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**ABSTRACT**

The 21 papers in this monograph on rehabilitation of minority persons with disabilities are organized into four sections which focus on: (1) perspectives of policy and practice; (2) challenges and opportunities in rehabilitation of diverse individuals; (3) cultural diversity's challenges to service delivery; and (4) strategies for empowerment. Papers are: "Remembering the Old: Looking Forward to the New" (George Covington); "Stand and Deliver: Multiculturalism and Special Education Reform in the Early Twenty-First Century" (Theda Wiles Zawaiza); "New Leadership for a New Era" (Robert R. Davila); "Embracing Cultural Diversity in the Rehabilitation System" (William Tainter et al.); "Diversity: A Continuing Rehabilitation Challenge and Opportunity" (Bobbie J. Atkins); "Barriers to Multicultural Understanding: Improving University Rehabilitation Counselor Education Programs" (Martin G. Brodwin); "Implementation of Rehabilitation Counselor Training Programs at Historically Black Colleges and Universities" (Madan M. Kundu); "Rehabilitation Counseling for Asian Americans: Psychological and Social Considerations" (George K. Hong); "Skills Development for Multicultural Rehabilitation Counseling: A Quality of Life Perspective" (Leo M. Orange); "African American Women with Disabilities: An Overview" (Eddie Glenn); "Historically Black Colleges and Universities and the Impact of Section 21" (Frank L. Giles); "Asian American Children in Special Education: A Need for Multidimensional Collaboration" (Ji-Mei Chang); "Problems of Providing Services to Persons with Disabilities from Minority Groups" (Carl Douthitt); "The Illinois Department of Rehabilitation Services: A Model for Empowerment and Service Delivery" (Audrey L. McCrimon); "Outreach Services for American Indians" (Priscilla R. Sanderson); "Perspectives of Rehabilitation Services in the City of Los Angeles" (Betty Wilson); "Embracing Diversity in the Delivery of Rehabilitation and Related Services" (Emilio Perez and Phyllis Gordon); "Leadership and Empowerment" (Claudie Grant); "The Leadership Responsibilities of People of Color with Impairments in the 21st Century" (Barbara Hardaway); "Request for Proposals (RFP's): Strategies for Successful Proposal Development in the Field of Rehabilitation" (Henry Williams); and "Building Networks in the Latino Community: A Mechanism for Empowerment" (Lucy Wong-Hernandez). (DB)

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# Disability and Diversity: New Leadership for a New Era

Published by the President's Committee on Employment of People With Disabilities  
in collaboration with the Howard University Research and Training Center  
January 1995

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# **Disability and Diversity: New Leadership for a New Era**

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\*The Howard University Research and Training Center is a component of the School of Education at Howard University

## TABLE OF CONTENTS

Table of Contents . . . . .	i
Forward . . . . .	v
Acknowledgements . . . . .	vi
Dedication . . . . .	vi

### **SECTION I: NEW LEADERSHIP FOR A NEW ERA: PERSPECTIVES OF POLICY AND PRACTICE**

Remembering the Old: Looking Forward to the New <i>George Covington</i> . . . . .	2
Stand and Deliver: Multiculturalism and Special Education Reform in the Early Twenty-First Century <i>Theda Wiles Zawaiza</i> . . . . .	12
New Leadership for a New Era <i>Robert R. Davila</i> . . . . .	24
Embracing Cultural Diversity in the Rehabilitation System <i>William Tainter, Catherine Campisi, &amp; Curtis Richards</i> . . . . .	28

### **SECTION II: REHABILITATION AND DIVERSITY: NEW CHALLENGES, NEW OPPORTUNITIES**

Diversity: A Continuing Rehabilitation Challenge and Opportunity <i>Bobbie J. Atkins</i> . . . . .	34
Barriers to Multicultural Understanding: Improving University Rehabilitation Counselor Education Programs <i>Martin G. Brodwin</i> . . . . .	39
Implementation of Rehabilitation Counselor Training Programs at Historically Black Colleges and Universities <i>Madan M. Kundu</i> . . . . .	45
Rehabilitation Counseling for Asian Americans: Psychological and Social Considerations <i>George K. Hong</i> . . . . .	54
Skills Development for Multicultural Rehabilitation Counseling: A Quality of Life Perspective <i>Leo M. Orange</i> . . . . .	60

<b>African American Women with Disabilities: An Overview</b> <i>Eddie Glenn</i> .....	<b>67</b>
<b>Historically Black Colleges and Universities and the Impact of Section 21</b> <i>Frank L. Gilles</i> .....	<b>75</b>
<b>SECTION III CULTURAL DIVERSITY: THE CHALLENGE OF SERVICE DELIVERY</b>	
<b>Asian American Children in Special Education: A Need for Multidimensional Collaboration</b> <i>Ji-Mei Chang</i> .....	<b>82</b>
<b>Problems of Providing Services to Persons With Disabilities from Minority Groups</b> <i>Carl Douthitt</i> .....	<b>90</b>
<b>The Illinois Department of Rehabilitation Services: A Model for Empowerment and Service Delivery</b> <i>Audrey L. McCrimon</i> .....	<b>94</b>
<b>Outreach Services for American Indians</b> <i>Priscilla R. Sanderson</i> .....	<b>98</b>
<b>Perspectives of Rehabilitation Services in the City of Los Angeles</b> <i>Betty Wilson</i> .....	<b>102</b>
<b>Embracing Diversity in the Delivery of Rehabilitation and Related Services</b> <i>Emilio Perez, Phyllis Gordon</i> .....	<b>106</b>
<b>SECTION IV: NEW LEADERSHIP FOR A NEW ERA: STRATEGIES FOR EMPOWERMENT</b>	
<b>Leadership and Empowerment</b> <i>Claudia Grant</i> .....	<b>114</b>
<b>The Leadership Responsibilities of People of Color with Impairments in the 21st Century</b> <i>Barbara Hardaway</i> .....	<b>119</b>
<b>Request for Proposals (RFP's): Strategies for Successful Proposal Development in the Field of Rehabilitation</b> <i>Henry Williams</i> .....	<b>121</b>
<b>Building Networks in the Latino Community: A Mechanism for Empowerment</b> <i>Lucy Wong-Hernandez</i> .....	<b>131</b>



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## **"NEW LEADERSHIP FOR A NEW ERA"**

### ***Forward***

Since my tenure in Congress, I have continually been impressed with the leadership, dedication, and commitment of Dr. Sylvia Walker and the Howard University Research and Training Center staff. The President's Committee is pleased that we have developed such a harmonious and collaborative working relationship with the Center.

I was appointed on March 2, 1994 as the new Chairman of the President's Committee on Employment of People with Disabilities. I am pleased and honored to succeed Justin Dart, the former and distinguished Chairman. On Friday, March 4, 1994 in a meeting at the President's Committee's office, Justin Dart passed the mantle of leadership to me as the new Chair. I have been a staunch supporter and advocate for the rights of people with disabilities and am the original author of the Americans with Disabilities Act. I stand and remain committed to work for the equality and empowerment of all people with disabilities.

Again, I would like to express my congratulations and gratitude for your efforts in developing the "New Leadership for a New Era" conference which was conducted last year. It is my understanding from President's Committee staff who participated in this noble event, that it was both beneficial and educational. Your list of presenters were diverse and well qualified to address leadership issues which face minority persons with disabilities. The papers were superb and timely. I believe that this publication will better aid all of America in understanding the dilemma faced by minority people with disabilities. Also, I feel assured that this publication will help each of us in becoming more sensitive to the needs of such persons. This publication will be a valuable historical document in the future just as Building Bridges to Independence, Equal to the Challenge, and Future Frontiers in the Employment of Minority Persons with Disabilities and other noted documents.

Minority persons with disabilities are important in the struggle for full equality and empowerment of people with disabilities. Minority persons with disabilities must be able to develop and exemplify leadership and advocacy skills. It is critical that minority persons with disabilities be included in the loop and have a fair chance to participate in our "Great American Dream." The aforementioned conference and this book will greatly aid in the empowerment of minority people with disabilities. It will help us all to support "full integration" of all our disabled citizens.

**Tony Coelho**  
**Chairman**  
**President's Committee on Employment**  
**of People with Disability**



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The editors would like to extend their warmest and sincerest appreciation to each of the contributors and to the many national and local rehabilitation, medical, educational, technological, and other service delivery agencies who contributed to the success of these conferences and this publication.

We are grateful to those individuals who worked very hard in the preparation of this publication. Special thanks are given to Mr. George Covington, Disability Advocate; Mr. Claudie Grant of the President's Committee on Employment of People with Disabilities; and Dr. Theda Zawaiza of the Office of Special Education and Rehabilitative Services. Special thanks are also given to Ms. Lucy Wong-Hernandez, Mr. Alan Woo, Ms. Betty Wilson, Ms. Melinda Wilson, and Dr. Carl Flowers for their support; and to Ms. Meselech Haile-Michael, Dr. L. Deno Reed and Mr. Carlyle Mose for their outstanding editorial assistance. We are especially appreciative of the support which we have received from the School of Education at Howard University, the National Institute on Disability and Rehabilitation Research and the Rehabilitation Services Administration (of the U.S. Department of Education), the President's Committee on Employment of People with Disabilities, and the University of California at Los Angeles.

This publication is dedicated  
to the memory of  
William Tainter  
Former Director  
California Department of Rehabilitation

## **SECTION I**

# **New Leadership For A New Era: Perspectives of Policy and Practice**

## **Remembering the Old: Looking Forward to the New**

**George Covington  
Disability Advocate**

### **ABSTRACT**

This article addresses the challenges facing advocates, professionals, and legislators with regard to meeting the changing and diverse needs of persons with disabilities. The author advocates for a new era of leadership which will train future leaders who will: a) be sensitive to the needs of persons with disabilities, b) continue to advocate for the civil and human rights of consumers with disabilities, c) change the negative attitudes held by society regarding persons with disabilities, and d) implement policies and programs relative to the inclusion of persons with disabilities into all aspects of American society. The author also stresses the importance of heightening the awareness of the accomplishments and progress made by pioneers of the disability movement.

Before I begin talking about "New Leadership for a New Era," I want to talk about leaving my present job. I am going to be leaving the White House staff in January. I had said in April of 1992, that no matter what the election outcome, four years in one job is enough. That was my third attempt to resign, and the Vice President again talked me out of leaving. Earlier attempts were the results of battles between me and the senior staff. I had my priorities and they had theirs. They accused me of running a renegade operation, going outside of the channels, not following procedures, never taking "no" for an answer, going over their heads to get what I wanted, and then hiding behind the Vice President when they came to kill me. And it was all true. But that's the only way I could get anything for us. When I first got there, if I went into a scheduling meeting and said I want to do a disability event they'd say "why?" After the first year they did not do that anymore. We are on the same billing with everybody else and we get to fight just like they fight for time, space, and so forth. I get the same chances as the agriculture interest, as the domestic policy people, as the education people, as the national security people, and so forth. Toward the end, I had a much higher rate of winning than they did. That is because I had a Vice President of the United States who supported me and believed in the issues we believed in.

Within a few months after going to work in the White House, I convinced the Vice President that not all disabled people were middle class white men in wheel chairs. I quickly convinced him that we come in all colors and shades, shapes and sizes, and at least two genders. I had the representatives of many minorities in to meet the Vice President. I am going to be looking back over the last four years and remember a lot of very humorous stories. One of the reasons I said I wanted to leave in January, 1993 is so I can write a book about the four years and all the b\_\_\_\_s\_\_\_\_ I had to put up with; a lot of it from disabled people, and the VP's senior staff. I'll never forget the time when the Vice President opened the Paralympic Finals in Long Island, New York.

"Who's introducing the Vice President?" I asked.

"Well, you know we've got a United States Senator, and we've got a U.S. Congressman, and we've got the Mayor, and we've got a few other politicians, and...and... the County Executive is going to introduce the Vice President."

"Is the County Executive disabled?" I asked calmly.

"No."

"Is anyone who's going to be speaking besides the Vice President disabled?"

"No."

"The Vice President of the United States will be introduced by a disabled person." I stated in a very firm and slightly cold tone.

"But, we can't do that. Everything is all set."

"Want to bet?" I said in a firmer and colder tone.

At this point I found myself surrounded by the able-bodied organizers of the event and several disabled board members of the organization sponsoring the Trials. My peers were staying out of the line of fire. They were happy to have the Vice President come to the games. They would not fight over symbolic details. To me, it was not a symbolic issue but a political one. When politicians spoke to a constituency, the introduction came from a member of that group. When a politician spoke to a charity, a good samaritan did the honors. The major concern was that the County Executive, a Republican who could deliver votes, would be offended if he were not allowed to introduce the Vice President. Representing the County Executive was a young political toad on the rise.

"Everything has been set," the young toad said. "My boss has his speech

written."

"And your boss can give the speech," I said slowly, coldly, and methodically; looking in the direction of the toad. "But after he gives his speech, he is going to introduce a disabled person and that disabled person will introduce the Vice President to the 2,000 disabled athletes and their coaches and trainers. It is ludicrous to have an able-bodied person introduce the Vice President to that many outstanding disabled people."

The young toad disappeared and shortly reappeared with a member of the Vice President's advance team and a member of the Secret Service. He had obviously explained the political damage control he was trying to do. I knew immediately that the advance man would take the side of the local toad and do everything he could to guarantee the politician wouldn't have his feelings hurt. "Who do you have on your board who's disabled?" I asked.

I asked this strange question because like many disability groups, a large number of their board members are able-bodied. This particular organization has half of its board, able-bodied people, a large enough segment to control policy. The only name that could be recommended was an over-weight blind blow-hard I had known for years.

"There's no way that obese slob will introduce the Vice President," I said. "Who is the most articulate person you can think of on your board who also happens to have a disability?"

"Well," there was a long pause, "we have Len Sawich, but he's..." pause again, "he's a dwarf!"

"I'll take the dwarf. I've never met Sawich, but I've talked to him on the phone several times and he's articulate. He'll do."

The young toad began to sputter. Undoubtedly, he could see his career flashing before his eyes. His boss would not be introducing the Vice President of the United States. Instead, it would probably be a short axe-wielding escapee from a Tolkien novel. How was he going to explain to the boss that he was not going to introduce the Vice President but a wee one! He sputtered, fumed, stated he was going to call his boss, and disappeared.

"You can't have a dwarf introducing the Vice President of the United States. We'll have to cut the podium in half," said the VP's advance man.

"No we won't cut the podium in half. He'll pull up a chair, jump up into it, and then introduce the Vice President." I said this very slowly as though talking to a child.

The advance squad didn't seem to notice.

"You can't have a guy standing in a chair introducing the Vice President of the United States!" one advance man screamed.

"Wanna bet?" I said through clenched teeth.

"What about security?" the Secret Service asked.

At this point I was losing my patience, my temper, and my humor.

"If he pulls a gun," I said slowly, "lean over and shoot the little bastard!" I was screaming.

The advance man literally stomped out of the room. "We'll see about this," he said. "I'm calling the White House on this. You've gone too far this time Covington!"

This might be my second chance to resign in two months. The strange thing is, I always had a fear of being fired, but I always found it a very positive feeling when I thought about resigning. I think it's one of these conflicts I'll have to work out in later years. The next morning, I was notified that the County Executive would introduce Len Sawich.

Later, I was told by the Press Secretary, "they called the VP and the VP said it's Covington's event and we'll do it Covington's way."

As the event got underway, each of the politicians received very polite but very cool applause from the crowd. Most of these individuals had competed on the local, state, and regional level to get to the Long Island Trials for the Paralympics. They were advocates who knew what it meant when we said discrimination against people with disabilities. Len Sawich was one of their own. He pulled a metal folding chair up to the podium and jumped up. He looked out over the crowd and waited a few moments. Then, when he had the attention of all 2,000 athletes and their 1,000 trainers and coaches, he began to harangue like a southern preacher.

"Do you know why I like Dan Quayle?" He yelled in the microphone.

"I like Dan Quayle because he's the first Vice President who ever came to our events. I like Dan Quayle because he doesn't say we're confined, or bound to wheel chairs. I like Dan Quayle because he isn't condescending toward us. He treats us like individuals and people. And most of all, I like Dan Quayle because he doesn't patronize us by calling us inspirational!" He screamed.

The 3,000 people on the other side of the track went wild. There was screaming and hooting and applauding that went on for several minutes. Len had warmed the crowd up. The Vice President was genuinely moved. After Len's introduction, he advanced across the podium and hugged Len. This brought more screams and applause from the audience. Quayle then gave his speech.

In that speech I had him say:

"You are not disabled athletes. You are world-class athletes who happen to have a disability. No one can look at you and see what you do and ever hold the same images and stereotypes again."

He ended the speech by saying:

"I speak for all America when I say for those of you who win here today and go on to Barcelona, Go For the Gold!"

Next to that last line I had put in parenthesis, "Extra Emphasis." Quayle had delivered the speech beautifully, and he yelled the last line. The crowd was ecstatic. As Quayle passed me going down to the track he leaned over and said, "Extra emphasis." He was in a jubilant mood. The next instant, he did something that made me more proud of him than I had felt until that day. Instead of looking to the politicians on the podium, he turned to Len Sawich and said, "Len, let's work the crowd." He and Len shook hands with 3,000 people for more than 30 minutes.

During this one event, Dan Quayle shook hands with and talked to more disabled people than all the previous vice presidents in history combined. As the Vice President headed back to his motorcade after a half hour of picture taking with the local dignitaries and a large number of disabled athletes, he stopped to talk with me briefly.

"You did a great job today. We've got to do more of this. It was really enjoyable. I really enjoyed myself. Let's try to set something like this up in the near future." "I think it's great. I'll be glad to do it within the next month or so. I'll have it set up. I'll send you a briefing document, you approve it and we'll go with it." "Let's do it."

He turned and walked back to the motorcade. It had been a great day. Beckwith dropped by on his way to the motorcade to explain that Bob Woodward was in the crowd.

"He's working on a book about the Vice President and was very impressed with the event. You might even make Woodward's book. I think he'll want to talk to you. We'll send him by when we get back to Washington."

**"Can Harrison Ford play me in the movie?"**

**It's not enough if I am the first person to ever serve as Special Assistant to the Vice President of the United States for Disability Policy. I cannot be the last. The disability community must lobby to keep this slot open. I want to leave but I do not want to leave the slot.**

**We deserve a voice in the White House at all times with the kind of access I had to the Vice President. And if we can't do anything else, we should shame the next administration into trying to match what Dan Quayle did. I think when we do that they will have to find somebody for the slot who will carry on what we have started together not me, but me and you, and the thing is, we won't let it go away.**

**Now, this basically is tying into the old theme of the New Leadership for a New Era, because we are getting ready to enter a new era. You know right now we are looking at a movement that for the first time in our history has a real Civil Rights Law behind it. As I have said to many able-bodied groups in the last six months, I don't care if you're sensitive, we have the law and we are going to kick your ass if you are not sensitive. It makes a difference when you've got the law. You don't have to understand us, you just have to understand the law. All we are asking for is an equal opportunity. That's all anybody coming to this country since its founding has ever asked for. I don't think it's too damn much to ask for it two hundred years later.**

**We have a right to get out there on a level playing field whatever that level playing field is for us. What it is to me as a visually impaired legally blind person is not what it is to a deaf person or a person who uses a wheelchair, be that person a paraplegic or quadriplegic. We all have different needs because we are humans. Every human has different needs. Why is that accepted among able-bodied people? Everybody touts the fact that we are a diverse group of people in this country, but they think all of disabled people are alike. What do they think blind people do at night? Go home, turn off the lights, look at the wall, and have a blind experience...You know, and they look at the dark, isn't that cool...think folks. Do they think all of you wheelies go home and just go around in circles all night? We have got to convince these people that we are just like they are. We can be fools, fakes, and frauds, liars, cheats, and thieves, and saints or sinners.**

**I once was interviewed by a lady at the Boston Globe who after she finished the interview said, "I've heard that all blind people are nice," and I said, "listen, I know two SOBs who are blind who should be in jail, and they are not because they are blind, and able bodied people like you just say oh aren't they nice people." But I said, "listen if you are going to spread rumors, if you are going to spread myths, please do one that will help me a little bit," I said, "it is true that blind and visually impaired people make the best lovers, so please put that in the paper." It did not appear in the Boston Globe. But, the next day I was speaking at a conference on**



photography for visually impaired people. On the front row there were eight little gray haired ladies that had been brought in from a geriatric center to attend the conference. I told them about the incident with the Boston Globe reporter, and when I got to the part about how we blind and visually impaired people make the best lovers, the little old ladies gave me a standing ovation.

I think I hit a nerve. These negative images, myths, and stereotypes are what we must defeat if we are ever going to cross the bridge and join the rest of society. The first ramp we must build is the ramp into the human mind. The barrier to the mind will always be the first and hardest barrier to breach.

People must understand that the percentage of disability among minorities is much higher than in the general population. If you happen to be a minority and have a disability, you have an extra burden to bear. You have to fight the dual battle of disability, discrimination, and racism. To survive, we must have a new leadership for a new age. That leadership must understand that the battle will be against the images and myths and stereotypes in the minds of others. We must destroy the symbols of fear that are used against us.

One good example is this white cane of mine. It's just four little pieces of metal, but people will cross a street, and get as far off the sidewalk as they can if they see you coming with one of these things. It's nothing but a piece of metal held together by a big rubber band. Yet until AIDS, blindness was the second most feared physical condition in this country, second only to cancer. Blindness, I mean it's unbelievable that such a little bitty stick could cause such incredible reactions of horror. The Harris Poll a year ago indicated that 57% of the people interviewed admitted that they felt discomfort in the presence of a disabled person, 48% admitted they felt actual fear. How are we going to overcome all of this that we have to face when there are so many people who won't admit that they fear us, they don't understand us, they feel uncomfortable with us? The only way, is when they get to know us. It is funny, sadly funny, when people have a family member who becomes disabled. The whole world changes. Their perspective changes. Suddenly, they are there for the person who needs them, and they want to learn all they can. It is up to us to be there to help them. The rest of the general public we have to work on, and we have to do it through a concentrated effort. Right now, there are approximately 2.4 million disabled college students. Last September, statistics showed that one in eleven entering freshman had a disability. This is an incredible improvement when it indicated that in 1978 only one out of sixty-seven entering freshmen had a disability. We are getting out of the closet and into the educational system. Young people going through public elementary schools with a fellow classmate with a disability, will learn to accept the disabled child as a normal part of things. They will grow up knowing that we are just like they are, so consequently, proximity will help beat prejudice.

For the new era we are going to need to find a new leadership, because many young people, particularly young people in wheelchairs, have never been in an environment where there were not curb cuts. They assume they grew that way. That is like many young African Americans who would tell you they don't know what you are talking about when you remember the Civil Rights days. In 1964, I was a young Republican, who was for Barry Goldwater, and I am still for Barry Goldwater. (Would that make me a liberal today?) On the night I turned 21, I got a free poll tax. Poll taxes were still in existence when I turned 21, and I bet that most of you in this room don't even know what poll taxes were. I do.

In 1965, I left the Republican Party, one of the closest guarded secrets on Dan Quayle's staff, and for 27 years I have been a Democrat. I left the party for one reason, because people were dying in the South, and only one group seemed to care, and it was a small group even within the Democratic Party. So consequently, like Will Rogers, I've been a person without a party for 27 years. I've been a Democrat. So, we have got to pay attention to the young people coming up, and make certain that they know that their rights were not always there, and if they are not constantly vigilant at least for one more generation, they might face some backlash if the economy ever goes bad and suddenly funds are not there, and suddenly somebody starts talking about amending ADA. I don't think it will happen, but we've got to get to these kids who were literally a generation ago kept in closets, and teach them what it was we went through in our days. I was born and raised in East Texas. I am from Texarkana, just like H. Ross Perot. Except I am taller, prettier, got smaller ears, and more qualified to be President. I've had more White House experience, and if I had 3 billion dollars I still would not run for President.

We have to educate the young, we have to find them, and we have to be able to understand them. I go to meetings like this, when I get together with friends, we are all over 40, some of us are few more years over 40. Folks, you know we can't sit around talking about how great the good old days were. I am not going to ever get to that point in my life. Because I don't think those good old days were ever that damn good. So consequently, we have got to look forward and we have got to keep moving and I can't think of a better person for doing that, quite frankly, than Sylvia Walker. I've known this lady, and she is the closest thing to a sister that I have got. She is one of the few people who has the guts to call me at home at night. She also is one of those people who knows I work on Sunday, but then everybody in Washington knows I work on Sunday. For the past six months, every time I go in I get more calls on Sunday than I do on Saturday, which is usually when I go in too. But it's just a question of us working together and never forgetting the trials and tribulations that we went through.

I went through public school because I had more guts than brains. They did not want me there. They wanted me to go down to the School for the Blind, and my family doctor, my family ophthalmologist, said, "don't send him down there, they will

just warehouse him, and he'll never learn anything, and he'll never be able to get into society." So, I fought through the system. I didn't know I was fighting though. It's just, I was one tenacious little SOB, and I made it through. But, I wouldn't be able to do that if I had been born Black, not in the South that I was born into, not into the South even today. If you are white you are developmentally disabled, if you are Black you are mentally retarded. It's still there folks, and we better never forget it, and if we do, the old saying is "the price of liberty is constant vigilance." I think all of us in this room have fought more battles than anybody out on that street without a chair or without a cane. We know what it's all about. We know how precious it is to us, and we are going to keep it. Now, we have got to start looking for ways, and I wish I had the answers, I don't. I've just got the questions. But we've got to find these kids, and we've got to show them what leadership is. We've got to show them that there is nothing to be ashamed of because you use a chair or a white cane, you don't hear as well or move as fast. We can do that by fighting the stigmas that they put on us, by fighting the "confined to a wheelchair," or "bound to a wheel chair."

I have told numerous groups of journalists, "don't you ever write 'bound to a wheel chair' unless you are talking about kinky sex," because a wheel chair is a freedom machine that gives mobility. That little statement really sticks in their minds. Sometimes we have to startle people to get their attention. We don't have to frighten them, we do that already, because we are different, and it doesn't mean the pigment of our skin. It doesn't mean anything other than we are not understood, but we are getting to the point where we are.

Having served in the position that I did for four years and still do for another month or two, I can say that my being there has made a difference to a lot of disabled people. I've been told that it's good to be able to know that I can call you, and you may not be able to help, but you would listen and take the concerns to the Vice President. I tried to introduce the Vice President to as many people as I could. In the past, access has been very restricted. If one person had a friend in the White House, that was their friend, and nobody got to share that friend. My idea of Dan Quayle was a complete opposite. I wanted him to see as many of us as he could, to shake hands with as many of us as he possibly could, and he did. Consequently we can expect, I hope, from the next administration, the same opportunity.

One bridge that we can use to train our new leadership for a new age, is the concept of universal design. Our young people must understand that this concept, in one generation, can have a major impact on our society. Using the process of universal design, in the creation of products, places, and services will make our road to the mainstream a lot easier.

Universal design is not a difficult concept to understand. If you can design a product, place, or service so that an eight year old female child or an eighty year old woman can use the creation, you will discover that most of us who are disabled will

fit nicely on the continuum between the two age groups. The concept is simply common sense.

Universal design is a guarantee to wider markets, both within this country and throughout the world. I am certain you have noticed that much of the rest of the world does not have our height, strength, or dexterity. When a product, place, or service is designed to be used by the maximum amount of people, you have created a wider market. These products are not intended "for the disabled." They are intended to be used by a wide range of individuals including most but not all disabled people. Severely disabled individuals will always require certain modifications to guarantee accessibility. However, it is far easier to modify something for a severely disabled person if that "something" is the result of the universal design concept.

