

Episode 13 - Disability and Academia with Cassandra Olmstead

Judy Warth:

So welcome everyone to Disability Exchange. I'm Judy Warth, here at the University Centers for Excellence in Developmental Disabilities, joined by my esteemed partner in crime, Caitlin Owens.

Caitlin Owens:

Hello.

Judy Warth:

And today we are really fortunate to have our guest is Cassandra or Cassie Olmstead, who we got to know in the past couple years as she participated in the Iowa Leadership Education in Neurodevelopmental and Related Disabilities Program or the ILEND Program. So Cassie, welcome.

Cassandra Olmstead:

Thank you. I'm glad to be here.

Caitlin Owens:

Well, Cassie, do you want to start out just by telling us a little bit about yourself?

Cassandra Olmstead:

I am a PhD student actually at the University of Iowa in Educational Psychology in the Learning Sciences. And my minor area of study is disability studies. I am the parent of three kids, all who have varying levels of special needs, disabilities however you want to refer to it. My oldest is 20 and has bipolar disorder. My middle son is 14 and he has opposition defiant disorder, intermittent explosive disorder and ADHD. And my youngest, Ash is almost 11 and she was born with a cortical brain malformation that led to seizures and cognitive and physical delays, a partial paralysis on her right side, as well as some other issues, sensory processing issues, GI problems, the list kind of goes on. And last October, she had a hemispherectomy where they removed the left half of her brain to help control her seizures. And she's doing amazing.

And then on top of everything else, I have disability. I have fibromyalgia and ADHD, and we recently realized I probably should have an autism diagnosis, so we're kind of looking into that. And I am married to a man who has an autism diagnosis. So we have a variety of fun experience in the world of disability, from a lot of different perspectives.

Judy Warth:

We might call you the DSM Cassie based on that.

Cassandra Olmstead:

Right?

Judy Warth:

Yes.

Cassandra Olmstead:

Apparently the universe decided that we needed every possible experience and that we were going to get a little bit of it all.

Judy Warth:

And you've given us such a wonderful description of kind of what you guys face. Tell me about the unique and wonderful characteristics of each of those people in your family.

Cassandra Olmstead:

So Quentin, my oldest is probably one of the quirkiest people I know. He is managing his bipolar disorder on his own right now unmedicated, because insurance has been an issue for him. Hopefully he'll be back on it soon, but he's just this, I don't know, smart Alec kid. He's super smart, he loves history and he's really good with people skills and interacting with people. He can make anybody feel like they're the most important person in the world to him in about five minutes. So he's kind of fun and a joy to be around in general. He struggles with the depression side of his bipolar disorder more than the manic side. He tends to be able to manage the manic side better because he can recognize it and put things into place to help himself. The depressive side, he recognizes it, but he's not found anything that really helps him. But he is living in Florida currently and is going to be coming to visit with his girlfriend who he's been dating almost a year. Now that's the longest relationship he's had, so I'm excited.

Cole, my 14 old is probably the smartest kid I know. This kid was able to unfortunately hack into a school counselor's computer and delete half of her files when he was in the third grade, because he wanted to make room to play a video game. But he's also probably one of the most challenging kids because he needs a well explained, relevant and valid reason for any rule you expect him to follow. He's also probably one of the most empathetic kids I know. He is really quick to care about people and to think about what matters to them and want to make them happy and want to make them feel good. He's like

a lot of the times I think kids with oppositional defiant disorder are seen as sullen and mean, and kids who don't care and bastion or cold. His name is Sebastian Cole, so we call him both.

