# Providing Services to African Americans who are Blind: Views of Experienced White and African American Rehabilitation Counselors

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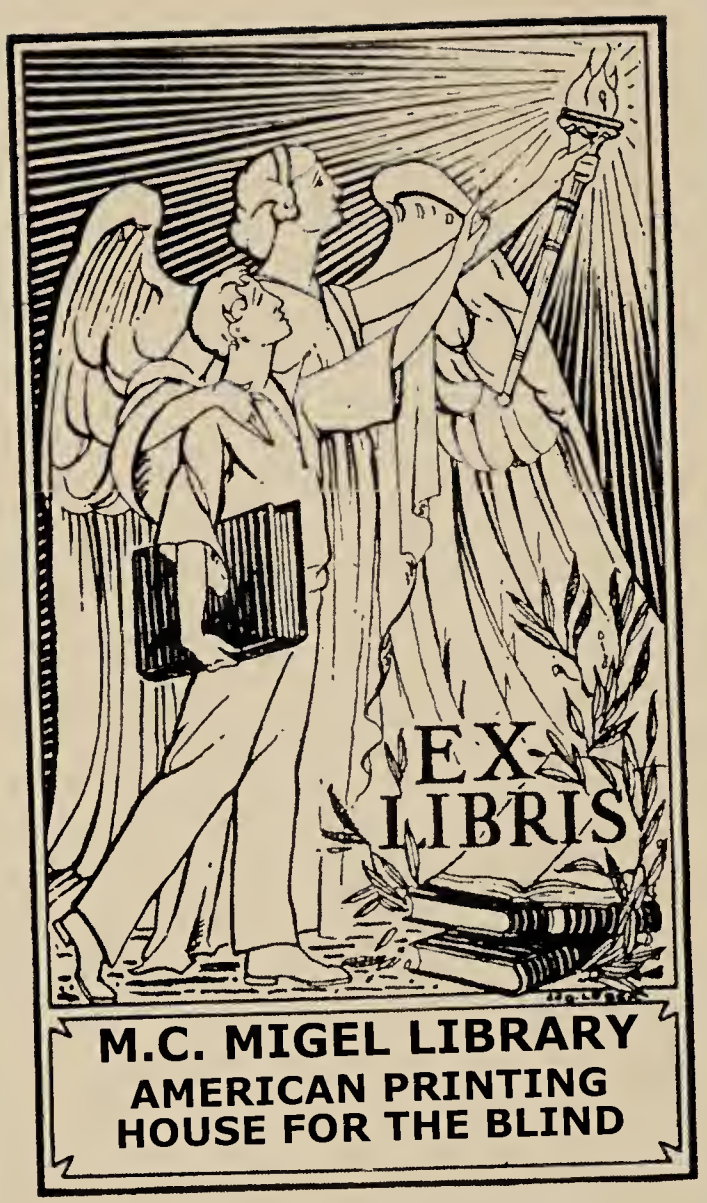
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## ABSTRACT

African Americans are the largest minority group served by the vocational rehabilitation (VR) system for persons with visual impairments. Improvement in VR services to this population could also improve outcomes for other minority groups and for all blindness VR consumers. As part of a larger program of research, this study investigated similarities and differences in the views of experienced VR counselors serving African Americans who are blind or visually impaired (hereafter referred to as blind). A total of 26 counselors (11 African American) reported their views in structured telephone interviews.

In general, there were more similarities than differences in counselor views. With some minor exceptions, White and African American counselors had similar views on their skill level; client-counselor interaction (trust, disclosure); and most useful skills, techniques, resources; and referral sources.

There were differences by counselor race regarding help-seeking patterns, job and rehabilitation expectations, effects of adverse personal and socioeconomic factors, and ideal client characteristics. African American counselors increasingly stressed use of family and community resources, and were more likely to look to other professionals in seeking help. A striking pattern emerged for expectations and beliefs such that African American counselors believed that Black clients have higher job expectations but are less likely to be successfully rehabilitated. In contrast, White counselors believed that Black clients have lower expectations and see no difference in rehabilitation rates. The pattern emerged that *best practice* in serving African American clients who are blind centers around a sound, culturally sensitive, and thorough application of basic rehabilitation counseling principles. There are no “magic bullets”. Counselors felt that harnessing client motivation and positive expectations, and employing a family- and community-oriented attitude was the best approach. Additional recommendations were made for improving VR counselor preparation and practice in serving African American clients who are blind. Directions for future research were also suggested.

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## Introduction

The findings of Atkins and Wright (1980) that Blacks receive unequal treatment "in all major dimensions of the public vocational rehabilitation process" (p. 42) has stimulated considerable concern and discussion within the rehabilitation community (Jenkins, Ayers, & Hunt, 1996). The Rehabilitation Services Administration (RSA) responded to Atkins and Wright's report by contracting with Lawrence Johnson and Associates to conduct a more involved study (Jenkins, et al.). Johnson and Associates (1984) substantiated findings of differences in outcomes between minority and majority consumers and made several recommendations (e.g., cultural workshops for counselors, development of outreach programs) to improve services to minorities. A few key initiatives have since addressed services to minorities with disabilities. Some of these include establishment in 1988 of a research and training center on employment needs of minorities and legislated activities under Section 21 [now Section 19] of the Rehabilitation Act Amendments of 1992. However, recent studies (e.g., Wilson, 2000) continue to document inequitable participation of African Americans in VR services.

Given this initial context, the present research investigated the contrasting views of ***experienced*** rehabilitation counselors serving African Americans who are blind. Prior to a more complete description of the present investigation, more contextual information is provided regarding culture, disability, and VR. More specifically, this section further supports the need for culturally-responsive VR services by presenting demographics on the high prevalence of disability and visual impairment among African Americans. It also provides a review of studies comparing the participation rates of African Americans and Whites in the labor force and in VR services.

### *Prevalence of Disability Among African Americans*

According to the 1988 U.S. Bureau of Census data (Bowe, 1992; U.S. Bureau of the Census, 1989),14% of working-age African Americans (16 to 64) have a work disability as compared to only 8% of Whites with a work disability. Data collected in 1991-92 by the Census Bureau in its Survey of Income and Program Participation

(SIPP) indicates that African Americans are one of two groups most likely to be disabled (Bradsher, 1999). Only Native Americans slightly edge out African Americans (overall rate of 21.9% vs. 20.0%, respectively) in rate of disability. Among adolescent and working-age African Americans (15 to 64), the disability rate increases from 20.0% to 20.8% (Bradsher).

Disability is more broadly defined in the SIPP than in the National Health Interview Survey (NHIS). For example, the SIPP includes people who report functional limitations or conditions but who also may be fully employed. This difference in reporting is reflected in findings of lower disability rates using 1992 NHIS data. Among the working-age population 18 to 69, Native Americans report the highest percentage of work limitation due to disability (17%), Black Hispanics report the second highest percentage (16%), and Black, Non-Hispanics report the third highest percentage (14%) (Stoddard, Jans, Ripple, & Kraus, 1998).

***Prevalence of blindness.*** In 1977, ethnic minorities accounted for one third of the visually impaired population (National Center for Health Statistics, 1977). Estimates from data compiled from the 1991-92 SIPP indicated that, among those with a severe visual impairment (unable to see words and letters in ordinary newsprint at all), 21% are African American (Schmeidler & Halfmann, 1998). In the general population, 12% are African American. This overrepresentation of African Americans among people with visual impairment is even more pronounced when considering adolescents and working-age adults. For persons age 15-64 with a severe visual impairment, 25% are African Americans. For this same age group in the general population, only 9% are African American (Schmeidler & Halfmann).