America, and particularly the baby boomers, are aging rapidly. As ever growing larger numbers of baby boomers hit the brick wall of fifty years, they are discovering that many of them do not see as well, hear as well, or move as well as they once did. We must reach out for these people without frightening them.

This "Fifty Plus" group cannot deal with the idea that they may be, or may be becoming, one of us. This group constitutes the most rapidly increasing segment of the low vision market. Yet, most of these individuals will not seek the social services necessary to assist them. We must learn to build bridges to these people without causing them to shrink away in terror. All their lives, they have believed the negative images, myths, and stereotypes about disabled people. As they begin to enter disability, they apply these negative images, myths, and stereotypes to themselves; and it scares the hell out of them. Universal design is a common sense concept that will allow us to teach the young people how to design a better world and older people how they can be a part of that world.

The old Star Trek television series always began with the words *SPACE - THE FINAL FRONTIER*. Space is the final frontier. But, it's the space between the ears. We must fill that space with reality, not myth, with facts, not stereotypes. If we do, we win. If we don't, we lose.

## **Stand and Deliver: Multiculturalism and Special Education Reform In the Early Twenty-first Century**

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### **Abstract**

This paper presents a brief update on activities of the Subcommittee on Select Education and Civil Rights; and a discussion of issues related to multiculturalism, special education, and school reform. The author discusses the goals, advantages, and problems of various types of legislation including the Individuals with Disabilities Education Act (IDEA), the Vocational Rehabilitation Act, and the Americans with Disabilities Act (ADA). The paper also highlights a number of inequalities in the schools, the importance of special education research findings for minority students, and failures of educational reform as it relates to upgrading the curriculum and student performance.

Good Morning and welcome to Washington, D.C. I am pleased and honored to be here today. It is good to see some familiar faces from the past and I am sure you will all have a productive experience at this gathering. I thank you for inviting me to speak and hope that what I have to say will be useful to you. Let me first thank Dr. Walker for inviting me to participate in this conference and commend the Research and Training Center which, under her guidance, has developed some very promising strategies with respect to youth and adult transitions and parent empowerment. I have been asked to bring the "View from the Hill" on issues of interest to the disability community, so I will begin with a brief update on the activities of the Subcommittee on Select Education and Civil Rights and then address some issues related to multiculturalism, special education, and school reform.

The Individuals with Disabilities Education Act will be reauthorized next year. During the Fall of this year, we will solicit comments and plan hearings and possible forums to be held during the Winter and Spring months. The Rehabilitation Act was amended last year and the Department of Education is currently promulgating regulations pursuant to those amendments and has already requested public comments on sections dealing with

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protection and advocacy of individual rights, choice of rehabilitation providers, standards and performance indicators to measure the performance of each state's program, and others. Technical amendments to the Rehabilitation Act and the Education of the Deaf Act were passed by both House and Senate during the first week of August.

The Technology-Related Assistance for Individuals with Disabilities Act was passed by both the Senate and the House on August second and third, respectively. This Bill authorizes financial assistance to the states to develop and implement a consumer-responsive and consumer-driven comprehensive statewide program of technology-related assistance for individuals of all ages with disabilities. This program is designed to create systematic change and foster advocacy. A Bill to reauthorize the Office of Educational Research and Improvement (H.R. 856) was passed by the House on August second. With the expanded jurisdiction of the Subcommittee on Civil Rights, we are now planning a series of oversight hearings on the Equal Employment Opportunity Commission (EEOC) and a full committee mark-up of the age discrimination in employment amendments in late September.

#### **The Individuals with Disabilities Education Act (IDEA)**

As you know, the Individuals with Disabilities Education Act is the primary source of federal aid to state and local school systems for instructional support services to children with disabilities. Sections 611-618 of P.L. 94-142 as amended, constitute the central vehicle through which the federal government maintains a partnership with the states and localities to provide an appropriate education for children with disabilities requiring special education and related services. Over 4.5 million children with disabilities nationwide, birth through age 21, are receiving special education and related services.

The challenge of this Administration and Congress is to ensure inclusion of children with disabilities when planning school reform, to encourage creative ways to ensure outcome accountability procedures that are fair and accurately reflect student performance, and to safeguard the policies that provide a free and appropriate public education in the least restrictive environment, due process procedures, non-discriminatory assessment, individualized education programs, and a continuum of placement alternatives.

Part B, Section 619 is intended to assist all states in ensuring that all children with disabilities, three to five years old, receive special education and related services. We will solicit ways to strengthen the federal commitment to these children who number approximately 400,000 nationwide. It is anticipated that these numbers will continue to rise given an early intervention program that is graduating at-risk children and children with disabilities and promoting them into preschool.

Funding levels for Parts C-G commonly known as the Discretionary Grant programs are sorely underfunded given that these are the programs which provide the innovation in special education delivery systems. Research, evaluation, and personnel preparation (Parts C-G) which are critical components of reform, can impact the success of school improvement efforts, and therefore, must be funded accordingly. We commend the Department of Education's commitment to children and we still have as a goal the original commitment of 40% federal support to state agencies.

The Early Intervention Program (Part H) must be funded at levels that reflect the growing numbers of children affected by poverty, prenatal drug or alcohol exposure, or HIV infection who may cause the demand for services to increase dramatically. The current fiscal crisis facing most of the states places the statewide early intervention and preschool programs in serious jeopardy. The Early Education for Children with Disabilities program provides the underpinning for addressing critical needs of this very vulnerable population. States are particularly in need of assistance in their efforts to serve a growing population of at-risk children and to reach traditionally underserved families, including low-income, rural, and minority families. We will be looking at what else the federal government can do to make sure there is an early intervention program in each state.

### Vocational Rehabilitation

The Vocational Rehabilitation Amendments of 1992 provide consumers with enhanced services (e.g., personal assistance services) and more choice and options than ever before. It has a stronger Finding and Purpose Section and empowers consumers with more participation, policy advisory input, and strengthened protection and advocacy systems. Though the majority of the over 200,000 people successfully rehabilitated in 1991 were individuals with severe disabilities, still only a small percentage of those eligible for services receive them. We must substantially increase the effectiveness and efficiency of rehabilitation which serves the poorest, most exploited, least educated, and most unemployed segment of our population. As RSA goes about the business of promulgating regulations, the subcommittee will be there, encouraging creativity and progress because the time is ripe to send a clear message to the disability community and the American people at large that the United States Congress and this new Administration is committed to enabling freedom and independence.

The rehabilitation system of today must provide services to individuals with a wide variety of disabilities and needs. This service provision is occurring in a climate, post ADA, which is supportive of full integration of people with disabilities into society. It stresses the movement of people with disabilities from situations of dependence and limited opportunities toward power, self-determination, community integration, and enhanced productivity.

This climate is in the spirit of the movement towards deinstitutionalization that began in the 1960's and which created new rehabilitation concepts about independent living, supported employment, and new laws for protection and advocacy.

### **Americans with Disabilities Act (ADA)**

With the historic passage of the Americans with Disabilities Act (ADA), expectations have been raised wherein individuals with disabilities can enjoy equality of opportunity, economic self-sufficiency, and full participation in mainstream society. As you well know, the ADA has been called the legislation that opened the door of opportunity for persons with disabilities, and the Rehabilitation Act, the legislation that prepares persons with disabilities to proceed through that door. Through meetings with Rehabilitation Services Administration (RSA), oversight hearings and participation in the rule-making process, the subcommittee will do its best to ensure that legislated services and programs are implemented as intended. After the first year of full ADA implementation, the National Council on Disability ADA watch reported that the earlier records on voluntary compliance with the ADA are mixed. Some covered entities have offered exemplary models for accommodating the needs of people with disabilities. Many have done what is necessary to meet the ADA's requirements; and some others have largely ignored the ADA or have been ignorant of it. While those that have complied have incurred some costs. It does not appear that any of the dire economic predictions made by some have materialized. The report goes further to say that overall, the ADA continues to be a major success of American public policy emulated by countries around the world.

In the past few years, minority provisions were the result of legislation included in IDEA: "The commissioner must develop a policy to prepare persons from minority groups for careers as special education teachers and related services personnel, focusing on recruitment of persons from minority groups and financial assistance to HBCU's." Further, the commissioner must develop a plan for providing outreach services to increase the participation of such entities in competitions for grants, contracts, and agreements. One percent of the part C-G appropriation is to be used for this purpose. Personnel training grant applicants are required to include a detailed description of strategies that will be utilized to recruit and train members of minority groups. Boards of the parent training centers are required to include minority parents and professionals. In addition, priority must be given to minority students for receipt of fellowships or traineeships.

Similar provisions were authorized in the rehabilitation amendments which state: "The commissioner must develop a policy to prepare minorities for careers in vocational rehabilitation, independent living and related services, focusing on recruitment of minorities and financial assistance to HBCU's. Further, the commissioner must develop a plan for providing outreach services to increase the



participation of such entities in competitions for grants, contracts, and agreements. One percent (1%) of the dollars in titles II-VII is set aside for minority outreach." Another rehabilitation amendment states that NIDRR may examine factors that have created barriers for successful VR outcomes for minorities and factors that have created significant underrepresentation of minorities in the rehabilitation profession. Also, the commissioner is to make two grants to support the development of Rehabilitation Technician Programs. This last amendment was triggered by a site visit to several Indian communities in New Mexico and is an excellent example of how one underserved population was addressed in the reauthorization of the Rehabilitation Act of 1973.

Presently, there are 309 federally approved American Indian Tribes in the United States with a population of 1.4 million. Of the total population of American Indians in 1980, 46% resided on reservations, trust lands, Alaska native villages and former reservations in Oklahoma according to a Bureau of Indian Affairs report. Of this number, only fourteen American Indian tribes have vocational rehabilitation projects funded by Rehabilitation Services Administration under Section 130 of the Rehabilitation Act. This leaves a large population of American Indians underserved.

American Indians, as a group, have disabling conditions at a disproportionately high rate. The 1980 census data indicated a rate of work-related disability for American Indians at about 1 1/2 times that of the general population and at a higher rate than other minority groups. At the Native American Research and Training Center, Northern Arizona University researchers, Martin and Tanner, estimate that 12.7% of American Indians of working age (16-65) were work disabled and 6.4% were prevented from working due to disabilities. This is higher than data reported for the general population which is 8.5% and 4.4% respectively.

American Indians with disabilities often reside on Federal Indian reservations and trust lands located in remote and rural areas, limiting access to rehabilitation services. Each of the 14 vocational rehabilitation projects offers varied services to meet unique needs of each reservation according to the geographic locations and consumer needs. Each tribe is different culturally and the geographic locations determine the quality and quantity of VR services to consumers. One common barrier on each reservation or trust land is the lack of job opportunities on or near the reservations. Another is the lack of transportation which affects the consumer's ability to meet appointments and impedes participation in training programs off the reservation. Recommendations that were incorporated into last year's reauthorization included: increasing the discretionary grant funds under Section 130 from a minimum of 1/4 of 1% to a minimum of 1% of the total appropriation for the states, addressing specific mechanisms to train indigenous people in this specialized field, and providing technical assistance to American Indian communities.

**"Diverse, underserved, and/or special populations" are usually euphemisms for persons from minority groups, often non-English speaking and of low socioeconomic status. Today, 20% of U.S. children under 17 are members of minority groups and by the year 2000, one-third of all school-age children will fall into this category.**

**In 25 of the nation's largest cities, half or more than half of the public school students come from minority groups. By the year 2000, almost 42% of all public school students will be minority children or other children in poverty. Two of our nation's largest states, California and Texas have a majority of persons from minority groups in their classrooms. In California, one out of every six students is born outside of the United States and one out of every four does not speak English at home.**

**Savage Inequalities, the title of Jonathan Kozol's latest book is an apt phrase to describe the reality in America's schools. Nearly 40 years after Brown vs. The Board of Education, American schools remain both separate and unequal. There are two school systems in America: One is predominantly white, suburban and successful; and the other is mostly minority, urban, and an abysmal failure.**

**The federal role in education has been closely identified with youth who are socioeconomically disadvantaged, language minorities, and/or disabled. Yet in 1988, the federal commitment to education was sufficient only to serve:**

- **one out of every five low-income children in need of pre-school education**
- **two out of every five children in need of remediation**
- **one out of every four children in need of bilingual education and**
- **one out of every twenty youth in need of job training**

**Minority Americans are burdened by a long history of oppression and discrimination. They remain largely segregated in minority neighborhoods and minority schools. Many of these children, over time, tend to fall behind their white peers in academic achievement. For example, African American children begin school only slightly behind their white classmates in educational attainment. By the third grade, they have fallen six months behind their white peers and by the sixth grade, they are one year behind. By eighth grade, they are two years behind and by twelfth grade they are more than three years behind.**

**While African American students comprise 16% of the elementary and secondary public school enrollments, only about 8% of public school teachers are African-American and this number is decreasing. These inequities are exacerbated by individual, cultural, and institutional racism which spawn other tragic educational**

aberrations. For example, in high schools, African-American males are suspended about three times more often than whites and African-American children are three times more likely than white children to be placed in classes for the educable mentally retarded, and only half as likely to be in classes for the gifted and talented.

Between 1976 and 1986, college enrollment rates of African-American males, 18-24, declined from 35% to 28%. Everyday in the United States over 1,500 teenagers drop out of school. About 13% of all 17 year-olds in the United States can be considered functionally illiterate. Functional illiteracy among minority youth may run as high as 40%.

According to a report by William Taylor and Dianne Piche for the House Education and Labor Committee, inequitable systems of school finance inflict disproportionate harm on minority and economically disadvantaged students. The federal government does not have a system for directing data that enables it to gauge the scope of problems of fiscal inequity, the effect of these problems on important educational services, and the impact of fiscal inequity on children who are at-risk of educational failure.

Property-poor districts, which have lower assessed valuation per child, often tax at much higher rates than property-wealthy districts yet yield far fewer dollars for their effort. During the past 20 years, several state courts have addressed the issue of whether inequitable state finance systems violated guarantees of a "thorough and efficient" education and "equal protection of the laws" contained in state constitutions. Further research is necessary to identify remedies to reduce fiscal disparities.

Educators have reached substantial consensus that several types of educational services are important and in some cases vital to the success of at-risk students, e.g., pre-school development programs, reading in the early grades, reduced class size, counseling and parent involvement programs, teachers with experience and expertise, and a broad ranging curriculum.

A more equitable distribution of resources by states to local school districts could reduce the costs of assuring effective educational services to at-risk children. While the costs of providing such services are high, the evidence is that the investment called for would be more than repaid in the taxes paid by productive citizens and in avoidance of the cost of crime and welfare dependency.

There is wide-spread agreement within the education community that all students can learn at high levels, and we know far more than we practice about how to teach. The National Education Goals and Goals 2000: Educate America Act, indicate a commitment to raise the educational achievement of all children, regardless of their abilities. The objective of educating all children can be greatly enhanced by

bridging the divide, on all levels of aggregation, that currently separates special education from general education. The Department of Education, through the Office of Education Research and Improvement (OERI), can commit to research on the wealth of effective educational practices developed and/or advanced by special education research and devise a system whereby these practices may be transferred to general education and made available for more wide-spread applications. OERI and the Office of Special Education Programs (OSEP) can lead the way in applying special education research findings to general education settings.

Fundamental to special education are three statutory provisions: individualized education programs, nondiscriminatory and multidisciplinary assessment of educational needs, and education in the least restrictive environment. These provisions allow schools to maximize the educational development of students with special needs. The research that has been guided by these provisions has yielded findings applicable to the mainstream of American education. For example, the individualized education program, customized to the needs of each student taking into consideration the learner's strengths, weaknesses, learning style and modalities, provides a model for meeting the needs of a diversified student population.

Special education research findings can be very helpful with these student populations because it has made many contributions to the educational knowledge base in the form of alternative teaching methods for remediation in various subject areas, as well as analyses of the interactions between learner differences and various types of subject matter. A variety of interventions have been designed based upon careful, reliable research to improve the performance of "special populations," i.e., those children who have needs beyond those traditionally accommodated in a regular classroom. Increasingly, critical considerations have been given to assessment methods and placement alternatives within general education settings. The past 10-15 years have seen a proliferation of findings--potentially beneficial for a wide range of student populations in such areas as: assessment (e.g., curriculum based assessment, dynamic assessment), instruction, (cooperative learning models, strategies instruction, metacognitive interventions, reciprocal teaching), and curriculum (social skills, early intervention).

To date, the most influential of these interventions has been the Perry Pre-school Program based on the premise that early childhood intervention could improve the achievement of disadvantaged youth. One of the original grants for this study, using students in special education classes, was funded by the research division of the OSEP. This project, which helped to spawn the nationwide Headstart program, demonstrated long-term positive effects in the areas of education, employment, and social responsibility.

Other special education innovations are based on the premise that all children can learn, that early intervention programs can enhance that learning, and that educational resources are correlates of student performance. What is needed is a systematic way to Review special education interventions and policies, ferret out the most promising, and make them readily available to local and state education agencies. One welcomed effect may well be the successful accommodation of more variance in the regular classroom and less special education referrals and placements of minority children who are presently overrepresented in these classes.

Minority students will be forced to meet world class standards although they have not gone to school with proper teachers, laboratories, and other facilities. Educational improvements cannot be obtained by focusing on the achievements of students alone. Standards, assessments, and report cards must also be established for those who govern and manage. Before we forge ahead to institutionalize the national testing of students, it would be more logical, more efficient and more just to establish a national program for the assessment of governance and management performance of the states, school districts, and local educational agencies responsible for the education of students.

I question testing as a method for educational reform and argue that current reform incentives such as testing will undermine rather than upgrade the curriculum and student performance. The proposed voluntary testing system is akin to the discovery that children born with fetal alcohol syndrome have low birth weights, so we invent a more sensitive scale! This does not help these babies. Testing risks exacerbating existing inequalities and can derail other more forward looking initiatives.

There is research evidence on the negative effects of the high stakes standardized testing for example:

- A) When test results are given high stakes by political pressure and media attention, scores can become inflated, thus giving a false impression of student achievement.
- B) High stakes tests can narrow the curriculum. Tested content is taught to the exclusion of non-tested content--in direct proportion to the stakes and overwhelmingly in poor performing schools.
- C) The kind of drill and practice instruction that tests reinforce is based on outmoded learning theory. Rather than improve learning, it actually denies students' opportunities to develop thinking and problem-solving skills.
- D) Because of the emphasis and pressure on test scores, more hard to teach children are rejected by the system (resulting in sorting and

segregation).

- E) The dictates of externally mandated tests reduce both the professional knowledge and status of teachers.
- F) Inconsistency between the purpose and use of tests will lead toward invalidation of norms and totally compromise our ability to accurately measure achievement.

Recent research at the State University of New York at Albany found a correlation at the school level between improved student achievement scores and increased segregated settings. The Educational Testing Service conducted a summary of findings from 20 years of the National Assessment of Educational Progress (NAEP). It reached several alarming conclusions; among them is the observation that very few students demonstrate that they can use their minds well. In recent assessments, more students are gaining basic skills, yet fewer are demonstrating a grasp of higher-level applications of those skills.

During the past 20 years, relatively little has changed in how students are taught. Despite much research suggesting better alternatives, classrooms are still dominated by textbooks, teacher lectures, and short-answer activity sheets. Despite progress in narrowing the gaps, the differences in performance between white students and their minority counterparts remain unacceptably large. Little progress had been made in reducing gender performance gaps favoring males in mathematics and science and females in writing.

We need to do some soul-searching here: Are we really, honestly, and truly committed to multiculturalism or to the perpetuation of a distinct underclass which, not all coincidentally, provides for cheap labor? We must affirm what we value and ensure that policies are representative for all Americans. We must include various special populations e.g., individuals with disabilities, people of color, persons with limited English proficiency, and other cultural backgrounds, as we plan school reform. We must consider how these policies will impact personnel development, school finance, standards development, assessment, and strategies to reach the six national educational goals. Otherwise, to take liberty with a saying: "If we continue to allow looking at the rainbow of diversity through single filter, many children will erroneously seem devoid of light."

I suggest that we view diversity as a national strength not as a liability, but something precious that celebrates culture, heritage, and tradition; honors contributions of all peoples, and is reflected in the curricula of the primary public acculturation tool--our public schools.

Earlier I spoke of the need for more minority elementary and secondary school teachers. But there is also a substantial underrepresentation of persons from minority groups in education research and development and the number is rapidly declining. It is imperative that persons from minority groups play an active role in this arena since education research and demonstration strongly influences the education of persons from minority groups through its impact on education policies, programs, and practices.

In its 1990 report, the House Committee on Appropriations directed the Department of Education to "Develop a Pilot Program which prepares persons from minority groups for research careers and increases their participation as specialists in research and development." In the ten years spanning 1976 to 1986, the number of African-Americans awarded doctorate degrees in education declined by 39%. At a subcommittee hearing, Dr. Henry T. Frierson observed that, "this is a foreboding trend concerning the production and contribution of Black faculty in fields related to educational research and development." According to the statistical abstract of the United States, of the degrees conferred between 1986 and 1987 in education at the B.A., M.A. and Ph.D. levels, only 6, 8 and 8 percent, respectively were awarded to African American or Latino students.

The lack of minority participation in the development of educational reforms has been cited as a major factor in the negative school experiences of minority teachers and students. More individuals who have a unique and valuable perspective on the relevant and pressing minority issues confronting educational research are needed in education research and development, and they must be encouraged to use their research, and research and demonstration skills in all areas in order to bring refreshingly poignant points of view to not only minority concerns, but to a broad spectrum of issues. Dr. Henry T. Frierson states that there are factors inherent in the academic community that suppress the participation and subsequent production of African-American educational researchers, e.g., the ambivalence of the milieu, prejudice and discrimination, and the effects from the lack of solid mentor-protégé relationships. He concludes that: "the continued loss of potential scholars is staggering and the academic community will be remiss unless serious efforts are mounted, not only to reverse the decline in Black doctorates, but also to increase substantially their production and the subsequent development of Black researchers. If not, the crisis will continue, and it will be to the detriment of the nation."

Education reform must be approached the way "Operation Desert Storm" was approached, an overwhelming strategy, a strategy of overwhelming resources, of using all that we have available, of using the very American approaches which are unique, maximizing our advances in technology, not hesitating to test all kinds of theories, to break the mold, and use what we know to get what we want. Each of us, in our own particular way can contribute to the optimal performance of all our children. I encourage each of you to do your part and in closing, I will leave you with

a thought, the late Robert F. Kennedy expressed twenty-seven years ago in Johannesburg, South Africa:

**"It is from numberless diverse acts of courage and belief that human history is shaped. Each time a person stands up for an ideal, or strikes out against injustice, or acts to improve the lot of others, she/he sends out a time ripple of hope, crossing each other from a million different centers of energy and daring those ripples to build a current which can sweep down the mightiest walls of oppression and resistance."**

Thank you.



## **New Leadership for a New Era**

**Robert R. Davila**  
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### **Abstract**

President Bush's signing (October, 1992) of the Reauthorization of the Rehabilitation Act of 1973 entailed extensive revision of the regulations affecting many programs of the original Act. Work groups played an active role in finalizing specific aspects of the law. The author strongly urges disability advocates to play an active role in the revision process by: 1) regularly consulting the daily editions of the Federal Register to learn the status of proposed legislation, 2) sending in comments and proposals to various work groups, and 3) alerting groups likely to be affected by the proposed legislation and urging similar action by their constituents. The Rehabilitation Act of 1992 is only one in a cluster of legislation offering widening vistas for Americans with disabilities, two others being the Individuals with Disabilities Education Act (IDEA) and the Technology-Related Assistance of Individuals with Disabilities Act.

In October of 1992, I had the honor and privilege of representing the United States before the General Assembly of the United Nations in the session concluding the U.N. Decade for Disabled Persons. We Americans have much to be proud of. In the past decade, we have enacted landmark civil rights legislation for individuals with disabilities. We have reauthorized the major programs that provide services to millions of children and adults with disabilities to enable them to lead productive, satisfying lives. During a decade of government cutbacks, we have continued to increase appropriations for research, technical assistance, and personnel preparation to support services for individuals with disabilities. I was pleased to be able to point to a record that all Americans can be proud of. These achievements reflect our proudest traditions and our ongoing commitment to full participation for all citizens.

My presence before the United Nations sent an even stronger message. I am a Hispanic who has been deaf since the age of eight. As I spoke, the whole world learned that individuals with disabilities from minority backgrounds can have a

leadership role if they have the skills, knowledge, and ability. Furthermore, that is why all of us are here today. The legislation has been enacted. The regulations have been implemented. Our institutions are ready. It is up to us, people with disabilities from all backgrounds, to ensure that our concerns get on the national agenda, that we receive our share of resources, and that every one of us acquires the skills and knowledge we need to succeed.

Today, you will have the opportunity to learn how to participate in the discretionary programs supported by my office. I cannot overstate the importance of your participation in these programs. I am not speaking simply of the availability of funding, although funding is very important, of course. I am speaking of something more. Everyone of you here today is involved in the system of service delivery for individuals with disabilities. You already have some influence on the system, but you can direct it. As a researcher or provider, you can help to shape the research and training agenda, and make it more responsive to your concerns if you compete effectively for funds or you have a role in the selection of projects to be funded. As a consumer, you can have services that address your needs if you can work with researchers and service providers to enable them to respond to your needs effectively. Family members also have an important role to play.

The special education and rehabilitation laws include mandates to ensure the participation of individuals from minority backgrounds and institutions. But these mandates are meaningless unless you participate. Whether you are a consumer, a provider, or both, you need to ensure that the entire system of service delivery reflects the needs and concerns of all people with disabilities, including people from minority backgrounds. Conferences like, "New Leadership for a New Era" provide the basics, and I encourage you to share the insights you receive here with your colleagues and associates. As Assistant Secretary, I am committed to ensuring that the federal government will continue to be your partner as we work together to break down barriers, to facilitate increased collaboration among service providers, and to make sure that all individuals with disabilities have access to high quality services that meet their needs.

As you may know, President Bush signed the Reauthorization of the Rehabilitation Act, October 30, 1992. The amendments promise sweeping changes in state vocational rehabilitation programs, centers for independent living, and some of the discretionary programs. Because of the reauthorization, the impending regulations are undergoing what will probably be the most extensive revision since the Act was passed in 1973. The U.S. Department Education has put together work groups that will tackle the new requirements one by one. As they complete each major section of regulations, the work groups will publish their proposals in the Federal Register, the daily journal that records federal government activity. What does this mean for you? Very simply, it means an unprecedented opportunity to get your views, your concerns, and your interests considered as we implement this important

statute. Under the law, comments from the public must be addressed by the federal officials drafting the regulations. I can assure you, responding to public comment is taken seriously by everyone involved, and changes to the regulations are frequently made because of input from the public. Your opinion will be considered. It is an opportunity that you cannot afford to let pass. I encourage you to make sure that you, your organizations, and especially your leadership groups, keep up with the proposed regulations and send us your comments and recommendations.

Let me touch on some of the new provisions of the Rehabilitation Act. First, the Act provides new emphasis on consumer choice. For example, one new requirement specifies that people with disabilities, the consumers, must have a role in choosing their vocational rehabilitation services and providers. We will be especially interested in your comments on how this provision should be implemented. We will furnish vouchers to individuals who are eligible for vocational rehabilitation (VR) services. The individual will then be able to take the voucher to the rehabilitation provider of his or her choosing. You will have the opportunity to comment on the project selection criteria and the types of projects that should be funded under this program when the Department of Education publishes the notices in the Federal Register. I urge you, let us know how we can make these projects more responsive to your needs and concerns.

