

DISABILITIES MISCONCEPTIONS AND EMPLOYMENT: INTEGRATING ADVOCACY PERSPECTIVE AND REHABILITATION

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ABSTRACT

This article reviews the literature on misconceptions held by employers and businesses about people with disabilities, which constitutes barriers to their full workplace participation. Designed to provide for the elimination of discrimination against individuals with disabilities, the Americans with Disabilities Act (ADA) more significantly provided for improving their employment opportunities. Enacted a decade ago in 1990, the ADA, however, has not moved fast enough in increasing employment opportunities for many of its intended populations. This article discusses demography of people with disabilities, employment issues, and misconceptions associated with disabilities. It discusses integrating an advocacy perspective in rehabilitation counseling.

INTRODUCTION

During the past 30 years the United States has advocated on behalf of people with disabilities through a series of congressional actions and public policy initiatives. The enactment of the Americans with Disabilities Act (ADA) of 1990, signed a decade ago, signaled monumental federal legislation mandating action to eliminate discrimination against individuals with disabilities (Asch & Mudrick 1995; Henderson 1994; Orlin 1995). By prohibiting discrimination in employment, public accommodations, transportation and telecommunications, the ADA empowered people with disabilities to venture into the community, to seek employment and to lead active and productive lives.

The ADA focus is in breaking down barriers that prevent the millions of Americans who have physical or mental impairments from living up to their fullest potential. Previous legislative efforts aimed at improving conditions and opportunity for this population has culminated in the ADA passage. The Rehabilitation Act of 1973 and the subsequent Rehabilitation Act Amendments of 1974 were the first to prohibit discrimination against anyone who currently had or had in the past "a physical or mental impairment which substantially limits one or more of such person's major life activities" (Henderson 1994 104).

Expediencies of the ADA include the following paramount considerations: 1) gainful employment increases the person's earning and sense of independence, 2) the person is viewed by family and society as a more productive and integrated member of community, 3) expenditures for care or treatment programs decline, and 4) integration of those with disabilities into work environment has the potential to increase social comfort and

acceptance of people with special needs (Beck & Gray 1995; Chima 1998; Means, Stewart & Dowler 1997; Roessler & Sumner 1997; Stennett-Brewer 1997). It broadened prohibitions on employment discrimination for businesses with fifteen or more employees and banned discrimination in hiring, firing, compensation, advancement, and training. The ADA also requires employers to make "reasonable accommodations" for those with disabilities unless this would cause "undue hardship" (DiNitto 2000; Orlin 1995; Salsgiver 1998).

The literature on the implementation of the ADA, nonetheless, reveals that it has not moved fast enough during the ten years since its enactment for many people with disabilities, particularly in the area of employment (Hofius 2000; Salsgiver 1998). Large numbers of people with disabilities remained unemployed (Kirkpatrick 1994; Kopels 1995; Smolowe 1995). Reasons for the limited success of the ADA in moving more people with disabilities into the workplace include: 1) employers fear of lawsuits, 2) persistent misconceptions and stereotypes about disabilities, 3) the vagueness in ADA terminology, and 4) lack of specification regarding how changes must be implemented (Salsgiver 1998). While access to elevators, public facilities and transportation has improved, more people with disabilities are graduating from high schools and colleges posing a new challenge for employers in their employment decisions.

There is a need for more literature on employers' actions and attitudes toward those with disabilities. The purpose of this article is to acquaint the reader, potential employers, and rehabilitation practitioners with vital information on barriers that are limiting people with disabilities from entering the work

force, to promote advocacy perspective on behalf of people with disabilities among rehabilitation counselors, and to contribute to the literature on the persistent misconceptions about disabilities. The information is discussed in the following graduation: (a) demography of people with disabilities, (b) employment issues and disabilities, (c) disabilities and advocacy, and (d) rehabilitation counseling and advocacy.

DEMOGRAPHY OF PEOPLE WITH DISABILITIES

Different government agencies and programs define disability and how many people who fit that definition in different ways. Estimates of how many people live with disabilities in the United States range from 25 million to 120 million, depending on the source (Segal & Brzuzy 1998). A cursory review of statistics pertaining to people with disabilities is overwhelming. There are approximately 25 million adults with disabilities between the ages of sixteen and sixty-four. Between the ages of three and twenty-one, there are approximately 10 million people with disabilities who are impaired enough to require special education in the public schools (Henderson 1994).