NHIS data collected from 1986-1990 indicate that African Americans report higher rates for chronic conditions such as diabetes and hypertension (Belgrave, 1998). African Americans are 1.7 times as likely to have Type II diabetes as the general population (American Diabetes Association, 1997; U.S. Department of Health and Human Services, 1999). According to the American Diabetes Association, diabetes is the leading cause of new cases of blindness for ages 20 to 74, with 12,000 to 24,000 people losing their sight each year due to diabetes. Glaucoma is another leading cause

of blindness in American, and African Americans are 4 to 5 times as likely as Whites to develop glaucoma (Prevent Blindness America, 1999).

***Participation in Labor Force***

Three-fourths (78%) of African American job seekers with disabilities are out of the labor force as compared to 21% of non-disabled African American adults (Atkins, 1988; Bowe, 1992; personal communication, Frank Bowe, September 8, 1999). Of those in the labor force -- including those who are employed and those actively seeking work -- 27% are unemployed. Only 13% of working-age African Americans with disabilities are employed (Belgrave, 1998). In comparison, Whites who are disabled are employed at twice the rate of African Americans with disabilities (Atkins). For the entire labor force, the unemployment rate for Whites is 3.6% and for African Americans, 8.3% (U.S. Bureau of Labor Statistics, 1999).

***Participation in Rehabilitation and Health Services***

Nationally, African Americans are the largest minority group served by the state-federal VR program–in fiscal year 1998, 22% of all VR closures were African American (Cavenaugh, 2000). Moreover, Congress has found that patterns of inequitable treatment of African Americans "have been documented in all major junctures of the vocational rehabilitation process" (Section 19, Rehabilitation Act Amendments of 1998).

Chelimsky (1993) found that state VR agencies purchased proportionally more services for White consumers than for African American or Hispanic American consumers. Atkins and Wright (1980) also documented that African Americans were about 7% less likely to be accepted for services, were about 7% less likely to be rehabilitated, were about half as likely to have attended college, and, if rehabilitated, had lower wages at closure than Whites. Wheaton, Wilson, and Brown (1996) found that African Americans received more VR services than Whites (specifically in the areas of adjustment training, transportation, and maintenance), but received fewer restoration services and less college training (also see Atkins, 1988).

Wilson (2000) also reported that European Americans were more likely than African Americans to be accepted for VR services. The three most common reasons given by counselors for nonacceptance of African Americans with disabilities were failure to cooperate, lack of vocational handicap, and lack of disabling condition (Atkins & Wright, 1980).

Danek and Lawrence (1982) reported White clients were accepted in a shorter time period than African American clients. African American clients tend to be supported by public and private assistance at referral, and White clients, by family or friends. African American and White clients were about the same age, yet White clients have obtained more years of education. At case closure, more Whites were employed in professional, technical, managerial, clerical, and sales positions, and more African Americans were employed in service industries and as homemakers.

Minorities with disabilities access health care systems and rehabilitation programs *at lower rates* than Whites with disabilities due to socioeconomic status, language skills, level of trust for majority institutions, cultural values, and other reasons (Atkins, 1988). According to Giesen et al. (1995), this proportional under-representation appears to be due to an interplay between awareness, the availability of services, transportation and service access, attitudes and willingness to accept services, difficulties of the rehabilitation system in successfully contacting African Americans who are blind, and discrimination. Walker, Akpati, Roberts, Palmer, and Newsome (1986) (as cited in Wright, 1988) suggested African Americans may not be taking full advantage of available facilities and, even after completing the rehabilitation process, a large number of African Americans do not leave the lower income groups.

Additional studies examining employment and rehabilitation outcomes for minority groups with disabilities include work by Alston and McCowan (1994); Asbury, Walker, Maholmes, Green, and Belgrave (1994); Dziekan and Okocha (1993); Feist-Price (1995); National Institute on Disability and Rehabilitation Research (1993); and Wheaton (1995).

***VR services and outcomes for minority groups with vision-related rehabilitation needs***. No studies were found in the current published literature that

specifically examined this area. The only exceptions were some very recent works. Cavenaugh and Giesen (1998) reported selected findings of longitudinal comparisons between African American and White consumers in blindness VR, examining demographic, service, and outcome trends between the early 1980s (national sample, *N*=971) and 1995 (RSA national population *N*=14,100). *These authors point out that in making cross-race comparisons, important race differences often have been masked if gender was not also considered in the comparisons. For this reason, their results include gender in the crosstabulation of White and African American groups.* Some selected findings are reported here.

Regarding demographics of those served in the state-federal VR system, African American males are now youngest when compared to a 10-year increase in average age for White consumers. Previous disparities in education level between White and African American consumers have all but disappeared. Earnings at referral by African Americans has increased to exceed that of White females, but is still exceeded by that of White males. Also, African American males show lowered levels of personal income at referral. Regarding services, African Americans no longer receive a higher percentage of restoration services but have maintained their need for transportation services. With respect to outcomes, African American males and females have made gains in closure earnings, but their earnings are still only about 78% of that for White males. Competitive closure rate for African American males has maintained itself at a rate about 10% lower than that of White males, while the rates for African American vs. White females is about equal. The percentage of African Americans closed in sheltered employment settings has decreased, especially for African American males, to a rate comparable to that for White males. Homemaker closures have increased only slightly for African American females compared to a 12% increase for White females. Finally, unsuccessful closures have decreased for White males and increased for African American males and females.

### *Strategies to Enhance Rehabilitation Outcomes*

If VR counselors are to succeed in reaching African Americans with disabilities, they must take full advantage of this group's strengths: (a) strong kinship bonds, (b) demonstrated role flexibility, (c) strong religious orientation, and (d) strong education and work ethics (Alston & Turner, 1994). Counselors can tap into these strengths by including key members of the kinship network, applying existing role flexibility patterns to individuals with disabilities, incorporating religious leaders into the rehabilitation process, emphasizing the role of education and retraining, and involving successful role models who are both African American and disabled. Atkins (1988) also cited many of these same strengths when recommending that rehabilitation agencies examine their practices and procedures, and not simply exist as gate-keepers that screen undesirable clients.

***Measuring rehabilitation outcomes.*** In order for rehabilitation research to progress, Bolton (1979) suggested that specific disability groups and client subgroups with similar characteristics be studied separately. As rehabilitation services to African Americans who are blind or visually impaired improve, the largest blind minority group stands to benefit. Such efforts may also set the stage to improve rehabilitation outcomes for others who are visually impaired and from minority backgrounds.

### *Summary and Purpose of Study*

In broad terms, the literature reveals that minority persons with disabilities experience disadvantages to a greater extent than non-minority persons with disabilities. This has been expressed as a *double bias of being African American and disabled* (Alston & Mngadi, 1992). The disadvantages include greater incidence of significant disability, including a high rate of visual impairment, and greater susceptibility to health problems such as diabetes and glaucoma. When disability occurs in combination with minority status, *disadvantages are compounded and,* in addition, *extend to significant disadvantage in the labor market*. The disadvantages of minority persons as consumers in the state-federal VR system is a documented fact and extends to impact employment and rehabilitation outcomes.

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Kelly Schaefer

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When considering vision-related rehabilitation needs of minority persons, what little research there is provides further documentation of disadvantage for African American consumers. Moreover, it has been suggested that African Americans with disabilities share unique strengths, such as strong kinship bonds and a religious orientation that can positively impact the VR process (Alston & Turner, 1994). Further, specific disability groups (e.g., individuals who are blind) and specific client subgroups (e.g., specific minority groups) are best understood if studied separately (Bolton, 1979).

This study investigated the special and possibly unique rehabilitation-related needs of African American clients who are blind. The approach taken was to explore and contrast views of the VR process and strategies for effective rehabilitation in terms of the perceptions of African American and White VR counselors with *significant experience* serving African American clients. The focus on experienced counselors is important because these counselors work directly with clients as they move through all phases of the rehabilitation process (entry, provision of services, and closure through employment or other outcomes) and consequently have become ***practice experts*** in this process. In addition by including both African American and White counselors, we hoped to provide an important comparison and contrast of their perceptions and experiences relating to (a) vision-related rehabilitation needs of African Americans; (b) the usefulness of skills, techniques, or resources for working with African clients; (c) recommendations and suggested strategies to meet these vision-related rehabilitation needs; and (d) perceived factors affecting employment outcome.