He's kind of the exact opposite of that. He's a freshman this year in high school and has his first serious girlfriend as well. They've been dating for almost four months now. And so he's super excited about that and he wants to be a mechanical engineer when he grows up. So he is really big into science and computers and things of that nature. And then Ash is Ash. She is a bundle of everything. I don't know how to explain Ash. Ash is my child who is transgender. So she is very aware of who she is, but because of some of the things that come along with her diagnosis, she's also very unaware of society. So for her being transgender is completely normal. Everybody is normal, she has no idea that she's different from other people in any way and in a way that can be extremely comforting because she just bounces around through life and could ever hurt her. But in another way, it can be a little scary because she's not always aware that she shouldn't share all of the details of who she is with every individual she meets. So, that's fun. Because of her surgery, prior to surgery, because of all the seizures she was happening, she was functioning cognitively at about four and a half to five years old. And since the surgery that has increased and improved and now she's functioning more like she's eight or nine, which, I mean, that's like four to five years of growth in a year so it's amazing. And despite the surgery, because she was already born with the brain malformation, she really didn't use that part of her brain as much for her physical movement. So her physical movement is now just as good, if not better than it was prior to surgery with the exception of the strength in her right hand

So she's got all the fine motor movements, but she doesn't have a lot of strength in that hand. So she's still working on that. And she's talkative and she loves people, they're her favorite thing in the world. And she's super excited to be learning and doing and making friends all the time. And her current obsession is YouTube videos, watching other children play imagination games. And so she'll come out and she'll be like, "Mom, I need to go outside to go play with such and such." And I'm like, "Oh, you can't go outside it's raining." And she's like, "But my friends are outside playing with such and such." And I'll go, "Wait, what friends?" And she's like, "Oh, so and so and so and so on this YouTube video." And I'm like, "Oh, but baby, those people are not here."

And so she has a little bit of trouble understanding that, but I mean, she's a character. My husband is really high functioning when it comes to autism. We actually didn't realize he had autism until a couple years ago when he got his diagnosis and he is a plumber. So he works a lot, but he's, I mean, amazing, he's my rock. Him and I have been together who almost eight years now, I guess. And he's one of the people that I probably appreciate most in my life simply because he's the person who has never tried to put me in a box. Brent has always just accepted that I am who I am and all of the little quirks and things about me that are because I'm neurodivergent because I'm not necessarily typical, in the way my brain works are things that he just goes, "Well, that's just Cassie." And he never tries to change any of those things about me. And I think he's the only person in my life who has ever 1005 gone, "Yeah, this is just who you are." So yeah.

Caitlin Owens:

So amazing Cassie, thank you for sharing all that. I want to ask a question about one part of what you shared you described Ash being around cognitively like four to five to closer to like eight or nine I mean, over the course of a year. I'm just curious what kind of things you noticed over that year?

Cassandra Olmstead:

Yeah, it was really kind of amazing and the changes started almost immediately. So we knew she was having a lot of seizures prior to surgery, but I don't think anybody realized just how many she was having until they suddenly stopped and we saw this huge difference cognitively because by one week after surgery, she was starting to suddenly understand things that she hadn't understood before. So prior to surgery like we just talked about the fact that she doesn't really understand that the YouTube creators aren't there talking to her the way you and I are over Zoom or the way somebody might over a video call. But prior to surgery, she couldn't understand that cartoons weren't real. And like a week after surgery, we were sitting in the rehab center that she was in for her inpatient rehab. And we were watching the first Harry Potter movie for the very first time.

She'd never seen it, she'd never been willing to sit long enough to do it. And she's sitting there watching it and she suddenly stops and she looks at me and she goes, "But this is pretense, this isn't real, right? And I was like, "What? Yeah, this is pretense, this isn't real." And she's like, "It's like my little pony, it's all made up." And I was like, "Yes, yes, that's exactly right." And it's been moments like that throughout the entire year. We got super excited about seven, eight months ago because she has never been able to manage her own room and her own organizational stuff. That's always been well above her. So we have pictures on everything she has that show her what goes where, but she still needs assistance in, "Okay, we're going to go into your room. And first you're going to pick up the dirty clothes and put them where they belong."