The Rehabilitation Act contains new requirements for more active participation by consumers in their Individualized Written Rehabilitation Plans (IWRPs). Under the Act, the IWRP must be "jointly developed, agreed upon, and signed" by the counselor and the person with a disability. Although there will be no consumer "veto," this provision will give the person with a disability more leverage in the decisions affecting the provision of VR services. In addition, each IWRP will have to contain evidence that the client/consumer actively participated in the process. These consumer choice requirements are complemented by provisions that will require more emphasis on higher quality and longer-lasting rehabilitation outcomes: careers, not just jobs. Your views on how to carry out these requirements will be invaluable as the Department of Education develops regulations in this area.

Under the Act, the Department of Education will be re-examining the entire independent living program. For example, the Act authorizes the creation of state independent living advisory councils that will have a broad mandate to advise VR agencies on a range of issues of interest to the individuals with disabilities in that state. The councils must be broadly representative and include a consumer majority. The councils have the potential of providing a direct avenue for consumer input into the administration of this consumer-oriented program, but they cannot be effective without your involvement. Share your comments with us when the proposed regulations are published in the Federal Register, and get involved in your own state.

In addition to requiring more consumer choice, the Act increases accountability in VR programs and Independent Living Centers. Very simply, we want these programs to work, to maximize the ability of the consumer to lead a productive, fulfilling life in the workplace and the community. The Act contains legislative approval for a national longitudinal study that will track some 12,500 consumers through the rehabilitation system. As the results from that study come in over the next few years, we will be able to compare the outcomes for those individuals who received services and those who did not.

At the same time, the Department of Education will develop evaluation standards and indicators that will give us objective data on how VR programs and independent living centers are performing. We are breaking new ground in this area and we will need a broad range of informed comment to ensure that your interests, the interests of people with disabilities from many different backgrounds and geographical areas, are truly represented. These standards will be published over the next two years, and I hope that each one of you will review the proposals and advise us of ways we can strengthen our evaluation criteria.

I have spent much of my time here this morning discussing the Rehabilitation Act and how you can become involved in shaping the major programs supported under the Act. The Act can revitalize the VR and Independent Living programs and give them a needed boost as we enter the age of empowerment for individuals with disabilities. However, the Act is only a part of the picture. The Americans with Disabilities Act, the Individuals with Disabilities Education Act, and the Technology-Related Assistance for Individuals with Disabilities Act; to name just a few, also contain important rights and entitlements for individuals with disabilities, including individuals from minority backgrounds. Together, these statutes spell out the nation's commitment to empowering individuals with disabilities. It is up to you to understand your rights, tap into research and training competitions, and programs for self-development and self-advocacy, and work with other individuals from minority backgrounds to make these legislative pronouncements a reality. We in the federal government are your partners, and I look forward to working with you as we carry out our shared commitment to individuals with disabilities.

## **Embracing Cultural Diversity in the Rehabilitation System**

**Bill Tainter, Director**  
**Catherine Compisi, Ph.D., Assistant Deputy Director, Transition Program**  
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**California Department of Rehabilitation**

### **Abstract**

The term diversity is most often used when discussing issues regarding ethnic minority groups and women. Another cultural group which deserves consideration consists of persons with disabilities. Americans with disabilities are an integral part of the fabric of diversity, sharing a common thread with African Americans and other groups in their demand for acceptance as individuals, respect for abilities, and celebration of their differences. This paper discusses issues of diversity as they relate to Americans with disabilities.

I would like to present an overall perspective regarding disability and diversity which sets a framework for developing strategies to include people with disabilities in our communities, including the workplace. This is a view that considers disability as part of the fabric of diversity. It must embrace the diversity of all persons with disabilities and consider them as members of the disability community. This community in itself is a cultural group that has come to be identified as a civil rights minority group that requires the same strategies and remedies for inclusion as other minority groups. For persons with disabilities from ethnic minority backgrounds, we must acknowledge and respect all aspects of their diversity. Ignoring any one aspect of a person's background be it ethnicity, gender, or disability does not benefit the person or the society as a whole. This view that considers persons with disabilities as a civil rights minority group is not the way disability issues have always been viewed. The medical model and other approaches deviate significantly from this concept. It is a view that, we, persons with disabilities have chosen for ourselves after watching and learning from our brothers and sisters from previous civil rights struggles. It is a view that seeks legal protection in non-discrimination laws and fair policies that follow. It is a view that asks for the presentation of persons with disabilities in a context of dignity and equality, not pity and patronization. These are the basic tenets of disability as a diversity issue and must form the basis for accepting people with disabilities in the workplace as well.

Within this context, I would like to discuss how the newest civil rights movement, the disability rights movement, draws directly on other civil rights movements, and how the cultural experiences of persons from other minority groups parallel those of persons with disabilities. Although the specific issues may be

different, the experiences and solutions are fundamentally the same. Therefore, if you can identify the issues of diversity and truly develop sensitivity toward them, you will understand the principles pertaining to all groups.

The disability rights movement is the newest movement to join the civil rights agenda. Twenty-five years after the Civil Rights Act and the civil rights movement of the 1960's, the disability rights movement is coming of age. At long last, persons with disabilities have the same civil rights protection as people from other ethnic minority groups and women. At long last, the U.S. Congress, through the Americans with Disabilities Act (ADA) and the 1992 Rehabilitation Act Amendments, acknowledges that discrimination is a major factor in the lives of persons with disabilities that must be eliminated. No longer will arbitrary laws and policies such as the "Ugly Laws of Chicago" exclude persons with disabilities. Persons with disabilities have realized that legal protection is a fundamental foundation to full participation and equality just as people from other ethnic minority groups have discovered.

The new laws and policies promote integration, full participation, and inclusion which are not uncommon concepts to other ethnic minority groups. These laws move away from "separate but too often unequal services." They facilitate the movement from other individuals making decisions about the futures of persons with disabilities. They seek to affirm that we adapt our environment and the workplace always to meet the needs of all of our employees, and that reasonable accommodation for employees with disabilities be viewed from this perspective. They give permission for people to ask about the experience of disability. More importantly, they stress that institutions must address the unique aspects of each person's diversity; be it the type of disability, ethnicity, or gender. They emphasize the need for a diverse staff that includes persons with disabilities.

As the newest civil rights movement, we, its members, need you who understand civil rights issues and the issues of diversity to help lead the way to bring persons with disabilities into the diversity family on a natural and equal basis. We still too often are left behind. Think about when we discuss discrimination, Affirmative Action, and diversity. Generally, persons with disabilities do not come to mind. Think about diversity training and diversity studies; too often they do not include disability issues. Think about our language. We know racism, sexism, and even ageism; how many people know the meaning of "ableism" or "handicapism?" How recently have you heard the expression, "lame duck" or "blind leading the blind?" Think about the media presentations. Items are published on disability that would never pass on other issues. We need to come to the day when this lack of tolerance of diversity is equally unacceptable for disability as it is for race, ethnicity, or gender.

Now, let us look at cultural aspects of diversity including disability culture. We will find that the experiences of people from other minority groups parallel those of

persons with disabilities. What are some of these basic cultural experiences? The first is portrayal through negative images. In the past, demeaning symbols have been used by the majority culture to define the minority culture. These are offensive and stereotypical images unacceptable to the minority groups. What are some of these images for various minority groups and women? Aunt Jemima, Blonde Bombshell, Charlie Chan. For persons with disabilities, the poster child represents this type of image. This portrayal creates images of persons with disabilities as: brave, determined, and inspirational. Children with disabilities, even adults, smile through their unfortunate fate. Common characteristics of these images include the following: a person is expected to be cheerful, smile, or shuffle and appreciate their second class status. These images are unacceptable for any group. Again, we must come to the day when more people know these images of persons with disabilities for what they are, stereotypes and patronization.

The second cultural experience is that people with disabilities, as other minority group members, are being seen as "damaged goods," that is, coming from a minority background makes you less, not different. This is fundamental for persons with disabilities for whom images of "being less than whole" are still portrayed with impunity. A common experience in this realm is the idea that success can only be achieved by "getting rid of the difference," that is, one must strive to be like, look like, and act like the majority culture. For people from ethnic minority groups, this meant changing their hair, dress, language, and values. For persons with disabilities, this means living for the cure. For example, walking at all costs when a wheelchair provides more mobility but looks less normal; or lip reading and pursuing endless speech therapy instead of using an interpreter. We must understand that these are issues of diversity for persons with disabilities.

A third common experience is the fact that people from a minority group who succeed are seen as extraordinary. This is an inherently patronizing concept since it assumes that most members of the group cannot achieve at such levels. Regarding persons with disabilities, this concept is strongly ingrained in society's mind. If persons with disabilities just try hard enough, they can overcome all odds. This person is a "super cripp," the flip side to the poster child, but just as harmful.

Like other civil rights movements, the disability rights movement discards the notion that persons with disabilities must be better than others to be equal; that most persons with disabilities are not "courageous" or inspirational. Like people from other minority groups, persons with disabilities just want to lead "normal" lives and have what everyone else has. Society automatically underestimates the capabilities of persons with disabilities as it underestimates the talents and abilities of people from other minority groups. Just as in the case of other civil rights movements, it is not the person who needs to change, it is society that needs to make the changes. This expectation regarding persons with disabilities is harder for people to understand. People cannot change their color or gender, but they are expected to change their

disability status. As Judy Heumann, disability activist and Assistant Secretary for the Office of Special Education and Rehabilitative Services put it:

**"Disability only becomes a tragedy for me when society fails to provide the things we need to live our lives; job opportunities or barrier free buildings for example. It is not a tragedy for me that I'm living in a wheelchair."**

Again, this is a diversity issue for persons with disabilities. It must come to be understood this way by all.

As a result of our common experiences, as with other minority groups, there is an emerging disability community. As with other groups, we are proud of our culture and are seeking to shake off the way we have been portrayed by others and the effects of the unequal treatment we have received. This is not very different from the struggles of African Americans. There are 49 million Americans with disabilities. We are beginning to see persons with disabilities take pride in being identified as having a disability. We are coming to realize that we are who we are because of our disabilities, not in spite of them. This is a fundamental change for persons with disabilities, rehabilitation professionals, and the world at large. However, it is not a fundamental change from the paths of persons of other minority groups. We all have sought to change the way we look at ourselves, to shed the decades of negative images which too often become "self-fulfilling prophecies," and to change the way society as a whole looks at us as well.

Persons with disabilities have rejected society's tin cup image (HANDICAP). We have rejected the idea that we are childlike and dependent, or in need of pity or charity. Like people from other ethnic minority groups, we are demanding basic human and civil rights; and we are succeeding. For the first time in the history of this country, persons with disabilities are defining themselves. We are saying we want to be celebrated, not just accepted as we are. We are rejecting the stigma that disability is bad or sad and that we should hide our disabilities! We are taking pride in our identity and the positive traits it gave us: acceptance of the abilities of others, organization skills, ability to accept challenge, and willingness to fight for everyone's civil rights.

We must still change one fundamental tragic fact. As with people from other minority groups, we have shared one common experience; discrimination. We share the pain of discrimination among ourselves as well as with our counterparts in the various ethnic communities. According to a 1985 Louis Harris and Associates' Poll of persons with disabilities, 74% of disabled Americans say they share a common identity with other disabled people; 45% believe they are a "minority group in the same sense as African Americans and Hispanics." In other words, people with disabilities are more likely to see themselves as part of an oppressed minority. Often,



the discrimination is crude bigotry. In other cases, it is more subtle. It is based on paternalistic assumptions that people from the minority group are not entitled to make their own decisions and lead the lives they choose. This has clearly been the assumption for persons with disabilities. The biggest problems of discrimination are more everyday, more entrenched, and quite visible in the workplace. Only one third of persons with disabilities are employed. Two thirds say they can work and want to work, but are prevented from doing so because they face discrimination in hiring or through the lack of transportation. They, we, want to work and can work...instead of being forced to accept welfare.

Those of you from different ethnic groups understand this. Our dignity is at stake. You and your brothers and sisters have experienced similar forms of discrimination. The disability community is a diverse group of individuals. It does not discriminate on the basis of race, gender, or socio-economic status.

### **CONCLUSION**

What are the fundamental issues in embracing diversity for persons with disabilities in the workplace? We must truly embrace disability as a part of the diversity issue. Our affirmative action and employment practices must follow from this perspective. This will be no easy task for it is asking for a fundamental change in the way persons with disabilities are commonly viewed. In adding disability to the diversity umbrella, we must not take away our efforts to understand and address the unique needs of all aspects of diversity. Rather, the fundamental concept must be that each aspect of a person must be celebrated, understood from his/her perspective, and appreciated. To ignore or demean one aspect demeans the entirety of the person. It is time to quit talking about it, and embrace diversity in all aspects of society and for all people who are different, including persons with disabilities.

I do want to underscore one more important point that we must all understand. There is a role for everyone to play in the struggles of all minority groups in order to achieve equality. However, people from that particular minority group must lead and define their issue. Again, this is not a foreign concept to the women or African American civil rights movements. Leadership and definition of issues must come to be seen as the same for the disability rights movement. There is a new militancy since people with disabilities have come to recognize their strength in numbers and have gained a sense of pride and community. We should all play a role in empowering minority groups, including people with disabilities by: a) achieving the promises of all the civil rights guarantees offered in state and federal laws, and b) eradicating institutional bias and prejudice which oppresses us all, regardless of ethnicity, race, gender, or disability. We are a diverse society. We must embrace, not fear, diversity in every aspect of our lives, with every element of our communities, and with every bit of our hearts and souls **FOR ALL PEOPLE!**

## **SECTION II**

# **Rehabilitation and Diversity: New Challenges, New Opportunities**

## **Diversity: A Continuing Rehabilitation Challenge And Opportunity**

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### **Abstract**

To actualize the enormous problem for Americans with disabilities that reside in the American with Disabilities Act and its 1992 Amendments, requires across-the-board participation and collaboration of professionals rising to meet the challenge to assume leadership roles. California, with its explosive increase in various minority populations -- a phenomenon observable elsewhere in America -- points up the fact that rehabilitation must reflect America's cultural diversity by promoting equal access and quality services for the culturally diverse. Activities made possible by the federal government's Rehabilitation Cultural Diversity Initiative (RCDI) provide a model -- even though a tentative one -- for realizing the objectives of cultural diversity in rehabilitation. Promoting cultural diversity in rehabilitation often- times requires one to learn, re-learn and re-train on a regular basis. There are a number of tools -- attitudinal and action-oriented -- in these processes. Although extensive, the list of recommendations offered in this paper for achieving the ideal of cultural diversity is only a partial list. A key motto in our efforts is: Don't be afraid to come forward with your proposal and effort, no matter how insignificant it may appear to be. After all, diversity means contribution(s) from each and everyone in a given effort.

### **Introduction**

The conference title, "Embracing Diversity in the Delivery of Rehabilitation and Related Services," is truly timely. Clearly the collaboration that has been established reflects the importance of diversity within rehabilitation. My title, "Diversity: A Continuing Rehabilitation Challenge and Opportunity," is a continuing part of the numerous opportunities we have available to effect change. Thank you, Ms. Betty Wilson, Dr. Sylvia Walker and staff, and Ms. Melinda Wilson and staff for the opportunity to share with this group. This conference is a true reflection of diversity and collaboration. Gone are the days when only one group, organization, or individual

can exist effectively in isolation. The time is now. Either we work together or we all become exiled from ourselves as human beings. As I stated previously, we, each one of us, has a great opportunity as well as a great responsibility. With the enactment of the Americans with Disabilities Act, and now with the 1992 Amendments to the Rehabilitation Act, additional clout for ensuring quality services to participation in, and exit from the rehabilitation system for persons from minority groups with disabilities is better assured. Yet, legislation alone is not enough. It is incumbent upon each one of us to take a leadership role.

There are extensive and overwhelming data regarding the demographic shifts and trends that are occurring in America and are projected for the Year 2000 and beyond. In California, Blacks, Hispanics, Asians, and other persons from minority groups will be the majority in the Year 2000. Yet the real issue concerning these data is the quality of leaders, and particularly leaders of color. Cornell West, in his book Race Matters, challenges us to think about caring, principal leaders who are afraid to take the risk to move us toward our humanness. This is the real dilemma for us today, the year 2000 and beyond; that we accept the challenge to ensure that diversity is not only the right thing to do, but the only thing to do.

As individuals of color continue to strive to obtain full participation in the American society, rehabilitation legislation, attitudes, beliefs, processes, et cetera, have a major role to play. One current legislative mandate, Rehabilitation Services Administration's (RSA) Rehabilitation Cultural Diversity initiative (RCDI), has the vision that rehabilitation reflects the cultural diversity of our society, and the mission is to promote opportunities to enhance equal access and quality services for individuals who are culturally diverse. Some of the values within RCDI are as follows: persons with disabilities; empowerment; diversity as an asset; partnership and collaboration; awareness that all people have talents and values; realization that all people deserve respect and equal opportunity; and maximizing human resources in rehabilitation organizations. RCDI's operating principles are: to promote diversity in all aspects of rehabilitation; model diversity inclusion in all interaction with other organizations; work in partnership with constituency to ensure empowerment and use of talents; practice and promote the highest standard of human behaviors, products, and interactions; and develop and implement policy changes as needed.

RCDI is utilizing lead specialists (experts in diversity issues), focus groups, a national advisory committee, and input at all levels in the development of baseline data, research agendas, and programmatic strategies. Each of you here have outstanding contributions that you can make to this initiative. Clearly, collaboration will be the watchword. Is it reasonable to expect that in five years all public rehabilitation will have increased its minority consumer and service providers by some magical percentage? Clearly, RCDI needs to extend beyond the quantitative measures of numbers and statistics if cultural diversity inclusion is truly a goal. Attitudinal and systemic changes, although difficult to measure, are essential and require ongoing

effort and commitment. In addition, multicultural inclusion is not about the Noah's Ark Syndrome (two by two), but rather about system and paradigm shifts and change.

Rehabilitation's diversity is reflected in the books we read, the films we see, holidays we celebrate, acceptance, music, our policies, visions, and what we choose to do both within and outside of rehabilitation. The choice for rehabilitation personnel is either to fight against the tide of progress and fairness OR get involved in shaping the future. However, a reality must be faced. Some people will not want to face the challenges. Those who confront the challenges must often be willing to relearn, retrain, and learn on a regular basis as a part of the job's responsibility. Resistance must be dealt with openly.

We must be clear on our attitudes toward race, gender, disability, sexual orientation, aging, et cetera. This clarity can yield positive results if people are allowed to share and clarify their views in a safe environment. In addition, support for the implementation of this goal from all internal parties is necessary. It is very clear that the resistance that people of color face is tremendous.

In addition, the following tools are useful:

1. Awareness (self/others)
2. Motivation
3. Knowledge
4. Opportunity to Practice
5. Feedback
6. Continuation/Ongoing Learning (continuing education)

Overall, each of us has some unfinished business regarding race, ethnicity, et cetera. This unfinished business has been labeled a silent and isolationist enabler. In other words, our unfinished business hinders our ability to be able to move ahead and to be productive. What are we to do with this diversity inclusion opportunity and challenge that is available to us? I would like to take the opportunity to share some of my thoughts in this area.

### **RECOMMENDATIONS**

1. Regardless of your role in your organization, whether you are unemployed, a student, or whatever, you need to develop your own personal diversity plans, goals, and visions (Atkins, 1988).
2. Facilitate organizations developing their diversity plans, goals, and visions.
3. Continue self-education.

4. We need to become intimate with the change process.
5. Avoid useless debates (save energy for those things that count).
6. Collaborate and share.
7. People of color need to stop complaining about the past and become proactive. We have been and are discriminated against. That is a reality. Our challenge is how we react to this reality. Certainly, by bonding together we can make a difference, if no more than to support each other in this reality.
8. We need to do something good for ourselves each and every day.
9. We also need to leave our egos at home and give them some rest from time to time.
10. Collaborate with historically Black colleges and other institutions of higher education with 50% minority enrollment.
11. Work closely with agencies and businesses that have minority owners.
12. Continuously be involved in proactive, asset-oriented research (Atkins, 1988).
13. We need to conduct Town Hall meetings and open forums to transfer knowledge at every opportunity possible.
14. We need to work in the political arena to ensure diversity is not just a short lived, right thing to do, but a continuing part of the lifestyle for rehabilitation in this nation. Affirm diversity!
15. Recruitment, retention, and promotion must be the landmarks of the rehabilitation community at all levels.
16. Our publications need to reflect the diversity of this nation and of the goals of rehabilitation.

These are but a few of the many recommendations that are needed in order to make diversity a reality within rehabilitation. Each of you guards a set of recommendations and expectations that we need to utilize within this arena. There is enough work for everyone. Ethics concerning those who write about diversity need to be developed. However, this expertise should be developed by individuals who have experienced diversity on a first-hand basis as opposed to those who consider

themselves experts based on theory alone. We need to be about the business of creating standards to determine who is legitimate in writing and researching diversity within the rehabilitation paradigm.

### **SUMMARY**

It is my hope that we can stop complaining and blaming and get busy with collaborating, advocating, leading and ensuring that everyone has a place. We make the difference. That means all of us. Each and everyone of us has a role to play. My challenge is: do not refuse to do the one thing that you can do, because everybody can do at least one thing.

Remember, change is what we are about, and clearly, change can be painful. Change requires time. In addition, these days can be viewed as the best times and the worst times. It is up to us. Let us make these the best of times. Thank you for your patience and the opportunity to once again dialogue with those of us who are in the fight.

**Be Successful; This is  
Your/Our Best Weapon!!  
Ask No More of Others Than  
What You Are Willing  
To Give!  
Much Work is Always Done  
by a Few!**

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# **BARRIERS TO MULTICULTURAL UNDERSTANDING: IMPROVING UNIVERSITY REHABILITATION COUNSELOR EDUCATION PROGRAMS**

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## **Abstract**

At the present time, most graduate programs in rehabilitation counseling lack sufficient training in working with culturally diverse clients/consumers. This article recommends that these programs be enhanced to more effectively prepare rehabilitation counselors to work in a culturally diverse society.

To be or become an effective counselor, an individual needs awareness and understanding of the complexities of the multicultural society in which we live. In order to be effective, rehabilitation counseling programs must address the issues, needs and beliefs of culturally diverse populations. A major shortcoming of many Rehabilitation Counselor Education Programs is the lack of sufficient multicultural emphasis. These graduate programs need to provide cultural awareness and sensitivity with regard to a variety of underrepresented groups, including African Americans, Hispanic Americans (Latinos), Asian Americans, and American Indians, as well as less recognized underrepresented groups, such as women, the elderly, persons with AIDS, and others. Each of these groups have culturally distinct characteristics, and are part of the larger culture. The trained rehabilitation counselor who is competent to work with the culturally diverse must be clinically effective, culturally aware, and sensitive to a variety of specialized and individualized needs, issues, and concerns.

In training rehabilitation counselors to work effectively with culturally diverse consumers with disabilities, three areas are noteworthy:

- \* knowledge/information
- \* beliefs/abilities
- \* skills/abilities

To be able to respond appropriately, the counselor needs information and knowledge about diverse populations to effectively respond to culturally-based concerns. Counselors must have respect and a positive attitude toward cultural and gender



differences in order to develop successful rehabilitation programs for people from different cultural backgrounds. Going beyond beliefs and attitudes, it may be hypothesized that counselors need not possess only positive knowledge and attitudes, but appropriate and positive behaviors when interacting with minority persons outside the counseling relationship. It should be a goal of Rehabilitation Counselor Education Programs to impart skills and abilities necessary to work effectively with these culturally distinct populations.

### **The Politics of Disability and Ethnicity**

Although disability is dealt with in unique ways in different ethnic communities, persons with disabilities share common experiences and common goals in what is now referred to as "disability culture." Economic and financial disenfranchisement and a shared social identity cross age, sex, ethnic, and disability lines (Waxman, 1990). A 1986 Harris Poll reported that 74 percent of people with disabilities have at least "some" sense of commonality with other persons who have disabilities.

The socio-political approach, views disability as a product of interaction between the individual and the environment. Disability limitations are seen as located in the surroundings people encounter rather than within individuals. The limitations people with disabilities have are not the physical, mental, or emotional disabilities, but the social and psychological reactions of the surrounding society and the socio-political structure of that society. A disabling environment is seen as causing functional limitations, such as the myriad of architectural barriers encountered by people using wheelchairs for mobility. To change this, one must change public policy (Fine & Asch, 1988; Hahn, 1988).

In addition to the discrimination that persons with disabilities face, ethnic minority individuals face discrimination based on disability and ethnicity, what we refer to as "double discrimination." Ethnic minority women with disabilities may actually face a third kind of discrimination based on gender.

### **Gender Issues and Disability**

Danek (1992), in an article on the status of women with disabilities, discussed the "feminization" of poverty. Women with or without disabilities, who are divorced and female heads of households with young children are essentially vulnerable to poverty. Ten percent of all females in our society currently live in poverty. This number increases to 31 percent for households headed by a female, and 57 percent for households headed by a female with young children (under the age of 5). Older women comprise 72 percent of the aged poor. In a study of divorced couples, McGoldrick (1988) found that it is the woman who most likely will move down to the poverty level. Women in this situation average about 17 percent. Seventy-five percent of men's income rises at an average of 17 percent. Seventy-five percent of

the poor are women and children, mainly living in one-parent households.

Danek (1992) referred to "double discrimination" faced by women with disabilities. Women with disabilities have a 33 percent participation rate in the labor forces compared to a 69 percent participation rate by men with disabilities. Women who have disabilities receive substantially less pay and are restricted to a narrower range of occupations. Five recommendations are set forth by Danek to assist counselors in empowering women with disabilities:

1. Counter deficit thinking. Focus on what is present in a person, not on the limitation.
2. Teach self-management skills, including personal control and self-efficacy.
3. Emphasize individual choice when deciding on vocational goals. Look at productive and meaningful goals.
4. Develop strategies to overcome social isolation, such as women's support groups.
5. Focus on system change strategies, such as changing negative societal attitudes and beliefs toward women, as well as toward persons with disabilities.

Fowler, O'Rourke, Wadsworth, and Harper (1992) encouraged rehabilitation counselors to explore their own personal beliefs and values toward women in general and women who have disabilities. Many individuals still have the perception that women should be passive, emotional, and submissive. This attitude places unrealistic behavioral expectancies on personal and professional relationships as well as on the expectancies of rehabilitation outcomes. These authors remind us to be aware of personal, institutional, and societal stereotypes which lead to discrimination against persons with disabilities. In the area of gender bias, the social role of the woman as "caretaker" may lead to stereotypical perceptions which focus ability with expected roles.

Rehabilitation counselors need to assess the myths, stereotypes, and attitudes society has toward women. The multiple minority status of women who have disabilities is compounded by discrimination in employment (Asch & Fine, 1985). "Women are clustered in the lower paying and lower status jobs partly because the majority of those who hire the workforce (men) view in more traditional terms" (Cottone & Cottone, 1992, p.22).

## **Current Status of Rehabilitation Counselor Education Programs**

In reviewing rehabilitation counselor education programs for the past several years, the author of this article has noticed that one of the major deficiencies of programs has been in the area of "multicultural and gender issues." Persons from minority groups, women, and persons with disabilities will constitute an increasing proportion of the labor force in the future. It has been projected that a large percentage of that population will be ethnic persons from minority groups and women (Alexson, 1993; Johnston & Packer, 1987).

Watson (1988), in a survey of rehabilitation education professionals that were members of the National Council on Rehabilitation Education (NCRE), determined that most respondents reported that cross-cultural classes are "very important" or at least "somewhat important" in Rehabilitation Counselor Education Programs. Opponents of cross-cultural counseling contended that the traditional counseling theories and methods we use are appropriate and effective with all cultures and that no specialized techniques are needed. Supporters of cross-cultural counseling, however, believe that both coursework and actual experiences are necessary because the majority of counselors are "culturally encapsulated;" they are insensitive because they know very little about cultures other than their own. Gollnick and Chinn (1990) stressed the importance of understanding the cultural background and experiences of other people in their various cultures' own terms. Misunderstanding often occurs because a person from one cultural group is ignorant about the culture of a person from a different cultural group.

In a study of the value of using a multicultural counseling approach, Atkinson, Morten, and Sue (1989) noted the importance of sensitizing counselors, both minority and non-minority counselors, to the life experiences of culturally distinct populations. There has been a great deal of criticism of the traditional counseling roles when applied to underrepresented groups. Cultural differences between counselor and consumer can result in significant barriers that, in some cases, are insurmountable. A counselor's cultural sensitivity can help overcome some of the differences. Misunderstanding frequently occurs between a counselor and consumer because of ignorance of the culture of another's group.

According to Atkinson, Morten & Sue (1989), there has been general minority group unhappiness with counseling, including disenchantment with unfulfilled promises and a reported inability of counselors to serve the special needs of minority consumers. Rehabilitation counseling educators need increased awareness of this in order to train future counselors to be knowledgeable, sensitive, and capable with a multicultural population.

## Conclusion

It is recommended that Rehabilitation Counselor Education Programs increase their content areas in multicultural and gender issues. One method is to develop a specific course in sociological perspectives of counseling. A more comprehensive approach is for Rehabilitation Counselor Education Programs to include these sociological and cultural perspectives throughout their coursework, practice and fieldwork experiences, wherever pertinent, in order to prepare counselors to work in our culturally and ethnically diverse society.

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# **IMPLEMENTATION OF REHABILITATION COUNSELOR TRAINING PROGRAMS AT HISTORICALLY BLACK COLLEGES AND UNIVERSITIES**

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## **Abstract**

**As we approach the 21st Century, the population of the United States is growing more diverse in its composition and needs. By the year 2000, ethnic minority groups will constitute roughly 40% of the population, including a disproportionate number of persons with disabilities. At present, the rehabilitation needs of persons with disabilities are being met by relatively few individuals from ethnic minority groups. To remedy this shortage, increased effort must be given to enhance the capabilities of rehabilitation counselor training programs at historically Black colleges and universities, as well as other minority institutions of higher education. This article details the necessity for such efforts as presented by the demographic data of Region VI of the Rehabilitation Services Administration.**

## **Introduction**

**The demographic picture of the United States is changing rapidly, particularly among ethnic minority groups. It is projected that by the year 2000, approximately 86 million of the total U.S. population will be from ethnic minority groups. (U.S. Congress, 1990). Therefore at the end of this century, one of every three Americans will be a person of color. By the year 2040, close to 50% of all Americans will be from ethnic minority groups.**

**In 1988, there were 29.3 million African Americans (which is an increase of 13.6% over the 1980 figure). The 1990 Census accounted for 30 million African Americans; recording an increase of 2.4% over the 1988 statistics. Moreover, the African American population is projected to be 35 million in the year 2000; accounting for a 16.7% increase within a decade.**

**The prevalence of disability among minority groups is one and a half to two times higher than that of the general population. In the age group 16-64 years, African Americans constitute a larger segment of minority persons with disabilities than any other group (Walker, Orange, Rackley, 1993). Moreover, minority groups**

with disabilities have higher rates of ineligibility for rehabilitation services than the general population of persons with disabilities. Eligibility determination takes longer, eligible individuals receive fewer services, the rehabilitation process takes longer, and fewer cases are closed successfully (Atkins & Wright, 1980). Nationally, there is a critical need to increase the quality of rehabilitation services to persons who are African Americans. There is also a need for qualified rehabilitation counselors of African American descent to serve this population as well as others.

### **The Shortage of African American Rehabilitation Counselors**

The Commissioner of the Rehabilitation Services Administration (RSA) acknowledged the nationwide shortage of well trained field service staff in rehabilitation counseling in 1992. In an RSA funded Survey of Personnel Shortage and Training Needs in Vocational Rehabilitation, Pelavin Associates (1992) reported that the position of General Rehabilitation Counselor was first among 16 occupations in Vocational Rehabilitation (VR) agencies where a greater than average vacancy rate indicated labor shortages. However, the study did not identify the need for representation of persons from ethnic minority groups, including African Americans.

Rehabilitation counselors of African American origin are grossly underrepresented in many of the state agencies (Atkins & Wright, 1980; Jenkins, 1989). The RSA and other state/federal agencies should take active roles in enhancing the participation of minority persons in the broad spectrum of rehabilitation services. It was reported that out of 82 state agency directors (general and blind), only five were African Americans (Kundu, 1992).

It is important that competent, qualified, and skilled rehabilitation personnel, particularly those of minority groups, be recruited and employed at all levels of the state/federal rehabilitation system (Atkins, 1988). In addition to state/federal rehabilitation agencies, other organizations such as; community rehabilitation programs, independent living centers, group homes, transitional living centers, mental health agencies, correctional facilities, insurance companies, substance abuse centers, employee assistance programs, and veterans administrations, employ a large number of rehabilitation counselors. In these agencies, rehabilitation counselors of African American and other minority backgrounds are significantly underrepresented. This situation is consistent at both regional and national levels.

### **The Regional Scene**

In 1988, 56% of African Americans lived in the South, 17% in the Northeast, 19% in the Midwest, and 8% in the West (U.S. Bureau of Census, 1990). Of the 56% residing in the South, a majority of African Americans lived in RSA Region VI, which is comprised of the following states: Louisiana, Arkansas, Oklahoma, Texas, and New Mexico. Louisiana has the highest number of African Americans (46%),

followed by Arkansas (19%), Texas (16%), Oklahoma (9%) and New Mexico (3%) (U.S. Bureau of Census, 1991).

The prevalence of disability among the working age population (age 16-64) in this region is the highest in the nation. It should be noted that Arkansas ranks first in the country. Oklahoma (10.8%) and Louisiana (9.6%) rank second and third, respectively, in terms of the number of persons reporting one or more disabilities. Moreover, Louisiana ranks fifth (33.5%) in the labor force participation of its residents with disabilities (Bowe, 1984). In order to provide quality services to persons with disabilities (in Region VI as elsewhere), there is an urgent need for qualified rehabilitation personnel.

### **Professional Preparation of African Americans**

The Individuals with Disabilities Education Act (IDEA) of 1990 and Public Law 101-476 identified manpower, educational resources, and recommendations as needs for allied health professionals. Similarly, Section 21 of the 1992 Amendments to the Rehabilitation Act (Public Law 102-569) requires that persons with disabilities be served by qualified rehabilitation counselors and emphasizes the urgent need for preparing counselors who are members of minority groups.

To satisfy this increasing demand for providers of quality rehabilitation services, it was recommended that institutions of higher education offer highly specialized pre-service and/or in-service training programs (Menz, 1983). There are approximately 110 rehabilitation counselor training programs accredited by the Council on Rehabilitation Education (CORE) and/or members of the National Council on Rehabilitation Education (NCRE). As indicated in Figure 1, only nine minority universities including six HBCUs (of the 117), two Hispanic, and one Asian institution offer educational programs in rehabilitation. As indicated in Figure 2, only two minority institutions offer rehabilitation counselor training programs. Southern University, Baton Rouge, Louisiana (a HBCU) offers a masters and baccalaureate degree, and the University of Texas Pan American, Edinburg, Texas offers a baccalaureate degree. In the region, Southern University is the only HBCU out of 18 that offers rehabilitation education programs. The efficacy of counseling provided by African American professionals to consumers of the same race has been established (Abramowitz & Murray, 1983). However, the available training programs in the country do not currently graduate an adequate number of qualified African Americans or counselors of other ethnic backgrounds to serve various multicultural populations with disabilities.



Figure 1

**MINORITY INSTITUTIONS OF HIGHER EDUCATION  
OFFERING REHABILITATION PROGRAMS**

**HBCUs**

1. Coppin State University
2. Fort Valley State College
3. Jackson State University
4. South Carolina State University
5. Southern University
6. University of Maryland-Eastern Shore

**HISPANIC**

7. University of Puerto Rico
8. University of Texas at Pan American

**ASIAN/PACIFIC ISLANDER**

9. University of Hawaii

A majority of African American students come from lower socioeconomic backgrounds. Therefore, it is necessary for them to finance their education by part or full-time employment. A substantial number of these students require longer periods for completion of their degrees, which in turn, lead to high attrition rates. Furthermore, agencies often hire the interns during their internships and further delay their graduation. Thus, HBCUs and other minority institutions have a role to play in the following areas: a) utilizing innovative recruitment and retention strategies, b) improving services to minority persons, and c) meeting the qualified man power shortage in the public and private sectors. In addition, future professionals of African American origin will have the added advantage of serving as role models.

Improved financial assistance is required for identifying, recruiting, and training this important and untapped human resource. Section 21 (b) of the 1992 Amendments to the Rehabilitation Act emphasizes the importance of preparing minority persons for careers in vocational rehabilitation, independent living, and related services. This legislation also mandates the need for additional resources to enhance the capabilities of HBCUs and other minority institutions of higher education. The intent and the ideals of this legislation are certainly laudable. However, the objective measure of the extent to which these ideals will be obtained, by the end of the authorization period, include the following: a) the number of HBCUs assisted in the development of the new programs, b) the number of students who received financial assistance, and c) the increase in the number of graduates and qualified personnel hired.

Figure 2

**UNIVERSITIES IN REGION VI OFFERING  
REHABILITATION PROGRAMS**

NAME OF UNIVERSITY	DEGREE(S) OFFERED
<b><u>ARKANSAS</u></b>	
Arkansas State University, State University	M.R.C., M.S.
Arkansas Tech University, Russellville	B.A.
University of Arkansas, Fayetteville	CERTIFICATE, M.ED., PH.D.(2)
<b><u>LOUISIANA</u></b>	
Southern University, Baton Rouge (HBCU)	B.S., M.S.
Louisiana State University, New Orleans	B.S., M.S.
University of Southwestern Louisiana, Lafayette	M.S.
<b><u>TEXAS</u></b>	
University of North Texas, Denton	B.S., M.S.
University of Texas, Austin	M.S., PH.D.
University of Texas - Pan American, Edinburgh (HISPANIC)	B.S.
University of Texas SW Medical Center, Dallas	B.S., M.S.
Stephen F. Austin State University, Nacogdoches	B.S.(3), M.ED.(2)
<b><u>OKLAHOMA</u></b>	
East Central University, Ada	B.A.(2), M.S.

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# **Rehabilitation Counseling For Asian Americans: Psychological and Social Considerations**

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## **Abstract**

**This paper examines the psychological needs and the social environment of Asian American consumers. Factors considered include: the diversity and commonalities among different Asian American groups, concrete services versus psychological counseling, individuals versus family focus, and the obstacles to rehabilitation encountered in the social environment. Implications of these issues for culturally sensitive rehabilitation services are discussed.**

## **Introduction**

**In order to provide effective services, rehabilitation counselors have to be aware of the psychological needs of their consumers and the social environment in which consumers live. These are crucial factors that should be taken into consideration in developing a working relationship with the consumer, as well as in realistic service planning. This paper aims to familiarize counselors with these two aspects of the Asian American populations so that culturally sensitive services can be designed.**

## **Diversity & Commonalities Among Asian Americans**

**In the mass media as well as in the professional literature, Asian Americans are often presented as a homogeneous group. In reality, Asian Americans come from different countries in Asia which have different languages and cultures. They also have different histories of migration to the United States. A first generation Korean American and a Sansei, i.e., third generation Japanese American, will have different degrees of identification with mainstream American culture and their cultures of origin. A Chinese American coming from the rural parts of mainland China will be embracing a form of Chinese culture different from that of one coming from the cosmopolitan centers such as Hong Kong. All four of the above will have migration experiences that are in sharp contrast to Vietnamese Americans who came as refugees, and whose trauma from war and turmoil will likely have a lasting influence on their**

experience in the United States.

Thus, in providing rehabilitation to Americans, it is important for the counselor to be sensitive to the differences among groups of Asian Americans. One should also keep in mind that every consumer is an individual whose degree of identification with his or her ethnic culture and with mainstream American culture might be different from others in the same ethnic group. Stereotyping, even when it is based on benign intentions, will lead to misunderstanding, frustration, and eventually hurt feelings for both the consumer and the counselor.

Given the diversity among Asian Americans, it is difficult for a counselor to learn the details about every group. So I will focus on the general characteristics shared by many of them. Many Asian cultures, namely Chinese, Japanese, Korean, and Vietnamese, share common world views which are based on the "Eastern" philosophies such as Confucianism, Taoism, and Buddhism, in contrast to mainstream American or western culture which is based on the Judeo-Christian orientation. Many discussions are focused on these Asian American populations. As noted by many authors, (Hong, 1988, 1993; Lee, 1979; Shon, 1979; Sue & Morishima, 1982; Wong, 1985) they can be considered as a group with shared cultural characteristics which warrant counseling techniques and service delivery models that are different from those designed for the mainstream population.

### **Concrete Services Versus Counseling**

In order to provide effective rehabilitation counseling, a counselor often has to go beyond medical or concrete services to address the psychological needs of the consumer. For example, one cannot provide successful job training or placement until the consumer has the motivation and the emotional strength to go through with it. Issues relating to the loss of an ability, etc., are all to be addressed in the course of providing rehabilitation services.

When Asian Americans seek counseling, they often expect a quick resolution of their problems, such as trouble-shooting an issue, direct advice, or concrete services (Hong, 1988, 1993; Sue & Morishima, 1982). They are not familiar with the "emotional/psychological" type of counseling. In addition, Asian Americans have the tendency to somatize, or complain about physical discomforts such as poor appetite, insomnia, headaches, or other "pains," etc., when they experience emotional difficulties (Hong, 1993). In working with Asian Americans, rehabilitation counselors should be careful not to be misguided into focusing solely on medical and concrete services for Asian Americans and neglect their psychological and emotional needs. Similarly, one has to be sensitive to the consumer's interest in the "non-psychological" aspect of a disability. A good approach to this dilemma is to engage consumers by starting from the medical or concrete aspects of the disability, and gradually lead them to explore their feelings. The emotional issues can then be addressed in the

context of how the psychological well-being might impact on the progress of one's rehabilitation.

### **Family Versus The Individual**

Asian cultures are focused on the family as opposed to mainstream American culture which is focused on the individual (Hong, 1988; Shon & Ja, 1982; Sue & Morishima, 1982). In working with an Asian American consumer, it is important to take the family into consideration. When making a service plan, the rehabilitation counselor has to examine the impact of a disability on the individual consumer as well as on the whole family. For example, a vast majority of Asian Americans are immigrants and establishing economic security is a major concern for them. Therefore, the following questions should be considered by service providers: To what extent does the disability of a family member affect the family's collective goals? How does one address the guilt experienced by a consumer for being an additional burden on the family members? How does one help the Asian family locate culturally congruent resources?

Given the importance of the family, the rehabilitation counselor has to be careful to include relevant family members in the decision making process. At times, this might include extended family members, such as uncles or cousins (if they are in the United States). When a service planning meeting is held, it is useful to let the consumer know in advance that all concerned family members are invited to the meeting. If the counselor limits participation to the consumer and a significant other, the plan will often need to be re-negotiated because other members of the family have different ideas. Giving an open invitation to all will facilitate the process and enhance consumer cooperation.

### **Social Considerations**

Cultural sensitivity on the part of the rehabilitation counselor by itself is often insufficient for effective services. The cooperation of other people in the public or private sector is essential. As such, Asian American consumers face a double jeopardy. They face discrimination as an ethnic minority individually, and they face discrimination as persons with disabilities (Broadwin, Hong, & Soriano, 1992; Cook, 1992; Fine & Asch, 1988). This is especially true for those of lower socioeconomic background or those living in the ethnic communities. They are typically less integrated into mainstream America than the middle and upper classes. Many are not fluent in English. Where can the counselor find appropriate job training for them? Are firms and agencies in mainstream settings willing to hire them? Will their potential colleagues accept them socially?



Take for example a Chinese American consumer who, for most of his adult life, had been working as a cook in a Chinese restaurant. Due to a car accident, he suffered a permanent disability and could not perform work requiring physical labor. He could not sit or stand too long without incurring pain in his hips. The restaurant business became too strenuous for him. Being in his late forties, what employment opportunities did he have? He was denied disability benefits because the welfare caseworker indicated that he could work as a telephone operator, and there were corporations willing to hire people with disabilities for that position. What the caseworker did not consider was that this consumer had limited English fluency! The caseworker also said that he could be a cashier. Again, which place would hire a person in his forties who was not fluent in English and who needed frequent breaks as he could not stand or sit in the same position too long? What sounded good on paper for the "average" Anglo American consumer was simply not feasible for this consumer. Sure, having the consumer enrolled in adult English classes could be part of the rehabilitation plan. But this meant that the consumer would require a longer time for job training than the bureaucratic "formula" for rehabilitation allowed.

Considering the limited training and employment available to ethnic and linguistic persons from minority groups such as Asians, the rehabilitation counselor has to be especially resourceful and persistent. Very often, he has to be the advocate for his consumers, arguing their cases before government agencies, and locating legal assistance when needed. He also must serve as the liaison between different agencies, such as medical services, job training, and welfare services, to ensure that the consumer will not get lost in the shuffle between them. This is especially important for many Asian immigrants who are unfamiliar with the institutional system in this country (Hong, 1993; Shon, 1979; Sue & Morishima, 1982). Finding their way among the myriad of providers is a confusing and frustrating experience.

In order to perform the above functions, it is useful for rehabilitation counselors working with Asian Americans to network with community agencies and other culturally sensitive providers in allied professions (Chan, 1986). When a referral is needed, they can use their contacts to locate appropriate services for their consumers, and if necessary, to advocate for their consumers. In addition to working on individual cases, rehabilitation counselors should use their professional knowledge and status to identify the inadequacies and insensitivities currently present in both public and private agencies. They need to work together with other community groups to promote institutional change so that cultural services will be more easily accessible than at the present time.

### **Concluding Remarks**

This paper has focused on the major psychological and social issues commonly experienced by Asian American consumers. It is not a comprehensive list of all of the problems. In working with a consumer from a particular ethnic group, it is important

for the rehabilitation counselor to apply the suggestions advanced here selectively. Group characteristics can serve as guidelines, but indiscriminate applications will lead to over-generalization and stereotyping. The counselor should remember that, first of all, the consumer is an individual with his or her own unique circumstances, personal experiences, and needs. It is only with such attitudes that truly culturally sensitive services can be achieved.

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# **Skills Development For Multicultural Rehabilitation Counseling: A Quality Of Life Perspective**

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## **Abstract**

**This article focuses on a discussion of specific strategies usable in promoting the development of leadership capabilities in individuals with disabilities from minority groups. This paper states that rehabilitative success in counseling such persons depends on "the counselors understanding the life factors unique to consumers whose sociocultural experiences are different." Frequently, the general population affixes action-engendering stigmas and stereotypes on entire groups of minority members with disabilities. The author states that professionals also entertain pejorative cultural assumptions about disability. Recommended and discussed in detail in this paper is the Quality of Life (QOL) approach shortly defined as an orientation towards a wellness and holistic outlook addressing both the consumer's individual development and his/her environment in the broad sense of the term.**

## **Introduction**

**Counseling ethnic minority persons with disabilities is a topic deserving debate and discussion in the field of counseling. If quality counseling services are to be provided to ethnic minority persons with disabilities, rehabilitation counselors and human service professionals need to examine the issues involved in interacting with this consumer group. As suggested by Herbert and Cheatham (1988), and Kunce and Vales (1984), the success of rehabilitation counseling services to persons from minority groups is dependent upon the counselor's understanding of the life factors unique to consumers whose sociocultural experiences are different. For example, the rehabilitation challenges facing African Americans with disabilities are varied and complex and require counseling approaches that are sensitive to the idiosyncrasies of the African American community. Wright (1988) and Atkins (1986) indicate that human service professionals need to be cognizant of the cultural issues involved in serving minority persons with disabilities.**

## **Disability and Minority Status**

The similarities in stigmas and inequities experienced by persons from minority groups and people with disabilities are numerous. Historically, both groups have been excluded from the mainstream of American life and share an underprivileged status. Walker (1988) gave a brief historical account of societal perception of people with disabilities. Though some societies looked upon individuals with disabilities with "awe" and "reverence," in most societies disabilities have traditionally been associated with negativism. In the most recent past, people with disabilities have been consistently relegated to economic deprivation and dependency.

Stigmas associated with the minority status reflect these experiences. Wright (1983) noted that racial minority-group members have always had to deal with non-minority individuals who insist that they "not only know their place but also keep their place, that is to feel and act less fortunate than others." Herbert and Cheatham (1988) stated that either having a disability or being a minority person can present stigmas that pose barriers to full participation in education, employment, and social opportunities. Wright (1983) asserted that an individual is appraised according to the presumed characteristics of the group in which he or she is placed. An example would be that individuals with disabilities are often stereotyped as having suffered a great misfortune, and their lives are consequently disturbed and damaged.

Stereotypes also exist for persons from minority groups in the larger society. For example, African Americans are perceived as low achievers, promiscuous, and untrustworthy (Atkins, 1988). Wright (1983) maintained that the impact of these stigmas associated with disabilities or minority status can be so intense and pervasive that it can overpower other positive personal characteristics of the individual which may run counter to these stigmas. Minority persons with disabilities are already aware of the stereotypes and negative attitudes held by the majority of Americans. These observations are significant because they suggest that minority persons with disabilities must learn to cope with what Marshall (1987) called the "double whammy" - racial discrimination and physical impairment. The double bias of being a member of both status groups can manifest itself through extreme prejudice on the part of the non-disabled, non-minority individuals who lack awareness and sensitivity to the combined effects of being a minority person and having a disability.

### **Minority Model**

The disability experience is described through psychological, sociological, and economic paradigms. More recently, ecological and minority models are advocated as appropriate frameworks for analysis through inclusion of an analysis of the person-in-environment (Fine & Asch, 1988; Hahn, 1987; Llachowitz, 1988). Hahn (1988) proposes that a socio-political (minority model) provides a framework from which to examine the disabling environment rather than examining personal limitations (medical

model) or functional limitations (economic model). Fine & Asch (1988) challenge the research and professional community to stop considering the environment as unalterable, and to reconsider common assumptions about the meaning of disability which helps to perpetuate cultural stereotypic responses.

Critical cultural assumptions about disability also shape professional thinking and attitudes. These assumptions also reinforce language, social beliefs, and interactions throughout the culture. Common cultural assumptions and their implications are that:

1. Disability is solely biological and outcomes of social interaction are based on disability as the independent variable.
2. Problems faced by persons with disabilities are a result of the impairment rather than the cultural, legal, economic, social, and environmental contexts.
3. Persons with disabilities are victims of biological injustice rather than social injustice; hence, interventions are directed toward changing individuals' abilities rather than social context.
4. Disability is central to the individual's self-concept, self-definition, social comparison, and reference groups.
5. Disability is synonymous with needing help and social support, reinforcing associations between disability and conditions of helplessness, incompetence, and the perpetual receipt of various forms of assistance (Fine & Asch, 1988).

### **Quality of Life and the Role of Rehabilitation**

Rehabilitation professionals continue to disagree on what is the primary goal of rehabilitation. Some rehabilitation counselors believe that vocational placement is the final outcome of a successful plan while others promote consumer independence. Atkins (1986) indicated consumers enter a rehabilitation process with a set of beliefs, attitudes, values, and goals; they encounter rehabilitation counselors with their own set of beliefs, attitudes, values, and goals. Undeniably, the interaction between consumer and counselor attributes could be critical in determining whether they leave the program successfully rehabilitated.

A Quality of Life (QOL) perspective on rehabilitation counseling integrates competing program goals such as consumer independence or employment into a higher order, multidimensional rehabilitation outcome. Counselors committed to a QOL orientation work from a wellness and holistic position that addresses both the development of the individual and the environment in which the person lives (Roessler, 1990).

Livneh (1988) presented a hierarchical and multifaceted definition of QOL. He conceptualized QOL as comprising two domains, namely community and labor force memberships; each of these was subdivided into two parts - physical and psychosocial adjustment. Within physical and psychosocial adjustment, sequential subgoals were further identified down to the level of specific behavioral objectives for a given individual. Hence, to enhance an individual's quality of life, rehabilitation services must target a wide range of body, self, and social objectives.

Quality of Life began as a political slogan during the 1950s and was rapidly adopted by the field of medicine (Vash, 1987). Definitions of QOL in the literature view "quality" as synonymous with grade or level, which may vary from high to low. "Life" generally refers to mental life, even though environmental conditions are included in some definitions. Admittedly a complex concept, QOL is typically addressed in three ways, i.e. by use of: (1) subjective estimates of satisfaction with life in general (well being or happiness); (2) subjective estimates of satisfaction with specific life domains (work, finances, health, and relationships with others); and (3) socio-demographic data of life quality (social indicators) reflective of environmental opportunities, barriers, and resources (Baird, Adams, Ausman, & Diaz, 1985; Schuessler & Fisher, 1985). Satisfaction of life domains must also address recreation, a factor that until recently has not been discussed in regard to rehabilitation services when people with disabilities are involved.

Quality of Life (QOL) is determined by both inner and outer forces (Roessler, 1990). According to Campbell (1981), one's sense of global well-being "is always dependent on the subjective characteristics of the person and the objective characteristics of the situation." Inner (subjective) factors influencing QOL include aspiration level, past experience, personal expectations, and perception of current condition (Lehman, 1983). QOL is also affected by the level of environmental resources and stressors, as indicated by a variety of social indicators (Schalock, Keith, Hoffman, & Karan, 1989). Therefore, to enhance QOL of people with disabilities, rehabilitation practices must focus on both personal and environmental conditions.

An individual personal estimate of QOL may be registered in terms of global life satisfaction or dissatisfaction or domain-specific satisfaction or dissatisfaction. In either case, the judgment requires people to compare what they have with what they believe they deserve. Consistency between the two results in satisfaction and feelings of positive effect and pleasure. Perceiving oneself as having less than one deserves creates dissatisfaction and feelings of negative effect, which create

experiences of strain and pressure (Campbell, 1981).

Global QOL may be measured by asking the person to indicate on a single dimension (terrible to delighted) his/her current satisfaction with life. For example, "How do you feel about life in general?" A semantic differential format with several different adjective pairs (boring-interesting, useless-worthwhile) for "I think my life is..." may also be used (Lehman, 1983).

By addressing global and domain issues in adopting a QOL outlook in rehabilitation, the counselor emphasizes consumer input and, more importantly, the individual affected level is directly related to personal and environment factors that may need to be addressed in counseling. Scherer (1988) identified two personal factors that, if addressed in counseling, have the potential to improve life outcomes - perceived control over QOL and the desire to assimilate into society. Other correlations for people with disabilities underscore the need for intervention that results in safer living conditions, improved health care, prevention of health problems, development of social and leisure skills, increased financial security for satisfaction of social and family relationships, and improved employment status.

Roessler (1990) stated that QOL orientation benefits rehabilitation in many ways. It: a) orients the field to a wellness model, b) stresses the multidimensional nature of rehabilitation, outcomes, c) requires intervention that addresses both the development of the individual and the environment in which that person lives, d) enables practitioners to consider the consumer's perspective without imposing their own expectations on the individual, and e) yields program evaluation data indicating the extent to which interventions and facilities have enhanced the "quality" of the individual's life.

### Conclusion

A QOL perspective on rehabilitation counseling results in a greater commitment to a holistic approach. QOL is a wellness construct with multiple dimensions. In contrast to a more traditional disease or medical model, QOL stresses competency, wholeness, robustness in individuals and society (Kirchman, 1986). QOL encompasses not only satisfaction with regard to life's basic necessities but also with regard to less tangible values such as security and fulfillment. Rehabilitation counselors must incorporate in their work as well this commitment to tangible and less tangible values. People with disabilities tend to downplay the relationship of lost function (motoric and physiological) to QOL and stress the importance of social and interpersonal skills.

Finally, consistent with the initial premise on global and domain issues, QOL must play an important role in the evaluation of rehabilitation programs. Rehabilitation counselors need to rehabilitate the "whole person" and dedicate their efforts to the end goal of increasing QOL for people with disabilities.



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# **African American Women with Disabilities: An Overview**

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## **Abstract**

The premise of this paper is that African American women with disabilities are victims of the impact of a "triple jeopardy" syndrome: race, gender, and disability. The author makes the point that there is a dire need for research which focuses on the status, needs, and aspirations of African American women with disabilities. The research study under discussion is designed to address the issue of multiple jeopardy in which most African American women with disabilities find themselves.

## **Introduction**

It is only recently that people in general have begun to hold candid discussions about disability. Even people with disabilities have always been reluctant to talk about themselves. In the past, many persons with disabilities were self-conscious. In addition, many of them refused to admit that there were differences between persons with disabilities and the non-disabled. In the African American communities, discussions of disability were even less prevalent. African American men and women seemed to feel that silence would somehow alleviate the stigma attached to their conditions. This silence was especially acute among African American women who felt that their disabilities were not issues for discussion. These conditions were personal matters which were seldom, if ever, shared with other people. Today, however, a tremendous change in the attitudes of people with disabilities is very evident. Individuals with disabilities, including African American women, are finding it more and more difficult to remain silent about how they should live their lives. Many African American women with disabilities are cognizant of the fact that they are "victims" of the "stigma" attached to three "minority" groups. These perceptions place them in a special category.

The purpose of this study is to address the issue of multiple jeopardy in which most African American women with disabilities find themselves. Several objectives are identified including the following: 1) to explore what it means to be an African American woman with a disability in a society that devalues people who are African

American, have a disability, and are female. Although men as well as women with disabilities experience severe prejudice and discrimination in our society, women with disabilities carry a double (Froschel & Rousso, 1984) and sometimes triple burden. In other words, African American women with disabilities are faced with additional types of oppression. 2) To examine several aspects of the lives of African American women with disabilities in an effort to determine the impact of this "triple jeopardy" syndrome. It is noted that although there has been an increase of rehabilitation literature on women, there is an underrepresentation of such literature pertaining to African American women with disabilities. 3) To underscore the need for explicit attention to relevant issues regarding the success of African American women with disabilities in the following four areas: (a) support and family relationship, (b) education, (c) participation in the rehabilitation process, and (d) employment and income.

Today, there are an estimated 43 million Americans who have disabilities, of which, 13,420,000 are between ages 16 and 64 and report a work-related disability (Bowe, 1990). This figure translates to approximately 8.6%, or about one in every twelve (12) "working-age" Americans.

Disability is disproportionately high among "minority" groups (Walker, 1991). Of the 13,420,000 Americans between ages 16 and 64 who have disabilities, some 2,512,000 are African Americans and report a work-related disability. This figure translates to approximately 13.7%, or about one in every seven African Americans who are of "working-age." African Americans make up approximately 19% of all persons of working age who have disabilities, yet they represent just 8.6% of all year round full time workers with disabilities (Bowe, 1990). Therefore, African Americans incur a disability at a much higher rate than their white American counterparts.

According to Bowe (1990), of the 13,420,000 adults age 16-64 who report a work-related disability, 6,714,000 or 50%, are women. This figure translates to 8.4% or about one in every 12 "working age" women. Also, further examination of the data indicates that one in three (34%) African American or Hispanic women with disabilities are severely disabled, compared to three in ten in 1981 (Bowe, 1990). In addition, more than two-thirds of African American women with disabilities (69%) are categorized as severely disabled versus 51% of white American women. A review of the data clearly illustrates that not only do women have more disabilities than men, but also that more African American women have disabilities at a disproportionately higher rate when compared with white American women with disabilities. Therefore, one would expect that research and studies would include a substantial amount of information about African Americans with disabilities, especially African American women with disabilities. However, this is not the case.

A more recent review of the rehabilitation literature and related disciplines, indicates that issues concerning African American women with disabilities have been neglected. For example, in examining the lifestyles of African American women with disabilities, it is evident that this group of women is confronted with many barriers in the struggle for equality and rights. While women with disabilities in general are subjected to prejudice and discrimination because of their disabilities, African American women with disabilities are at greater risk for becoming victims of negative attitudes and behaviors, because of gender, race/ethnic group, and disability. These individuals are placed in a category known as "triple jeopardy," because they belong to three distinct "minority" groups within the American society. This triple "whammy" puts these individuals at a further disadvantage compared to men and White women who are disabled, as well as women who are not disabled.

African American women with disabilities have historically been excluded by both the disability movement as well as the feminist movement. During the 1960s and the 1970s, the disability movement gained momentum on the heels of the Civil Rights Movement. However, African American women with disabilities were not visible. It is time to stop viewing African American women with disabilities as helpless, childlike, dependent, needy, victimized, and passive individuals since it reinforces the traditional stereotypes of women. Inaccurate and negative perceptions are reasons why some African American women with disabilities may have been excluded from the movement. A review of the rehabilitation literature suggests that while there are some African American women with disabilities who have met the challenge, there are still many who are angry and bitter about the isolation, despair, poverty, and powerlessness. Regardless of the design, there is a scarcity of literature about African American women with disabilities. Both the data and current legislation point to the need and can facilitate a change that includes African American women with disabilities in the rehabilitation literature.

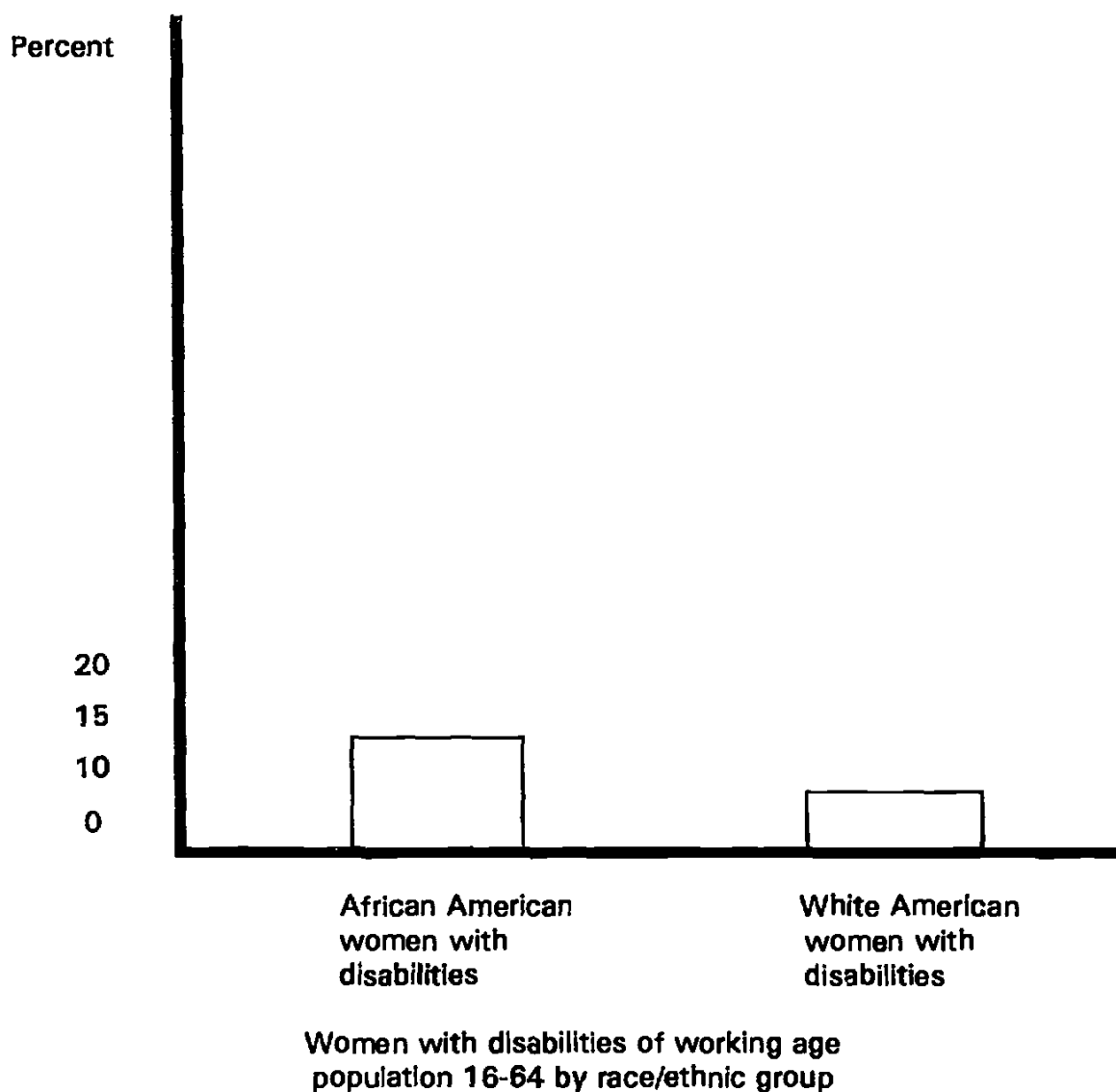
Although the last decade has seen an increase of rehabilitation literature on women, the existing literature on African American women with disabilities has been limited in scope. Some attempts have been made to incorporate diversity of race, ethnicity, and class. However, African American women with disabilities are still not given sufficient consideration in the literature. Little attention has been given to this unique group which has been so underrepresented over the years. Although there have been legal changes (e.g. The Rehabilitation Act of 1973, amendments to the Rehabilitation Act of 1973, the Education for All Handicapped Children Act of 1975, the Americans with Disabilities Act, etc.), inclusion activities still appear to be restricted in various aspects of the lives of African American women with disabilities.

These two distinct movements (the Women and Civil Rights Movements) have encouraged women with disabilities, including African American women with disabilities, to perform self evaluations and to strive for equality and their rights. These individuals, along with political forces and advocacy groups, have managed to

help focus on civil rights, interdependence, and abilities. In addition, this ongoing impetus of the Civil Rights Movement has opened doors and provided leverage for African American women with disabilities to join forces and to obtain benefits.

According to Bowe (1990), African American women with disabilities comprise 20.4% of the working age population of women with work disabilities; although, African American women are only 12.4% of all 16-64 women (see Figure 1). This is due to the fact that 13.8% of all African American women have work disabilities, as opposed to 7.7% of white women

Figure 1

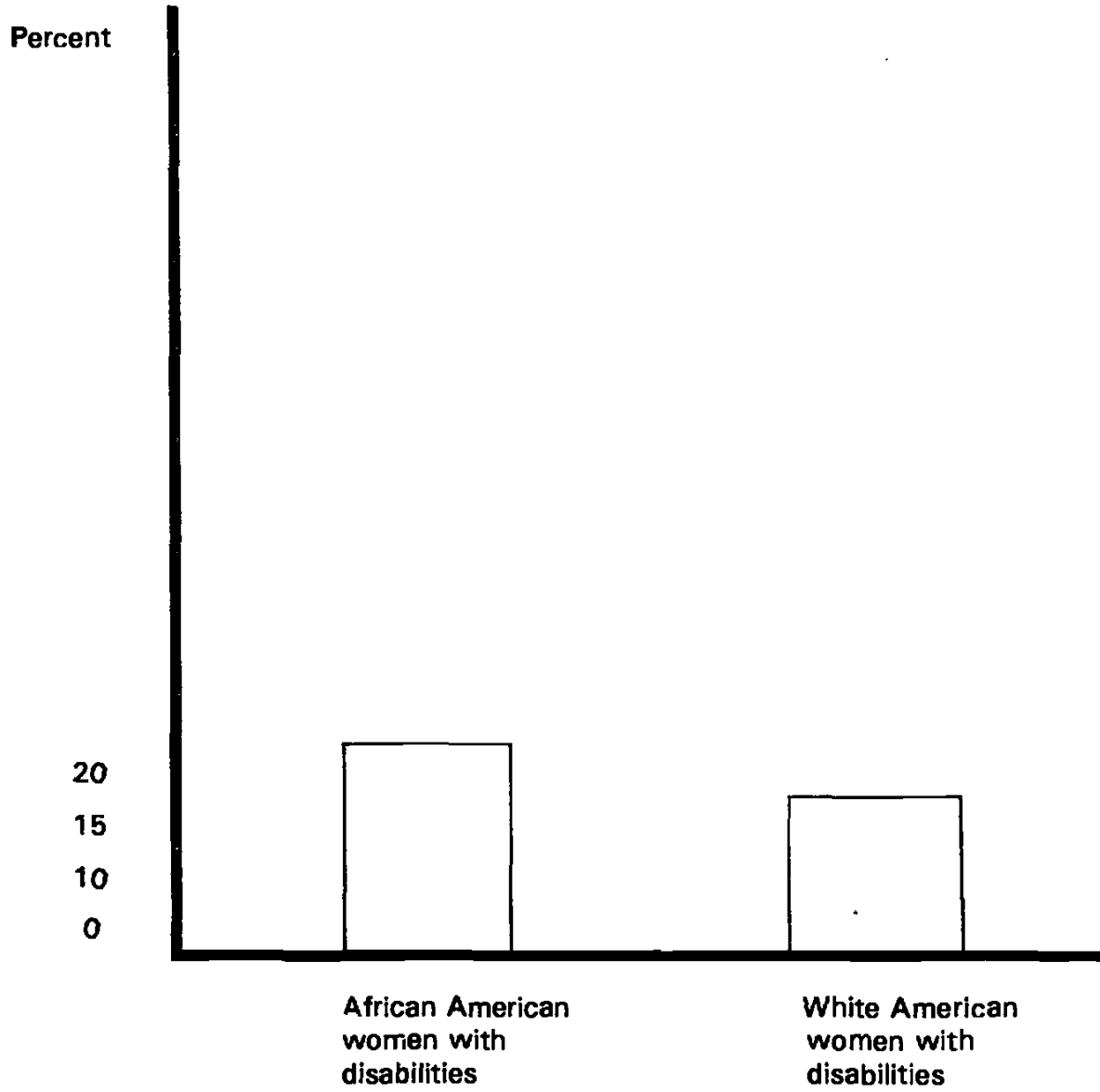


(Figure 2). The data also indicate that 9.5% of all 16-64 year old African American women have severe disabilities, more than double the rate of white American women which is 3.98% (Figure 3). A translation of these figures illustrates that of all women who are severely disabled and of working age, African American women with disabilities make up 26%.

African American women with disabilities contribute disproportionately to the population of under-educated American women. Three out of every ten women with a disability of working age have fewer than eight years of schooling. Consequently, these individuals are least likely to have a high school diploma. Due to the severity of their disability and the lack of schooling, women with disabilities do not vigorously participate in the labor force (approximately 27.5% are African American women). African American women with disabilities are more likely to live in metropolitan areas, and in the South. They are least likely to be married or living in a family arrangement. In addition, the data indicate that they have an average total income of \$6,355 a year.

These findings document the increased need for inclusion of African American women with disabilities in research activities that can explore how various dimensions of the "triple jeopardy" impact their lives. There is clearly sufficient data that substantiate the need for increased inclusion of African American women with disabilities in such research activities. It is hoped that future research projects and studies concerning rehabilitation will reflect the exploration of the "triple jeopardy" issue in a manner that will adequately address the needs of African American women with disabilities. Anticipated outcomes of such research activities include the following: a) A theoretical framework designed to be utilized in research with African American women with disabilities, and b) models developed which will facilitate a

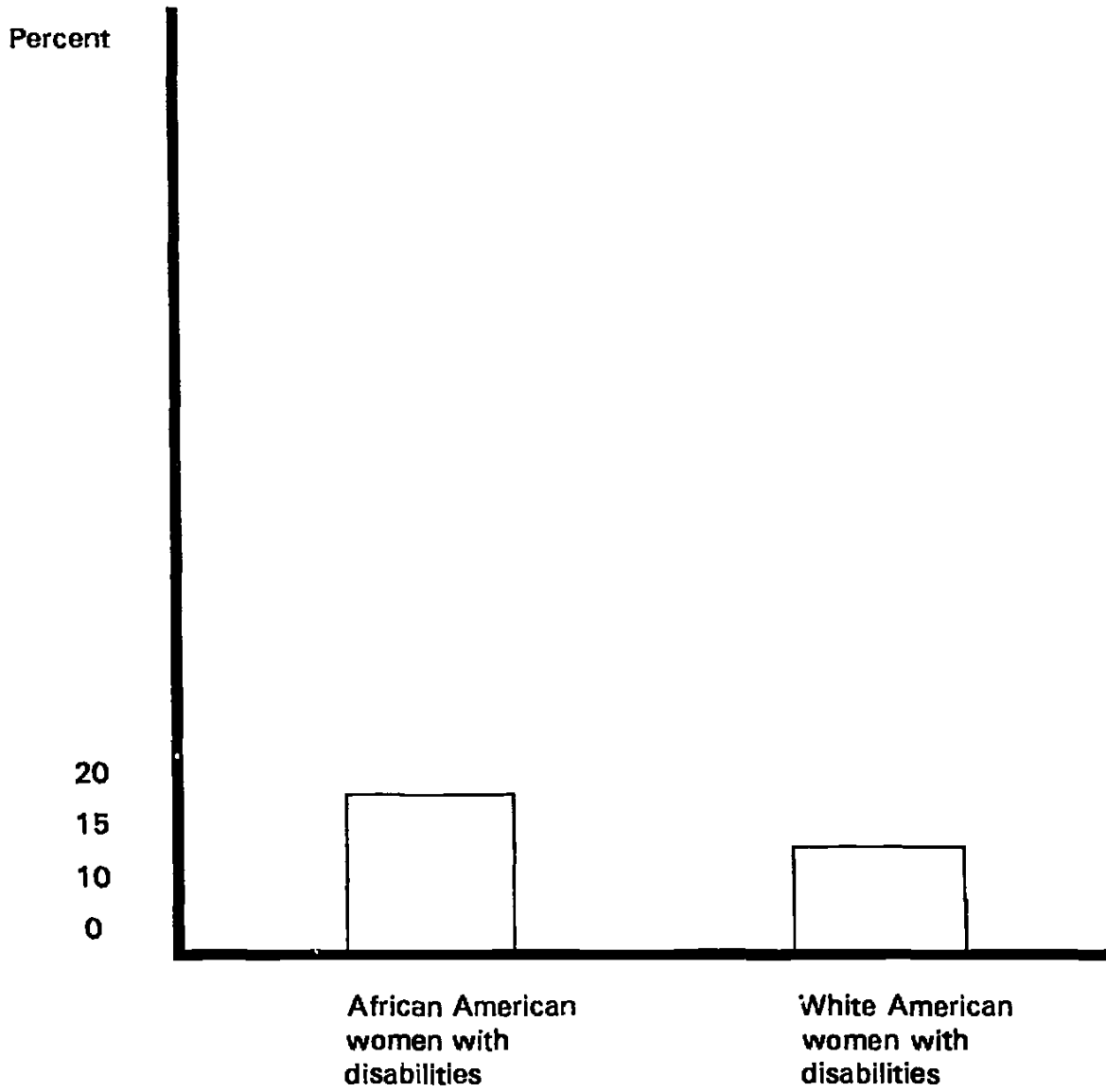
**Figure 2**



**Women with severe disabilities by race/ethnic group**



**Figure 3**



**Total population of women by race/ethnic group**

72

81

better understanding of, alleviate the problems thereby reducing some of the barriers which prevent African American women with disabilities from obtaining equality and other civil rights. Hopefully, these research activities will assist in fostering not only a better understanding of the lives of African American women with disabilities, but also enhance their ability to make a contribution and live productive and meaningful lives.

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# **Historically Black Colleges and Universities and the Impact of Section 21**

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## **Abstract**

This paper gives a brief history of the origin of Historically Black Colleges and Universities (HBCUs) particularly as this concerns sources of financial support which have traditionally been extended to these institutions. The author points out that Section 21 of the 1992 Amendments to the Rehabilitation Act gives HBCUs an opportunity to initiate or enhance academic programs in rehabilitation. In addition, he maintains that these institutions require technical assistance in terms of both proposal and curriculum development. He calls for programmatic initiatives by the Rehabilitation Services Administration which will ensure the development and success of new rehabilitation training programs.

## **Introduction**

Historically Black Colleges and Universities (HBCUs) are like Duracell batteries, "they take a licking, but keep right on ticking." HBCUs "keep right on ticking" because of the dedicated work of people interested in their survival and vitality. Section 21 of the 1992 Amendments to the Rehabilitation Act provides an excellent opportunity for the development of academic training programs in vocational rehabilitation in predominately minority institutions of higher education. This paper is intended to give a brief history of the past financial support for HBCUs, critical issues facing many publicly supported HBCUs, and the impact of Section 21 on the development of rehabilitation pre-service training programs.

### **Brief History of Funding for Historically Black Colleges and Universities (HBCUs)**

The beginning of most Historically Black Colleges and Universities (HBCUs) can be traced to the need to provide a basic primary education for freed Negroes. According to Bowman (1992), toward the end of the Civil War and beginning of World

War I a number of educational foundations such as the Peabody Education Fund, General Education Board, Anna T. Jeanes Fund, and Caroline Phelps-Stokes Fund extended needed philanthropic support for Negro education in the South.

The roots of most HBCUs can be readily traced to institutions which initially began as training grounds for teachers' education preparation, industrial and agricultural vocations, or theological seminaries. Presently, there are 117 HBCUs providing post-secondary education. Of this total, 100 of these institutions grant four year degrees (Bowman, 1992). The African American church and other religious denominations should be praised for their enduring support. Forty-four HBCUs are associated with religious based organizations such as the African Methodist Episcopal, Christian Methodist Episcopal, Baptist, Presbyterian, U.S., Roman Catholic, United Church of Christ, and United Methodist churches (Bowman 1992). Founded by Dr. Frederick D. Pattern, the third president of Tuskegee University, the United Negro College Fund has been another major lifeline to HBCU's over the years.

It should be understood that while HBCUs afford their students a sound education and pathway to the American middle-class, many of these institutions struggle financially to stay afloat. The case in point can be illustrated in a recent profile of Shaw University in The Chronicle of Higher Education (Nicklin, 1994). Shaw is a small historically African American university affiliated with the Baptist Church and located in Raleigh, North Carolina with a current enrollment of about 2500 students.

In 1986, The Chronicle of Higher Education reports that Shaw was on the verge of closing with a debt of \$5 million, with buildings in disrepair, dwindling enrollment, and suffering from an "image problem." However, over the past five years under the leadership of a new president, the University has operated on a balanced budget and began to thrive. Shaw's revival can be traced to good management and support from alumni, foundations, and corporations.

The challenges on the horizon facing publicly supported predominately African American institutions of higher learning need special attention. As it is known in Mississippi, the recent 1992 U.S. Supreme Court ruling in the "Ayers Case" poses an uncertain dilemma for many state funded HBCUs. In 1975, Jake Ayers Sr. filed a suit on behalf of his son and twenty-one other African American students. He charged that the State of Mississippi had done little to move beyond a "separate-but-equal" university system that was in the past enforced by state law. The impetus for this change was that the funding level for the three state-funded historically Black universities, Jackson State University (JSU), Alcorn State University (ASU), and Mississippi Valley State University (MVSU) was inadequate. In brief, the Supreme Court ruled 8-1 in favor of the plaintiffs (Ayers) finding that Mississippi had not erased remnants of segregation in the state's higher education system. The case was remanded to a lower court for resolution. However, the majority opinion did not

specifically say the state's three historically Black universities should receive extra funding to make up for funding practices of the past. Some have suggested that merging ASU with a majority institution and closure of MVSU may be a possible, but an unwelcome solution to the case.

The dilemma facing publicly supported HBCUs mentioned earlier is that the effect of Ayers may have a far reaching impact beyond Mississippi to other states with similar structured university systems. Professor Kenneth Tollet of Howard University, along with support from the American Association of Howard University Professors, plans to undertake a year-long study to determine the likely implications of the 1992 Supreme Court decision with the goal of helping to sustain HBCUs (Hawkins, 1994b). While settlement talks are presently occurring between both parties in Mississippi (Hawkins, 1994a) (see Black Issues in Higher Education, February 10, 1994 for details), some suggest that it may be years before the case is finally resolved.

The importance of the above presentation regarding the history of funding for HBCUs is that rehabilitation should keep in mind the past experiences of these institutions and how supporting unfamiliar and new programs may be perceived. As in any college or university, HBCUs are interested in new programs and the enhancement of existing programs if such programs are extended in a manner that promotes and increases the likelihood of success.

### Impact of Section 21

Section 21 of the 1992 Amendments to the Rehabilitation Act was clearly promulgated because of Congressional findings which recognize that the demographic profile of the United States is indeed changing with regard to increases in the number of minority citizens. Congress also found that ethnic and racial minorities tend to have disabling conditions at a disproportionately high rate. Those same findings observed that patterns of inequitable treatment of minorities have been well documented in all major service areas in the vocational rehabilitation process (U.S. States Department of Education, Rehabilitation Services Administration, 1993).

Several studies have clearly illuminated the inequitable treatment which minorities receive in vocational rehabilitation since Atkins and Wright's (1980) review of services received by Blacks (Danek & Lawrence, 1982; Giles, 1993; Herbert and Martinez, in press; Rivera, 1974). Section 21 provides several remedies to deal with the above findings which include the following: 1) recruitment efforts within vocational rehabilitation at the level of pre-service training, continuing education, and in-service training must focus on bringing larger numbers of minorities into the profession, 2) financial assistance to prepare students for vocational rehabilitation and related service careers in Historically Black Colleges and Universities, Hispanic-serving institutions of higher education and other institutions of higher education whose

minority enrollment is at least 50%, and 3) the Commissioner (i.e., Rehabilitation Services Administration [RSA]) shall develop a plan to provide outreach services and other related activities in order to enhance the capacity and increase the participation of minority institutions of higher learning (as described in item 2) in competition for grants, contracts, and cooperative agreements.

In its present structure, RSA has designated the Regional Rehabilitation Continuing Education Programs (RRCEPs) as the avenue for implementation of Section 21. Each of the ten RRCEPs have been funded to perform outreach services to minority institutions of higher learning. Most RRCEPs have designated or hired a staff member to serve in the outreach effort. In some cases, cultural sensitivity training has also been recommended for state vocational rehabilitation agency employees.

RSA has also established a National Rehabilitation Cultural Diversity Initiative (RCDI) Committee composed of individuals from around the country to provide input into policies established by RSA related to the implementation of Section 21. Dr. Bobbie Atkins, of the San Diego State University, RRCEP IX has been designated as the National Coordinator of the RCDI project. While this presentation will not focus on Section 21 as it relates to the National Institute on Disability Rehabilitation Research (NIDRR), the legislation does require applicants for NIDRR funded grants, contracts, or cooperative agreements to demonstrate how they will address, in whole or in part, the needs of individuals with disabilities from minority backgrounds.

This new legislation provides an opportunity for many HBCUs and other predominately minority institutions to initiate or enhance their academic programs in rehabilitation. However, the dilemma facing many of these institutions is that they often have little knowledge about academic curricula in these areas, and more often than not have limited technical resources to develop fundable proposals. Therefore, outreach efforts should not only provide basic resource information about vocational rehabilitation programs found in post-secondary educational settings, but it would seem necessary to extend technical assistance to these institutions designed to assist in both proposal and curriculum development. Strong consideration should also be given to providing funding to assist in hiring program coordinators to establish these new rehabilitation programs for a limited period during the initial years of program development.

The effect of RSA funding for long-term training in a master's level rehabilitation counseling can be illustrated in the case of Jackson State University (JSU), a HBCU in Mississippi. Since the Fall semester of 1989 to present, JSU has been fortunate to have received some type of training funds from RSA. In the Spring semester of 1990, 18 students were enrolled in the JSU Rehabilitation Counseling Program compared to 31 students in the Spring semester of 1994. This represents a sharp increase of 41 percent in enrollment. Consequently, funding increases enrollment which increases graduation rates, and availability of program graduates for

positions in state/federal vocational rehabilitation agencies.

The Council on Rehabilitation Education, Inc., the accrediting body for rehabilitation counseling programs, recognizes 81 master's level programs. Of this total, five HBCUs house accredited rehabilitation counseling programs and these include Coppin State College (CSC) (Maryland), Fort Valley State College (FVSC) (Georgia), Jackson State University (JSU) (Mississippi), Southern University (SU) (Louisiana), and South Carolina State University (Staff, Council on Rehabilitation Education, 1993). The author is aware of two undergraduate rehabilitation services programs located within HBCUs at Talladega College (Alabama), and the University of Maryland - Eastern Shore.

Available data pertaining to enrolled undergraduates receiving financial assistance indicate that 80 percent of CSC, 82 percent of SU, and 90 percent of JSU students obtain some type of assistance (U.S. News & World Report, 1993). The availability of funding in these and similar institutions appears to be critical to provide access to graduate education.

### Summary

It is clear that rehabilitation training programs would be welcomed and supported in HBCUs and other predominately minority institutions of higher education providing adequate support is extended in the development of such programs. RSA and the RRCEPs should keep in mind the past experiences and financial dilemmas facing these institutions as they begin dialogue with college and university administrators.

The ever increasing population of minority citizens and disproportionately high rates of disability found in the minority community cannot be ignored and must be addressed in programmatic initiatives by RSA. It is the responsibility of all rehabilitation professionals to ensure that these new rehabilitation training programs are indeed successful in providing competent rehabilitation practitioners.

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## **SECTION III**

# **Cultural Diversity: The Challenge of Service Delivery**

# **Asian American Children in Special Education: Need for Multidimensional Collaboration**

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## **Abstract**

Children and youth of Asian American language minority groups represent a major part of the future workforce in our country. The services provided in schools and in rehabilitation programs play an important role in strengthening this linguistically and culturally diverse workforce for our society. Based on three interrelated areas of concern: the myth of model minority, fragmented instructional services, and the movement of full inclusion, collaboration is needed if effective services to Asian American students or consumers with special needs are to be provided. Case studies of Chinese American limited English proficient students with learning disabilities (LEP + LD) illustrate the possible ways of collaboration among teachers, parents, specialists, and community informants in order to generate social capital to sustain school progress.

## **Introduction**

Given the rapid demographic changes that have occurred in schools, communities, and workplaces, a major concern in the field of special education and rehabilitation today is the provision of effective services to multilingual/multicultural diverse populations. Asian American students represent one of the fastest growing language minority groups in many parts of the country. Although sometimes misrepresented as a homogeneous group, they are comprised of vastly diverse ethnic, religious, and language groups. Together, children and youth of these diverse groups will form a major part of the future workforce in this country. Therefore, the services provided in schools as well as in rehabilitation play an important role in strengthening this workforce for our society.

### **Need for Multidimensional Collaboration**

Citing evidence from a previous study conducted among Chinese American students, much of the discussion in this paper is focused on school. The call for multidimensional collaboration in the context of serving Asian American students is based on three interrelated areas of concern.

### **Model Minority Myth**

Asian American students have been perceived by the general public and teachers as model minority students. Such a myth disguises many Asian American students in need of special education and related services (Chan, 1984; Chang, 1993; Cheng & Chang, 1990). In other words, whether they have a disability or not, all Asian American students do not succeed in school or the workplace. They do not all receive the same levels of language, literacy, and social support to maintain the model student status; particularly, Asian American students who are identified as having specific learning disabilities (LD) in schools. Since many of these LD students have average or above average intelligence, this group of Asian Americans is possibly the most misunderstood by their parents and Asian American communities. In fact, the term "learning disability" does not exist in many non-English speaking Asian countries where some of our immigrant students come from. In a current survey (Chang, 1993), a group of working Chinese limited English proficient (LEP) parents from an inner city environment responded that their child was placed in a special education resource room because he/she needed intensive one-on-one tutorial service. Some parents indicated that their child was dumb or lazy. These parents did not seem to understand the nature of their child's learning disability. Due to the differences in language, cultural, and prior educational experiences in home countries, many Chinese or Asian LEP parents surveyed kept minimum contact with schools if there was no initiative generated from schools or teachers. However, these parents expressed their trust and appreciation of teachers.

From a home perspective, not all families can generate social capital for literacy support (Coleman, 1987) to establish an adequate foundation for their child's academic development. The most common form of social capital generated for children in Asian American homes, or in most middle class families, includes the provision of transportation to public libraries, buying additional school related materials, visiting museums, providing music or art lessons, traveling, supervising homework, hiring tutors, attending school functions, or even moving into the best school districts. In addition, many Chinese/Asian parents need guidance on ways to enhance their child's self esteem, particularly the daughter or son who has been placed in special education. When these students were not perceived as model students by teachers or parents, much undue burden and pressure was placed on Chinese/Asian students with special needs and/or on their parents.

From a school perspective, given the ethnic, language, and cultural diversity observed within the Asian American student population, it has not been possible for the school district or rehabilitation agencies to recruit the much needed personnel who can effectively communicate and serve Asian language minority groups who lack social capital. Hence, the myth of model minority hurts many Asian American students who are in need of effective special education and/or rehabilitative services.

## The Fragmented Services

Instructional and remedial programs that exist in many schools provided by regular and special education teachers, speech/language therapists, and counselors tend to be disjointed and uncollaborative in nature. A current study of special education student populations, including Chinese and Mexican American children (Chang, 1993; Chang & Maldonado-Colon, 1991-93), revealed reduced opportunities for the LEP and/or second language learners to develop cognitive and academic language proficiency (CALP) (Cummins, 1984) in both home and school languages when placed in pull-out special education resource programs or other related services. In fact, a majority of these students did not have identifiable systematic programs to develop either English or their home language in the existing disjointed instructional programs (Chang, 1993; Chang & Maldonado-Colon, 1992). A major portion of their precious learning time in school seemed to be spent "in between" settling down for different sets of instructional or remedial activities; and adjusting to different sets of classroom rules, teaching styles, peers, and environment. In addition, many Chinese LEP + LD students who enrolled in inner city schools had less opportunities of socializing with middle class Anglo American students who could serve as English language models. If it takes a five-to-seven year span to develop CALP for normal second language learners (Cummins, 1981; 1984), then this particular group of language minority special education students might need twice as long under the current fragmented instructional environment to catch up with their peers in English language development. In the meantime, they also may not be able to effectively acquire academic skills through English.

Most of the schools rarely provide programs that promote a variety of Asian languages. Hence, many Asian LEP student have limited use of their home language in school or school related work. It is very common for them to speak English with their peers, siblings, and parents. The use of home language at home was subsequently reduced to routine chores or basic conversations. The bilingual school psychologist interviewed in the project (Chang, 1993) indicated that many Chinese LEP students could no longer understand CALP used in their home language in the formal assessment process. Once these LEP students were placed in special education, they were likely to withdraw from a community-based weekend or after school Chinese language program for fear of interference with their English language acquisition and academic learning.

In summary, we found that students who were placed in LD resource rooms were expected to need only specific support in specific academic areas. However, specific support provided in such a fragmented manner, without collaboration among professionals, seemed to create a global obstacle for English language and academic development among some groups of LEP and second language learners.

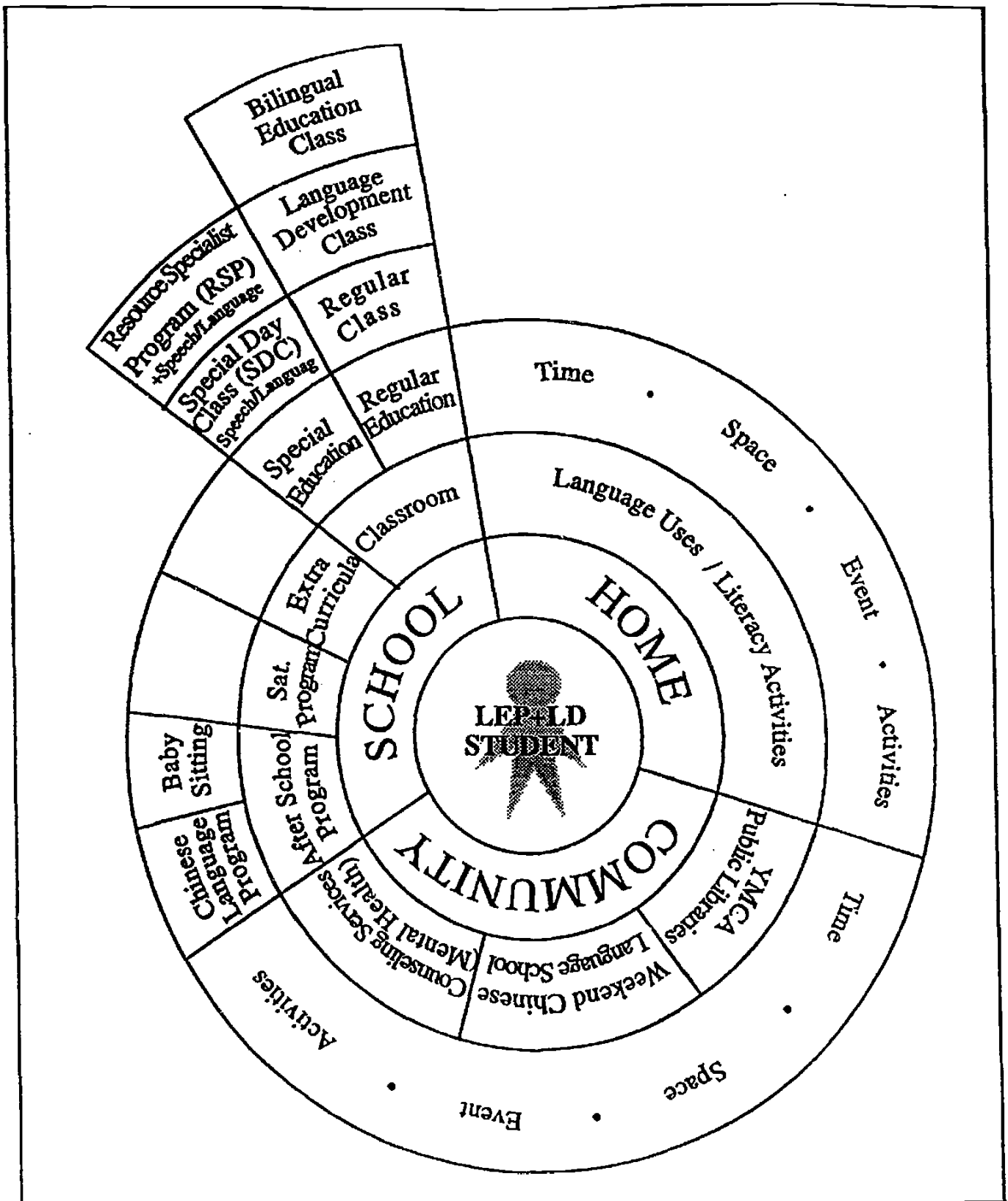
## **Movement Toward Full Inclusion**

The third area of concern is based on the present movement to serve and educate all individuals with or without disabilities in the same classroom and school environment. Currently, the term "full inclusion" seems to be interpreted and implemented differently by different schools and personnel across the country. Language minority students with special needs should not only be integrated, but also fully included in all aspects of "meaningful" instruction and school activities. However, at the present time, not many preservice and inservice teachers, specialists, and counselors in related fields are informed or knowledgeable about diverse Asian American students or consumers with special needs.

In current literature, concerns regarding school's readiness to serve students with a diverse background have been voiced (e.g., Coleman, 1987; Goodland, 1992). If "schools are limited in their power to generate the social capital on which academic performance depends" (Goodland, 1992, p.234), the current inclusion movement would certainly raise serious concerns for students with disabilities who are from poor, non-English speaking, and limited home literacy environments. In such a circumstance, those students are unlikely to have adequate social capital for language and academic development. The important point is that professionals in all related service areas need to re-examine traditional and current practices and beliefs relevant to Asian American populations in order to expedite collaborative and meaningful services across disciplines within an inclusive school or community.

### **Clues for Sustaining School Progress**

Clues for developing successful programs able to generate social capital for academic learning of Asian American students might be drawn from the findings of a current study conducted in an inner city (Chang, 1993). In a holistic study of the language and literacy environments of a group of selected Chinese Americans who were both LEP and LD (LEP+LD), the results revealed that with substantial support generated from any two of the three components of home, school, and community (See Figure 1), LEP+LD students were able to maintain satisfactory progress in the special education and mainstreaming environments (Chang, 1993). For example in the case of limited home support, teachers in both regular and special education classrooms, along with speech-language therapists, worked together to make sure that the target students could travel to a community-based after school tutorial program to complete their homework or engage in various literacy related activities outside of school. The extended support for the LEP+LD students generated from the school environment was linked with support personnel in the community-based facilities to sustain the student's language and literacy development.



**Figure 1. A Working Model for the Study of "LEP + LD" Students' Language and Literacy Environment**

Source: A school-home-community based conceptualization of LEP with learning disabilities: Implications from a Chinese-American study by J. M. Chang, 1993, *Proceedings of the Third Research Symposium on Limited English Proficient Students' Issues*. Washington, D.C.: Office of Bilingual Education & Minority Language Affairs, U. S. Department of Education.

In the case where the school was provided with limited support (such as the absence of bilingual services), progress was documented among a few students. Specifically, the parents who had been closely monitoring their child's daily or weekly progress, hired tutors to assist with school work and fully utilized community facilities, such as attending public library activities, and/or visiting museums, had children who made progress. This was more commonly observed in middle class Asian American families, but was not the case for many Asian families with less educated LEP parents from a lower socioeconomic status.

Although community resources were limited, school progress was noted among some LEP + LD students when families and schools could form a team to provide much needed support for the students' achievement. For example, it was very common for Chinese families to pitch in and purchase a house in a desirable school district. These extended families had no involvement in their immediate suburban community, and in some cases, they felt unwelcome by their immediate neighbors. Many of these parents continued to keep their inner city low paying jobs and to center their lives on Chinatown. In general, they had limited opportunities to learn as well as use the English language in daily life. However, being enrolled in a desirable school seemed to "pay off" because the close supervision of school principals and teachers sustained their child's progress when these parents could jointly hire a tutor to assist with homework and school projects. The school liaison, usually a Chinese-speaking parent, kept these LEP parents informed and involved, though in a limited way, in school activities and the child's progress.

### Implications for Related Services

The aforementioned cases illustrate that many Chinese American students engage in language and literacy learning across multiple sites; collaboration between any two components of school, home, and community sustains Chinese LEP + LD students' school progress. The findings also suggest that those LEP + LD students who have support from only one or none of these areas continue to lag behind their peers. To conclude, professionals in related fields can provide effective services in multilingual and multicultural schools or communities by forming an alliance for collaboration across school, home, and community to generate social capital that is essential for all students.

Barriers exist in providing effective rehabilitative services for Asian students, particularly, counseling services for families and students from all grade levels and career-vocational education or development for youth in secondary schools. For Asian LEP + LD students to fully realize the benefit of rehabilitative services, the types of social capital that enhance career-vocational development or counseling services may need to be first generated from the Asian community, specifically among those who serve as role models and those who have positive influence over parents or individual families. Because Asians traditionally value academic learning more than career-

vocational education for their youth, attitude changes toward accepting rehabilitation processes in secondary schools for Asian LEP+LD youth may need to be first established in each perspective community and family.

### **Acknowledgment**

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# **Problems of Providing Services to Persons with Disabilities from Minority Groups**

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## **Abstract**

This paper presents a number of problems that need to be addressed in order to successfully provide rehabilitation services to minority persons with disabilities. Negative perceptions and attitudes of people without disabilities are identified as major barriers to the provision of these services. Discussion of issues such as cultural sensitivity, group distinctions, changing demographics, and labor force highlights the difficulties of the service delivery system that is oriented to ethics of the majority culture.

## **Introduction**

From what I understand, when a person is asked to speak to a group there are certain obligations or responsibilities that one must adhere to. It seems that one of the first obligations is to tell some kind of joke or story and so, I would like to fulfill that first obligation by telling a story.

There was a man who was driving along a seldomly traveled, hilly, rural road. As he got to the top of one of the hills he got a flat tire. So, he got out of the car and proceeded about the task of changing the tire. He took off the five (5) nuts and placed them down beside him. As he was putting on the spare, he accidentally kicked three of the five nuts down into a gully. " Well," he thinks. "What in the world am I going to do now?" He looks across the road and he notices this BIG facility, with this BIG gate and this big sign on the gate that reads, "Maple Wood Psychiatric Facility." Peering from behind the gate is this middle aged gentleman who looks as though he's been standing there for some time. The guy with the flat tire walks over to the gate rather hesitantly and he asks the gentleman on the other side, "Hey buddy, is there a phone around here? I got a flat tire and as I was changing it I accidentally knocked some of the nuts into the gully over there. I want to call to get some assistance." The guy on the other side of the gate said, "Yeah, there is a phone, but it's way over on the other side of the facility. I have a suggestion for you. Why don't you take one nut from each of the other three tires and put them on the

tire that's missing nuts? That should hold you until you're able to get to a gas station." The guy with the flat tire proceeded to follow the suggestion and sure enough the tire was secure enough for the car to be driven. As he was about to drive off, the guy in the car hollered over at the guy behind the gate and in a very condescending manner said, "Hey buddy, if you're so smart, how come you're on the other side of that gate?" The guy behind the gate peered at the guy in the car for a few moments and then he responded, "You know, I may have a mental illness, but I'm not stupid!"

This story depicts the kind of negative attitudes that many people without disabilities have towards those with disabilities. A person with a disability is often seen as being UNFIT, UNABLE, and in essence DEVALUED in the mind of the person without a disability. This kind of devaluation becomes compounded when the person with a disability is also a member of a minority group. In a sense there becomes a kind of dual devaluation. One is devalued because of the disability, and also devalued because of the minority status. This dual devaluation flies in the face of the concept of the "melting pot." That is, the notion that group distinctions between people are unimportant. It does not appear that we have melted entirely. Racism, sexism, and abilism are just a few of the barriers that have prevented many from realizing the American Dream. **THESE BARRIERS MUST BE BROKEN DOWN!** They must be broken down because the demographics of this country are changing!

Between the years 1980 and 1990, the Anglo American population has decreased in the United States by 2.8%. However, within this ten year period, the African American population has increased by .4%, the Latin American population by 2.6%, and the Asian American population by 1.4%. If these trends continue, by the year 2000 it is estimated that the Asian American population will increase approximately 21%, African Americans will increase about 12%, and Anglo Americans will increase approximately 2%.

With this type of change estimated within the country's population, it is evident that there are going to be various effects. Probably one of the primary effects will be in the labor force. According to the U.S. Bureau of the Census, it is projected that between 1988 and the year 2000, immigrant females along with native white males will comprise approximately 9% of the labor force, respectively. Immigrant males will make up 12% of the labor force followed by native minority females and native minority males both at approximately 21%. It is estimated that native white females will comprise the bulk of the country's labor force totaling approximately 29%.

The challenge that is presented by this change in the labor force is to maximize and utilize the abilities of persons from minority groups, particularly minority persons with disabilities. Unfortunately, presently it appears that this challenge is not being met. African Americans account for approximately 22% of the unemployed persons with disabilities. For working-age Latin Americans with a disability, approximately

**76.8% are out of the labor force, and if they are out of the labor force we are definitely not maximizing their abilities!**

**With regard to participation in the rehabilitation process, there are many inequalities that exist for minority consumers. There are large percentages of African Americans nationwide who are not being accepted for services. When they are accepted, they are less likely to be rehabilitated. It is estimated that as high as 50% of Asian American and Pacific Islanders who participate in public vocational rehabilitation programs are terminated prematurely. Similar concerns exist for Latin Americans and Native Americans. One of the primary reason for these inequalities is the cultural insensitivity that seems to exist among many service providers toward consumers who are of a different cultural background.**

**The service delivery system has traditionally been oriented towards the ethics of the majority culture, which espouses individuality, control of one's environment, and a value of the future. When a person, who seeks services is of a cultural background that values group behavior rather than individuality, harmony with the environment rather than control over it, and a value of the past or present rather than the future, it becomes apparent how this individual might experience problems seeking services within a system that has values almost totally opposite his own.**

**One way of dealing with this disparity is for the representatives of the system, on all levels, from top to bottom and from bottom to top, to become more culturally knowledgeable and culturally sensitive. There are many service providers who see cultural background as being superficial or irrelevant to the rehabilitation process. One reason this may occur is the fact that many of us have gone through practically our entire educational and professional careers without having a word mentioned about "cultural diversity." Therefore, it is not difficult to understand why some individuals do not appreciate the role of cultural diversity in the rehabilitation process. By not giving attention to, or having some degree of understanding of cultural differences, it becomes very difficult to provide the most appropriate level of services to consumers who may be of a different background. It is not to suggest that one needs to know everything there is to know about all cultures - that would be impossible. However, we do need to develop some understanding about the major values and belief systems of the people we service, especially those who may come from different cultural backgrounds. For example, it is important to know that the extended family is held in high regard within the Asian American culture, that there exists respect for authority, and for an orientation toward the past and toward privacy. In the African American culture, respect for the individual is valued. Traditionally, there has been a distrust of big institutions, and there is an orientation toward the present rather than the past or future. In addition, the extended family has traditionally been deemed as a valued asset within the African American culture. In the Latino culture, there is a strong work ethic, orientation toward the present, and the high value placed on the extended family. The few cultural tendencies that are mentioned here will vary**

based upon socioeconomic status, region of residence, etc. It is important, however, to have at least a basic knowledge and understanding of cultural diversity when providing services to individuals from these cultures.

In the cultures that are cited above, it is noted that the family served as a source of support in all three. Traditionally, the field of rehabilitation has focused on the consumer's treatment, with not much attention being placed on the involvement of the family. However, we are now beginning to see the importance of actively involving the family in the rehabilitation process. There have been studies which show that the involvement of family members in the rehabilitation process can enhance an individual's adjustment to a disability. Furthermore, family reinforcement or support can be vital to maintaining gains made during rehabilitation.

In conclusion, I would like to briefly address one other area of concern. With an increase in minority consumers with disabilities, there should also be an increase in minority service providers at all levels; service providers, administrator, and at levels where decisions are made concerning how services are provided. There is little doubt that changes are necessary for our society to become culturally sensitive and pluralistic. But, I would like to leave you with this Chinese proverb, "The journey of a thousand miles begins with the first step." I think that we have taken the first step with conferences like this one, but there is a need to continue the process. By doing so we will be able to successfully reach the end of the thousand mile journey.

# **The Illinois Department of Rehabilitation Services: A Model for Empowerment and Service Delivery**

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## **Abstract**

Extensive ethnic variety exists among Illinois' 11 million population. Correspondingly, cultural variety exists both in the population at-large as well as in the nine percent plus of this citizenry with disabilities. As Director of the Department of Rehabilitation Services, the author presents the department's organizational set-up and principles as a possible paradigm for achieving the goals of leadership development in the areas of disability. The departmental principles are embodied in five "visions" on an empirical basis, i.e. one adapting in each case the appropriate vision(s) to the cultural and other traits of the individual being brought forward for leadership positions. This methodology of focussing on the individual's complexity of traits is also employed in the case of recipients of the general departmental rehabilitative services.

## **Introduction**

The Department of Rehabilitation Services (DORS) is Illinois' leading agency for serving people with disabilities. Organizationally, there are four bureaus - The Bureaus of Rehabilitation Services, Blind Services, Disability Determination Services, and Finance and Operations. The agency employs more than 2,200 employees in 54 field offices and four educational facilities around the state. DORS focuses on assisting people with disabilities in the areas of education, advocacy, employment, and independence. The agency has five visions for the 1990's. They are:

**Employment:** The employment rate for persons with disabilities should be the same as for all Illinois citizens.

**Technology:** People with disabilities must have access to technology that enables them to live healthy independent lives.

**Service Delivery:** People with disabilities and their families will be fully informed about options, have access to a variety of essential support services, and directly influence the future of their communities, including the development and operation of service delivery systems.

**Vocational Education and Training:** People with disabilities will be prepared, through schools, vocational training, and retraining programs, for jobs that complement their abilities and interests, and to meet the demands of the labor market.

**Timely Intervention:** Integrated and coordinated community based support services offering choices to people and their families will be available at the onset of a disability, regardless of age.

There are approximately 11 million people who reside in the state of Illinois. More than one million of those individuals have some sort of disabling condition. Illinois, its geography, and its population, are all equally diverse. The state goes from the packed innercity to isolated rural America. Illinois is home to the world's largest and busiest airport in Chicago; some of the world's richest farmland is in central Illinois, towering river bluffs, and the Shawnee National Forest are in Southern Illinois. Illinois' citizenry is as varied as its geography. Chicago, the largest population center, has large African American and Hispanic American populations. There are also enclaves of citizens of Polish, Vietnamese, and Middle Eastern descent. Central Illinois has large contingents of German and Dutch descendants, and Southern Illinois has many individuals of French ancestry who are descendants of early French explorers.

Given the state's diversity, and consequently the diversity of those who come to DORS for services, we have made an effort within the agency to assemble a staff that not only ethnically represents such diversity, but understands and respects it as well. Our 1991 statewide conference was entitled: "Changing Faces: Understanding Diversity." Attending as keynote speaker was activist Julian Bond. To keep up the momentum gained by that meeting we held a similar conference, via satellite, the following year. The second conference devoted time to expanding on the issues discussed in the first.

We set about putting our words into action by expanding the number of persons from minority groups among the agency's ranks. We went from 8% of all hires being African American in 1991, to 30% being African American in 1992. At the same time, the number of people with disabilities who were hired rose from a representative 16% in 1991 to 27% in 1992. We have also developed student intern and summer work programs that focus on hiring students with or without disabilities from minority populations. We have played an intricate part in publicizing the latest amendment to the State's Minority and Female Business Enterprise Act (MAFBE).