## Method

### *Participants*

***Survey participants.*** Directors of state blindness VR agencies in RSA Regions IV and VI (13 states in the South and Southwest) were asked to nominate 4 (2 White and 2 African American) VR counselors from their state who were experienced in serving African American clients and who had large (at least 50% preferred) minority caseloads. Regions IV and VI were targeted for study because most states in these regions have relatively high percentages of African Americans in the general population and high percentages of African Americans receiving blindness VR services. Two states had no African American counselors, and one state had no counselors meeting the selection criteria. From this strategically defined list, randomized quota sampling was used to select interviewees, trying to balance race and urban-rural settings. A total of 26 counselors from 12 states agreed to participate in telephone interviews during 1997.

There are relatively few African American counselors providing VR services to persons who are blind or visually impaired (Giesen, McBroom, Gooding, Ewing, & Robertson, 1996). Consequently, a strategic sampling frame was established and quota sampling was employed to secure an adequate sample of African American counselors. Our objective was not to provide a general description of the population of VR counselors. It was to survey a sample of counselors with considerable experience–***the experts*** in serving African American consumers. Also, we felt such a group would be most able to provide useful information and informed views regarding serving African American consumers.

Quota sampling efforts were successful: Of the counselors, 50% were White, 42%, African American, and 8% (2) classified themselves as "Other - Hispanic, Native American, or Asian." They were primarily female (65%) and averaged age 45 (30 to 59). About a third (31%) had some type of visual disability and 12% had a nonvisual disability. White rehabilitation counselors were more likely to have a nonvisual disabilities (23%) than African American counselors (0%).

Counselors had been employed in blindness VR for an average of 11 years (2 to 27 years); and on average, worked with 77 clients (42 White, 31 Black, 3 other racial category). Most (62%) held a master's degree, and all had a 4-year college degree. Most (62%) were not members of any professional organization. A large portion (85%) held no professional certification: White counselors (20%); African American counselors (0%); the 12% who were Certified Rehabilitation Counselors were White. Memberships included the Association for Education and Rehabilitation of the Blind and Visually Impaired (AER) (23%) and the National Rehabilitation Association (NRA) (19%).

***Minorities Outcomes Advisory Council.*** In the spirit of Participatory Action Research and consumer involvement (Tewey, 1997), a five-member Advisory Council worked with project researchers to help ensure that the study was responsive to consumer needs in terms of significance, relevance, and usefulness of new knowledge. Members represented experienced rehabilitation counselors and other service providers, previous consumers of rehabilitation services, and cultural diversity specialists. All members were from racial minority backgrounds, and the majority were blind or visually impaired.

### *Instrument*

Based on literature review and study goals, a questionnaire was designed and field tested. The final product was revised based on results of the field test and recommendations from the Minority Outcomes Advisory Council. The result was a 27-item survey designed for administration by telephone. The survey contained questions about VR counselor characteristics (including background, training, and professional affiliations); helpful techniques and resources (including similarities and differences in working with African American and White clients); and employment expectations for clients. See Appendix B for the complete instrument.

### *Procedure*

Endorsements from the research councils of the National Council of State Agencies for the Blind (NCSAB) and the Council of State Agencies of Vocational

Rehabilitation (CSAVR) were obtained. This step was necessary to obtain permissions and encourage cooperation from state agencies. Approval from MSU's Institutional Review Board was also obtained before data collection from any potential respondents. Permission to contact counselors was given by the directors of the state agencies involved. Counselors were then contacted, consented to participate, and scheduled for interview. All interviews were conducted by experienced research professionals (the authors from Alabama A & M University).

***Data Analysis***

Numerical data were cleaned, coded, and entered into a SPSS (Statistical Package for the Social Sciences) data file. The data were analyzed using descriptive data techniques (e.g., percentages, means, cross-tabulations) and *t* tests for counselor race comparisons. The 2 counselors that indicated race to be "other" were excluded from any analysis that included a breakdown by race. Data from open-ended questions were sorted by content and grouped according to similar themes and subsequently broken down by counselor race.

## Results

The results are organized to describe the interaction process between client and counselor, strategies to improve or facilitate working with African American or Black clients, and counselor perceptions on a variety of factors related to the rehabilitation process and outcomes. Although rehabilitation counselors were described as either African American or White, the term "Black consumers or clients" (rather than African American) was used in reporting *counselor* perceptions of rehabilitation consumers. In doing so, we were able to maintain consistency with wording used in the survey instrument (Appendix B) and, hopefully, prevent reader confusion.

Descriptive analyses are reported for all measures. Analyses of differences between African American and White rehabilitation counselors were conducted for numerical measures, where appropriate. Differences were reported when statistically present. If a result states that there were no differences by race, this indicates that any differences in the data were not statistically significant. Lack of differences between African American and White counselors were noted and received comment when deemed unexpected or noteworthy. Unless otherwise indicated, group differences were evaluated using independent groups *t* tests with alpha set at the .10 level. This level was chosen to increase power given the small available sample size and because of the exploratory nature of the investigation.

### *Client and Counselor Interaction*

***Cultural diversity training and perceived counseling skill.*** Almost all counselors (96%) had attended some workshop, class, or program on cultural diversity. The programs included in-house staff development activities (73%), training from universities (31%), continuing education programs offered by Regional Rehabilitation Continuing Education Programs (RRCEPs) or AER (12%), or other sources (12%).

To determine the rehabilitation counselors' perceived skill levels in working with Black consumers, respondents were asked, "*Which of the following represents your*

*level of skill in working with Black clients - very unskilled, somewhat unskilled, neither unskilled nor skilled, somewhat skilled, or very skilled?*"

- Both African American and White counselors rated themselves as high. The average response was "somewhat" to "very skilled" ($M$ = 4.54 with a range from 1 to 5).
- While both ratings were high, African American rehabilitation counselors assessed themselves to be slightly more skilled when working with Black consumers than White counselors assessed themselves ($M$ = 4.73 vs. 4.31, $t(22) = -1.82$, $p = .082$).

***Issue of trust.*** Regarding trust and race, the question was "*It has been suggested that a client's trust level was affected by race. Do you agree?*" Responses indicated

- 65% (a majority) of rehabilitation counselors believed a client's trust level was affected by race.
- There was no difference in this belief by race of counselor.

Regarding trust and successful approaches, in a follow-up open-ended question, counselors were asked, "*What approaches have you found to be successful in overcoming problems of trust in working with clients of a different race?*" The responses were as follows.

| **Approach** | **Total** | **White** | **African American** |
|---|---|---|---|
| Be honest (e.g., keep promises, provide services in a timely manner) | 8 | 3 | 5 |
| Use good communication skills (e.g., be genuine, be willing to listen, talk at the client's level) | 8 | 5 | 3 |
| Become familiar with the client (e.g., inquire, share, understand) | 3 | 2 | 1 |
| Establish a "common ground" of race or blindness | 3 | 1 | 2 |
| "Acknowledge the race problem" | 1 | 1 | |

- The most frequent responses were being honest and using good communication skills.
- White counselors were more likely to advocate using good communication skills.
- African American counselors were more likely to stress honesty.

***Client disclosure.*** In open-ended questions, rehabilitation counselors were asked, "*To what extent do Black and White clients differ in the way they disclose information about themselves? How do they differ?*"

- The majority (79%) of both African American and White counselors saw no difference in clients' disclosure styles.
- A small number had other comments, but the numbers were too small to suggest reliable trends.

Only 4 saw differences associate with race. Three African American rehabilitation counselors thought Blacks were more secretive, while 1 White thought Whites were more secretive. One White rehabilitation counselor thought Blacks were more religious which affected how they disclosed information about themselves.