Data from the 1997 Survey of Income Program (SIPP) estimated that 52.6 million people (19.7% of the population) had some level of disability and 33.0 million (12.3% of the population) had severe disability (McNeil 1997). Data consistently reveal that disability is more common among individuals with low income and education and among those who are not married. The poverty rate among population 25 to 64 years old with no disability was 8.3 percent in 1997. Among those with a severe disability, it was 27.9 percent (McNeil 1997). In the areas of employment and income for those 21 to 64 years old, individuals with a severe disability had an employment rate of 31.4 percent and median earnings of \$13,272, compared with 82.0 percent and \$20,457 for those with a non severe disability, and 84.4 percent and \$23,654 for those with no disability (Rothman 2003; McNeil 1997).

Disability is not restricted to any ethnicity, gender, age, social class, religion, or geographic boundaries. People with disabilities comprise the nation's largest open minority group. African Americans have a consistently higher prevalence of disability than do other

racial groups in the United States (Asch & Mudrick 1995). It is reported that the disability rate for African Americans is 15 percent, compared to 8 percent of the European American population. One quarter of all adults of working age between 16 and 64 with severe disability are African Americans. Among African American families, 31.9 percent have members with disabilities (Alston & Bell 1996; McKenna & Power 2000). There has been some documentation indicating that many African Americans with disabilities have not considered applying for rehabilitation services because they do not see themselves as eligible or in need of services. Consequently, the actual numbers of African Americans with disabilities may be underreported. For example, Henderson (1994) reported that African Americans and other ethnic minorities comprise 18 percent of the total working population, but African Americans make up 21 percent of the United States population with disabilities.

More women live with various forms of disabilities than men (Henderson 1994). For instance, there were about 78 women and 74 men with heart conditions in every 1,000 persons in 1989 and about 128 women and 98 men with hypertension problems in every 1,000. There were also 157 arthritis female cases as compared with 96 men in every 1,000 people the same year (McNeil 1997; Rothman 2003). Women with disabilities are socially disadvantaged because they are less likely than other women to marry, are more likely to divorce, and have a high probability of living in poverty. While people with disabilities encounter social devaluation and stigma, women with physical disabilities encounter special problems in such areas as: 1) physiological aspects of sexual response (those with spiral cord injuries), 2) gynecological issues facing women with a variety of disabilities, 3) having children and parenting, 4) psychological, social, and relationship aspects of sexuality, and 6) interaction with the health care system (Krotoski, Nosek & Turk 1996).

Furthermore, it is not extraordinary for an individual to experience more than one impairment. This is referred to as concurrent disabilities. For instance, a person with cognitive disabilities might also have a hearing impairment and a malformed spine. An additional risk faced by people with a disability is the onset of a secondary disability as a con-

sequence of, or related to, the primary conditions (Asch & Mudrick 1995). For example, individuals who have paralysis in their lower extremities and require the use of wheel chairs may develop pressure sores. Some disabilities are invisible and are referred to as "hidden" disabilities. People with hidden disabilities such as epilepsy can experience different reaction than those with highly visible disabilities such as spinal cord injury, amputation, or muscular dystrophy. Hidden disabilities can cause conflict about identity confusion, self-disclosure, and fear of being found out for the person with the disability (Gething 1997).

EMPLOYMENT ISSUES AND DISABILITIES

People with disabilities expected the ADA to increase employment opportunities for them. A decade since its passage, some complained that the ADA mandated new responsibilities for private employers without offering any new financial assistance either to the employers or to the disabled people themselves (DiNitto 2000). As a result the disability rights movement has become increasingly strident with a series of lawsuits aimed at promoting compliance by businesses, universities, and other facilities. It costs as much as \$75,000 to defend against job-related ADA complaints, most of which are found by the Equal Opportunity Employment Commission (EOEC) to be without validity (Hofius 2000). Thus, it is hardly surprising that employers view job-hunters with disabilities as "lawsuits on wheels".

Undeniably, the ADA should be recognized for reducing physical barriers or obstacles to facilities for people with disabilities. In December 1994, the President's Job Accommodation Network (JAN) reported that for physical disabilities, 68 percent of job accommodation costs less than \$500, and further, that employers report for every dollar spent on accommodation, the company received 28 cents in benefits. In a survey of corporate executives, about four in five who had altered their office space, indicated that it cost only about \$223 per person with a disability to do so (Smolowe 1995; President's Committee on Employment of People With Disabilities 1994).

Despite the fact that overall accessibility accommodation costs appear to be relatively meager, the unemployment rate of people with disabilities continues to be high. Esti-

mates of how many people with disabilities that has been employed since the passage of the ADA is difficult to determine and varies from one survey to another. The reason the estimates are so varied is because there is a lack of consensus, among researchers, advocates, and people with disabilities about what exactly constitutes a disability (Laplante 1992). Furthermore, much of the public attention has focused on people with physical disabilities, many of whom require wheel chairs. People with cognitive and other developmental disabilities, including those who may have given up job seeking, are ignored.

The rate of employment of people with disabilities by large corporations has increased slightly over the past ten years. While participation in the labor force among the general population increased by 10 percent from 1970 to 1990, it decreased by 4 percent among people with disabilities (Segal & Brzuzy 1998). A Harris survey for the National Organization on disability found that only 29 percent of disabled persons are employed full or part time, down from 33 percent in 1986 (Hofius 2000). Another estimate indicated that only 8 percent of people with disabilities are employed full time, 7 percent are employed part time, which is about the same proportion it was in 1990 before ADA (Henderson 1994; Smolowe 1995). As many as 66 percent of all working-age Americans with disabilities are unemployed (Kirkpatrick 1994). Moreover, the percent of people with disabilities hired by small businesses has decreased from 54 to 48 percent (Smolowe 1995). The major reasons for employers' reluctance to hire workers with disabilities are based on spurious concerns and misconceptions.

Safety Concern Misconceptions

Employers spuriously assume that because workers with disabilities deviate from what employers consider normal, that is, they walk differently, talk with aid of something, or have a hearing or visual impairment, they are likely to injure themselves or cause other employees to be injured (Henderson 1994). Studies that refute the safety misconceptions include a 1981 survey conducted by the DuPont Company which showed that 96 percent of their employees with disabilities rated average or above average compared with 92 percent of those who did not have disabilities on safety records (President's Commit-

tee on Employment of the Handicapped 1982). One study of International Telephone and Telegraph Company (ITT) conducted at their Corinth, Mississippi plant, where 125 persons with disabilities were part of a 2,000 member workforce, showed an all-time safety record of 3,700,000 job hours worked without lost time that was injury related. It also showed that no worker with a disability had suffered more than a minor on-the-job injury since starting with the company (Henderson 1994).

Insurance Liability Misconceptions

The misconception that the requirements of insurance companies discourage employers from hiring workers with disabilities is common, especially among small businesses. The assumptions are that they will be penalized through high premiums and worker's compensation rates if they have persons with disabilities working for them. Contrary to these assumptions, insurance premiums are based on a company's overall safety record. Employers are not obligated under ADA to provide insurance, but if an employer chooses to offer such benefits, an employee with a disability is entitled to the same quality of coverage as is provided to all other employees (Henderson 1994). The President's Committee on Employment of the Handicapped (1982) reported on a study of 279 companies conducted by the United States Chamber of Commerce and the National Association of Manufacturers, which revealed that 90 percent of the respondents reported no change in insurance costs as a result of hiring persons with disabilities. Thus, the concern about hiring people with disabilities because of the feared or actual increase in insurance costs is misrepresented.

Productivity and Attendance Misconceptions

A common productivity misconception is that workers with disabilities are not capable of performing their jobs and represent a burden to other employees who must "take up the slack". Henderson (1994) reported on several DuPont studies, which showed that 92 percent of their workers with disabilities were rated average or above average on productivity measures, compared with 91 percent of their workers who did not have disabilities. Similarly, ITT found that individuals with disabilities were more productive than their

co-workers (President's Committee on Handicapped Employment 1982). At a Texas company, for instance, two employees with mental retardation who insert springs into window locks produced 60 percent more output than their co-workers without disabilities (Henderson 1994). In another example, Continental Bank of Chicago proudly boasts of a blind worker who accurately types up to 96 words per minute (President's Committee on Handicapped Employment 1982). Regarding attendance, ITT discovered that the workers with disabilities in their Corinth plant had fewer absences than their nondisabled co-workers. The company reported that 85 percent of their workers with disabilities were average or above average in attendance. A fundamental principle of ADA is that an individual with a disability must be qualified to do the job. Only the capabilities of the individual at the time of the employment decision must be evaluated. Speculation that the applicant may become incapable in the future to perform the job's essential functions is prejudicial. Moreover, employees with disabilities are poignantly aware of the impediments they have to overcome to secure employment; therefore, most of them will not risk losing their jobs by faking illness, once they obtain jobs.

Interpersonal and Acceptance Misconceptions

Another misconception about individuals with disabilities in the workplace is the issue of acceptance. The assumption is that employees who do not have disabilities will not accept individuals with disabilities and will resent any special treatment to them such as parking spaces, wheelchair ramps, elevators, etc. (Chima 1998). According to Gordon, Lam, and Winter (1997), interaction strain between persons with and without disabilities has been consistently identified as a significant contributing catalyst to negative attitude formation. Interpersonal skills are essential characteristics for workplace success. It is important to note that acceptance by co-workers is critical for workers with disabilities. Almost entirely, psychological health depends on the quality of people's relationship with other people. Exacerbating the likelihood that disabilities of any kind will appear to be inevitably detrimental to life satisfaction and productivity is the social devaluation and stigma pervading most discussions

of disability (Asch & Mudrick 1995), and society's tendency to conclude that because a person has a disability of one kind, they also have disabilities of other kind (Zastrow 2000).

People with disabilities who are unable to establish acceptable relationships encounter risk factors that contribute to their developing considerable anxiety, alienation, depression, and frustration (Zastrow 2000), and tend to be afraid and feel inadequate, helpless, and alone (Chima 1998). Research on attitudes of people without disabilities toward those with disabilities (Stiles, Clark & LaBeff 1997; Gordon et al 1997) shows that persons without disabilities tend to terminate interaction sooner and distance themselves physically when interacting with a person with a disability. They have the sentiment that those with disabilities are not capable of making decisions about their lives. Nevertheless, the DuPont Survey (Henderson 1994) did not find that special accommodation resulted in much resentment of workers with disabilities. Rather, positive signs exist to show that the ADA has begun to imprint its message on Americans and United States businesses. A poll commissioned by the National Organization on Disability and conducted by Louis Harris and Associates in June 1993 showed clearly that Americans view people with disabilities as part of the workforce (Salsgiver 1998). Ninety-two percent of the public favors efforts to increase the number of people with disabilities in paid jobs.

Intrapersonal Factors

While persons with disabilities tend to expect interactions with those without disabilities to be viewed stressful and negatively, it has been suggested that they recognize that they can play an important role in decreasing stigma by choosing to focus less on affective components of stigma such as low self-esteem and more on issues of integration (Gordon et al 1997). Interpersonal factors encompass a person's self-concept, which is a collection of beliefs and judgments about one's own nature, typical behavior, strengths, and weaknesses (Chima 1998). American culture tends to put a high premium on competitive strength, success, skill, and rugged individuality. If persons with a disability are related to as if they lack the competitive strength, are undesirable, inferior, or as second-class citizens, they are likely to

come to view themselves as inferior and to have a negative self-concept (Zastrow 2000). Nonetheless, more workplaces are welcoming diversity. Diversity initiatives require the organization to constantly take stock of how it is doing and to be flexible, shift paradigms, and change direction as needed. Furthermore, vocational rehabilitation counselors and employee assistance practitioners can play important roles in guiding workers with disabilities in ways to communicate need and problems to employers.

DISABILITIES AND ADVOCACY

Based on reviewed literature (Asch & Mudrick 1995; Henderson 1994; Orlin 1995; Salsgiver 1998) for this article, there is clear testimony that advocacy on behalf of people with disabilities is needed. Advocacy is defined as action that empowers individuals or communities (Mickelson 1995). It should be noted that empowerment is viewed, however, as a component of advocacy. For example, some groups such as children and individuals with severe mental disorder can not be empowered, but advocates can act on their behalf. Advocacy remains a core focus of most human services practitioners. For professionals such as rehabilitation counselors, social workers or lawyers, advocacy can be defined as the act of directly representing, defending, intervening, supporting, or recommending a course of action on behalf of one or more individuals, groups, or communities, with the goal of securing or retaining social justice (McGowan 1978; Mickelson 1995; Middleman & Goldberg 1974; Sheafor, Horejsi & Horejsi 2000).