While MAFBE specifies that certain percentages of state contracts be awarded to women and persons from minority groups, the newest amendment requires that 2 1/2% of contracts awarded, go to businesses owned by people with disabilities. We have taken that information - along with a road show on how to qualify - to people with disabilities throughout Illinois.

One of the items I was asked to discuss today was what my role as director entailed and how it intertwined with the subject of the conference. I think that in regard to persons from minority groups, my role as director is to provide top level commitment to valuing all racial and ethnic groups, while identifying and responding appropriately to gaps that may exist. The best way to do that is to address the gaps as they come before you, give directives for change, keep an eye on progress, and acknowledge achievements. This is not to say that once a directive for increased inclusion is given it happens overnight - change takes time - but if you keep a watchful eye and let people know you are aware of their achievements in that direction, changes will begin to take place by themselves.

When one begins to work on making "inclusion" part of an organization's vocabulary, it is important that actions be both internally and externally visible. If you are going to improve services to a minority population, it is important to have on staff counselors and representatives that can understand the culture intrinsic to those you wish to serve. If this is an impossibility, one quick way to achieve input is through the development and use of advisory councils. Not the "let's put them on a board so they can feel included but we won't ask them anything anyway" kind of board, but a real working advisory group made up of people involved in the communities in which you are interested. If you invite impacted groups to work with you, they can offer invaluable suggestions, information, and feedback. Not all of it may be pretty, but it can be extremely useful. It is also important to remember that you are not an instant expert just because of your own minority status. For example, as an African American woman with disabilities who is active in community organizations, I feel comfortable that I can address issues relative to women, African Americans, and people with disabilities. I do not, however, presume to have a strong grasp of those issues specific to agency staff or consumers who are Native American or Hispanic American.

Beyond making sure that dialogue exists between groups - be it minority to minority or majority to minority - it is important, especially in the upper ranks of administration, to be visible and accessible to the people who work for you and the people that you serve. One must attend events or occasions sponsored by consumer groups or people with whom you wish to develop better relationships. The visibility, the good will, and the networking that evolves from attending community organization events is well worth the time spent. People remember when an administrator takes time out for them. That remembrance helps pave the way for good future interactions and may help soften the effect of bad ones.



In addition to forming relationships with groups and staff, the position of director allows me the unique opportunity to serve as a mentor both within and outside the agency. Internally, I have had the pleasure of watching a strong sense of advocacy flourish among the deputy directors and executive staff with whom I work and rely upon daily. When I took the job as director, I was immediately impressed that the staff I inherited was top notch in regard to process and professionalism. Too often, however, process gets in the way of advocacy. By including these and other staff members in the activities of community groups and by having them attend events with me or in my stead, I am able to say that they now regard themselves as professional advocates as well as professional government employees. External mentoring can also take place through internship programs. For example: we hired a recent graduate of our Illinois School for the Deaf, a residential program for deaf and hard of hearing youth. She came to us as an intern in our in-home care programs unit. "Poppy," our student, came to us for practical work experience after graduation. When we hired her she said her goal was to "get a job with the state as a secretary or something." We placed Poppy in our home services unit and, while telling her the secretarial field was certainly a worthy one, we began encouraging her to think about college and other opportunities. We exposed her to other professional African American women in the agency and to other professionals with disabilities. While Poppy did clerical work in her job with us, we made sure she had other experiences while on the job. Six months after she came to work with us, I am proud to tell you she is gone. She is a freshman at Gallaudet University considering a major in Education. A far and beautiful cry from "a secretary with the state or something."

In closing, I would like to say that the key to commitment from the top down is weaving that group into whatever the institution's fabric may be; this is the case with inclusion of any minority group. There are no "special" practices needed, simply equal ones. Only through participation and inclusion can anyone or any group play a meaningful role both in society and within the scope of an organization. And, as was the case with those before us, it is up to us as professionals and as persons from minority groups to make room and set examples for those who follow.

## **Outreach Services For American Indians**

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**American Indian Rehabilitation Research and Training Center  
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### **Abstract**

This paper rejects the "myth" that American Indians and Alaska Natives constitute a homogeneous class, i.e. one showing no internal cultural diversity. The author's term "designing" of services means playing a leadership role in the formulation of services to be offered. Extremely important in outreach services for any given minority group is contact with individuals and understanding cultural practices of the specific minority group. Measures tending to foster understanding and productive contact include: attending pow wows; vigilance in regard to one's dress; knowledge of the various American Indian sovereign groups, and of the highly particular role played by a person's entire family. In developing the key ability of the counselors, which is being highly sensitive to cultural differences, the counselor must appreciate the frequently demonstrated ability of the consumer to be the counselors mentor.

### **Introduction**

The mission of the American Indian Rehabilitation Research and Training Center (AIRRTC), located at Northern Arizona University, is to improve the quality of life for American Indians with disabilities through the conduct of research and training that will result in culturally appropriate and responsive rehabilitation services and increase the participation of American Indians in the design and delivery of services.

Providing outreach service for American Indians and Alaska Natives with disabilities is a challenge to service providers and requires time, energy, and patience in developing rapport with the "Indian Community" resources. The American Indians and Alaska Natives do not represent a homogeneous group. This group comprises less than 1% of the total population in the country, yet they have as much diversity as the remaining 99% (Hodgkinson, Outtz, and Obarakpor, 1990). There are over 309 federally recognized tribes and 197 Alaska Native villages. There are also over

**250 different languages still spoken today by the Native people.**

**The 1990 Census reported that over 240,000 American Indians, Eskimos, or Aleuts resided in California. The majority of this group reside in urban areas, while others reside in reservations and rancherias. Today many of the tribes, unrecognized by the federal government, are in the process of petitioning the Interior Department for formal federal recognition as a tribe. Such recognition is critical to their economic and cultural survival because only recognized tribes are entitled to participate in federal housing, health, and education programs and to maintain their rightful government-to-government relationship with the Federal government in Washington (Echohawk, LA Times, 1990).**

**Providing outreach services for American Indians involves learning about the people you serve, including; their history, culture, customs, and tribal politics. Rehabilitation counselors and service providers who provide services to American Indians with disabilities must be aware that it is advantageous to seek approval from the tribal government prior to entering their reservations or rancherias. This can be done in a number of ways including the following:**

- Appoint a contact person in the reservation or rancheria who works with you to assist you in developing a rapport with the tribal government.**
- Write a letter explaining to the tribal government why you want to visit their community, and follow it up with a telephone call.**
- Involve the consumer or their family members, if they came to you for services.**

**Many urban areas have an American Indian center or an Inter-tribal council which can be considered by the native people as a gateway to services and a way to get involved in the "Indian Community" affairs. It can benefit the rehabilitation counselors or service providers to visit the Indian Center and find out what types of services are offered. Developing rapport with the staff of the Indian Center can open doors to linking up and sharing services or resources.**

**The service provider who involves herself/himself in the Indian community by attending pow-wows, craft shows, fund raising, and any other Indian sponsored activity will find himself/herself gaining rapport with the Indian community. It is during these activities and events, usually consisting of intertribal gatherings, that the service provider will notice the pride of the Indian heritage that the native people possess.**

**Food!** Historically food is an important aspect that surrounds events: whether to celebrate, to attend tribal meetings, funerals, or tribal elections. The service provider who wishes to meet with community members to disseminate information on their organization should plan on providing a pot-luck or snacks. Another resource is linking up with the local native community health representative (CHR). The CHR can be considered a referral source and a person who can help you provide assistance to the consumer to increase or maintain his/her independent living or employment goals.

The service provider who goes into the reservation or rancheria must be aware that wearing a suit and tie, or being dressed up may be a barrier to some native people. This may be because they associate formal clothing (suits, ties, or women's business outfits) with a history of government paternalism. Ask a community member about the best way to dress, if you are not sure. Similarly, declaring your credentials, such as a rehabilitation counselor with a master's degree and/or counselor rehabilitation certification (CRC), is not going to assist you in gaining rapport. It takes time for the Indian community to have confidence in you and to witness your sincerity.

The American Indian consumer usually relies on family members to assist in fulfilling his responsibilities during the rehabilitation process. It is important for the service provider to be sure that the consumer and the consumer's family fully understands why you are providing outreach services. The service provider can involve the family members in identifying resources in their community. The service provider needs to ensure that the identified resource is sensitive to cultural differences and that the identified resource agency continues to involve the family in the rehabilitation process.

While exploring outreach services for the American Indians, the service provider must ensure that transportation is available and readily accessible for the consumer. The AIRRTC has conducted research projects on community consumer concerns in Denver (Marshall, Johnson, Martin, Saravanabhavan, 1991), Minneapolis-St. Paul (Marshall, Day-Davilla, Mackin, 1992), and Dallas-Ft. Worth (Schacht, Hickman, Klibaner, 1993). One of the important findings revealed that transportation in the metropolitan areas is one of the barriers to successful rehabilitation encountered by the American Indians with disabilities. Thus, the service providers should not assume that transportation is readily available to the consumer and should ensure that the bus system route and hours are compatible. Family or even extended family can be a good resource in assisting with transportation. Thomason (1991) pointed out:

**"All counselors should have a basic understanding of the history and present status of American Indians and should be able to serve members of this group. Although the American Indians are diverse and no one can be knowledgeable about all tribes, there are some similarities in the basic values and beliefs of many American Indians." (p. 326)**

Outreach services for American Indians include networking with the tribal, state, and federal agencies, organizations, and schools. The challenge is that of ensuring that these resources will treat your consumer as a person first, who can also be your teacher and also be sensitive to cultural differences. Becoming sensitive to cultural differences can be the seed to becoming culturally sensitive. Developing culturally sensitive strategies in implementing outreach services for American Indians and re-examining the strategies is a priority that all vocational rehabilitation agencies and other service providers to American Indians with disabilities need to follow.

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# **Perspectives of Rehabilitation Services in the City of Los Angeles**

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## **Abstract**

This paper looks at the development of awareness and sensitivity to the needs of the disabled community in Los Angeles, and addresses some of the problems that still plague this community. There is discussion of the diversity within the disabled community, and of the bureaucracy that discourages minorities from seeking out rehabilitation services. The paper ends by defining the goals and the mission of Los Angeles as it concerns persons with disabilities, over the next decade.

## **City Perspective**

Los Angeles is one of the most culturally diverse cities in the world. Over 150 languages are spoken here. Within its boundaries reside an estimated 600,000 plus persons with disabilities and this population is growing with the "aging" of America and the City.

## **Brief History - Office for the Disabled**

In 1975, the Office for the Handicapped was established in the Mayor's Office at the seat of city government with the authority to address the issues and concerns of the disabled community, city-wide. At that time, a 45-member body, the City Los Angeles Council for the Handicapped, was also established. This "grassroots" organization provided input to city government regarding issues of critical concern to persons with "handicaps."

The sociology changed in the 1980's, an awareness and sensitivity emerged in relation to persons with disabilities in this city and nationwide. The word "handicapped" was no longer preferred by the community of persons with disabilities. Words and phrases such as: "disabled," "physically or mentally challenged," and "persons with special needs," widely dotted the literature. Persons who are deaf and speech impaired no longer accept being referred to as "deaf and dumb." This social movement is not unlike that of the Civil Rights Movement where Blacks and other

ethnic groups redefined themselves in more positive terms. An example of this can be seen in the reference change from "colored" to "Negro," to "Afro-American," to "African American." In other ethnic communities, terms such as "Latino," "Asian American," and "Native American," are widely preferred.

By the mid-eighties, the Office name was changed to the Office for the Disabled and the Council for the Handicapped became the City Advisory Council on Disability. Currently, the disabled community stresses that members of this minority group should be referred to as persons/individuals first, i.e., persons/individuals with disabilities. It will be a great deal when society evolves to a stage in its development where we all are called persons with no particular reference to disability, ethnicity, age, gender, or race, in our quest for a lifestyle compatible to all of us.

Recently, since 1989, a City Commission on Disability was established to address the concerns of the community in the areas of access to city services and programs. What has not changed in the sociology of the City is the disabled community's need for:

- Employment Training

#### **Affordable/Accessible**

- Housing
- Transportation
- Recreation
- Medical/Health Services
- Adaptive Equipment/Technology

**Counseling (in languages other than English, including Sign Language) in the areas of:**

- Rehabilitation/Psychology
- Family Therapy
- Substance Abuse
- HIV/AIDS

The City is aware of prevailing architectural barriers, and for eight (8) consecutive years the Mayor's Office for the Disabled has provided a statewide conference on barrier-free environments. The City, after a long hard fight, finally instituted a 504/ADA Compliance Unit in the Office to bring the City into compliance with the Americans with Disabilities Act (ADA) and the 1973 Rehabilitation Act. The Compliance Unit consists of: a 504/ADA Compliance Officer; deaf Access Coordinator; and a Management Assistant with Sign Language Interpreter skills.

The perception of disability in culturally diverse communities has as many variations as there are variations in life styles. Examples of this are seen in the

following:

- The deaf community sees itself as being culturally different from other segments of the population with disabilities because of their most preferred/widely used form of communication - Sign Language.
- Veterans with disabilities see themselves as a culturally different group where their common experience of war has resulted in immeasurable emotional disorder, hopelessness, and drug/alcohol abuse.

(A word regarding veterans: This group of individuals share an acquired "cultural identity". They have the experience of war which for many has left immeasurably disabling effects, many of which are hidden psychological or physical disabilities such as neurological and Post-Traumatic Stress disorders {PTSD}).

Persons with disabilities who are members of various ethnic groups have historically shied away from government/community-based services. The tendency to underutilize available services is due to language and institutional barriers - sometimes these barriers are literally in the "form" (the form(s) necessary to obtain/retain services). We, as service providers, also experience this "paper" wall which is an integral part of agency/organizational survival and is a requirement of the funding sources at any of the four levels of government. Our new Mayor, Richard Riordan, has promised to streamline this process. If this is effective it could have a positive impact on the quality of services city-administered programs will offer. Services could be more accessible to persons who have difficulty in reading/comprehending long, arduous/complicated forms or materials because of these disabilities and/or reading skill levels, regardless of their language. Looking toward the year 2000, the workforce is changing to reflect an increase in the number of persons who are: bilingual; single-parent breadwinners; women; older workers; and persons with disabilities which have all of these characteristics.

### City Goals

- Compliance with the Americans with Disabilities Act and the 1973 rehabilitation Act in all City-funded programs and facilities.
- Increase the number of qualified persons with disabilities in the City workforce.
- Initiate and continue OJT/Work Experience programs.
- Reduce architectural and attitudinal barriers that preclude participation



in employment and in the governmental process.

- Outreach in various languages regarding services.

Our mission as professionals in the field of rehabilitation, human services, and employment/human resources is to prepare ourselves for the challenge of facilitating the process of assimilating this diverse segment of the population into the workforce of the public and private sectors.

This mission is achievable when it is recognized by service providers and government alike. Attitudinal barriers related to disability, whether on the part of the consumer, the professional, the family, or government entities are as detrimental to successful assimilation of persons with disabilities into mainstream living as are the architectural barriers.

The City shares your concern that this traditionally underserved population must be empowered to become self-sufficient and contributing participants in the enhancement of all our lives. We truly believe in embracing diversity: therein lies our strength. Maintaining Los Angeles as a model for programs and services that are to be placed internationally is our goal.

# **Embracing Diversity in the Delivery of Rehabilitation & Related Services**

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## **Abstract**

This paper presents the discussion of findings resulting from a research project that investigated the following questions: 1) "What are the barriers to multicultural rehabilitation?" and 2) "What can be done to overcome these barriers?" The objectives of the project were: a) to identify barriers that are experienced by persons with disabilities from minority groups or with multicultural backgrounds, and b) to develop recommendations for the reduction or elimination of these barriers.

## **Introduction**

In pursuing this project, an audience of rehabilitation personnel were divided into four groups. Each group focused on one of the following four stages of the rehabilitation process: 1) the receptionist meeting the client, 2) the intake process with the client, 3) assessment of the client, and 4) intervention strategies. To accomplish the task, each group was assigned a client who was in the role of a generic non-English speaking minority consumer with a disability. Each group was then asked to characterize the client in accordance with the focus stage of the group and obtain answers to the following questions:

- A) What are the barriers to multicultural rehabilitation services?**
- B) What can be done to overcome these barriers?**

There was a recorder for each group to document the group's responses which were later discussed.

## **PROCESS: GROUP 1**

Group I focused on the role of the receptionist has with regard to meeting the client. The following are some of the barriers and recommendations discussed by this group:

### **1. Language**

The group pointed out that the language barrier often causes the receptionist to use louder, slower, more deliberate speech, with the specific purpose of facilitating communication. When the receptionist fails to communicate, the prospective client, out of frustration of not being able to communicate with the receptionist, may walk out of the interview. The receptionist, on the other hand, perhaps out of the same frustration of failing to communicate, may refer the prospective client to another person or agency. The suggested recommendation was that an interpreter who is knowledgeable about both rehabilitation terminology and rehabilitation services should be provided at this stage.

### **2. The Assertiveness of the Prospective Client in Obtaining Rehabilitation Services**

The prospective client may not be assertive enough with regard to obtaining rehabilitation services. It was felt that educating the prospective client ahead of time about rehabilitation services would be helpful. It was proposed that this can be done by a member of the staff who speaks the same language or someone from a community-based agency.

### **3. The Sensitivity of the Receptionist to the Prospective Minority Consumer**

The receptionist's insensitivity to the prospective minority consumer may result in the use of stereotypical comments and slurs regarding the racial/ethnic group. The group recommended that cultural sensitivity training be provided for all staff members.

### **4. The Completion of Forms by the Prospective**

Asking the prospective client to fill out forms after failure to communicate with the receptionist may result in the

prospective client walking out. It was suggested that help with filling out the forms be provided, that the request of the prospective client to fill out forms be postponed to a subsequent visit.

## 5. Physical

The plate glass which is placed between the receptionist and prospective client is a physical barrier. Although it was placed for the protection of the rehabilitation staff, it was recommended that an attempt be made to remove the physical barrier between the receptionist and the prospective client.

In the discussions, the presenters categorized the afore-mentioned barriers as institutional barriers. These barriers actually begin before the person with a disability from a minority group or multicultural background even thinks about rehabilitation services. For example, the individual with a disability may not be aware of the availability of rehabilitation services and depends upon referrals by other professionals. Upon referral for services, the person with a disability may not be apprized of the types of services provided nor of their rights to such services. It was suggested that announcing rehabilitation services in the native languages of different communities would increase awareness and visibility of rehabilitation services. Furthermore, providing written information in different languages can assist in making the client's first encounter with the rehabilitation agency a more successful one.

The issue of transportation (though not experienced in Group One's actual role-play) surfaced as another institutional barrier and was discussed by the presenters. Very often, consumers in need of rehabilitation services do not possess transportation or easy access to transportation in order to obtain services. Consequently, they rely on family members, neighbors, or public transportation (if it exists), to access rehabilitation services.

## PROCESS: GROUP II

The second group focused on the role of the counselor at the initial interview or intake. Some of the barriers they discussed and suggestions for ameliorating them were:

### 1. Inability to communicate because of the language barrier

An additional problem may be the client's unfamiliarity of rehabilitation terminology. This makes communication more difficult. Recommendations included the following:

- a) Utilizing a family member or providing someone from a community-based agency to interpret. The problems of having a family member interpret were discussed. For example, the member may or may not have the cognitive or linguistic skills necessary to interpret technical information. Further, out of respect for the adult consumer, the member may omit important "negative" information, such as, certain aspects of the disability or limitations to perform certain tasks. Likewise, adult family members may not interpret negative or distressful information which is necessary for the client to know.
- b) The use of interpreters, *per se*. Unless the interpreter knows the rehabilitative service process or possesses the skill to interpret literally when assessing clients, the consumer's needs may be inaccurately assessed.

2. The cultural differences between the counselor and the client

The counselor may not acknowledge the fact that there are cultural barriers. It was considered appropriate and necessary for the counselor to admit barriers to multicultural rehabilitation services such as, and lack of knowledge of the language or culture. Likewise, it was deemed important that the counselor familiarize himself/herself with different cultures.

3. Attempts to establish the client's status on the initial visit

Trying to establish the client's status on the first visit was seen as a barrier. For example, asking too many and/or inappropriate questions without knowing the client has proven to be problematic. The idea promoted was that the counselor should not pursue trying to know the person and his/her needs during the first visit. It was suggested that going to the client's home is deemed desirable in the attempt to establish rapport, gain insight about the client and his/her situation, and to help establish a home support

system.

4. **Intimidation of a consumer with a disability regarding the referral process**

Another barrier discussed was that the client with a disability may be intimidated by the fact that they have been referred due to the disability. Cultural considerations concerning acceptance and understanding of disability may create obstacles. It was felt, again, that educating the prospective client regarding rehabilitative services ahead of time would help. This could be done by a member of the staff speaking the same language or by someone from a community-based agency.

**PROCESS: GROUP III**

The third group focused on the role of the clinician in assessing the client. The group characterized the client as a monolingual Hispanic male with a back injury. The following were some of the barriers and recommendations:

1. **The language barrier**

It was recommended that a course of English as a Second Language (ESL) be provided to the client.

2. **The client's frustration level**

Suggestions were made to eliminate the language barrier and to educate the client regarding rehabilitative services to help alleviate their frustrations.

3. **Lack of sources of consumer support and the need to retrain the consumer**

The group encouraged counselors to find community and family resources to help in the retraining and rehabilitation process.

4. **Assessment tools which are highly verbal and written in English**

The group endorsed the use of a more pragmatic, culturally sensitive approach to assessment rather than using highly

verbal, culturally-biased standardized tests.

#### **PROCESS: GROUP IV**

The fourth group focused on the role of the counselor in the intervention stage of the rehabilitation process. The following are the barriers and recommendations:

1. **The language barrier**

The group advised the audience to provide training in English as a Second Language (ESL) to the client and/or use a counselor who speaks the client's primary language.

2. **Lack of many resources for retraining or on-the-job training**

Most of the discussion centered on suggestions for intervention, such as, providing on-the-job training or retraining, engaging in networking to find community-based agencies or individuals who may help with the rehabilitation process, and providing tutorial help for clients.

3. **The amount of paperwork required**

It was agreed that the paperwork process takes away time that consumers need with their counselors. Trying to reduce the paperwork was seen as a primary objective. The use of the computer was identified as helpful but was evaluated as inappropriate to use when interviewing the client.

4. **Unavailability of time to work in the community and to visit the consumer's home**

The group encouraged counselors to, somehow, make the time to visit the consumer's home in order to access family support, and to establish a network of community-based agencies to help in the rehabilitation process.

#### **Summary**

The presenters addressed the barriers to multicultural rehabilitation services for persons with disabilities from minority groups or multicultural backgrounds by discussing barriers to the rehabilitation process that are associated with the consumer, counselor, or are institutional. Common to all four stages of the rehabilitation process

is the language barrier. Failure to communicate, which is the basis of any type of counseling, was seen as the most serious barrier. Institutional barriers included the lack of visibility of rehabilitation services, the lack of accessibility to services, and the lack of cultural awareness and sensitivity by staff. Barriers associated with the consumer included the lack of knowledge of rehabilitation services, rights to services, and culturally-bound and class-bound values that interfered with rehabilitation. Barriers associated with the counselor included differences between the counselor's and consumer's cultural orientation, preconceptions about the minority group or disability, lack of cultural sensitivity, lack of awareness of the counselor's assumptions, and the use of inappropriate counseling approaches and strategies. In addition, issues pertaining to gender differences within the rehabilitation process were addressed. It was noted that discussing personal information, as required during the rehabilitation service process, may create barriers for all consumers when interacting with a counselor of the opposite sex and, in particular, when the client/counselor are from different cultural backgrounds. Sensitivity to gender issues and specific disability issues was also seen as critical.



## **SECTION IV**

### **New Leadership For A New Era: Strategies For Empowerment**

# **Leadership and Empowerment**

**Claudia Grant, Esq.  
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President's Committee on Employment of People With Disabilities**

## **Abstract**

**This paper discusses the importance of leadership in the disability movement, especially as a pathway towards empowerment. Further, it explores some critical ingredients of good leaders and leadership. It also presents some useful suggestions to assist persons with disabilities, their families, and advocacy groups for such individuals.**

## **Introduction**

**I was pleased and honored to have had the opportunity to participate in the "New Leadership For A New Era" Conference. I see leadership as an important component in the disability movement. Leadership is a pathway towards empowerment. I will explore some critical ingredients that I believe are necessary to help in the formation of good leaders and leadership. This article is intended to highlight a few "nuts and bolts" about leadership that may be useful to persons with disabilities, their families, and organizations advocating for such individuals.**

### **I. What is a leader?**

**A leader is an individual who guides other people or organizations in a certain direction or on a charted course. A leader directs the operations or activities of a group of people. Leadership is critical in any organization, because without leadership, organizations and people tend to go astray. Now, more than ever, leadership abilities are essential skills that the disability community must nurture and fully utilize. The Americans with Disabilities Act {ADA} (PL 101-336) opens up opportunities for persons with disabilities to exercise the empowerment they are now afforded. Civil rights organizations serving people from minority groups, women, and other protected classes have been able to make significant strides because they have had persons within their ranks that were able to lead and advocate. It is essential that people with disabilities have persons within their ranks who can effectively project the new empowerment embodied in ADA.**

## **II. Why be a leader and an advocate within the disability community?**

It is important that persons from the disability community become leaders. Currently, there are too few individuals within the disability community who have taken on the mantle of leadership and it is critical that an increasing number of persons with disabilities take on leadership roles. With ADA, leaders are needed now more than ever to guarantee that the law is fully implemented. Leaders are continually needed to keep persons with disabilities informed and organized. Leaders must also advocate for the empowerment, rights, and privileges of persons with disabilities. Existing leaders and advocates are role models for other persons with disabilities. Being a leader can be both challenging and satisfying.

In addition, I would like to point out that there is a dearth of leaders within minority communities. We need leadership badly. Therefore, those of us who have gained some measure of success must work hard to assist others. Many minority individuals with disabilities lack the essential skills to advocate for themselves and we must work to correct that problem. Persons of color must be provided opportunities to demonstrate their leadership skills and they must take advantage of all opportunities to do so. For instance, the collaborative arrangement between the Howard University Research and Training Center (HURTC) and the President's Committee on Employment of People with Disabilities (PCEPD) has been a major stepping stone towards developing multicultural leaders with disabilities. The PCEPD Disability and Employment Concerns (DEC) Standing Committee's Leadership 2000 project and Howard University's Bridges To Leadership 2000 project have greatly assisted in the empowerment of minority persons with disabilities.

## **III. What does leadership entail?**

Leadership entails being a responsible, strong-willed, and strong-minded person. Leadership must show strength and yet be willing to compromise when necessary. Having good interpersonal and human relation skills is essential. Leaders must be able to persuade other people to rally for causes when necessary. Good leadership requires that persons be well informed about issues that impact on them and their constituents. Being a good leader also requires working in the trenches along with comrades. Good leaders must be motivators, negotiators, and consensus builders. Good leaders must always be concerned about the welfare of comrades. Effective leaders must always be able to communicate with comrades, government, the private sector, and political leaders.

Leaders must be knowledgeable about laws like ADA, and be politically astute as well. They should have the ability to effectively lobby for the rights of people with disabilities. Leaders within the disability community must be able to communicate with persons who have various disabilities. A leader must also possess diplomatic and advocacy skills.