She has to have all of that assistance. And one of the things that she's never been able to do is put her own laundry away because one, she didn't have the fine motor control to be able to fold laundry. But two, she couldn't separate clothes into different types of piles and different types of things to understand that all the shirts go together and then they go in one spot. And about six months ago, I said, "You know what, let's try this." And I gave her, her laundry basket in the living room. And I said, "I want you to sort out all your clothes, put all the shirts together, put all the pants together, sort it all out where it goes on the floor and then we'll put it away." And with no problems whatsoever, she sorted all the laundry and then she just got up, walked in there and put it where it belonged with no issues.

And now she's at the point where she doesn't have to sort it first. She can take the basket and just open up the drawers and put things in the drawers where they belong. She never understood jokes prior to this and about, oh, I guess four months or so after her surgery, she came into the living room one day and we have this cat named Tara and she's like, "Hey mom, what's Tara's favorite color?" And so I go, "I don't know, what's Tara's favorite color?" And she goes, "Purrple." And then she starts giggling. And I'm like, "Okay, well, but she's always been really good at scripts. So did she actually understand the joke?" And I went, "Well, why is it her favorite color?" And she looks at me and she goes, "Because cats purr mom." And I was like, "Okay, cool. We get this."

And it's just been lots of things like that. Like it used to be, she would come home from school and we would ask her, what did she learn for the day? And she would say, "To swing on the swings." And it's one of those, "Well, no, that's not what you've learned today. What did you learn today?" And we would try and get her to talk to us about various different things and she couldn't do it. And now she comes home and she's like, "Hey mom, did you know that there are nine planets in the solar system and they go in

this order and they all move around the sun?" And I'm like, "Yes, I did. Wow. I didn't know you knew that." And so it's just all these little things and she's come so far. It's been amazing.

Judy Warth:

Cassie, you highlighted all of your family's superpowers and strengths but you didn't mention yours.

Cassandra Olmstead:

I think that's something I'm still kind of coming to grips with. I have done a lot of soul searching over the last couple years. The pandemic lining up at the same time as it did with some of the coursework I was doing in disability studies with the LEND Program and my experience there, and then Ash's surgery and my own, I had a gastric bypass couple weeks after Ash had hers. All of these things together on top of me discovering the lovely world of TikTok actually have combined to make me really evaluate a lot of things in my life. And so I've spent probably the last six, eight months really kind of trying to understand myself a little better. I realized I took a really, really good seminar in disability studies in the spring this last year. And through the process, we were talking about the way disability is constructed in society and how people internalize various different aspects of that construction, even when they are part of the disability community.

And I realized that I was discharged from the army with disability when I was 21, and yet I've never thought of myself as being disabled. I was diagnosed with fibromyalgia when I was 22 or 23, and yet I've never thought of myself as being disabled. I've had an ADHD diagnosis since I was nine, and yet I've never thought of myself as being disabled. And I realized that part of the reason for that is that I had internalized this negative understanding of what it means to have disability and be disabled. And that even though I talk openly about all of these diagnoses and all of these things, I wasn't willing to accept the fact that those things make me a part of this community. When I joined LEND, I talked about the fact that I was the parent of kids with disability.

I never really talked about the fact that I have disabilities. And in the process of figuring out this autism aspect of things, I have realized that a lot of things that I thought were either normal and everybody experienced them or things that I thought were just weird quirks about me are actually neuro divergent tendencies. So for example, I can remember in my undergrad, I took my very first general psychology course. And in that course, we learned about schemas and scripts, which are the ways that your brain organizes your understandings of the world. You put things into categories or schemas, and you create a basic understanding of what something is like maybe a cat or a dog or whatever, all the qualities that go with that thing. And then you create scripts for how things are supposed to occur in certain types of situations.

And when I learned about it, I thought, "Oh yeah, that makes perfect sense." It didn't seem weird to me at all because, "Yeah, that's exactly what I do." And I didn't realize until just about, oh two months ago that the reason all of my students have trouble with these concepts and have trouble understanding schemas and scripts is because for them, that process is subconscious. They're not aware that they do this. And for me, that's a very active process. Every time I walk into a situation that I've never been in, I

evaluate what's going on and how I should be and what my role in that situation may be. And I do it very consciously. And every time you bring a new person into the equation, I reevaluated all of that. And so I didn't realize that wasn't something most people do consciously, it never occurred to me that's an autism trait.

I never realized that my inability to initiate tasks, wasn't me just being lazy or procrastinating, because I just didn't want to do the hard work. It was this inability to shut off part of my brain so that the task network could activate and do the things. I never realized that all of the different things that I struggle with in learning that have made me always think that I'm a bad student aren't necessarily true. So like I had a whole conversation recently with a friend of mine in my program where I told her we're prepping for our comprehensive exams and we have like 56 articles that we have to know front and back and really be able to work with for these exams. And so we started prepping in June and we meet once a week and we're supposed to have read three articles and then we sit down and we talk about these articles.

And I said, "I'm going to confess something. I'm not a good student. We've been meeting since June and I haven't read a single one of these articles." And she's like, "You've got to be kidding me. You know all of this information, we talk so much about it." And I was like, "Well, yeah, but I realized a long time ago that I don't learn very well from reading the articles I learn from the conversations we have. So I glance at a summary of the article that a classmate of mine wrote when they were prepping for comprehensive exams and I use that to start the conversation. And then as you and I talk, I build my understanding of the information. And then I might go back and read the article to get additional information if I feel like it's really relevant to my stuff, but I don't read. I don't read before I go to class, I show up and I have conversations in class."

And she's like, "I would never have known that you don't read all this stuff." And I said, "Well, I mean, I'm not a good student. Good students read, good students don't procrastinate, good students show up prepared and have done all the things." And she went, "In what world are you not a good student if you can remember the information, use it appropriately, make relevant connections and create new information out of it?" And I stopped and I went, "I don't know." And she went, "Yeah, because you are a good student, you are a good academic, you just approach things differently than everybody else does. It doesn't mean you're not a good student." And I was like, "Okay, well let me try and wrap my head around this." And that's kind of where I'm at, is still at the point of trying to wrap my head around how me being disabled, defines who I am in some ways and how it defies who I am in some ways. So yeah.

Judy Warth:

Cassie, as I listen to you, I realize that you redefine or you alter our definitions of things, because like you said, "What is the definition of good?" We give meaning and value to that. You may not be a traditional learner, but clearly you are an exceptional learner. And I love it when you talk about Ash and how this is just who she is. And some people would be seeking assistance to help her identify what was the gender she was born with or what were the organs she was born with versus who she is? And so your approach to this really just the whole thing is quite beautiful in my opinion.

Cassandra Olmstead:

Well I-

Judy Warth:

And I can't wait to see how it manifests when you become an academic yourself and you're teaching other people and you understand that people like me need more filters and as I listen to you talk about your educational challenges I'm starting to go, "Maybe I have autism," because I can't self-start. All the things you listen but never thought of it this way.

Cassandra Olmstead:

... Well, the inability to self-start is actually more of an ADHD trait than an autism trait. Although you can see it some in autism, but that particular executive dysfunction tends to be an ADHD one. It's often known as task paralysis because research is shown basically unless the pressure or the value of the task is at a certain level, your brain will not shut off the other system because you have two different systems that are active in your brain when you are doing things. And one system is intended to take over and keep you thinking and doing when you don't have a specific relevant task and then you have this task relevant system that's supposed to activate and take over when you do.

And so what you see when they did a research study with people with ADHD who were medicated and non-medicated, and with people who did not have ADHD, they put them in an FMRI and they looked at what parts of the brain were active when, and they gave them a video game, a really boring video game to play where you got a point if you did it right, you lost a point if you did it wrong. And what they found was that people who have ADHD who aren't medicated, this other system never shuts off when the task is supposed to occur. But if you up the stakes, if you make it, "You gain a point if you do it right, but you lose five points if you do it wrong," all of a sudden that system shuts off and the task system is able to take over.

And so they were able to look at this and determine that, "It's the level of pressure. It's how important is this task and how much time do I have to do it? It's part of the reason that those of us who have ADHD tend to be really good in emergencies because all of a sudden this is what we're supposed to be doing." We also tend to process bottom up instead of top down, which means we don't filter out as much information as a neurotypical person does, which is really kind of helpful because we can in an emergency situation instead of already knowing what might be relevant, we can take in the entire situation and then identify, "What is relevant to this situation," which tends to make us better at handling those types of emergencies, which I think-

Judy Warth:

No, Cassie, my story's always been that I have to ponder it until the point when that pressure's a little high and then everything that's been germinating kind of gets puked out. That it's not - That's my story and I'm sticking with it because it sounds better than procrastinate, but that explanation is -

Caitlin Owens: Hey, there's nothing wrong with procrastinate! I also have ADHD and resonate with a lot of what you said.

Judy Warth:

Yeah. That's really good-

Caitlin Owens:

The good student thing where for so long, I also thought of myself as a bad student and then in hindsight it's like, "Well wait a minute, I got an awful lot done." Like, gosh, could I write a paper right before it was due and just nail it because you know that pressure. I hope to never have to do that again, by the way. But, I...

Cassandra Olmstead:

... I think that's part of the reason some of us gravitate towards higher academic positions though, because we do really well under those pressure situations and academia is all about deadlines. So we have a deadline because when you're in a job, like I'm struggling this semester because I took a light semester so that I would have time to prep for my comps. Unfortunately, that means I don't have any deadlines. So activating the tasks is almost impossible. I had to actually go to my advisor and go, "I need a weekly deadline from you." And so we have set up an email system where I email her every Thursday and I say, "Okay, these are the things I'm going to accomplish this next week." And then the following Thursday, I have to email her and tell her if I accomplish them or not, because otherwise I can't initiate the task.

I need some kind of deadline, but academia is full of lots of different deadlines. Whether it be a teaching deadline, "I've got to have the stuff ready for this class," or whether it be a grant or research deadline, or whether it be a personal deadline because you've got to get a paper submitted for a conference or whatever it may be. There's tons of deadlines that help support us.

Caitlin Owens:

Kind of speaking of academia, can you talk more about if and how your sort of your own lived experience as a person who experiences disability and family members, how that did, or didn't inform your path into what you're currently studying and kind of what exactly you're studying and what you hope to do kind of in the future?

Cassandra Olmstead:

Yeah. That's kind of a twisted story. So let me kind of give you some background information that will be helpful. The first thing is I am a high school dropout. I dropped out of high school my junior year, because I mean, I was good at schoolwork, but I didn't do well in that social environment at all. And I

had decided I wanted to get married and be a mom. And so when I was 16, I dropped out of high school. I got married and three months later I got pregnant and I was divorced for the first time by the time I was 19. And so I was a single mom with no high school diploma. And then when I was 20, I joined the army and I got my GED so that I could do that. And I ended up discharged during my first year of service with disability.

And then I spent the next five years going, "I know a lot of people are capable of being a single parent and going to school at the same time, but I can't do that. I can't manage a full-time job and my kids and go to school. I'm not that strong, I'm not that capable, I'm not that smart." And then Ash was born. And when she was three months old, we moved out of state from where all of my family was, we moved to Colorado for the first time. And about two weeks after we got there, she was diagnosed. Her soft spot swelled up and we went into the emergency room thinking it was meningitis. And then the process, they did a bunch of scans and they came back and they went, "Okay, well, this is what's going on." And so we knew she was going to have seizures and we knew she had disability.

And so this was in March and I spent the first couple months really struggling with everything and trying to figure everything out. And also let me point out at this point in time, neither of my other kids had diagnoses yet. We were in the process of figuring out that my oldest was ADHD. And within a year he would get diagnosed with a mood disorder, but we weren't quite there yet. So prior to moving to Colorado, I thought I had three typical normal as far as health concerns, kids. And then we moved to Colorado and everything kind of fell apart, right? And so I was struggling with all of this and I'm figuring out how to manage it all and Ash is starting physical therapy and PT and OT because we had already figured out she was delayed on some things. And so we were trying their interventions and a friend of mine went, "Well you have your GI Bill, why don't you go back to school?"

