

INEQUITABLE SERVICE DELIVERY TO AFRICAN AMERICAN
CLIENTS IN VOCATIONAL REHABILITATION

by

Mandy Showalter

A Research Paper

Submitted in Partial Fulfillment of the
Requirements for the
Master of Science Degree
With a Major in

Vocational Rehabilitation

Approved: 2 Semester Credits

Investigation Advisor

The Graduate School
University of Wisconsin-Stout
September 2001

The Graduate School
University of Wisconsin-Stout
Menomonie, WI 54751

ABSTRACT

Showalter, Mandy L.

Inequitable Service Delivery to African American Clients in Vocational Rehabilitation
Vocational Rehabilitation, Dr. David Rosenthal, September 2001, 37 pages
American Psychological Association (APA) Publication Manual

The purpose of this research is to investigate the patterns of inequitable treatment in rehabilitation service delivery to African American clients, which have been demonstrated and documented across various literature and research. Thus, this research will investigate perceptions of rehabilitation counselors in training in regards to service delivery to African American clients.

There is increasing evidence that the trained counselor is not prepared to deal with individuals who come from different racial, ethnic, or socio-economic groups whose values, attitudes, and general life styles are different from and threatening to his own. The underlying reasons of the inadequate service provision to minorities with disabilities can largely be attributed but not restricted to such factors as American culture insensitivity, ethnocentrism of counselors, lack of multicultural training of new and established counselors, and lack of representation of minority members in the field. Legislation has acknowledged this inequitable treatment of in rehabilitation service delivery to African American clients as well. According to the 1992 Amendments to the Rehabilitation Act of 1973, "patterns of inequitable treatment of minorities have been

documented at all junctures of the vocational rehabilitation process. As compared to white Americans, a larger percentage of African American applicants is denied acceptance". The fact that African Americans have been underserved within the system of traditional vocational rehabilitation has created a problem within this system. As stated by Workforce 2000, this inadequate service delivery to African American clients in vocational rehabilitation is a considerable matter of concern considering that African Americans make up more than 50% of new participants into the workforce, maintain more than 53% of all service-related positions, and uphold less than 2% of upper-level management positions. This particular research will explore such factors.

TABLE OF CONTENTS

1.	Title Page.....	1
2.	Abstract.....	2
3.	Table of Contents.....	4
4.	Chapter 1.....	5
5.	Chapter 2.....	12
6.	Chapter 3.....	21
7.	Chapter 4.....	25
8.	Chapter 5.....	29

“Inequitable Service Delivery to African American Clients
in Vocational Rehabilitation”

Chapter 1

Introduction

Vocational Rehabilitation is a profession which provides various services to assist people with disabilities acquire gainful employment.

As stated by the Fourteenth Institute on Rehabilitation issues (1987), “The overall objective of vocational rehabilitation is to assist individuals with disabilities to achieve optimal vocational adjustment and maximum independent functioning; to enhance the probability of preparing for, securing, and maintaining employment to the highest degree of an individual’s vocational potential” (cited in Modahl & Hamilton, 1999, pg. 1).

“The vocational rehabilitation process is a planned sequence of services, cooperatively developed and agreed upon by the handicapped individual and the person coordinating the provision of these services” (Modahl & Hamilton, 1999, pg.3) Services provided vary depending on the needs of each individual. Potential services rendered by vocational rehabilitation range from psychotherapy, work adjustment services, vocational evaluation and independent living assistance to job placement assistance.

The population served by vocational rehabilitation is very diversified. The population served varies with respect to identified disability, age, gender, and ethnicity. Because of the diversity of the population served by vocational rehabilitation, services rendered need to be provided from a multicultural perspective to ensure appropriate

service provision. “The multicultural perspective combines the extremes of universalism and relativism by explaining behavior both in terms of those culturally learned perspectives that are unique to a particular culture and in the search for common-ground universals that are shared across cultures” (Pedersen, 1991, pg.6).

As Pedersen indicated (1976), “There is increasing evidence that the trained counselor is not prepared to deal with individuals who come from different racial, ethnic, or socio-economic groups whose values, attitudes, and general life styles are different from and threatening to his own” (cited in Patterson, 1996, pg. 227). Although efforts have been made to become more culturally sensitive to other minorities needs, no uniform and universal method of multicultural counseling or service provision through the system of vocational rehabilitation has been established. This goal of incorporating multiculturalism into the provision of services has created numerous obstacles that have made it difficult to establish a uniform procedure. However, efforts have been made to help alleviate this situation.