#### **IV. Can I be a leader and a follower?**

One of the most frequent questions raised by persons with disabilities is, "Can I be a Leader?" Yes, you can be a leader and a follower, often at the same time. Too often, leaders make the critical mistake of not wanting to be followers. Good leaders are also good listeners. A good listener pays attention to the concerns of others, and a sensitive leader remains attuned to the needs of his/her constituents. Leaders emerge from the ranks of followers and often continue as followers of others. Every great leader must fall in line with others and work in the background. Every great leader has sought and acted upon advice from followers and has merged the roles of following and leading. Within the disability community, we must both lead and follow in order to become completely empowered and fully implement the ADA for all American citizens with disabilities. We cannot afford to be fragmented on the basis of our roles. Leaders at all levels must work together in a coordinated, cooperative effort just as we did in the campaign for the passage of the ADA.

#### **V. Do you need a large following to be considered a leader?**

Contrary to what most people think, you do not need a large following to be a leader. Oftentimes, leaders that have small followings are quite effective. For instance, in the political arena, the precinct leaders and ward captains are extremely valuable because they help provide the glue that keeps the larger organization intact.

In order to make ADA effective for all persons with disabilities, leaders of large and small groups must work together. Persons with disabilities in every hamlet, village, town, county, city, and state will need dedicated leadership to work for the full implementation of ADA and the empowerment of their peers. Sharing the media spotlight is not a prerequisite for being a good leader. Not all leaders will receive the recognition that they believe is due them.

Just as there is a place for leaders of large constituents, there is also a place for leaders of small groups. It is imperative for existing leaders to create and develop new leaders within the disability community so that they work for the full implementation of ADA and the struggle for empowerment of such persons.

#### **VI. How and where are leaders found?**

1. Leaders within the disability community may be found in:
  - a) Churches and in local and national church organizations
  - b) Schools and colleges
  - c) Community organizations such as Kiwanis, Lions, etc.
  - d) Independent Living Centers

- e) **Rehabilitation agencies**
- f) **Federal, state, and local government**
- g) **Advocacy groups**

**2. Leaders within the disability community may be recruited by:**

- \* **Other persons with disabilities**
- \* **Community people**
- \* **Friends and family**
- \* **Pastors, officers, and members of churches**
- \* **Teachers**
- \* **Human service professionals**
- \* **Legislators and other government officials**

**VII. How can I become involved and utilize my leadership skills?**

You might ask yourself, "How can I get involved and use my leadership skills?" You can and should get involved to advocate for yourself and others. Here are a few suggested ways of getting involved:

1. **Become involved in local community activities (e.g. neighborhood associations, citizens groups, public interest groups, consumer groups, etc.);**
2. **Volunteer for PTA's, school boards, civic library boards and other organizations to put the views of persons with disabilities views into accessibility plans;**
3. **Attend local community hearings and public meetings and speak out;**
4. **Attend Private Industry Council (PIC) meetings;**
5. **Join local organizations such as the Junior Chamber of Commerce, Kiwanis Club, Lions Club, local professional organizations, etc.;**
6. **Attend legislative sessions at local, state, and national levels. For example, attend city council meetings, county council meetings, state legislative sessions, and national legislative sessions (United States House of Representatives and The United States Senate). Participate, to the extent possible, in the legislative process;**

7. Attend and participate, to the extent possible, in the administrative process at the local, state, and national levels (e.g. housing and zoning appeals, transportation authority hearings and meetings);
8. Lobby local, state, and national governmental bodies and officials to introduce and promote the passage of legislation that will be beneficial to persons with disabilities;
9. Become active in local, regional, and national religious bodies and social organizations and advocate for change;
10. Join local disability groups and actively participate in them (e.g. organizations for persons with hearing and visual impairments, persons with various disabilities such as Cerebral Palsy, Multiple Sclerosis, Polio, etc., and local independent living centers). Initiate new ideas for change that will be advantageous to persons with disabilities. Organize groups and organizations, if necessary;
11. Seek appointments to serve on local private, state, and national governmental boards and councils (e.g. school boards, neighborhood advisory councils, advisory boards for persons with disabilities, industrial boards and commissions, zoning boards, transportation committees, etc.);
12. Persons with disabilities should exercise their rights to vote in local state and national elections;
13. Seek elective offices if you desire to do so; and
14. Write letters to editors of newspapers, magazines, and television and radio stations concerning issues relating to persons with disabilities.

The aforementioned are only a few suggestions of how you can become involved. You should think of as many ways as possible to become involved and attempt to effectuate change for the empowerment and betterment of people with disabilities.

**YOU CAN BE A LEADER, JUST GET INVOLVED.  
ONE PERSON CAN MAKE A DIFFERENCE.**

# **The Leadership Responsibilities of People of Color With Impairments in the 21st Century**

**Barbara Hardaway, Ph.D.  
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Gallaudet University**

## **Abstract**

**This article discusses the challenges which non-White professionals face in their attempts to attain leadership status. A major task for this group is to lower barriers to full professional development within the workplace. Frequently, these barriers consist of hostile attitudes and behaviors on the part of seasoned professionals which hinder the attainment of full potential by minority persons. The paper suggests strategies which non-white professionals with disabilities may use to achieve their professional goals and leadership potential.**

## **Introduction**

**Initially, I had been asked to present a paper which would basically outline ways in which one might prepare professionals of color with impairments for leadership in the next century. Immediately I considered the task to be misdirected for our discussion here today, in so far as I have always known people of color and individuals with impairments in leadership roles in this country. I am hopeful that the recent legislation for persons with impairments will allow for an increase in professional opportunities and economic empowerment. However, my optimism is somewhat tempered by the enormous challenges facing all of us in this century.**

**In light of the fact that America has become more culturally and racially diverse, non-white professionals will have a greater responsibility in their role in providing culturally relevant services. This type of professional often enters settings that have addressed technological and environmental barriers without having devoted the necessary time and attention to the human barriers. Our fundamental task should be that of preparing the workplace and institutions to receive this type of professional with dignity and human respect.**

More often than not, businesses and institutions tend to view communication training as unnecessary for sensitizing employees for this on-going process. Training tends to consist of explaining the "Americans with Disabilities Act" and defining "reasonable accommodations" for persons with impairments and how the Act impacts upon one's life. Reserved parking spaces are designated and ramps built, yet co-workers are not schooled on various medical conditions and communication techniques used to solicit information respectfully when they have questions and concerns. Non-White professionals with impairments are expected to teach, handle, and address everyday interpersonal conflicts of colleagues while defending their self-esteem and worth from the assaults of ignorance, fear, and avoidant behaviors.

As we approach the 21st century, people with impairment conditions, in ever increasing numbers, will become role models for us all. Communities that previously practiced overt discrimination, must work through anxieties that necessitate their need to create "outcast" groups of people with impairments. Legislation has been passed stating that "these people" are your equals. The Americans with Disabilities Act is a catalyst for positive social change and the beginning of a very difficult and painful process for many. If handled properly, this civil rights ruling will benefit the entire country. Professionals, role-models, and leaders with impairments have a critical role in this process. However, we must all be in support of changing community attitudes, so that people of color with impairments can celebrate their self-worth, and receiving communities can reap the benefits of their contributions.

In closing, I cannot stress enough the task before us and the importance of having professionals with impairments being an integral part of the process. Unfortunately, receiving communities remain emotionally and attitudinally ill-prepared to accept many leaders and professionals with impairments. This reality became painfully apparent to the public when Magic Johnson announced that several players refused to play basketball with him despite his professional history, talents, and abilities as an athlete. They were afraid of becoming infected when there was community support for Magic Johnson's decision to play again. Magic, therefore, decided to withdraw from the challenge. However, there are others who will not. There will continue to be similar confrontations at the workplace, regardless of the type of impairment conditions, unless we all stand vigil in protection of our human rights, and unless we all learn appropriate interpersonal skills, while elevating our knowledge base as informed citizens in this country.

I leave you with the recommendation that communication training of employees be implemented with equal fervor as your environmental and technological considerations. Companies and institutions across this country are preparing their workforce for multicultural diversity in the 21st Century. Non-white professionals with impairments are part of the plurality and deserve your diligence in the area of communication sensitivity if any of us is to benefit from America's gesture of people empowerment.



# **Request for Proposal (RFP's): Strategies for Successful Proposal Development in the Field of Rehabilitation**

**Henry Williams, CRC,  
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## **Abstract**

This paper describes the application and review procedures that are widely used by public/federal grantors. The author also discusses the various funding sources from which the grants can be obtained. In addition, four basic principles governing the preparation of the application are identified and explained to assist applicants. Further, the author stresses the importance of following the guidelines and criteria set out by the grantor to complete the application process.

## **Introduction**

This presentation will focus on application and review procedures as well as funding opportunities. The National Institute on Disability and Rehabilitation Research (NIDRR) (U.S. Department of Education) is the department that funds the Howard University Research and Training Center, the sponsor of today's conference. It also uses application and review procedures that are similar to those applied by other funding agencies. Therefore, understanding the process used by this department will enable you to develop more effective proposals when seeking funds from other public or private sector grantors.

Regardless of the funding source, four basic principles apply in preparing an application for a grant. They are best characterized as: Revise, Evaluate, Adjust, and Develop -- in other words, READ -- all highly important objectives in our strategy. Let's look at each of them in detail.

### **REVIEW**

All Requests for Proposals within the Department of Education are published daily in the Federal Register. The announcement of a Request for Proposal (RFP) will include information on its purpose, the selection criteria that will be applied,

instructions for obtaining and transmitting application forms, as well as other pertinent information. Upon request, applicants will be sent copies of the necessary forms and instructions, together with information about the legislative authority for the specific RFP and procedures for submitting a proposal. Often, a contact person and telephone number are included to answer questions not covered in the application packet.

Once you receive the application packet, you must -- I repeat, **MUST** -- review **ALL** of its contents thoroughly. Each item, regardless of its seeming unimportance, is critical to the application process and must be fully integrated into the proposal planning process. For example, the description of the RFP's "purpose" is to provide applicants with a brief snapshot of the elements the Department of Education has identified as critical to the fulfillment of the legislative mandate that is the basis for the grant. Thus, this purpose will be at the heart of the various elements considered during the review process.

Next, the selection criteria must be carefully reviewed. As we will discuss later, these criteria have been weighted and will be scored during the review process on the basis of how well you cover aspects of the criteria as well as how completely you demonstrate an ability to satisfy each of them. The selection criteria will also affect how you outline and sequence your proposal narrative.

The budget you propose in your application should contain very detailed, focused information. When reviewing this section, you should pay particular attention to all potential cost factors, especially those that will be included in the matching or cost-sharing requirements of the grantor or as a minimum funding requirement for the project.

Submittal requirements are always very explicit and must be followed in every detail. Many applications are rejected simply because they fail to follow instructions regarding submittal timing, packaging, or delivery. These elements should be reviewed with great care. A checklist and calendar time line are often helpful in assuring that everything is being handled systematically and according to the RFP instructions.

## **EVALUATE**

This is the point where the agency must analyze its ability to fulfill the requirements outlined in the RFP. Assuming you have carefully examined the application materials and discussed any questions with the grantor's staff, you must now focus specifically on what the grantor wants as well as your capacity for meeting its requirements and target dates. You must also evaluate the extent to which the RFP fits the mission of your agency and how well it can be integrated with ongoing program activities. Regardless of the financial considerations involved, a need for funds should not be the driving force in making a grant application.

In conducting your evaluation, you should use the selection criteria outlined in the RFP as your primary guide. Taking each one in turn, you must determine how well your agency meets each of the criteria. Generally, the grantor will use very specific language to describe each criterion. Evaluating them separately and also as a whole in a realistic way will help you decide what a particular RFP will do to help the agency fulfill its basic mission. Another point to remember: when the intent is primarily to secure funding or additional staff, it is usually evident to the reviewers and often results in an application refusal.

### **ADJUST**

Adjusting your writing style and proposal content to the requirements outlined in the RFP may be one of the more difficult aspects of preparing an application. Agencies, like writers, have egos and points of view that may adversely affect their presentation. To present an application successfully, however, it is critical -- indeed, imperative -- that the proposal contain only the information requested in the RFP, rather than taking on a viewpoint that differs, even minimally, from those requirements. Responses to RFP's are not intended as a vehicle for expressing political or philosophical viewpoints, however, strong the beliefs.

### **DEVELOP**

We have now arrived at the most tangible aspect of the application: the written proposal. Generally, applications come in at least three parts: 1) the face sheet; 2) budget forms; and 3) program narrative. Of course, other items of information may also be requested, but these three constitute the basics. There are two key elements to consider in writing your proposal. First, the budget should include narrative statements that cover ALL identified cost items. In developing this narrative, you should determine and state the importance of each budget item. Do not expect the reviewer to assume your intent. One approach is to develop a narrative that addresses your proposed budget in sequence, item by item. In deciding what to write, ask yourself how much information is necessary to assure that your reader can understand the cost/ benefit considerations of each item.

The second key element is the program narrative. I cannot stress too strongly the absolute need to organize this narrative so that it follows the order of the selection criteria and addresses the elements of each criterion in detail. The reader should not be obligated to search through the narrative to determine what elements of the RFP have -- or have not -- been addressed. In preparing your narrative, remember "less is more." Say only what needs to be said to describe fully your ability to meet each criterion and to account for each budget item. The application is not intended to display your language skills and wordy descriptions can often work against you in the review process. To be effective, be succinct.

Before we move on to the review process, let me again stress the importance of reading the RFP carefully and comparing it with the agency's response before submittal. In particular, be sure your response meets all of the requirements in every detail, including any submittal instructions. In presenting suggestions related to the review process, I will be using overheads to go through each step of the selection criteria process. My materials are taken from the Department of Education's October 1991 publication entitled, "Reviewing Applications for Discretionary Grants and Cooperative Agreements: A Work Book for Application Reviewers." Let me remind you of my earlier comments on the significance of the "Selection Criteria" contained in an RFP -- EACH ITEM will be scored by your reviewer in order to obtain a total project score that will be used to rank the various proposals reviewed.

Basically, proposals are reviewed either by individuals or by panels. Copies of the evaluations will be made available to any who request them. However, while the names of the reviewers involved in the overall process are public information, you will not be told who did a particular evaluation. Let's start this portion of the program with a look at the approval cycle. I urge that you follow the components of the review process closely as detailed knowledge of what happens to the document after it leaves your hands can greatly improve your success in developing a "fundable" proposal.

### **GUIDELINES FOR ANALYSIS**

- 1) The applicant's intentions must be clear and specific, not obscured by meaningless jargon.
- 2) The ideas presented must flow logically.
- 3) The application must provide a complete response to the selection criteria.
- 4) The activities outlined in the different sections of the application must be consistent with each other.
- 5) The activities proposed by the applicant must be consistent with current, accepted knowledge and ideas in that field.

### **EDGAR SELECTION CRITERIA**

- 1) Meeting the Purpose of the Authorized Statute;**
- 2) Extent of Need for the Project;**
- 3) Plan of Operation;**
- 4) Quality of key Personnel;**
- 5) Budget and Cost Effectiveness;**
- 6) Evaluation Plan; and**
- 7) Adequacy of Resources**

## **SELECTION CRITERIA OVERVIEW**

### **Meeting the Purpose of the Authorizing Statute**

- 1) What needs are outlined by the authorizing statute?**
- 2) What are the objectives of this project?**
- 3) How will these objectives further the purpose of the authorizing statute?**

### **Extent of Need for the Project**

- 1) What needs are outlined by the authorizing statute?**
- 2) What needs does the applicant identify?**
- 3) How did the applicant identify those needs, i.e., what specific documentation or evidence does the applicant offer to support the applicant's assessment of need?**
- 4) Are the needs identified by the applicant consistent with the purpose of the authorizing statute?**
- 5) Does the applicant identify too many or too few needs for the proposed time frame and resource of the project?**
- 6) Are the outlined needs well defined so that the project can be focussed on them, or are the outlined needs very generic?**

### **Plan of Operation**

- 1) Do the project objectives serve the purpose of the authorizing statute?**
- 2) How well is the project designed?**  
**Are project objectives consistent with stated needs?**  
**Are project activities consistent with project objectives?**  
**Are project objectives measurable?**
- 3) How will the applicant use its resources and personnel to achieve each objective?**
- 4) Has the applicant developed an effective management plan that will ensure proper and efficient administration of the project?**
- 5) Do project milestones represent a logical progression of times and tasks?**
- 6) Does the applicant propose a realistic time schedule for accomplishing objectives?**
- 7) Will the proposed activities accomplish the project's objectives successfully?**
- 8) Are the educational approaches planned based on sound research that indicates they will be successful for the population to be served?**

- 9) Does the project have clearly developed provisions for providing equal access to eligible participants who are members of traditionally underrepresented groups (racial or ethnic minorities, women, persons with disabilities, elderly persons)?

#### **Quality of Key Personnel**

- 1) Do the job descriptions adequately reflect skills needed to make the project work?
- 2) Are the duties of personnel clearly defined?
- 3) What relevant qualifications do the proposed personnel possess, especially the Project Director? (Focus on their experience and training in fields related to the objectives of the project, though other information may be considered).
- 4) Will proposed personnel need to be trained for the project?
- 5) How much time will the proposed personnel actually devote to the project?
- 6) To what extent does the applicant encourage employment applications from members of traditionally underrepresented groups (ethnic or racial minority persons, women, people with disabilities, elderly persons)?

#### **Budget and Cost Effectiveness**

- 1) Is the budget adequate to support the project's proposed activities?
- 2) Are overall project costs reasonable in relation to project objectives?
- 3) How much of the project's total cost is devoted to administrative costs?
- 4) Are budget items sufficiently justified?
- 5) Is the budget padded?

#### **Evaluation Plan**

- 1) Are the proposed methods of evaluation appropriate to the project?
- 2) Will the proposed evaluation be objective?
- 3) Will proposed evaluation methods measure the effectiveness of project activities in meeting project objectives?
- 4) Will the evaluation plan produce valid and reliable data concerning the accomplishment of project objectives?
- 5) Does the evaluation plan measure the project's effect on the project audience?

#### **Adequacy of Resources**

- 1) Are the proposed facilities adequate for project purposes?
- 2) Is the proposed equipment adequate for project purposes?
- 3) Does the applicant have access to special sources of experience or expertise?



### **RULES OF THUMB FOR REVIEW**

- 1) What **NEEDS** justify the project?
- 2) Will project's **OBJECTIVES** meet these needs?
- 3) Will the project's **ACTIVITIES** achieve these objectives?
- 4) Will **EVALUATION** measure whether the objectives are in fact accomplished by the activities?

Now, let me share some personal observations gained from my experiences in writing and reviewing grant applications. I would also like you to know that whenever I did not stick to the advice I am about to share with you, my proposals got into trouble.

### **ORGANIZATION**

Organize your proposal to match the sequence of the selection criteria given in the RFP. Nothing is more frustrating to a reader than having to skip around because the narrative is out of sequence. Skipping around also makes it more difficult to identify key elements and to score the presentation properly. I often found that poor organization results in moving to a new criterion before key arguments related to the present one have been properly addressed. In this context, you should always check to ensure that all aspects required in one criterion have been covered before advancing to a new section. Do not expect a reviewer to "read into" your narrative something that is not there. Finally, be sure to check your spelling and remove any typos from the final draft.

### **INTERNAL CONSISTENCY**

Here the key is whether the narrative hangs together and makes good sense to the reader. Syntax and the flow of language are very important in enhancing the reader's perception and achieving a positive reaction. You should also be sure that what you say in each sentence and paragraph is supportive of both your preceding and subsequent material.

## **FOCUS**

It is very important to stay focused. Stick to the stated requirements and do not get sidetracked by superfluous ideas or overly long dissertations.

## **VERBAL ECONOMY**

Short sentences and direct statements are very popular with reviewers. There is no more burdensome task than wading through pages of unnecessary words. Also, reviewers have limited time to look at each proposal and "overwriting" can be a distraction that may have a strong negative impact in the decision-making process.

## **BELIEVABILITY**

Is your narrative believable? Does it have "reader credibility?" For example, if you are promising a benefit, have you indicated how this benefit will be achieved? In making your narrative believable, you must avoid the use of hyperbole. Overstating your case will only discredit your arguments and reduce the overall credibility of your proposal. Again, simple and direct is best!

## **CREATIVITY**

To the extent possible, you should strive to make your proposal a creative solution to the problem or opportunity presented in the RFP. Try to avoid hackneyed approaches that only promise predictable outcomes and fail to present a clear resolution to the problem at hand.

## **INTEGRITY**

While reviewers are supposed to be completely objective, most panels are composed of agency peers who are at least familiar with the issues presented in the RFP. Any statements in a proposal that such individuals feel are not an honest representation of the agency's operations, programs, staff, or other resources can have a devastating effect on the success of your presentation.

## **Building Networks in the Latino Community: A Mechanism for Empowerment**

Lucy Wong-Hernandez  
San Jose State University Foundation

### **Abstract**

The Hispanic population has been long overlooked in regard to issues related to education, rehabilitation and social services. In addition, sufficient research efforts have not been made to study this population in reference to disability and rehabilitation services. The absence of networking, collaboration, and communication has further hindered the attempt to provide service to improve the implementation of programs for the Hispanic population. Recommendations are presented to build an active Network System to address this issue.

### **Historical Perspective of the Hispanic population**

As our nation reorganizes and changes its path and its views towards society, we hear more and more about minority issues and their direct relationship to today's societal problems. A group that is always mentioned regarding societal problems is the Hispanic population. For most Americans, the mentioning of Hispanics as a minority group implies the birth of a new subgroup in our society or a group of newcomers, recently arriving in this country, and bringing with them their cultural flavor and conflicts. In fact, history tells us otherwise. The Hispanic population has been very much a part of the American society since the historical days of the formation of this country. They were the native settlers of most of the Southern part of this country.

Today, we find large groups of Hispanics in many geographical areas of this country; from the agricultural fields to our most cosmopolitan cities. They come from very diversified countries in Central and South America and the Caribbean. These groups bring their own cultural characteristics, values, and beliefs; and their strongest bond is their native Spanish language. During the past decades, persons of Hispanic origin have continued to arrive in the United States. The influx of this rich and colorful culture, mixed with native Hispanic Americans, is one of the most significant factors that contributes to this country's demographic changes.

There is an abundance of literature which reports the reasons for mass migration of Hispanics to this country. It appears to me that the reasons are very obvious: sometimes political reasons and, most of the time, economic reasons. The reality is that the majority of this population is here to stay and it constitutes an integral part of the American society. The Hispanic population is the youngest group in our society, with an average age of 22 compared to 35 for non-Hispanics. Hispanics also maintain a higher birth rate than any other group. At present, they are the second largest minority group in the United States. Due to its rapid growth, this population has the inevitable potential to become the largest ethnic group in this country within the next ten to fifteen years.

The cultural aspects that differentiate this group from other ethnic groups are numerous. Just like any other immigrant group, Hispanics hope for the "American Dream." However, because of a number of barriers, unknown to many of them on their arrival in this country, a great number fail to enjoy the equality of opportunities that this great country has to offer. Historically, it appears that Hispanics continue to be culturally misunderstood, are negatively stereotyped, and very much under-served and under-represented at all levels of the American society. As a group, they have less education, less skill training, and most often, hold non-skilled jobs. From the migrant working fields to the political arenas of our largest cities, the lack of leadership is quite obvious, considering the large percentage of the total population represented by the Hispanic population in this country.

#### **Current Issues Affecting the Hispanic Population**

Hispanics have the same problems as other minority groups and they are affected by the same issues affecting the general population in this country today. In addition, they have their own internal conflicts with other groups, coupled with the deterioration of family and societal values. Large numbers of Hispanics live below the poverty level, have lower educational achievement, and many are school dropouts. One way of becoming aware of the seriousness of a current problem affecting the Hispanic population is by looking at the nation's school system records. We will find, as recently confirmed by the Secretary of Education, Mr. Lamar Alexander, that the high school dropout rate among Hispanics is 33.5%. This constitutes the highest in the nation, and higher than any other ethnic group. Moreover, an alarming number of Hispanic students are trapped in the web of the Special Education system in which they are frequently intellectually misdiagnosed. A reason which might account for this serious problem is the lack of professional training and sensitivity in reference to intervention and multicultural issues. Should this serious situation continue to be overlooked, the underrepresentation of Hispanics in the professional world and the absence of role models will be perpetuated for years to come.

While looking at the present situation, questions arise such as: What is happening in the Hispanic population? Where is the safety network or community support to rescue these youngsters and prevent their further alienation from society? How can we assist them and their families with the necessary support to improve their quality of life? Perhaps, we will find the answers to these questions from future research activities and by building and creating a productive and active network system to work with the Hispanic community.

### **Research on Hispanic Disability Issues**

The Hispanic population in the United States has an increasing number of disability statistics. It is estimated that two out of ten Hispanics have a disability, and most often the individual with a disability is of school and working age. Studies show that the rehabilitation outcome for those who participate in rehabilitation and vocational training programs is less successful than for any other ethnic group. Employment, vocational training, health status, and the utilization of rehabilitation services are at a disadvantage for this segment of the population.

Limited studies and no substantiated research activities have been conducted to investigate the prevalence of disability issues regarding this population. Therefore, there is a lack of direction on how to successfully integrate Hispanics with disabilities into the nation's education and rehabilitation programs. Research activities for designing, implementing, and evaluating the rehabilitation process for improving outcomes for the Hispanic disability community have been addressed only superficially, and the evidence and data obtained is not being fully utilized.

### **Networking with the Hispanic Population**

It is important to build a network system with an aggressive outreach program to provide information to Hispanic families in reference to programs and opportunities available to them in the community. In order for these programs to be successful in reaching their objectives, and to avoid language barriers, agencies must make a concerted effort to integrate bilingual professionals into their staff. Rehabilitation professionals and service providers are in need of training to enhance their counseling techniques and their effectiveness in working with clients from multicultural groups. It is important to be in touch with the norms and cultural values of the population being served.

In order to improve network communication, a model of Micro-Networks, among Hispanic organized groups already in existence, must be established and strengthened. These groups could be found in local churches and civil organizations as well as through civil group leaders, business owners, and other merchant organizations organized under the Hispanic Chamber of Commerce. A Macro-Network model is also needed in order to extend the necessary support system and network

between Hispanic organized groups and other ethnic group organizations. This model will create a "safety net" by working together, sharing experiences and information; and would serve as a liaison between different groups. The outcome of this collaboration will benefit all minority groups and empower them to achieve a more productive life.

When we talk about networks, vocational programs, training, rehabilitation, etc., we tend to think of funding sources to implement these services. But in reality, it is not so much the need for new programs to provide information and services to Hispanics that is needed; rather, the incorporation of new ideas to old programs. By building an organized network system in our communities, more comprehensive services would reach this population with the necessary elements to accomplish the task. In this case, these elements are the knowledge and understanding of the Hispanic culture and language, and a genuine commitment to provide quality services that will ensure successful rehabilitation outcomes. The Building Networks approach will provide us with program development and linkages with people and agencies with a common cause or goal. A strong network system will fill the gaps that the system has overlooked for a long time.

The following recommendations presented here for Building Networks in the Hispanic Community are simple and basic. There is a need to develop a system which includes the following:

I. Micro-Networks Model

- Hispanic organized groups working together. Creating outreach groups to bring the Hispanic cultural diversity under one umbrella. This approach will allow the diverse members of the Hispanic community to learn from each other and to become aware that their needs and their goals might be similar.

II. Macro-Networks Model

- Exploring and establishing a working relationship with organizations already in existence outside the Hispanic community. This action will sensitize other minority groups and professionals in general about the issues and cultural differences that sometimes become a barrier for the Hispanic population. This is an opportunity for learning and sharing.



## **President's Committee on Employment of People with Disabilities**

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