And I started to say, "Well, because I can't do that. I've got too much going on, I can't handle all of this." And I suddenly went, "If I can handle Ash and everything that's going on with her, I can do this. It'll be fine." And so I enrolled in undergrad with the intent initially to do a major in photography and a minor in business and open my own photography studio. That was the plan. At about, oh, four months into my first semester, a friend of mine went "Okay, Cassie, so you're going to waste your GI Bill to get a degree, to do something that one, you don't need a degree to do? And two, that means opening your own business in this economy with no insurance and special needs kids with the levels of special needs that your kid has? Are you really thinking about this?"

And I went, "Oh, wow, okay, hold on. Let me rethink everything." And so I decided, "What if I become an occupational therapist?" Because, I really liked the difference they were making in my kids' life. And so I looked into it and I had the choice of going with a major in psychology and a minor in biology or with a major in biology and a minor in psychology to meet all the requirements that were needed for an OT program. And so I was like, "All right, I'll do the major in psychology, a minor in biology," and my university at the time also had a minor in ASL. And so I double minored in ASL and biology and I did my major in psychology. And then my sophomore year, at the end of the year, we found that they were looking at this brain surgery for Ash for the very first time.

And I went, "I can't do that brain surgery here away from all my family, I need their support." And so we up and moved and I transferred schools and we moved back home where I'd have family support, and then they didn't end up doing the surgery because at the time they couldn't determine if Ash was a candidate. And so when I moved because of the loss of credits in transfer, I lost my minors, both of

them. And so it was either going to take me an extra year to graduate, to get back to the point where I had the minor in biology or I could graduate with just the degree in psychology. And at the time I was going to go ahead and do the minor in biology and I was going to take the extra year. And then I was taking a course at the second university at University of Central Oklahoma.

And it was a Careers in Psychology course. And they came in and a school psychologist started talking to us about what they do and the need for people in the field. And I was like, "They help kids in a lot of the same ways that an occupational therapist does." And I had really started to learn about research at that point. And I was really enjoying the idea of research. And I knew that was a lot harder for somebody in occupational therapy to do in practice. So I was like, "Maybe I'll go the school psychology route." And so I started working in a school that did ABA therapy for kids with autism that was sponsored by the program there at my Alma mater that I wanted to go into for occupational therapy. And I started getting my C.V ready and making all the changes necessary to be able to apply to a master's program in school psychology.

And one of my professors was like, "Well, you should also apply to the PhD program over here at OSU because they've got a really good PhD program and it's only a year longer than the program here." And I was like, "Okay, I'll do that." And so I graduated in December 2015 and I applied to these two programs and then I didn't get into either of them. And I sat on my couch and I cried for a couple months. And then I said, "Fine, screw it. I'll just go work. I have a college degree now, I can get a better job than I used to have. I'll just go work and I'll figure it out." And it turned out I couldn't get a job doing anything better than what I'd been doing before, because I had been call center management prior to that and that was about what I could manage again, because you can't do anything with a BA in psychology really.

And so I went and worked for a little while and I was really miserable and a friend of mine had gone back to school at UCO in the same department I had been in. And she mentioned me to one of the professors that I had seen. And the professor was like, "Maybe you should tell Cassie to come visit me." And so I went into the campus figuring we were just going to catch up and I walk in and this woman has the registration sheets for their general psychology master's program sitting there filled out and ready to go for me, including what courses I'm going to be taking. And I walked in and I looked at it and she's like, "Sit down, sign this and then we're going to go talk to so and so who's in charge of the program and they're going to sign this and you're going to start school next month."