The United States vocational rehabilitation culture reflects American culture with an emphasis on independence and individualism (Thompson, 1997). The emphasis in American culture is on the individual self, and family is considered to be of secondary importance. Value is placed on personal accomplishment. An individual is perceived as having control over their future and is encouraged to pursue their personal and vocational goals (Thompson, 1997). The destined goal of vocational rehabilitation within the American culture is to provide individuals with services that ensure that they have optimal opportunity for personal independence and vocational functioning.

American culture conflicts with minority culture for a variety of reasons.

However, the primary reason is accredited to the fact that American culture is more individualized and minority culture is more interdependent and collectivist. In most minority cultures, society and families take more consideration over the individuals themselves. The ultimate goal of minorities is to look after the best interests of the group and maintain harmony within the group. Tremendous respect is given to the family and hierarchical structures. Individuals are also perceived as having no control over their lives (Thompson, 1997). These value systems all affect how they interpret services and how they should receive services from vocational rehabilitation.

Vocational rehabilitation's individualized and independent perspective creates conflicts with providing services to minorities with disabilities. Since vocational rehabilitation provides services to facilitate optimal functioning independence, minorities are likely to refuse or be resistant to the services offered. Individuals who represent minority cultures won't respond with optimal effort to services that are promoting independent functioning, control over one's life, and expression of personal feelings (Patterson, 1996). These goals that are being promoted in the provision of vocational rehabilitation services are against traditional minority culture. Many minorities have been underutilizing vocational rehabilitation services because of these same reasons. The underlying reasons of the inadequate service provision to minorities with disabilities can largely be attributed but not restricted to such factors as American culture insensitivity, ethnocentrism of counselors, lack of multicultural training of new and established counselors, and lack of representation of minority members in the field (Feist-Price & Ford-Harris, 1994).

Issues and controversy have been arising within the field of vocational rehabilitation because of the fact that minority cultures are being inadequately and underserved. As stated by the 1992 Amendments to the Rehabilitation Act of 1973 (Sec.21 [a][3]), “patterns of inequitable treatment of minorities have been documented at all junctures of the vocational rehabilitation process. As compared to white Americans, a larger percentage of African American applicants to the vocational rehabilitation system is denied acceptance” (cited in Wheaton, 1995, pg.224). This particular issue of ineffective service provision from the perspective of a minority can be credited to lack of appropriate multicultural counseling.

African Americans make up a substantial proportion of the minority population of people with disabilities.

According to the U.S. Bureau of the Census (1992), “in 1990 while 8.4 percent of Anglo Americans had health problems or disabilities that prevented them from working or which limited the kind or amount of work they could do, 13.4 percent of African Americans had the same problem. Hence, African Americans with disabilities constitute a substantial portion of the population with disabilities” (cited in Feist-Price, Ford-Harris, 1994, pg. 13).

When viewing this inability of traditional vocational rehabilitation services to sufficiently meet the needs of minorities with disabilities and especially African Americans, the discrepancy that persists between American and minority cultures should be considered among other factors. A general lack of understanding of the African American experience and perspective, professional stereotypes and prejudices, counter transference, and cultural conflict are all extraneous factors that can potentially

contribute to an ineffective experience with vocational rehabilitation services (Feist-Price & Ford-Harris, 1994). In general, from the African Americans' perspective, they feel that vocational rehabilitation professionals don't understand them and their African American experience.

African Americans themselves are contributing to their underrepresentation within the vocational rehabilitation system. Some African Americans have chosen to not actively participate in these services. In particular, cultural differences have been the primary sources in African American's reluctance to receive services. Reasons for African Americans terminating vocational rehabilitation services are concerned with their resistance to services, transference, early self-termination, and inability to grow from the process. As stated by Sue and Sue in 1990, it was found that this population had a 50% termination rate of services after one initial meeting with a rehabilitation counselor as compared to a 30% termination rate for whites (cited in Feist-Price & Ford-Harris, 1994, pg. 14).

This tendency of African Americans to be reluctant to receive traditional services from vocational rehabilitation has also been found to be accredited to staff being predominantly white and the way that services are delivered (Feist-Price, Ford-Harris, 1994). The fact that African Americans have been underserved within the system of traditional vocational rehabilitation has created a problem within this system. As stated by Workforce 2000 (1987), this is a considerable matter of concern considering that African Americans make up more than 50% of new participants into the workforce, maintain more than 53% of all service-related positions, and uphold less than 2% of upper-level management positions (cited in Middleton, Flowers, & Zawaiza, 1996).

Statement of Problem

The purpose of this research was to identify whether increased experience and exposure to African Americans has any effect on perceived level of competency and comfort levels of rehabilitation counselors in training. This investigation will examine perceptions of counselors in training at the University of Wisconsin-Stout. Variables of interest that will be examined are: the number of multicultural training courses and/or the amount of diversity training exposure that these counselors in training have had, as well as what kind of exposure they have encountered with African Americans. Other variables of interest that will be considered are counselor demographics such as age, gender, ethnicity, and undergraduate major. This study will examine the variables; the extent of multicultural training and exposure to African Americans, and their interaction with perceived levels of comfort and competency when working with the African American population.