Advocacy can be divided into two general areas: case (micro) and class (macro) advocacy. Case advocacy refers to working with the client's interaction with the environment to secure services that the client needs and is entitled to but unable to obtain on his or her own. An advocacy stance may be necessary when a client was subjected to discriminatory practices or unfairness by a professional, agency, or business, and when the client is unable to respond effectively to these situations (Sheafor et al 2000). Class advocacy refers to intervention to change the environment through social policy. It is universalistic, rather than exceptionalistic. That is, its purpose is to advance the cause or improve services and resources for a group in order to establish a right to a resource or

opportunity, rather than for a special client at a particular time (Sheafor et al 2000).

Nonetheless, when a client or a citizens' group is in need of help and existing institutions are uninterested (or even openly negative and hostile) in providing services or opportunities, then the advocate's role may be appropriate. In such a role, the advocate provides leadership for collecting information, for arguing the correctness of the client's need and request, and for challenging the institution's decision not to provide service or opportunities (Zastrow 2000). Since the goal is to bring about a change, resistance, opposition and conflict should be expected. Thus, confrontation may be ubiquitous. While confrontation may be unavoidable, the advocate's objective is not to ridicule or censure a particular institution but to modify or change one or more of its undesirable operational policies. A guideline for the use of confrontational tactics is to apply the principle of "least contest" in the choice of interventive strategies (Middleman & Goldberg 1974). That is, less confrontational tactics should be used before those that escalate conflict.

Essential roles useful for intervention with issues pertaining to people with disabilities as victims of workplace discrimination include educator, coordinator, activists, researcher, and advocate among others. Middleman and Goldberg (1974) suggested a hierarchy of interventive roles, ranging from mediation to advocacy. McGowan (1978), who also promoted a strategic approach to the use of advocacy, identified the following six methods: 1) intercede (request, plead, persist), 2) persuade (inform, instruct, clarify, explain, argue), 3) negotiate (engage in dialogue, sympathize, bargain, placate), 4) pressure (threaten, challenge, disregard), 5) coerce (deceive, disrupt, redress administratively, take legal action), and 6) use indirect methods (educate clients, organize the community, dodge the system, construct alternatives).

Addressing advocacy for those with disabilities is critical because of the multifarious situations and misconceptions that result in their powerlessness. Fine and Asch (1988) emphasized that the behavior, self-concept, educational achievement, and economic success of people with disabilities can be understood only by looking at people with disabilities as a marginalized group that is subjected to the discrimination found in

the social environment. Rothman summarized this view as follows:

Disability affects an enormous number of people in the United States. For every person with disability, there are also numbers of family members who are impacted by the disability: families poverty because of parent is unable to work, children who are neglected because a parent is physically or mentally unable to care for them, parents whose lives and income are affected by the disability of a child, and children who are caring for parents who are disabled. Disability touches almost everyone in some way and addressing problems related to disability becomes a necessary and vital service as professionals can provide to all clients. (2003 77)

It has been noted (Sheafor et al 2000) that effective and successful advocacy: 1) is built on a foundation of careful analysis and planning using various advocacy skills and strategies, 2) requires careful assessment of what achieving advocacy goal will require in the way of time, energy, money, and other resources, 3) requires building coalition based on mutual trust and mutual self-interest, 4) demands a thorough understanding of the client circumstances, and 5) needs to understand the opposition's thinking and ways to overcome their resistance. Consequently, information is essential to any advocacy effort (Mickelson 1995). Advocating on behalf of people with disabilities to ensure their meaningful participation in the workplace requires that the advocate understand the situation, policies, public perception, client-environment interaction and presenting problem. Information for rehabilitation counselors engaging in advocacy on behalf of persons with disabilities regarding workplace participation are provided in the following section.

REHABILITATION AND ADVOCACY

A variety of services, including vocational evaluation, work adjustment training, counseling services, and placement services are available to those with physical or mental disabilities through rehabilitation centers around the country. As discussed in the employment issues and disabilities section of this article, employer's reluctance to hire people with disabilities is based on misconcep-

tions about them and their abilities. This information is important to a rehabilitation counselor who must educate and guide their clients. A candidate for employment may not be rejected on the basis of a disability if the disability does not keep the candidate from performing job functions. Using empowerment as a component of advocacy, the rehabilitation counselor can provide appropriate information to clients. This information on safety, insurance and liability, and productivity and attendance should be provided to clients, indicating that misconceptions about their abilities have been refuted (Salsgiver 1998; Henderson 1994).