And I was like, "What?" And she goes, "Cassie, I don't know why you kept trying to be a school psychologist. You are not a school psychologist, you are a cognitive psychologist." And I went, "What?" And she goes, "What do you want to do?" And I said, "I want to fix the education system. There are problems with our education system and I want to fix that." And she goes, "So why do you want to be a school psychologist?" I said, "Because school psychologists work in the school system so I can fix it." And she goes, "No, school psychologists work with specific kids and help fix and support specific kids' problems. They don't fix the whole system."

And I went, "Oh, okay." And so I started this master's and we started working on things and I was doing research on how to improve education at the college level for my master's thesis. And I really liked the idea of doing research on how to fix the educational system. But as I was doing this, I was realizing that most of the research on how people learn and how to fix the educational system is done by cognitive psychologists who do not know anything about what teachers are taught. And I was like, "That's really kind of conceited, how are you going to fix the system that you don't even understand? How are you

going to help people teach in a better way if you don't know what they've been taught first to understand what they're trying to do and how they're trying to do things?"

And so when I started looking at PhD programs, I started looking at educational psychology programs so that I could learn, "What do teachers learn and how are they taught?" And I found the program here and it had this heavy learning sciences thing, which is the interdisciplinary component of doing research in how people learn and how education works. And I was like, "I really like this." And so I came here and I started focusing on all of that. And then while I was in the LEND Program itself, my research started to morph from this focus on, "How do I teach better at the college level to how do I help support students with special education and healthcare needs in K-12 schools?"

And so right now my research focuses on how to better educate pre-service teachers so that they're prepared for inclusive education and so that they better understand what their students might need and how to identify those needs and how to teach in an inclusive manner. And so that we can kind of combat some of these narrow negative constructions that surround disability and the people who care for people with disability. But yeah, that's how I ended up here.

Judy Warth:

This is probably selfish because it ties to my work. But tell me, are you seeing patterns in terms of education that teachers or things that teachers need to be able to have more inclusive classrooms in more inclusive teaching styles? I mean, are there like three key things you would say that you're seeing at this juncture recognizing you're still early in your research?

Cassandra Olmstead:

Yeah. I think some of the things that we're seeing, one, okay. Preexisting research in disability studies in education is very limited. But one of the few things that preexisting research has identified is that one of the most important factors for inclusive education to be successful is for the parents to be involved. But that research has also shown that parents of children with special needs are less involved than even typical parents are in education when you would expect it to kind of be the opposite. And so, one of the things that I looked at was, "Why might we see this difference?" And I figured it was some kind of negative interaction or negative perception on the part of the teachers. And so we did a research study and we did identify that actually a lot of teachers seem to have some negative views of the parents of children with special needs when it comes to their competence level.

So they don't seem to think parents of children with special needs are competent to understand their child's strengths or weaknesses. They don't think they're competent to provide the medical care they need, they don't think they're competent to manage the child's care and appointments and things like that. And they don't think they're competent to help educate the child. So one of the things that I'm looking at is how to set up kind of appearances mentors program like LENDs does for our pre-service teachers to help kind of combat those negative stereotypes. The other thing we are seeing is that teachers understand, even pre-service teachers who haven't spent a lot of time they understand that inclusive education is important, but they don't feel like the system supports inclusive education. So what they need is specific types of things they can do, whether the system approves it or not.

So one of the things that I do with my students, because I teach pre-service teachers right now. One of the things that I do with them is I tell them, "A lot of places require an accommodation letter for me to give you an accommodation. In my classroom. If you need an accommodation, just talk to me about it and we will figure out how to make this an accommodation for you." One of the things that I do is we talk a lot in small groups and whole group conversations about how things might look different for someone who is neuro divergent or is gifted or is physically disabled when we talk about teaching a specific thing or when talk about their social and emotional growth or their cognitive abilities and things like that. So I spend a lot of time focusing on those skills of, "How do I identify when someone is different? How might this look different? And then what types of things can I do to better support this person?"

Little things that I can do personally, whether the system is set up for it or not, because that seems to be the biggest barrier is this negative perception of the parents and this inability to understand how you can be inclusive, whether the system is inclusive or not. And then my hope is that as I continue going, we'll be able to identify specific things in the system that are barriers and start to work on those in addition to these more individual aspects.

Caitlin Owens:

Well, it sounds like you're doing the thing you set out to do. I mean, it's amazing to hear just where you are in your education now that you're already able to... That's making change, being able to work with those pre-service educators. And I mean, the message of, "You can be inclusive even if the system isn't," is like, I mean it's so at face value obvious, but it's also absolutely-

Cassandra Olmstead:

Life changing for some.

Caitlin Owens:

... Oh totally. And it's so different from especially my own experience and perception of the education system and so many other institutions is that they are so rigid and it's easy to then embody that rigidity but of course you can make your own classroom inclusive.

Cassandra Olmstead:

Well, and part of the problem is this idea. So for some reason, teachers have the idea that inclusion is a tool used in a classroom for a specific of group of people, right? Rather than understanding that inclusion is a belief system that everyone in the society has value and deserves to be able to interact within the system and deserves the supports that allow them to do that. And so part of the goal is to change that perspective from, "It's a tool I use in a place," to, "This is a belief system that I can embody and therefore help all of these different people."

Caitlin Owens:

Right. Oh my gosh. I truly love that.

Judy Warth:

Yeah. And Cassie, I think change starts in the classroom. I think educational systems are so bound by rules and regulations that aren't even theirs, that inclusion will start one person, one classroom at a time and people will see it and it will catch on. It'll be a communicable disease that will proliferate a school. And I think you maybe one of the spreaders, one of the super spreaders [crosstalk 00:46:30]. I understand that's a term now.

Caitlin Owens:

Yeah. We all know what that is.

Judy Warth:

Cassie, we always like to ask everyone in this podcast, "What do you hope your legacy will be?"

Cassandra Olmstead:

So for me, the hope is that I leave the world a place that has more room for people like me and my kids. I feel like I have spent at the majority of my life on mute because everybody was always telling me, "I'm too much, I'm so much to handle. I'm so loud, I'm so excitable, I'm so this and that and the other because of my neurodivergent tendencies." And so over and over and over again, I shut it down and I'm muted it myself and I made myself fit into society's box. And what I want is to make changes that allow my kids and other people like us to not have to live on mute for those things that, "Yes, I'm excitable. Yes, I'm loud. Yes, I have these big, huge dreams, but what's wrong with that? What part of that is problematic? Because yeah, I am all those things, but I am also contagious. I inspire other people to do things because I am excitable and I am the person that goes, "All right, well I know they said we can't, but I'm sure we can, so let's do it anyway. And that's a strength, not a weakness. So why am I muting myself to fit into this society that doesn't understand it's a strength instead of working hard to make people understand what a valuable strength it can be?"

So, yeah, that's my hope. That's the legacy I want to leave behind is a place that is more inclusive and understands the value of an individual, whether they produce or not the value, because whether Ash is ever the person who can go out and get a job and be a productive member of society or not, she is the person that every life she touches changes in this beautiful way, because she's just amazing. And yeah, I might be the person who can produce, but just because I can, doesn't mean that's where my value lies. And so I want to see that understanding of value and a world that doesn't try and squash it.

Caitlin Owens:

Well, Cassie, knowing you for this brief amount of time, it truly seems like you're on your way to really embodying that legacy. Thank you so much. This has gone by so fast, I feel like we could-

Judy Warth:

We could keep going.

Caitlin Owens:

... keep going. Yeah, do a two part series, but thank you so much for your time. We really, really, really appreciate it. It was a really a pleasure hearing your story. Thank you for joining us today on Disability Exchange. Disability Exchange is produced by the University Centers for Excellence in Developmental Disabilities, which is housed at the Center for Disabilities and Development at the University of Iowa. Special thanks to Kyle Delveau for the music contribution.