The subjects were counselors in training at the University of Wisconsin-Stout. There were 60 undergraduate and graduate ($n = 60$) rehabilitation counselors in training that were presented with the survey. The counselors in training participating in this study were surveyed demographic information with respect to age, gender, ethnicity, and undergraduate major.

The data was collected from a survey, which was directly administered to all participants by the researcher. The counselors in training completed the surveys and then returned the surveys directly to the researcher. Following this, a complete analysis of the results was conducted. Counselors in training were administered the survey on April 16,

20, and 26 as well as May 2, 2001. No surveys received after the last date of administration were utilized for data analysis.

Chapter 2

Literature Review

The literature reviewed in this research supports the conception that African Americans are currently inadequately represented and underserved within the state/federal system of vocational rehabilitation. This biggest source of support addressing such inequities can be attributed to recent legislation, which has acknowledged that minorities (African Americans in particular) fare much worse in all levels of the vocational rehabilitation system. Section 21 of the 1992 Rehabilitation Act Amendments acknowledged that consistencies of inequitable treatment persist throughout the system. This piece of legislation documented that more African Americans are found to be ineligible for services than white clients. It also acknowledged that African Americans demonstrate more unsuccessful case closure and are provided less training than white clients (Patterson; Allen; Parnell; Crawford; Beardall, 2000).

The fact that legislation has acknowledged that African Americans are being underserved in vocational rehabilitation has numerous implications. Of primary importance is the fact that African Americans make up a substantial proportion of the population of people with disabilities and because the racial profile of the United States is quickly changing, African Americans are expected to increase in population size to 14.6% of the United States population. In 1997, Marshall stated that only one of every four African Americans with disabilities are employed (cited in Feist-Price, 1995). The U.S. Bureau of Census in 1992 stated that in 1990, African Americans were found to

have health problems or disabilities that prevented gainful employment at a rate higher than that of white population (cited in Feist-Price; Ford-Harris, 1994). The source of this higher composition rate may be attributed to occupational status. African Americans that maintain lower socioeconomic status don't have postsecondary educational opportunities and thus secure positions that are more hazardous and physically demanding and sustain disability related work injuries (Smart; Smart, 1997).

Various research has reported statistical inferences that support this inadequate service provision to African American clients as well. Bolton and Cooper in 1980 conducted a metanalytical study originally conducted by Atkins and Wright in 1980 and found that African Americans were provided the subsequent services less frequently: college (6.1% vs. 13.3%), business school (3.3% vs. 4.1%), vocational school (11.4% vs. 11.8%), and on-the-job training (6.5% vs. 6.6%) (cited in Wheaton; Wilson; Brown, 1996). Atkins and Wright reviewed case reports from all of the 10 total regions of the Rehabilitation Service Administration and found that African Americans were approximately 5% less likely to be considered eligible for services, 7 % less likely to be rehabilitated, were only about half as likely to have pursued postsecondary training, and if successfully rehabilitated, earned income levels below that of European Americans (Wheaton; Wilson; Brown, 1996). Sonja Feist-Price in 1995 conducted a study in which she contrasted the services received by African and European Americans in a southeastern state vocational rehabilitation agency. She found that statistically, European Americans received considerably more physical and mental restoration, hospitalization, convalescent care, college and university assistance, vocational training, on-the-job training, personal and vocational adjustment training, maintenance services, and

transportation services than African Americans had received (cited in Wheaton; Wilson; Brown, 1996).

Not only has research and legislation recognized and acknowledged that African Americans are being inadequately served in vocational rehabilitation, but many factors have been identified by this literature and research as being influential in the lack of service provision to this population. The factors can be classified into three main categories: lack of minorities in the field, professional lack of multicultural training and practice, and dual status also known as “double jeopardy”. Double Jeopardy is terminology, which is used to refer to minority clients who also have a disability. It insinuates that not only are minorities being discriminated against because of their minority status but also because they have a disability.

Lack of Minorities in the field

Martin (1993) noted that African Americans aren't being sufficiently served within the vocational rehabilitation system. He acknowledged that counselors who don't have adequate education and experience are currently assisting African Americans in vocational rehabilitation service provision. Due to this lack of preparation, African Americans are being assessed to have more severe limitations, and thus are exhibiting higher rates of misdiagnosis. He also noted that research has supported that clear and distinctive treatment exists throughout the realm of service provision in vocational rehabilitation. A study that Martin conducted concluded that a major source of this problem could be attributed to historically black colleges and universities not adequately preparing and training this population to enter the field (1993).