***Disclosure and rehabilitation***. Using an open-ended question, counselors were asked, "*How do these differences affect the rehabilitation process*?"

- Most (79%) stated there was no effect.
- A small number had comments: Three African Americans stated trust and a working relationship had to be developed with Black clients and 1 believed race made it more difficult for Blacks to find jobs. One White counselor believed clients were overprotected.

### *Useful Techniques and Referral Sources*

***Skills, techniques, and resources***. Rehabilitation counselors also were asked to score a list of skills, techniques, or resources according to how useful each item was in working with Black clients (see Question 3 in Appendix B for exact wording).

Responses could range from 1 ("not at all useful") to 5 ("extremely useful"). As reported in Table 1, the most useful items–in order–were:

- Including the extended family in the rehabilitation process to better serve Black clients;
- Contacting clients in their homes;
- Job development with Black employers;
- Seeking assistance from Black coworkers;
- Including community leaders; and
- Including church leaders.

See Table 1 for mean ratings.

Only one race difference was statistically reliable:

- White counselors were more likely than African American rehabilitation counselors to believe job development with Black employers was a useful technique for working with Black clients, $t(16) = 1.77$, $p = .096$.

**Table 1: Usefulness Ratings of Skills, Techniques, or Resources for Working with Black Clients**

| Skill, Technique, or Resource | Mean Usefulness (*SD*) | White Mean Score (*SD*) | African American Mean Score (*SD*) |
|---|---|---|---|
| Including extended family | 4.08 (.98) | 4.23 (.73) | 3.73 (1.19) |
| Contacting clients in their homes | 3.71 (1.16) | 3.62 (1.19) | 3.82 (1.17) |
| Job development with Black employers | 3.72 (1.07) | 4.10 (.88) | 3.25 (1.17) |
| Seeking assistance from Black coworkers | 3.45 (1.32) | 3.17 (1.27) | 3.88 (1.34) |

| | | | |
|---|---|---|---|
| Including community leaders | 3.32 (1.29) | 3.18 (1.33) | 3.44 (1.24) |
| Including church leaders | 2.82 (1.19) | 3.00 (1.29) | 2.63 (1.30) |

*Note*: Scores range from 1 (not at all useful) to 5 (extremely useful). Ratings include White and African American rehabilitation counselors, $n = 24$. Shading indicates statistical differences between groups, $p < .10$.

In a follow-up question, rehabilitation counselors were also asked, "*Are there other factors that have been useful to you when serving Black clients?*"

- No strong pattern of other useful factors emerged.

White rehabilitation counselors believed it was important to be from the community (2 responses), while African Americans stated it was important to be Black (2 responses). Both groups cited the importance of good communication skills (2 responses). Other responses from Whites included utilizing peer counseling, and participating in Black awareness programs (1 response each). Other responses from African Americans included calling other people in the state, using job readiness vendors, providing transportation, and having a general knowledge about visual impairments (1 response each).

***Important referral sources***. In another open-ended question, respondents were asked, "*If you made a list of your referral sources in the Black community, which would you consider to be the most important?*" Responses are summarized here.

| **Referral Source** | **Total** | **White** | **African American** |
|---|---|---|---|
| Physicians | 8 | 6 | 2 |
| Social service agencies | 7 | 2 | 5 |
| Churches | 5 | 1 | 4 |
| Schools | 3 | 2 | 1 |
| **Other Responses** (Low frequency) | | | |
| Self-referrals | 2 | 2 | |
| Referrals from other clients | 1 | 1 | |

| | | | |
|---|---|---|---|
| Family | 2 | | 2 |
| Employers | 2 | | 2 |
| Leaders or public officials | 2 | | 2 |

- Physicians, social service agencies, churches, and schools–in order–were reported as most important.
- White counselors tended to use physicians and schools while African American counselors tended to use social service agencies and churches.

***Seeking Help or Advice in Working with Black Clients***

Rehabilitation counselors were provided a list of resources they might use *"for help or advice in working with Black clients*." Results for use and ratings of helpfulness are given in Table 2. The most frequently used sources were

- rehabilitation coworkers;
- rehabilitation supervisors;
- mentors outside of rehabilitation;
- RRCEPs, agency inservices, and other special programs; and
- books and journals.
- African American counselors were statistically more likely than White counselors to turn to rehabilitation coworkers and to supervisors ($M$ =0.82 vs. 0.46, $t$ (22) =
- -1.851, $p$ = .078 for both resources).

In addition, 2 White rehabilitation counselors suggested ministers and community leaders could be helpful when working with Black clients.

If rehabilitation counselors used a resource, they also rated its helpfulness (Table 2, see Question 11 in Appendix B for exact wording). The most helpful resources were

- mentors outside of rehabilitation ($M$ = 4.54);
- rehabilitation coworkers ($M$ = 4.27); and
- RRCEPs, agency inservices, and other special programs ($M$ = 4.27).

- The only counselor race difference was that African American counselors believed mentors outside of rehabilitation were more helpful than Whites believed, $t$ (10) = -1.86, $p$ = .093.

**Table 2: Use and Helpfulness Ratings of Sources of Help or Advice in Working with Black Clients**

| | | Proportion Using Source | | Helpfulness of Source | | |
|---|---|---|---|---|---|---|
| **Source of Help or Advice** | **% Using Source** | **White Mean (*SD*)** | **African American Mean (*SD*)** | **Mean Helpfulness of Source (*SD*)** | **White Mean (*SD*)** | **African American Mean (*SD*)** |
| Rehabilitation coworkers | 62.5% | .46 (.52) | .82 (.40) | 4.27 (.80) | 4.00 (.89) | 4.44 (.73) |
| Rehabilitation supervisor | 62.5% | .46 (.52) | .82 (.40) | 4.07 (1.39) | 4.60 (.55) | 3.78 (1.64) |
| Mentor outside of rehabilitation | 50.0% | .38 (.51) | .64 (.50) | 4.54 (.66) | 4.20 (.84) | 4.86 (.38) |
| RRCEPs, inservices, and other special programs | 50.0% | .54 (.52) | .45 (.52) | 4.27 (.47) | 4.17 (.41) | 4.40 (.55) |
| Books and journals | 45.8% | .46 (.52) | .45 (.52) | 4.09 (.94) | 4.00 (1.23) | 4.20 (.84) |

*Note*: For "helpfulness of source," scores range from 1 (very unhelpful) to 5 (very helpful). Ratings include White and African American rehabilitation counselors, $n$ = 24). Shading indicates statistical differences between groups, $p < .10$.

### *Perceptions of General Factors Related to Employment: Job Expectations, Likelihood of Rehabilitation, and Willingness to Relocate*

Rehabilitation counselors were asked three questions about how Black consumers differed from White consumers regarding general employment factors (Table 3). For each question, the rehabilitation counselor was asked to select one of the following: (a) lowered expectation or less likely for Black consumers as compared to

White consumers (score = 1), (b) no difference between Black and White consumers (score = 2), or (c) higher expectations or more likely for Black consumers (score = 3).

Respondents were first asked, "*How do job expectations of Black consumers differ from that of White consumers?*"

- The mean response for all rehabilitation counselors was 2.08 indicating that they did not believe there was a difference in job expectations of Black and White consumers.
- However, African American counselors believed Black consumers' job expectations were higher than job expectations of White consumers, while White counselors believed Blacks' job expectations were lower than expectations of White consumers, $t$ (22) = -5.23, $p$ = .000.

Counselors were next asked, "*How do Black consumers differ from Whites in their likelihood to be closed rehabilitated?*"

- White rehabilitation counselors were statistically more likely than African Americans to expect Black and White consumers to have *similar* rates of rehabilitation (successful closures).
- In contrast, African American rehabilitation counselors believed Black consumers had lower rates of rehabilitated (successful) closures than White consumers, $t$ (21) = 1.98, $p$ = .061.

Last, respondents were asked, "*How do Black consumers differ from Whites in their willingness to relocate or transfer to a better job?*"

- Both groups of rehabilitation counselors agreed that Black consumers tend to be less willing to relocate or transfer to a better job ($M$ = 1.65).

**Table 3: Mean Ratings of Perceived Differences Between White and Black Consumers–General Factors**

| Relative Difference Between Consumers | All Counselors Mean (*SD*) | White Counselors Mean (*SD*) | African American Counselors Mean (*SD*) |
|---|---|---|---|
| Job expectations differ | 2.08 (.74) | 1.54 (.52) | 2.64 (.51) |
| Rates of closed rehabilitated differ | 1.68 (.48) | 1.83 (.39) | 1.45 (.52) |
| Willingness to relocate or transfer | 1.65 (.63) | 1.77 (.44) | 1.45 (.69) |

*Note*: 1 = Lowered expectation or less likely for Black consumers as compared to White consumers; 2 = No difference; 3 = Higher expectations or more likely for Black consumers. Ratings include White and African American rehabilitation counselors, $n$ = 24. Shading indicates statistical differences between groups, $p < .10$.

For further descriptive exposition, Table 4 shows the breakdown of response frequencies by race of rehabilitation counselors on perceived differences between Black and White consumers. For example, all the rehabilitation counselors who believed Black consumers had lower job expectations were White (100%). Similarly, all the rehabilitation counselors who believed Black consumers held higher job expectations were African American (100%). White rehabilitation counselors were almost twice as likely as African Americans to expect no differences in job expectations for Black and White consumers (64% vs. 36%). Recall that African American and White counselors responded statistically differently on two of the three questions listed in Table 3 (job expectations and rehabilitation rates).

**Table 4: Frequency of Response For Perceived Differences Between White and Black Consumers–General Factors**

| Factor | Lower for Blacks | | No Difference | | Higher for Blacks | |
|---|---|---|---|---|---|---|
| | White (*n*) | African American (*n*) | White (*n*) | African American (*n*) | White (*n*) | African American (*n*) |
| Job expectations differ | 100% (6) | | 63.6% (7) | 36.4% (4) | | 100% (7) |
| Rates of closed rehabilitated differ | 25.0% (2) | 75.0% (6) | 66.7% (10) | 33.3% (5) | | |
| Willingness to relocate or transfer | 30.0% (3) | 70.0% (7) | 76.9% (10) | 23.1% (3) | | 100% (1) |

*Note*. Includes White and African American rehabilitation counselors, $n = 24$. Percentages sum to 100% within each response category.

### *Perceptions of Factors Affecting Employment Outcomes*

Certain factors may have a different effect on competitive employment outcomes for Black and White consumers. Rehabilitation counselors were presented with a list of four factors and asked to respond on the same 1-3 scale used with the previous three questions. Generally, it was agreed by African American and White counselors that Black clients were hurt more than White clients by

- low income without public assistance;
- low education level; and
- lack of work experience.

The only item demonstrating a statistical difference in how African American and White counselors responded was receipt of SSI, SSDI, or other public assistance:

- African American rehabilitation counselors tended to believe that public assistance hurts Black consumers more than White consumers in becoming competitively employed, while
- White rehabilitation counselors believed that there was no difference in the effect of receipt of public assistance on Black and White consumers becoming competitively employed, $t(22) = 2.87$, $p = .009$.

**Table 5: Mean Ratings of Perceived Differences Between White and Black Consumers–Employment Factors**

| Factor | Combined Mean Score (*SD*) | White Mean Score (*SD*) | African American Mean Score (*SD*) |
|---|---|---|---|
| SSI, SSDI, or other public assistance | 1.75 (.53) | 2.00 (.41) | 1.45 (.52) |
| Low income without public assistance | 1.75 (.53) | 1.77 (.44) | 1.73 (.65) |
| Low education level | 1.42 (.50) | 1.54 (.52) | 1.27 (.47) |
| Lack of work experience | 1.57 (.51) | 1.69 (.48) | 1.40 (.52) |

*Note*: 1 = Hurts Blacks more than Whites in reaching competitive employment; 2 = No difference; 3 = Helps Blacks more than Whites in reaching competitive employment. Includes White and African American rehabilitation counselors, $n = 24$.
Shading indicates statistical differences between groups, $p < .10$.

Again for further descriptive exposition, Table 6 shows the breakdown of these response frequencies by race of the rehabilitation counselor. For example, more African American than White rehabilitation counselors believed receiving public assistance makes it more difficult for Black consumers (86% vs. 14%) when compared with Whites in reaching competitive employment. White rehabilitation counselors were twice as likely as African Americans to believe the effect of public assistance was no different for Black than for White consumers (69% vs. 31%).

**Table 6: Frequency of Response for Perceived Differences Between White and Black Consumers–Employment Factors**

| Factor | Lower for Blacks | | No Difference | | Higher for Blacks | |
|---|---|---|---|---|---|---|
| | White | African American | White | African American | White | African American |
| SSI, SSDI, or other public assistance | 14.3% (1) | 85.7% (6) | 68.8% (11) | 31.3% (5) | 100% (1) | |
| Low income without public assistance | 42.9% (3) | 57.1% (4) | 62.5% (10) | 37.5% (6) | | 100% (1) |
| Low education level | 42.9% (6) | 57.1% (8) | 70.0% (7) | 30.0% (3) | | |
| Lack of work experience | 50.0% (1) | 50.0% (1) | 40.0% (4) | 60.0% (6) | 66.7% (8) | 33.3% (4) |

*Note*. Includes White and African American rehabilitation counselors, $n = 24$. Percentages sum to 100% within each response category.

Counselors were also asked to list other factors that had different effects on competitive employment outcomes for Black and White consumers.

| Other Employment Factors | Total | White | African American |
|---|---|---|---|
| Lack of self-esteem or motivation | 3 | 1 | 2 |
| Lack of transportation | 3 | 1 | 2 |
| Poor appearance at interviews | 1 | | 1 |
| Lack of connections or networking | 1 | | 1 |
| Racism | 3 | 2 | 1 |

In general, given the low frequency of these responses, no strong trends were indicated. Lack of self-esteem or motivation, lack of transportation, poor appearance at interviews, and lack of connections or networking tended to be given by African American counselors, while racism tended to be suggested more by White counselors.

***Perceptions: Ideal Characteristics of Black and White Consumers***

Certain characteristics of clients may make them more likely to benefit from VR services. These characteristics may differ by the client's race. Using open-ended questions to explore these possibilities, respondents were first asked, "*What are the characteristics of Black consumers that make them more likely to benefit from vocational rehabilitation services?*" Responses were as follows.

| Characteristic | Total | White | African American |
|---|---|---|---|
| Black clients were motivated to escape poverty and improve themselves | 8 | 4 | 4 |
| Faith in God | 1 | | 1 |
| Absence of other resources | 1 | | 1 |
| Awareness of VR services | 1 | | 1 |
| Financial assistance from VR | 1 | | 1 |
| Black clients were more willing to accept agency services | 1 | 1 | |
| Black clients had more realistic expectations | 1 | 1 | |
| Family support made the difference for Black consumers | 2 | 1 | 1 |

- The dominant characteristic was that Black consumers were motivated to escape poverty and better themselves. No other strong trends emerged.

Respondents were next asked, "*What are the characteristics of White consumers that make them more likely to benefit from vocational rehabilitation services?*" Responses were as follows.

| Characteristic | Total | White | African American |
|---|---|---|---|
| White consumers... were motivated | 4 | 3 | 1 |
| Were better educated | 3 | 2 | 1 |
| Had family support | 1 | 1 | |
| More motivated by public expectations | 1 | 1 | |

| | | | |
|---|---|---|---|
| More familiar with rehabilitation services | 2 | | 2 |
| More accepted by society | 1 | | 1 |
| Could select their opportunities | 1 | | 1 |
| Could relocate | 1 | | 1 |

The main trends were that White consumers were perceived as

- more motivated,
- better educated, and
- perhaps more familiar with rehabilitation services.

## Summary Conclusions and Recommendations

### *Certification*

Our sample showed a low rate of professional certification, particularly among African American counselors. These counselors may benefit from increased opportunity to obtain professional certifications in appropriate specialty areas. Action is already being taken in this area under Section 101(a)(7) of the Rehabilitation Act of 1973, as amended, which requires states to provide–as part of its comprehensive system of personnel development–academic preparation to VR counselors to meet national or state approved certification or licensure requirements. We expect the certification level of rehabilitation counselors to become more uniform because of this requirement.

### *Client-Counselor Interaction, Useful Techniques*

***Cultural diversity training and skill.*** More than 9 in 10 of the counselors had training in cultural diversity issues, and both African American and White counselors perceived themselves to be highly skilled in working with Black clients. We expected and found that our sample of counselors experienced in working with minority clients had received cultural diversity training. Also we would expect that such training would be linked with higher levels of skill in working with diverse consumers. This expectation is supported by Wheaton and Granello (1998) who found higher scores on a multicultural counseling inventory to be associated with multicultural training. It is unknown from this investigation whether the level of perceived skill of counselors corresponds to actual counseling and/or multicultural counseling skills. However, the pattern of greater perceived multicultural competence on the part of African American counselors is consistent with those of several investigators (e.g., Granello & Wheaton, 1998). These investigators indicated that minority counselors–including African American–reported more competence in multicultural awareness and relationships than did European American counselors. They also caution that it is not clear whether the *perception* of greater competence is in fact based on better *preparation*. Future research using formal measures of multicultural skill is recommended to determine actual skill levels and

whether multicultural counseling skills need to be sharpened for either or both counselor race groups.

***Trust***. Counselors believe that a client's *trust level is affected by race*, and that *honesty and good communication skills* can improve trust. White counselors tend to advocate good communication skills, while African American counselors stress honesty.

***Disclosure***. Contrary to expectations, there are *no counselor race differences* in the way White and Black consumers are seen to *disclose information about themselves*, *nor do such disclosure differences affect the rehabilitation process.*

***Useful techniques***. With Black clients–in order of usefulness–these are *including the extended family in the rehabilitation process, contacting clients in their own homes, and engaging in job development with Black employers*. Other possibly useful strategies are seeking assistance from Black coworkers, and including community leaders and church leaders in the rehabilitation process. White counselors think that job development with Black employers is more important when working with Black clients than do Black counselors.

***Referral sources***. The most important are *physicians, social service agencies, churches, and schools.* White counselors find physicians and schools most important while African American counselors acknowledge social service agencies and churches.

***Seeking help or advice***. Our experienced counselors seek help or advice in working with Black clients–***in order of use***–from *coworkers and supervisors, outside mentors, and training programs (e.g., RRCEPs, inservices).* Some use is also made of books and journals. African American counselors are about twice as likely to use coworkers and supervisors than are White counselors.

Experienced counselors find the ***most helpful*** sources are *mentors outside of rehabilitation; rehabilitation coworkers or supervisors; RRCEPS, agency inservices, and other special programs; and books and journals.* African American counselors find mentors to be more helpful than do White counselors.

***Conclusions and recommendations***. Counselors of both races agreed on the importance of trust in the rehabilitation process, the factors that can improve trust, the absence of important race differences in client disclosure, the lack of effect of disclosure

differences on the rehabilitation process, the most used referral sources, and the most helpful referral sources. African American counselors uniquely stress honesty, place less emphasis on job development with Black employers, use social service agencies and churches more as referral sources, are more likely to use coworkers and supervisors for help or advice, and find mentors a more helpful source.

*Counselors' attention to establishing and enhancing trust and maintaining honesty with consumers should be actively maintained.* The pattern of usefulness factors suggests a family- and community-oriented approach to rehabilitation as likely to be most effective with African American consumers. These findings and recommendations are consistent with those of Alston and Turner (1994), which stress the usefulness and strengths of the African American family system and community in the rehabilitation process. In addition, the help-seeking pattern favoring use of coworkers and supervisors points to these groups (i.e., counselors, counselor supervisors) as prime targets for relevant training.

***Expectations and Beliefs***

*Counselor race affects job and outcome expectations.* There is a tendency for African American counselors to view Black consumers, when compared with White consumers, as having higher job expectations but lower likelihood of successful closure. Conversely, White counselors tend to view Black consumers as having lower job expectations but equal likelihood of successful closure. Black consumers are seen as less willing to relocate for a better job, regardless of counselor race.

Regarding *factors hurting employment of Black consumers more,* counselors of both races agree these are *less work experience, less education, and receiving public assistance*. African American counselors believe that public assistance uniquely hurts Black consumers more than Whites.

*Factors leading to greater benefit from VR, largely, do not differ by counselor race and suggest strengths of Black clients*. Counselors of both races view Black clients as strengthened by their motivation to escape poverty and their motivation to improve themselves. Differences by counselor race favoring White clients do appear to exist

regarding the sheer motivation of White consumers and higher education level. This view is held mostly by White counselors.

***Conclusions and recommendations***. There is less agreement between counselors of both races in the area of expectations and beliefs than in the areas of client-counselor interaction, and useful techniques and practices. The pattern of disagreement in expectations suggests that African American counselors see Black clients as having strong intrinsic motivation (e.g., high job expectations, high motivation to improve themselves) but high vulnerability to negative social forces (e.g., less experience and education, dependence on public assistance ) resulting in lowered expectations for success. The pattern for White counselors is less clear but suggests an in-group orientation, emphasizing the high motivation of White clients. This pattern also suggests that Black clients are no more susceptible to negative social forces than are White clients and that African American consumers are rehabilitated at the same rate as White consumers.

A similar pattern of findings indicating differing perspectives between African American and White rehabilitation service delivery professionals has been reported regarding reasons for the low level of professional participation of African Americans in blindness VR service delivery. Similar patterns of findings were obtained for blindness VR service delivery professionals (Giesen et al, 1995) and administrators (Giesen et al., 1996).

Recommendations appropriate from this section speak to taking advantage of perceived strengths and increasing awareness of less positive expectations. Counselors need to maintain significant positive expectations for African American consumers, reinforce motivations for improvement, and take advantage of family and community strengths as consistent with suggestions by Alston and Turner (1994). White counselors, particularly, should be on guard for possible lowered job expectations for African American consumers so as to prevent possible self-fulfilling prophecy effects. Additionally, White counselors should strive to recognize the limits of their knowledge and experience, and be open to seeking help from a broad array of sources. Counselors should not assume that these clients are unwilling to move to secure a better job.

### *Final Conclusions*

Experienced rehabilitation counselors–both White and African American–providing services to African American consumers who are blind or visually impaired can provide "expert opinions" regarding the client-counselor interaction process, useful techniques, sources for help and advice, and beliefs and expectations about the process and outcomes of rehabilitation. This research identifies important components for the rehabilitation process and dispels some unimportant ones, delineates useful techniques, identifies most used and most useful referral sources, identifies sources for help or advice, and provides information on expectations and beliefs about these clients. It also explains how such beliefs differ according to counselor race. Overall, more similarities than differences were observed–as viewed by counselors of different races.

As might be expected, more differences occurred in the domains of beliefs and expectations, and much fewer differences occurred in views of what affects the rehabilitation process and what practices are most useful. Differences in expectations and beliefs between African American and White counselors may effect rehabilitation outcomes. This possible effect should be investigated in future research.

There do not appear to be special or unique practices or techniques that can *dramatically* enhance rehabilitation outcomes for African American consumers–no "magic bullets." However, there do appear to be some areas in which rehabilitation practice can be improved and lead to substantial improvements in outcomes for African American consumers. Overall, the study supports a sound, culturally sensitive, and thorough application of rehabilitation counseling principles–taking advantage of client motivation, positive expectations, and family- and community-oriented components–as *best practice* in serving African American clients who are blind.

## References


Alston, R. J., & McCowan, C. J. (1994). African American women with disabilities: Rehabilitation issues and concerns. *Journal of Rehabilitation, January/February/March*, 36-40.

Alston, R. J., & Mngadi, S. (1992). The interaction between disability status and the African American experience: Implications for rehabilitation counseling. *Journal of Applied Rehabilitation Counseling*, 23(2), 12-16.

Alston, R. J., & Turner, W. L. (1994). A family strengths model of adjustment to disability for African American clients. *Journal of Counseling and Development, 72*, 378-383.

American Diabetes Association. (1997). *Diabetes facts and figures*. URL http://www.diabetes.org/ada/c20f.as

Asbury, C., Walker, S., Maholmes, V., Green, L. E., & Belgrave, F. (1994). Attitudinal and perceptual correlates of employment status among African Americans with disabilities. *Journal of Rehabilitation, 60*(2), 28-32.

Atkins, B. J. (1988). An asset-oriented approach to cross-cultural issues: Blacks in rehabilitation. *Journal of Applied Rehabilitation Counseling, 19*(4), 45-49.

Atkins, B. J., & Wright, G. N. (1980). Three views: Vocational rehabilitation of Blacks - The statement. *Journal of Rehabilitation, April/May/June,* 40-46.

Belgrave, F. Z. (1998). *Psychosocial aspects of chronic illness and disability among African Americans.* Westport, CT: Auburn House.

Bolton, B. (1979). *Rehabilitation counseling research*. Baltimore: University Park Press.

Bowe, F. (1992). *Equal rights for Americans with disabilities.* NY: Franklin Watts.

Bradsher, J. E. (1999). *Disability among racial and ethnic groups - #10* [on-line]. Available: http://dsc.ucsf.edu/abs/ab10.html

Cavenaugh, B. S. (2000). [Analysis of Rehabilitation Services Administration R-911]. Unpublished raw data.

Cavenaugh, B. S., & Giesen, J. M. (1998, September). *African Americans in blindness VR: Demographics, service, and outcome comparisons*. Paper presented at Effective Vocational Rehabilitation with African Americans who are Blind, a national conference sponsored jointly by Mississippi State University RRTC on Blindness and Low Vision and Alabama A&M University, Memphis, TN.

Chelimsky, E. (Assistant Comptroller General). (1993). *Vocational rehabilitation. Evidence for Federal program's effectiveness is mixed*. Report to the Chairman, Subcommittee on Select Education and Civil Rights, Committee on Education and Labor, House of Representatives. Washington, DC: General Accounting Office.

Danek, M. M., & Lawrence, R. E. (1982). Client-counselor racial similarity and rehabilitation outcomes. *Journal of Rehabilitation, 48*(3), 54-58.

Dziekan, K. I., & Okocha, A. A. G. (1993). Accessibility of rehabilitation services: Comparison by racial-ethnic status. *Rehabilitation Counseling Bulletin, 36*(4), 183-189.

Feist-Price, S. (1995). African Americans with disabilities and equity in vocational rehabilitation services: One state's review. *Rehabilitation Counseling Bulletin, 39*, 119-129.

Giesen, J. M., Gooding, E. M., McBroom, L. W., Hicks, J., Ewing, S., Maxson, J. H., & Armstrong, G. K. (1995). *Participation levels of African Americans in the profession of blindness services: Views of service providers* [Monograph]. Mississippi State: Mississippi State University, Rehabilitation Research and Training Center on Blindness and Low Vision.

Giesen, J. M., McBroom, L. W., Gooding, E. M., Hicks, J., Ewing, S., & Robertson, C. (1996). *A national study of participation levels of African Americans in the profession of blindness services*. Mississippi State: Mississippi State University, Rehabilitation Research and Training Center on Blindness and Low Vision.

Granello, D. H., & Wheaton, J. E. (1998). Self-perceived multicultural competencies of African American and European American vocational rehabilitation counselors. *Rehabilitation Counseling Bulletin*, 42(1), 2-15.

Jenkins, A. E., Ayers, O. E., & Hunt, B. (1996). Cultural diversity and rehabilitation: The road traveled. *Rehabilitation Education, 10* (2-3), 83-103.

Johnson, L., & Associates, Inc. (1984). *Final report: Evaluation of the delivery of services to select disabled people by the vocational rehabilitation service system*. Washington, DC: The Department of Education, Office of Special Education & Rehabilitative Services.

National Center for Health Statistics. (1977). *Health and nutrition examination survey: Monocular visual acuity of persons 4-74 years, United States – 1971-1972.* Vital and Health Statistics Series 11, No. 201. Rockville, MD: Author.

National Institute on Disability and Rehabilitation Research. (1993). *Culturally sensitive rehabilitation.* Rehab Brief, 15(8). Washington, DC: Office of Special Education and Rehabilitative Services, Department of Education.

Prevent Blindness America. (1999). Frequently asked questions about glaucoma [on-line]. Available: http://www.prevent-blindness.org/eye_problems/glaucoma_faq.htp

Rehabilitation Act Amendments of 1998, 102. Stat. 254.

Schmeidler, E. & Halfmann, D. (1998). Race and ethnicity of persons with visual impairments; education of children with disabilities; and living arrangements of older Americans, demographics update. *Journal of Visual Impairment and Blindness, 92*(7), 539-542.

Stoddard, S., Jans, L., Ripple, J.M., & Kraus, L. (1998). *Chartbook on work and disability in the United States, 1998.* An InfoUse Report. Washington, DC: U.S. National Institute on Disability and Rehabilitation Research.

Tewey, B. P. (1997). *Building participatory action research partnerships in disability and rehabilitation research.* Conwal Incorporated. Washington, DC: U.S. Department of Education, National Institute on Disability and Rehabilitation Research.

U.S. Bureau of the Census. (1989). *Labor force status and other characteristics of persons with a work disability: 1981 to 1988.* Current Population Reports, Series P-23(160). Washington, DC: U.S. Government Printing Office.

U.S. Bureau of Labor Statistics. (1999). *Employment status of the civilian noninstitutional population 16 years and over by age, sex, and race* [on-line]. Available: http://stats.bls.gov/cpsaatab.htm#empstat

U.S. Department of Health and Human Services. (March, 1999). *Initiative to eliminate racial and ethnic health disparities.* Briefing for Thomas Perez, Director of Civil Rights, Department of Health and Human Services. Washington, DC: Author.

Wheaton, J. E. (1995). Vocational rehabilitation acceptance rates for European Americans and African Americans: Another look. *Rehabilitation Counseling Bulletin, 38*(3), 224-231.

Wheaton, J. E., & Granello, D. H. (1998). The multicultural competencies of state vocational rehabilitation counselors. *Rehabilitation Education, 12*(1), 51-64.

Wheaton, J. E., Wilson, K. B., & Brown, S. M. (1996). The relationship between vocational rehabilitation services and the consumer's sex, race, and closure status. *Rehabilitation Counseling Bulletin, 40*(2), 116-133.

Wilson, K. B. (2000). Predicting vocational rehabilitation acceptance based on race, education, work status, and source of support at application. *Rehabilitation Counseling Bulletin, 43*(2), 97-105.

Wright, T. J. (1988). Enhancing the professional preparation of rehabilitation counselors for improved services to ethnic minorities with disabilities. *Journal of Applied Rehabilitation Counseling*, *19*(4), 4-10.

# Appendix A

# Project Context

## Appendix A

## Project Context

This project is part of a larger investigation funded by the National Institute on Disability and Rehabilitation Research. Researchers at the Rehabilitation Research and Training Center (RRTC) on Blindness and Low Vision at Mississippi State University (MSU) and Alabama A&M University (A&M) worked cooperatively on the project. The purposes of the larger project were to perform (a) quantitative database research on issues related to blindness rehabilitation with African American consumers; (b) qualitative and quantitative survey research to identify and recommend strategies to meet the special or unique rehabilitation needs of individuals who are blind from minority backgrounds, particularly to enhance their competitive employment, life skills, and educational achievements; (c) design, conduct, and assess short-term training for service delivery professionals; and (d) disseminate findings from all activities. The project specifically targeted individuals who are blind and African American for their needs in rehabilitation service delivery and enhancement of employment outcomes.

The present project addressed part (b) above. Project staff surveyed African American and non-minority rehabilitation counselors who have significant experience in serving African American clients. These counselors were asked to identify rehabilitation needs of African American clients and to provide suggestions and recommendations on meeting those needs. This report focuses on findings from these data. Other components of the larger research program are addressed in separate reports.

# Appendix B

# Survey Instrument

**Unique Needs: A Survey to Enhance**
**Employment Outcomes of Black Clients who are Blind**
**Counselors Survey**

INTERVIEWER: READ EACH QUESTION EXACTLY AS WRITTEN. DO NOT READ OUTLOUD THE WORDS PRINTED IN ALL CAPS (SIMILAR TO THIS SECTION). RECORD THE ANSWERS ACCORDING TO THE INSTRUCTIONS. RECORD ANY ADDITIONAL INFORMATION THAT MAY ASSIST US IN UNDERSTANDING AN ANSWER.

ID NUMBER _____

Sex FEMALE (0) MALE (1) _____

Hello, may I speak to (NAME OF RESPONDENT)? This is (YOUR NAME) at Alabama A & M University and Mississippi State University's Rehabilitation Research and Training Center on Blindness and Low Vision. We appreciate your willingness to participate in this study. Your answers are very important to us. We want to know what you think!

This survey is one of several we have done in the region and nation to better understand the unique needs of African American consumers in the blindness rehabilitation system. This survey is designed to be quick and easy to complete. Your responses will be anonymous and you can refuse to answer any questions at any time.

Is this a good time to talk?

1. How many clients are in your average caseload?

| | |
|---|---|
| Black | _____ |
| White | _____ |
| Other | _____ |
| TOTAL | _____ |

2. Have you ever attended workshops, classes, or programs on cultural diversity? NO (0) YES (1) _____

| | | |
|---|---|---|
| 2a. | In-house staff development? | _____ |
| 2b. | University course? | _____ |
| 2c. | Continuing education programs (for example, RRCEP, AER)? | _____ |
| 2d. | Other? (Please specify) _____ | _____ |

3. Which of the following skills, techniques, or resources have you found to be the most useful in working with Black client. Please rate each item that I read from a score of 1, meaning "not at all useful" to 5, meaning "extremely useful". 9 - NA

   a. Engaging in job development with Black employers to better serve Black clients? _____

   b. Including the extended family in the rehabilitation process to better serve Black clients? _____

   c. Including church leaders in the rehabilitation process? _____

   d. Including community leaders in the rehabilitation process? _____

   e. Contacting clients in their homes as compared with other settings? _____

   f. Seeking assistance from Black coworkers? _____

4. Are there other factors that have been useful to you when serving Black clients? Please list them AND BE AS SPECIFIC AS POSSIBLE.

5. If you made a list of your referral sources in the Black community, which would you consider to be the most important? What is the next most important item? CONTINUE AS NEEDED.

6. Which of the following represents your level of skill in working with Black clients? _____

   Very unskilled (1)
   Somewhat unskilled (2)
   Neither unskilled nor skilled (3)
   Somewhat skilled (4)
   Very skilled (5)

7a. It has been suggested that a client's trust level is affected by race. Do you agree? NO (0) YES (1) _____

7b. Please explain your response.

8. What approaches have you found to be successful in overcoming problems of trust in working with clients of a different race?

9a. To what extent do Black and White clients differ in the way they disclose information about themselves? How do they differ?

9b. How do these differences affect the rehabilitation process?

10. Who do you turn to for help or advice in working with Black clients?
NO (0) YES (1)

| | #10 | #11 |
|---|---|---|
| a. Coworkers in rehabilitation | _____ | _____ |

| | | | |
|---|---|---|---|
| b. | Rehabilitation supervisor | _____ | _____ |
| c. | Mentor outside of rehabilitation | _____ | _____ |
| d. | Books and journals | _____ | _____ |
| e. | RRCEPs, inservices, and other special programs | _____ | _____ |
| f. | Other (please specify) | | |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |

11. FOR EACH ITEM ANSWERED "YES," ASK: How helpful was information from (THE SPECIFIC GROUP) been to you in working with Black consumers?

Very unhelpful (1)
A little unhelpful (2)
Neither unhelpful nor helpful (3)
A little helpful (4)
Very helpful (5)

12. It has been suggested that certain factors have a different effect on competitive employment outcomes for Black and White consumers. I am going to read a list of items beginning with ...

a. The effect of receiving SSI, SSDI, or other public assistance. _____

Hurts Blacks more than Whites in reaching competitive employment (1)
No difference between Blacks or Whites in reaching competitive employment (2)
Helps Blacks more than Whites in reaching competitive employment (3)

b. The effect of low income without receiving public assistance. _____

c. The effect of a low education level. _____

d. The effect of a lack of work experience. _____

e. What are some other factors? Please specify.

_____ _____

_____ _____

13. What are the characteristics of Black consumers that make them more likely to benefit from vocational rehabilitation services?

14. What are the characteristics of White consumers that make them more likely to benefit from vocational rehabilitation services?

15. How do job expectations of Black consumers differ from that of White consumers? _____

Job expectations of Blacks are lower than Whites (1)
Job expectations of Blacks do not differ from Whites (2)
Job expectations of Blacks are higher than Whites (3)

16. How do Black consumers differ from Whites in their likelihood to be closed rehabilitated? _____

Blacks are less likely than Whites to be closed rehabilitated (1)
Blacks do not differ from Whites for closed rehabilitated (2)
Blacks are more likely than Whites to be closed rehabilitated (3)

17. How do Black consumers differ from Whites in their willingness to relocate or transfer to a better job? _____

Blacks are less likely than Whites to relocate (1)
Blacks do not differ from Whites in their willingness to relocate (2)
Blacks are more likely than Whites to relocate (3)

18. How old were you on your last birthday? _____

19. What racial or ethnic group do you belong to? _____

White or Caucasian (0) Black or African American (1)
Other (SPECIFY HISPANIC, NATIVE AMERICAN, ASIAN) (2)

20. What is the highest level of education you have achieved? _____

Less than high school graduation (1)

High school graduate or GED (2)
Some college work (3)
Community or junior college graduate (4)
Senior college or university graduate (5)
Some postgraduate college work (6)
Master's degree (7)
Doctorate degree (8)

21. What was your major area of study while in college?

22. Do you have a visual disability? NO (0) YES (1) _____

23. Do you have a nonvisual disability? NO (0) YES (1) _____

24. How many years have you worked in the blindness rehabilitation system? _____

25. Which of the following professional organizations do you belong? YES (1)

AER (Association for Education and Rehabilitation of the Blind and Visually Impaired) _____
NRA (National Rehabilitation Association) _____
ARCA (American Rehabilitation Counseling Association) _____
NRC (National Rehabilitation Counseling Association) _____
Other (please specify) _____
TOTAL NUMBER OF ORGANIZATIONS _____

26. Which of the following certifications do you hold? YES (1)

CRC (Certified Rehabilitation Counselor) _____
AER Certification _____
Other (please specify) _____
TOTAL NUMBER OF CERTIFICATIONS _____

27. Is there anything else you would like to tell us about working with Black clients who are blind?

Thank you for helping us with this research project. Would you like to receive a summary of the results? RECORD NAME, ADDRESS, AND PREFERENCE FOR PRINT, CASSETTE TAPE, OR BRAILLE ON A SEPARATE SHEET OF PAPER.

Mississippi State
UNIVERSITY