Regarding interpersonal acceptance, and co-worker relationships, rehabilitation counseling in this context involves helping workers with disabilities to adjust to their disabilities and work demands. Counseling services for those that are employed include individual, group, and vocational guidance. Individual counseling stresses work and intervention goals applied to mutually determined problem area (an example may include time management). Group counseling focus on peer interaction and development of social skills and identification of realistic goals (Zastrow 2000). Vocational rehabilitation counselors can guide workers with disabilities in ways to communicate needs and problems to employers. People with disabilities can be taught how to participate in identifying accommodation needs while helping the employers in removing misconceptions about them on the job. Vocational guidance provided by counselors may include explicit information on how to manage interpersonal issues on the job, including knowledge of proper channels for addressing their complaints and concerns.

Rehabilitation counselors can help consumers in dealing with their intrapersonal and psychosocial issues. The psychosocial aspect of persons with disabilities including work ethics, attitudes and ability to get along with others and accept criticism is critical for success in the workplace. Persons with emotional disabilities who are often not accorded the same accommodation as those with physical disabilities may have concerns such as lack of confidence, self-doubt, anxiety, and personal health. Vocational rehabilitation focused on post-placement counseling and follow-up may lead to a higher job retention rate among workers with disabili-

ties (Mackelprang & Salsgiver 1996).

Group or individual counseling strategies can be used to help this population build on the strengths and knowledge that they already have in order to reduce anxiety, enhance social functioning, and resocialize emotionally. Areas of group or individual discussion may include: (a) feelings about disabilities and related fears, for example, fear of being sick at work, difficulty in keeping up with work demands, (b) feelings about themselves, especially about their individuality, and about dealing with being stigmatized, and (c) feelings of embarrassment and rejection, relationship with peers, co-workers, and supervisors. In the area of placement services provided through rehabilitation programs, counselors at many work sites in the community serve as job coaches to assist the client in learning and performing the tasks of the positions for which they have been hired (Fabian & Waugh 2001; Bowe 1980).

Rehabilitation counselors can help working people with disabilities in dealing with assertiveness problems. Because people with disabilities encounter prejudices from their social environment, assertiveness problems may range from extreme introversion, withdrawal to inappropriately flying into a rage that results in alienating others, and shyness. A nonassertive individual is often acquiescent, fearful, and afraid of expressing his or her real spontaneous feelings. Frequently, resentment and anxiety build up, which may result in general discomfort, feelings of low self-esteem, and perhaps a destructive explosion of temper, anger, and aggression (Zastrow 2000). Counselors can help clients to identify the situations or interactions in which the person needs to be more assertive. Strategies in developing assertiveness in clients may include asking clients to keep a diary or mental details of interactions in which he or she feels resentment over being nonassertive, and those interactions in which he or she was overly aggressive. Another strategy is the use of role-play technique. To prepare a shy person, for example, the counselor first models an assertive strategy taking the shy person's role. The shy person concurrently role-plays the role of the person with whom he or she wants to be more assertive. Then the roles are reversed and the person role plays him or herself while the counselor plays the other role (Zastrow 2000).

CONCLUSION

The contribution of the ADA in eliminating discrimination may increase as more employers become more informed and knowledgeable about people with disabilities. Employer representatives need to be familiar with available research that refutes the misconceptions about people with disabilities in the areas of safety in the workplace, insurance and liability, attendance and productivity, interpersonal and intrapersonal aspects. Workplace interpersonal attitudes can be improved through education, training and non-discriminatory policies. Rehabilitation professionals can take advocacy roles to increase jobs obtainment and retention for persons with disabilities. Using advocacy perspective, case management strategies, and assertiveness technique through formal rehabilitation domain such as vocational evaluation, work adjustment training, counseling services, and placement services, will contribute to make a better work life for people with disabilities. Some of the intrapersonal issues can be reduced through integrating resources from families and groups including coordinating assistance such as working with employers to determine their needs in relation to those of their workers with disabilities.

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