It has also been reported through an assortment of research that the fact that the lack of African Americans rehabilitation professionals in the field contributes to ineffective service provision. African Americans may perceive this lack of adequate representation in many different ways. Initially, one of their first perceptions may be that the abundance of white counselors may not be able to relate to the African American experience. They also might perceive this lack of representation as a direct result of racial discrimination policies and procedures, which interfered with potential employment of African American rehabilitation counselors (Feist-Price; Ford-Harris, 1994). Thus, the lack of adequate representation of African American rehabilitation professionals may contribute to reluctance to commit unconditionally to the vocational rehabilitation process. This lack of commitment in turn results in a greater proportion of African Americans not achieving successful case closure in rehabilitation, which is significant considering that they make up a considerable proportion of the population of people with disabilities.

More significant than the lack of representation of African Americans in the field, the literature is placing greater emphasis on the significant implications of counselors operating from an ethnocentric framework with service provision to minority clients. Research has documented that the lack of appropriate multicultural practice leads to ineffective service provision to minority clients as well.

Professional Lack of Multicultural Training and Practice

A significant source of the lack of multicultural training used in service provision by vocational rehabilitation can be attributed to the fact that a majority of vocational rehabilitation counselors may adhere to American cultural perspectives. Traditional

vocational rehabilitation models have strongly valued individualism and independent functioning, which are values that may significantly conflict with the collectivist and interdependent culture of minorities. The goals of traditional vocational rehabilitation generally encourage personal independence, which may not be effective in service provision to collectivistic and interdependent minority cultures.

As stated by S. Sue and Zane in 1987, “The most important explanation for the problem in service delivery involves the inability of therapists to provide culturally responsive forms of treatment. The assumption, and a fairly good one, is that most therapists are not aware of the cultural background and styles of the various ethnic-minority groups and have received training primarily developed for Anglo, or mainstream, Americans (cited in Patterson, 1996, p.227).

Williams (1993) indicated that there is an uneven distribution with regard to the access and success of vocational rehabilitation services by minorities (1993). He also indicated that more accurate and necessary multiculturalistic perspectives by professionals need to be used in service provision in order to improve this situation.

Ponterotto and Casas (1991) noted that many counselors function from a culturally biased and condensed paradigm that produce culturally clashing counseling management (cited in Pedersen, 1991). Pedersen states that the biggest obstacle is for counselors to be able to learn to describe behaviors in manners that are culturally specific and to be able to compare these behaviors in the same manners to other cultures (1991).

Patterson also addressed the needs of counselors to operate from a more multiculturalistic perspective in service provision. His emphasis was concentrated on altering traditional counseling practices to accommodate the individual needs of minority

clients. Patterson also noted that counselors have become culturally insensitive and are more subject to their own biases, prejudices, and stereotypes (1996).

Overall, the obstacles that may persist for rehabilitation counselors in service provision to African American clients could be a product of countertransference, lack of understanding of the African American experience, and lack of empathy (Feist-Price, Sonja; Ford-Harris, Donna, 1994). One of the biggest milestones to accomplish in order to better serve the population of African Americans is for rehabilitation professionals to develop a better understanding of the African American way of life.

Double Jeopardy

Double jeopardy is a term used, which refers to minority clients who have disabilities. It implies that minorities are discriminated against twofold because of the fact that not only are they facing discrimination because of their minority status but also because of the fact that they possess a disability.

Herbert and Cheatham (1998) indicated that people with disabilities who also maintain a minority status encounter additional prejudice as a consumer of rehabilitation services (cited in Feist-Price; Ford-Harris, 1994).

Williams stated that, “When white America gets a nosebleed, the African American community has a hemorrhage and it is no different when it comes to African Americans with disabilities” (1993).

As stated by Rosenthal & Kosciulek (1996) and Sue, Arrendondo, & McDavis (1992), “Racial stereotypes may lead practitioners to jump to conclusions and make invalid assumptions about clients” (cited in Rosenthal & Berven, 1999). Devine and Elliot (1995) identified particular terminology such as “lazy”, “low in intelligence”,

“criminal”, “loud”, and “hostile” as being utilized to refer to the population of African Americans (cited in Rosenthal & Berven, 1999). African Americans have been discriminated against for a substantial period of time in history and this prejudice and stereotypical thinking in reference to this population still prevails today. Not only does this stereotypical thinking prevail in society, but it may also be manifested into the field of rehabilitation. Counselors may activate these stereotypes when clients exhibit characteristics consistent with these prevailing stereotypes. Stereotypes may also be activated early in the rehabilitation process before much information is known about the client. Once stereotypical images are developed in a counselor’s mind, little effort may be conducted on the counselor’s behalf to find information inconsistent with these expectations; thus, making these stereotypical impressions resistant to change (Rosenthal & Berven, 1999).

The significant problem with bias persisting in clinical judgment when serving the African American population is that it can lead to negative and lower expectations for outcomes and case closure. Fewer opportunities may be available for pursuit of further vocational training, education, and other experiences that increase employability for clients being served. Such lower expectations could interfere with African American rehabilitation potential and thus contribute to higher rates of unemployment of this population.

In a particular study conducted by Rosenthal and Berven (1999), 110 graduate students in different midwestern graduate rehabilitation counseling programs were studied to observe whether client race had any impact on their clinical judgement. Rosenthal and Berven examined student’s initial impressions and future expectations of

hypothetical white and African American clients. They hypothesized that students would have more negative and less future expectations of the African American clients compared to the White clients presented in the study. The results of their research indicated that the graduate students who participated in the study perceived African Americans in a more negative manner than the white population was perceived even when the hypothetical African American clients presented in the study were subsequently presented in a more positive light. The research conclusions of this study support various research that has been conducted in social cognition, medicine, and research that indicate that initial perceptions of African American clients may be strongly resistant to change even when the information presented is contradictory to the initial impressions developed (Rosenthal & Berven, 1999). Conclusions derived from this study also indicated that fewer expectations existed for the hypothetical African American clients in service provision of vocational rehabilitation. Despite the fact that the race of client was not found to have any significant influences on counselor judgment, it did interfere with future expectation potential. The results of this research have very significant implications because of the fact that these counselors in training are representing the future of vocational rehabilitation.

The literature utilized in this research support that indeed African Americans are being underserved in vocational rehabilitation. Many factors have been identified as influencing case closure outcomes for African American clients. However, the most significant factors identified as being influential in inequitable patterns of service provision to African American clients were lack of adequate minority representation in the field, lack of multicultural training of counselors, and double jeopardy.

Given these considerations, this study will investigate such factors. More specifically, this study will investigate rehabilitation counselors in training perceived competency and comfort levels (as rehabilitation counselors) with African American clients. The following questions will be investigated: 1) Do rehabilitation counselors in training with greater exposure (as measured by social distance scale) to African Americans have greater perceived comfort when working with this population? 2) Do rehabilitation counselors in training who have greater exposure (as measured by social distance scale) to have greater perceived competency when working with this population? 3) Do rehabilitation counselors in training who have received more substantial diversity and multicultural training have greater perceived comfort when working with African American clients? 4) Do rehabilitation counselors in training who have received more substantial diversity and multicultural training have greater perceived competency when working with African American clients?

Chapter 3

Methodology

Subjects

Students at the University of Wisconsin-Stout were administered a survey containing a detailed list of questions regarding their extent of multicultural training experience, exposure to African Americans, and levels of perceived competency and comfort when working with the African American population. The population of counselors in training at the University of Wisconsin-Stout consists of both graduate and undergraduate students. Not all graduate and undergraduate students at the University of Wisconsin-Stout participated in this research.

Instrument

The researcher created a survey for the purposes of this study. Because the researcher developed this survey, validity and reliability weren't established on this instrument. The purpose of this research was to identify whether the extent of multicultural training and exposure to the African American population had any effect on levels of perceived comfort and competency when working with this population. The research looked at such factors as counselor age, gender, ethnicity, and undergraduate major to see if the individual counselor demographics interacted with level of perceived comfort and competency when working with African American clients. Attention was addressed to the type and extent of interaction that the subjects who participated in the study have had with African Americans. The extent of multicultural training encountered was assessed as well as the type of training received.

The response format was completed in survey form. After each question, space was provided for the counselor in training to answer before they proceeded to the next question. Age, gender, ethnicity, and undergraduate major all were ascertained by demographic questions. The inquiries made regarding the type and extent of exposure to the African American population as well as multicultural training were rated on a seven point likert scale. (See Appendix A)

The composition of the survey used had content validity specific to extensive research that had been utilized throughout this study. Numerous Rehabilitation Counseling journals and other professionally related resources were used in this process. The research used to support the data within the survey all identified that counselor biases and stereotypes, culture, lack of multicultural training, among other factors can influence service provision to minority clients. Legislation associated with the amendments to the Rehabilitation Act of 1973 has supported and recognized the fact that minorities are being underserved as well. Legislation has also recognized the need to improve multicultural efforts to help alleviate this situation. In order to determine the representativeness and accuracy of the survey content, rehabilitation related professionals and staff and faculty at the University of Wisconsin-Stout were given the survey to examine and critique for effectiveness.

Procedures

Designated surveys were administered to graduate and undergraduate counselors in training at the University of Wisconsin-Stout. The convenience samples consisted of existing undergraduate and graduate classes. The following classes were surveyed. Surveys were administered to research participants on April 16, 20, and 26 and May 2,

2001. Responses to the surveys were received on the same day of administration for data analysis.

Each of the 60 counselors in training were administered the survey in one of their vocational rehabilitation courses. An informed consent letter was included in the survey, which described confidentiality, anonymity, risks, voluntary participation, and benefits of participation in the research.

Because counselors answered the survey on an anonymous basis, individuals could not be identified nor could any control be exerted over individual responses.

Unknowns

There are various unknown extraneous variables and conditions that could affect the results of the research that was conducted. The biggest potential limitation that could potentially affect the results of the research is concerned with the representation of the sample. In addition, the possibility of social desirability responding may be a potential contamination.

Limitations

The most prominent limitation is concerned with the survey itself. The survey was specifically designed for the intended purpose of this study by the researcher. Cautions should be used for the use of this survey for any other intended purposes. It also should be noted that reliability and validity measures have not been conducted on this survey instrument itself. This particular instrument is supported by the previous research, which establishes content validity. However, the study may have limited external validity because the only participants were counselors in training at the University of Wisconsin-Stout. Thus, the results of this study could not be generalized

outside the sample populations. Reliability coefficients have not been established for the study. It could not be guaranteed that the same results would be found if the study were to be conducted at a later time because of many extraneous variables such as in the individual training and experiences that each counselor in training brings to their program. The rate of response of the surveys could pose limitations with respect to sample error. Limitations can also be experienced with the honesty of counselor responses.

Chapter 4

Descriptive Analysis

Surveys utilized for the purposes of the research were administered to graduate and undergraduate counselors in training at the University of Wisconsin-Stout. The subjects were presented with the survey on April 16, 20, and 26 and May 2, 2001. Responses to the surveys were received on the same day of administration for data analysis. No responses were accepted and utilized for data analysis after the date of May 2, 2001. Thus the sample size utilized for the purposes of the research is $N=60$.

A seven point likert scale was utilized to measure the variables of interest. This method of measurement reduced a majority of the data collected to a nominal scale of measurement. Variables that were measured from a nominal scale include: age, gender, ethnicity, perceived levels of comfort, perceived levels of competency, type and extent of multicultural training encountered, and form of exposure to the African American population.

The following are the specific results of the regression analysis:

Social distance was found to be predictive of perceived level of subject comfort levels when working with African American clients.

$t=4.05$; sig. $<.01$

Social distance was found to be predictive of perceived level of subject competency when working with African American clients.

$t=3.82$; sig. $<.01$

The amount of diversity training was found to be predictive of subjects perceived levels of comfort when working with African American clients:

$t= 4.43$; sig. $<.01$

The amount of diversity training was found to be predictive of subjects perceived levels of competency when working with African American clients:

$t= 3.78$; sig. $<.01$

SOCIAL DISTANCE SCALE

Age

Mean: 27.1 = (total of ages / 60)

Median: 23.0

Standard deviation: 10.1

Range: 18 to 55

Gender

	#	%
Male	18	30
Female	42	70

Ethnicity

	#	%
Caucasian	55	91.7
African-American	3	5.0
Native-American	0	0
Asian-American	2	3.3
Hispanic	0	0
Other	0	0

Multicultural Training Experience

of subjects who had multicultural training:
38 or 63.3%

of subjects who have had no multicultural training:
22 or 36.7%

of subjects who have attended multicultural training seminars:
13 or 21.7%

of subjects who have had no semesters of multicultural training:
47 or 78.3%

of subjects who have had multicultural training through employment:
20 or 33.3%

of subjects who have had no multicultural training:
40 or 66.7%

of subjects who have had some other form of multicultural training:
4 or 6.7%

of subjects who have no other form of training than those previously listed:
56 or 93.3%

Amount of Multicultural Training

Mean: 4.1
Standard Deviation: 1.64

Perceived Level of Comfort

Mean: 5.78
Standard Deviation: 1.22
Range: 3 to 7

Perceived Level of Competency

Mean: 5.32
Standard Deviation: 1.37
Range: 2 to 7

Social Distance Scale

Neighbors

Mean: 2.68
Standard Deviation: 2.13
Range: 1 to 7

Acquaintance

Mean: 4.73
Standard Deviation: 1.73
Range: 1 to 7

Coworker

Mean: 3.85

Standard Deviation: 2.47

Range: 1 to 7

Close friend

Mean: 3.83

Standard Deviation: 2.26

Range: 1 to 7

Roommate

Mean: 1.9

Standard Deviation: 2.05

Family

Mean: 1.9

Standard Deviation: 1.8

Chapter 5

Discussion

There are various concerns, which have arisen when considering the implications of the increasing number of African American clients engaged in the system of vocational rehabilitation. First, research has documented that these clients have traditionally been inadequately and underserved in rehabilitation. Subsequently, legislation such as the 1992 Amendments to the Rehabilitation Act of 1973 (Sec.21 [a][3]) acknowledged that African Americans have been unfairly treated in all stages of the vocational rehabilitation system (cited in Wheaton, 1995). Various research has indicated that this inequitable treatment to African Americans in vocational rehabilitation can be attributed to but not restricted to such factors as American culture insensitivity, ethnocentrism of counselors, lack of multicultural training of new and established counselors, and lack of representation of minority members in the field (Feist-Price & Ford-Harris, 1994).

The results of this research indicate that both increased training and exposure to African Americans does have a positive impact on rehabilitation counselors in training perceived levels of comfort and competency when working with African Americans. The research results indicate that a positive correlation exists between the relationships being examined. More specifically, increased exposure and training resulted in increased levels of perceived comfort and competency when working with African American clients. Results indicate that the phenomena tended to be robust indicating strong correlations

within the regression analysis resulting in significance levels of less than .01 for all four analyses.

This sizable population of African Americans with disabilities has implications for rehabilitation counselors as well as the workforce. According to Workforce 2000 (1987), African Americans comprise more than half of the entry level participants entering into the workforce and more than half of all service-related positions (cited in Middleton, Flowers, & Zawaiza, 1996).

Given that African Americans demonstrate a higher level of disability, increased contact of African Americans with rehabilitation counselors is inevitable (Rosenthal & Berven, 1999). This higher rate of disability with African American populations has implications for rehabilitation counselors and rehabilitation counselors in training. Rehabilitation counselors are going to encounter an increasing amount of exposure to African Americans clients in the rehabilitation system. Thus, rehabilitation counselors are going to need to increase their levels of perceived comfort and competency when working with this population to ensure more adequate service provision.

There are many approaches to improving service provision to African American clients in vocational rehabilitation. First of all, diversity training can more readily be infused into academic curriculums in postsecondary settings. More efforts should be concentrated on providing more multicultural and diverse training to counselors in training. Training seminars could serve as a source of exposure to provide increased education and training to future counselors. On-the-job training could be provided to practicing rehabilitation counselors as well, to increase the level of competency that counselors would maintain when working with minority populations.

One significant source of improving service provision to African American clients is to have increased exposure to African Americans. In the researcher's data collected from the survey, it was observed that the three African Americans who participated in the research rated higher levels of perceived comfort and competency when working with African Americans. Although this is an extremely limited sample, it does have implications that may be supported by further research.

Increased exposure to African Americans can also be enhanced by increasing the numbers of African Americans entering into the rehabilitation field as professionals. Currently, African Americans are underrepresented in the field (Martin, 1993). Research has documented that African Americans are represented as a minority in vocational rehabilitation. Research has also documented that historically black colleges and universities are graduating very insignificant numbers of African American vocational rehabilitation professionals. Martin conducted a study in which he surveyed numerous historically black colleges and universities in the United States and found that these postsecondary settings are not adequately preparing and training African Americans to enter the field (1993).

Increased Rehabilitation counselor cultural competency can be addressed in two domains. One, counselors can engage in introspection to look at their own biases in working with African American clients. Understanding stereotypes and related types of biases can be further researched and confronted through provision of multicultural training. Second, further understanding of cultural issues and needs of African American clients can also be enhanced.

Because African Americans comprise a population of a significantly growing minority group with a substantial predominance of disability, it can safely be assumed that rehabilitation counselors are going to encounter increasing contact with this population in vocational rehabilitation service provision. Thus, emphasis needs to be directed at researching how a counselor's exposure to this population and experiences with diversity training might influence clinical judgements and decisions. If rehabilitation counselors lack appropriate cultural competency, "the rehabilitation needs of African-Americans may not be accurately assessed, their potential may be underestimated, and opportunities may be denied that would have led to success in education, job training, and employment" (Rosenthal & Berven, 1999).

APPENDIX A

I understand that my participation in this research is strictly voluntary and that I may stop participating at any time.

QUESTIONNAIRE

1. Age: _____
2. Gender: _____ Male _____ Female
3. Race/Ethnicity: _____ White _____ Black/African-American
_____ Asian _____ Native American
_____ Hispanic _____ Other (please specify)
4. Undergraduate Major: _____

What has been the extent of contact that you have encountered with African Americans in the following types of relationships?

a. Acquaintance

None ___: ___: ___: ___: ___: ___: ___: Significant

b. Neighbor

None ___: ___: ___: ___: ___: ___: ___: Significant

c. Co-worker

None ___: ___: ___: ___: ___: ___: ___: Significant

d. Close friend

None ___: ___: ___: ___: ___: ___: ___: Significant

e. Roommate

None ___: ___: ___: ___: ___: ___: ___: Significant

f. Family member

None ___: ___: ___: ___: ___: ___: ___: Significant

What has been the extent of your experience of the following questions?

1. What kind of exposure have you had with training pertaining to multiculturalism and diversity? Please check all of the corresponding answers that apply.

None ___ classes ___ (if so, how many semesters ___) seminars ___
employment ___ other ___

*If classes, seminars, semesters, and employment are checked, please indicate the number of exposures that you have encountered through that experience.

2. Characterize how much diversity training you feel that you have had.

None ___: ___: ___: ___: ___: ___: ___: Significant

Visualize working as a rehabilitation counselor and working with diverse clientele.

1. How **comfortable** do you feel working with African American clients?

Not ___: ___: ___: ___: ___: ___: ___: Significantly
At all comfortable

2. How **competent** do you feel working with African American clients?

Not ___: ___: ___: ___: ___: ___: ___: Significantly
At all competent

References

- Consuelo, A. (1998). Psychological Assessment: Multicultural or Universal? The Counseling Psychologist, *26*(6), 911-922.
- Feist-Price, S; Ford-Harris, D. (1994). Rehabilitation Counseling: Issues Specific to Providing Services to African American Clients. Journal of Rehabilitation, *60*, 13-19.
- Jenkins, A. E. (Director & Producer). (1993). Rehabilitation and the African American Community: "Contributions of Counselors to the Access and Success of African Americans in Rehabilitation Programs: Problems and Solutions". [Videotape]. Dayton, Ohio.
- Jenkins, A. E. (Director & Producer). (1993). Rehabilitation and the African American Community: "Family Members, Civic, Fraternal, & Religious Groups as Facilitators of Delivery of Rehabilitation Services to African Americans". [Videotape]. Dayton, Ohio.
- Jenkins, A. E. (Director & Producer). (1993). Rehabilitation and the African American Community: "Personal Experiences of Two African Males with Disabilities". [Videotape]. Dayton, Ohio.
- Jenkins, A. E. (Director & Producer). (1993). Rehabilitation and the African American Community: The Challenge for Historically Black Colleges and Universities. [Videotape]. Dayton, Ohio.
- Leslie, L. A. (1995). The Evolving Treatment of Gender, Ethnicity, and Sexual Orientation in Marital and Family Therapy. Family Relations, *44*(4), 359-368.

Leong, F (1993). The Career Counseling Process with Racial-Ethnic Minorities: The Case of Asian Americans. Career Development Quarterly, 42(1), 26-41.

Marshall, C. A; Martin, W. 1948; Thomason, T (1991). Multiculturalism and Rehabilitation Counselor Training Recommendations for Providing Culturally Appropriate Services to American Indians with Disabilities. Journal of Counseling & Development, 70, 225-234.

Modahl, T. Hamilton, M. (1999). Basis of Vocational Evaluation. Manuscript submitted for publication.

Patterson, J. A.; T. Parnell, L. C.; R. Beardall, R. L. (2000). Equitable Treatment in the Rehabilitation Process: Implications for Future Investigators Related to Ethnicity. The Journal of Rehabilitation, 66(2), 14-18.

Patterson, C.H. (1996). Multicultural Counseling: From Diversity to Universality. Journal of Counseling & Development, 74(3), 227-232.

Pederson, P. B. (1991). Multiculturalism as a Generic Approach to Counseling. Journal of Counseling & Development, 70(1), 6-13.

Rosenthal, D. A.; Berven, N. L. (1999). Effects of Client Race on Clinical Judgment. Rehabilitation Counseling Bulletin, 42(3),

Smart, J. F.; Smart, D. W. (1997). The Racial/Ethnic Demography of Disability. The Journal of Rehabilitation, 63(4), 9-15.

Sinacore-Guinn, A. L. (1995). The Diagnostic Window: Culture- and Gender-Sensitive Diagnosis and Training. Counselor Education & Supervision, 35(1), 18-32.

Swartz-Kulstad, J. L, Martin Jr., W. E. (1999). Impact of Culture and Context on Psychosocial Adaption: The Cultural and Contextual Guide Process. Journal of Counseling & Development, 77(3), 281-294.

Thompson, V. C. (1997). Independent and Interdependent Views of Self: Implications for Culturally Sensitive Vocational. Rehabilitation Services Journal of Rehabilitation, 63(4), 16-21.