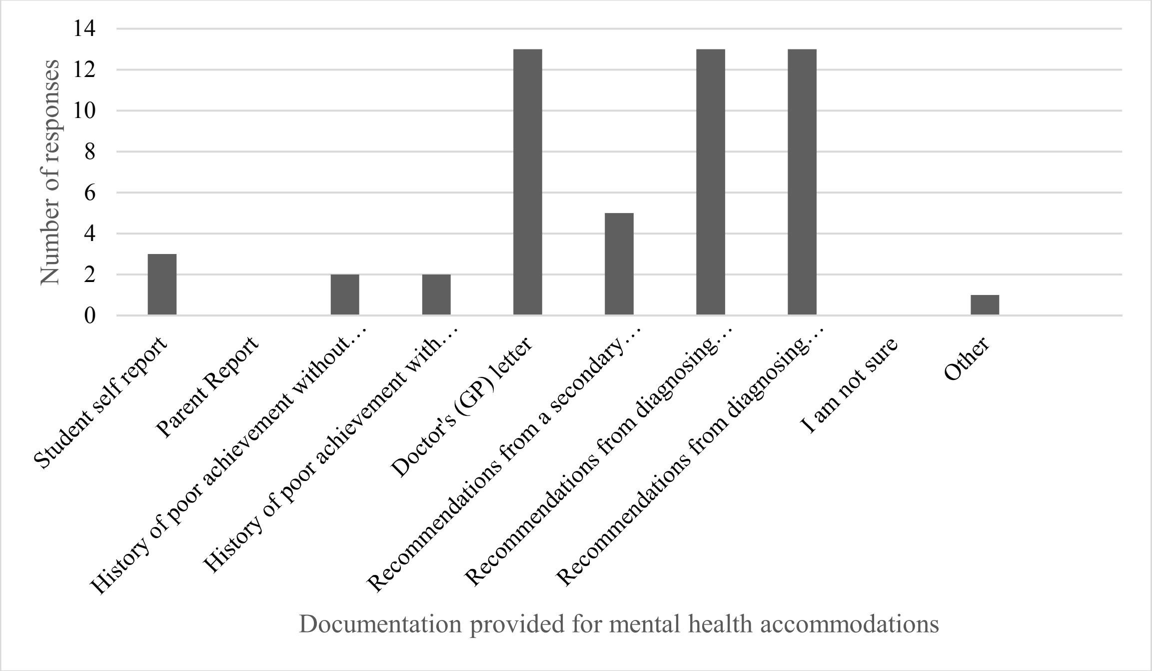


Figure 9A

Determining Functional Limitations for Mental Health Accommodation

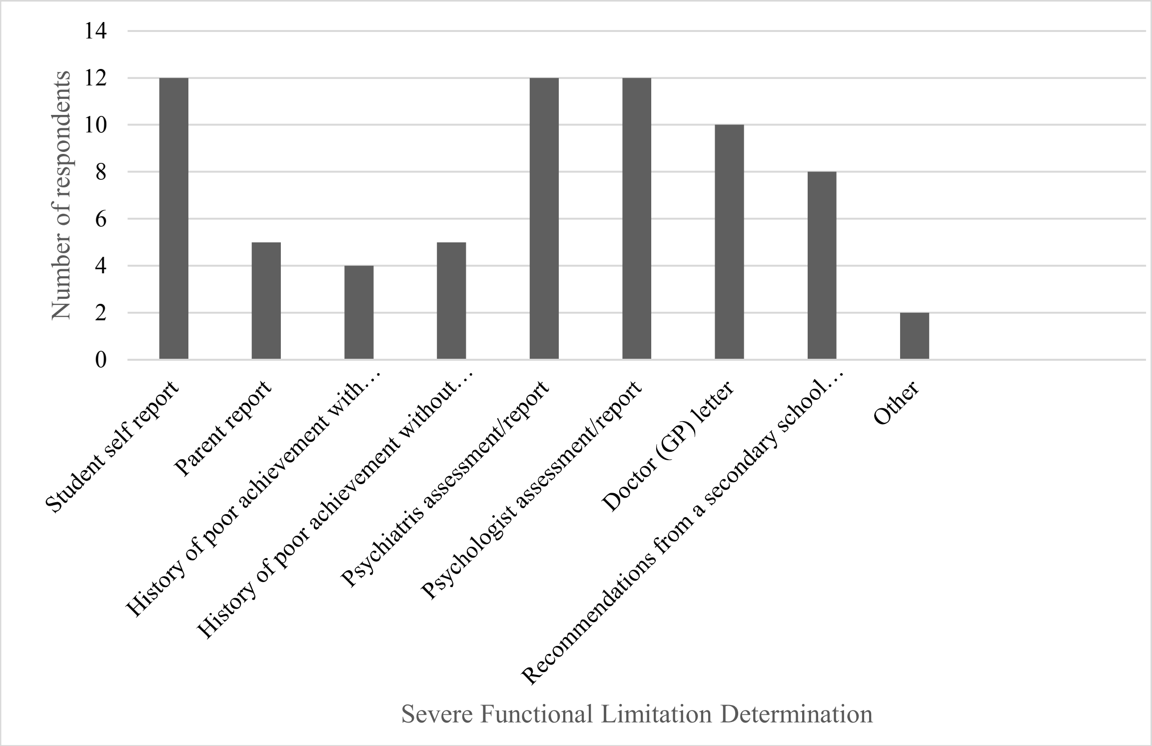
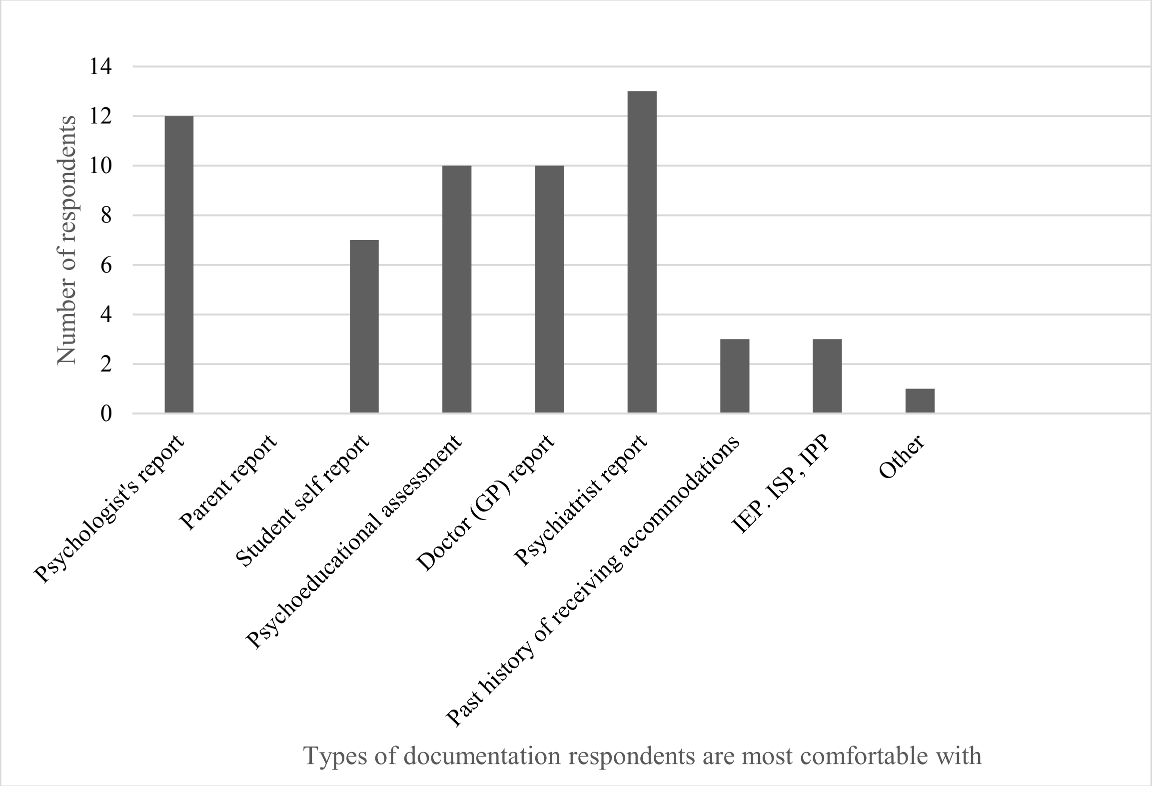


Figure 10A

Comfort and Confidence Levels of Service Providers with Types of Documentation for Mental Health Verification and Accommodations



Appendix B: Interview Questions

1. RQ 1 Please describe your understanding as to who determines the types of documentation identified in your institution's policy and procedure that are currently required for the provision of accommodations.
2. RQ 1 In your experience, could you outline in what circumstances alternative documentation (other than what is outlined in your policy) would be acceptable?
3. RQ 2 In what instances would you query accommodations that may be provided in documentation?
4. RQ 2 What are your biggest challenges when making accommodation decisions?
5. RQ 2 What do you think could facilitate your role in accommodation determination? i.e. training, increased personnel, clear and comprehensive guidelines for documentation and reasonable accommodations identified…
6. RQ 3 What, if anything, would you like to see improved and/or changed regarding documentation requirements?
7. RQ 3 If you were in charge of policy and procedure for your institution, what aspects of required documentation and current practices would you keep?
8. RQ 3 What aspects would you like to see eliminated?
9. RQ 1, 2, 3 Anything you wish to add? Any additional recommendations, thoughts or comments: