



Practice through Research...Facilitating Integrated Employment Outcomes for Individuals with Disabilities

Leadership and Rehabilitation Food for Thought

Sue Ann Morrow, Ph.D.
Executive Director, EDGE, Inc., Memphis, MO

Historically, there have been many models of leadership and organizational change theory. Some may appear to be irrelevant, but it is important to appreciate the value of this research, put it into context, and use it to further understand the challenges of leadership (Hersey, Blanchard, & Johnson, 2001). Regardless of the model of leadership and change, they all are about vision, commitment, change, relationships, and accomplishment.

Leadership has been defined as "the process of influencing the activities of an individual or a group in efforts toward goal achievement in a given situation" (Hersey, et al., 2001). Therefore, the first step in effective leadership is having a thorough understanding of the goals of an organization (mission, purpose, etc.). After all, leaders cannot lead if they don't know where they're going.

After the goals have been determined and understood, the next question often asked by leaders is "How do I influence people to achieve these goals?" Probably the most extensive research conducted on this topic is from the work of Kouzes and Posner. Based on years of research and scores of interviews with leaders from multiple levels of leadership in organizations around the world, they identified five practices they believe critical to quality leadership (2002). They include the following:

- Model the Way
- Inspire a Shared Vision
- Challenge the Process
- Enable Others to Act
- Encourage the Heart

The foundation of leadership, CREDIBILITY, however, may be one of the most critical qualities for leaders to possess. (Kouzes & Posner, 2002; Kotter, 1999; Giuliani, 2002). Leaders in rehabilitation must have CREDIBILITY. In other words, people must believe in their leader (administrator, supervisor, director, president, etc.). Employees and other stakeholders must have no doubt that their leader truly believes in what he/she is saying and what he/she is asking them to do. Additionally, what a leader says is not nearly as important as what a leader does. Sayings such as "Walk the talk" or "Put your money where your mouth is" or "Practice what you preach" come to mind.

"Walking the talk" has been difficult in the field of rehabilitation. While agencies may claim to provide individualized services, often there is a "lock-step" process that everyone must go through to gain access to services. "All people can work in inclusive settings" may be the philosophy that is promoted, yet

Dr. Morrow conducts training and workshops for the **Leadership in Rehabilitation Certificate Series** that are offered throughout the year by RSA Region V CRP-RCEP at Illinois. Contact staff for information on how to participate to update your leadership skills and knowledge! CEUs and CRCs are available for all training.

lots of money is being spent on just the opposite philosophy – segregated and sheltered employment settings. Changes are slowly being made to improve opportunities for integrated employment, but these changes are much too slow for people with disabilities.

Change occurs not only from the top down, but also from the bottom up. The same questions that leaders face are ones that can be considered by everyone. What are you doing everyday to “walk the talk” of your own agency mission/purpose? How do you spend your time? Would your co-workers agree that your actions demonstrate your belief in the mission/purpose? Are you credible? A reality check can begin by asking these questions:

1. What are the ways I (the organization) live(s) the purpose statement on a daily basis?
2. What barriers keep me from living the purpose statement?
3. What mixed messages are being sent?
4. What changes can I make?

Everyone can make a difference. Are you?

References:

Giuliani, R. W. (2002). *Leadership*. New York: Hyperion.

Hersey, P., Blanchard K.H., and Johnson, D.E. (2001). *Management of organizational behavior: Leading human resources*. Upper Saddle River, New Jersey: Prentice Hall.

Kotter, J.P. (1999). *On what leaders really do*. Boston: Harvard Business School Press.

Kouzes, J.M. & Posner, B.Z. (2002). *Leadership challenge*. San Francisco: Jossey-Bass.

Teleconference - Fitting in Socially by Understanding the Work Culture

January 14, 2003

Janis Chadsey, Ph.D.
Department of Special Education
University of Illinois at Urbana-Champaign

Dr. Janis Chadsey was the featured presenter for the fourth topical teleconference sponsored by RSA Region V CRP-RCEP at Illinois. Participants from all six states in RSA Region V dialed in to listen and to ask questions regarding understanding the importance and dimensions of workplace culture. Dr. Chadsey

described three natural support strategies that rely on information from workplace culture. Main points from her presentation follow.

Work Culture

A set of shared meanings, expectations, values, and assumptions that govern what goes on at the workplace and how it is interpreted (Hatch, 1993)

The Elements of Workplace Culture

Longevity, Joint tasks, Shared tasks, Co-worker help, Work schedule, Social times, Gathering places, Meal-times, Break times, Orientation, Employee training, Initiation pranks, Special terms and jargon, Shared equipment, Dress and appearance, Name display, Work space personalization, Social interactions, Group customs, Staff meetings, Performance review, Pay distribution, Celebrations, Company-sponsored activities, Items issued to employees, Employee assistance and wellness programs, Car pooling/transportation, Work/family policies, Outside activities, Opportunities for advancement

Gathering Information about the Workplace Culture

- Get access to an insider or someone who knows the business well.
- Read company publications, brochures, and annual reports.
- Ask questions at an initial meeting and do some job shadowing.
- Sit in at a company orientation.
- Be a good observer.
- Talk to others without interviewing them.
- Use good social skills.
- Try to become an “insider” - this may happen over a long period of time.

Using Natural Supports to Make Workplace Matches

- Consider the employee’s social goals. If the person wants to meet new people, look for a job with this kind of culture.

RSA Region V CRP-RCEP Listserv

To date there are 130 subscribers to this listserv that includes rehabilitation professionals from all six states. The purpose of this electronic discussion list is to facilitate information sharing and communication quickly and easily. If you’d like to subscribe free, please e-mail Lynda Leach at leachlyn@uiuc.edu.

- Consider the employee's social skills. If the person is highly social and likes to interact with others, look for a job with this kind of culture. If the person is not social and is not interested in forming relationships with others, then look for a job where this is not a priority.
- Look for jobs where all employees work the same shift and arrive at the same time.
- Look for jobs where the employer uses an informal style of management and encourages employees to work as a team.
- Look for jobs where the employer or supervisor often talks to co-workers about topics not related to work.
- Look for jobs where there are designated areas for co-workers to interact with one another.
- Look for jobs where co-workers share social activities away from work.

Natural Support Strategies that Modify the Social Environment

- Make sure the employee comes to work at the same time as all the other employees.
- Encourage the employee to spend more time in specific physical settings that co-workers frequent.
- Have the employee participate in the completion of work tasks that involve other co-workers.
- Have co-workers teach the employee new work tasks.
- Have the employee participate in all the work setting social routines (e.g., taking turns making coffee).

Natural Support Strategies that Involve Co-Workers

- Co-workers spontaneously design and implement a plan to include the employee.
- Job coaches or other personnel offer a few suggestions to co-workers about including an employee or ask co-workers for suggestions.
- Job coach or other personnel decide on the type of support and provide direction to co-workers on including employee.
- Job coach or other personnel designs an intervention plan and trains co-workers to implement it.

Power Point Presentation at: <http://www.ed.uiuc.edu/illinoisrcep/activities/teleconf.htm>

References for the teleconference presentation:

Hagner, D.C. (2000). *Coffee breaks and birthday cakes: Evaluating workplace cultures to develop natural supports for employees with disabilities*. St. Augustine, FL: Training Resource Network, Inc. (www.trninc.com) This book

contains The Workplace Culture Survey that employment specialists can use to evaluate potential job sites in relation to workplace culture.

Hatch, M. (1993). The dynamics of organizational culture. *Academy of Management Review*, 18, 657-693.

Other References:

Chadsey, J., Linneman, D., Rusch, F.R., & Cimera, R. (1997). The impact of social integration interventions and job coaches in work settings. *Education & Training in Mental Retardation*, 32(4), 281-92.

Chadsey-Rusch, J., Linneman, D., & Rylance, B.J. (1997). Beliefs about social integration from the perspectives of persons with mental retardation, job coaches, and employers. *American Journal on Mental Retardation*, 102(1), 1-12.

Chadsey, J.G. & Shelden, D.L. (1998). *Promoting social relationships and integration for supported employees in work settings*. Champaign, IL: Transition Research Institute, University of Illinois at Urbana-Champaign.

Ohtake, Y. & Chadsey, J.G. (2001). Continuing to describe the natural support process. *Journal of the Association for People with Severe Handicaps (JASH)*, 26(2), 87-95.

Tips for Employment Specialists to Fade from Job Sites¹

Rob Cimera, Ph.D.

Cimera, R. (1998). Tips for employment specialists to fade from job sites [Appendix] In J. Chadsey & D. Shelden, *Promoting social relationships and integration for supported employees in work settings*. Champaign, IL: Transition Research Institute, University of Illinois at Urbana-Champaign.

Purpose

The presence of an employment specialist at a worksite may not only draw unwanted attention to the supported employee, but it also might create an unnatural barrier between the supported employee and their non-disabled co-workers. For example, instead of talking directly to the supported employee, co-workers and supervisors might only talk to the employment specialist. Further, the employment specialist may be seen as the only person who is "qualified" to work with, and provide feedback to, the worker with a disability.

In order for workers with disabilities to have social interactions and to develop lasting friendships with their co-workers, employment specialists are encouraged to help facilitate these interactions as well as gradually fade, or diminish, their role at the worksite. This is often more difficult than it sounds. Some practical ways for employment specialists to fade from worksites while also facilitating opportunities for supported employees to be more socially included are listed below.

Prior to Placement

Effective employment specialists begin planning how to fade from the worksite prior to the time the supported employee even becomes employed in the community. There are a number of ways that this can be accomplished.

- Frequently, employers do not realize that employment specialists eventually are supposed to fade from worksites. To prevent possible misunderstandings, make sure both the employer and the supported employee are familiar with the employment specialist's role.

For example, a meeting might be established with the employment specialist, supported employee, and employer/supervisor to discuss everybody's expectations regarding work quality and quantity, responsibilities for training, etc. Everybody should be reminded periodically that the employment specialist will be fading from the worksite.

- Opportunities for interactions with co-workers can often be built into an employee's job description. To do this, job carve tasks that provide contact with other co-workers. These interactions may not only aid the supported employee's social integration, but may also help prevent the supported employee from becoming dependent upon the employment specialist.

For example, at an office setting, job carve opportunities for the supported employee to ask co-workers if they need items Xeroxed or delivered to other offices. This will create natural opportunities for social interactions and will allow the supported employee to perform an important work-related task. Further, when the supported employee is interacting with his/her co-workers, these co-workers can provide support (e.g., such as directions or checking work quality) that would otherwise be provided by the employment specialist.

- All too often, employment specialists begin training employees without thinking of how they are going to promote social integration or fade from the worksite. As a result, the employment specialist may be required to be

present at the worksite longer than otherwise would be necessary. Planning systematic strategies from fading support prior to beginning training will help prevent this.

For example, vary level of prompts, physical distance, reinforcement, time spent with supported employees, etc. Try to reduce the intensity of help and support so that the worker learns to do the task using natural prompts or cues (e.g., papers in the Xerox bin means work needs to be Xeroxed) and is motivated by natural reinforcers (e.g., paychecks).

Training

Over the past few years, the role of the employment specialist has undergone a substantial change. In the past, employment specialists have been seen as the primary trainer of supported employees. For example, the employment specialist would enter a worksite, learn how to do the tasks, and then directly teach supported employees.

- Recently, more emphasis has been placed on the employment specialist as being a facilitator of training, both for the supported employee and with the employer, rather than a direct trainer. In this new role, the employment specialist facilitates training by utilizing the supports that can be developed, or are already existing in the worksite.

For example, employment specialists might help co-workers train the supported employee by developing task analyses, color coordinating materials, or determining the learning style of the supported employee.

- Many times after a supported employee is hired, the only person who provides training to the employee is the employment specialist. In order to promote fading, as well as social integration, co-workers could become involved with training.

For example, have co-workers give feedback to the supported employee (e.g., "You are doing that well...", "Try doing that this way...", etc.) or have co-workers help develop the job and task analyses; they often know the best and quickest way to complete tasks.

- When a number of employees are working together to complete a common task, there are often opportunities to promote social integration as well as facilitate fading.

For example, cues that are naturally occurring in the worksite, such as going to lunch when co-workers go to lunch, can be utilized. This will prevent the em-

ployee from needing to have to rely on the employment specialist for this cue.

- When a supported employee does not arrive, take breaks, or leave work at the same times as her/his co-workers, there is often little opportunity for co-workers to socially interact with, or provide work-related feedback to the supported employee. By rearranging the supported employee's schedule, the employment specialist may increase opportunities for co-worker interaction and support.

For example, have the supported employee scheduled to arrive, leave, and take breaks during the same time as other workers. If co-workers arrive at work early or stay late to socialize, encourage the supported employee to do so as well.

Fading and Providing Follow-Up Services

Fading from the job site does not mean that employment specialists are no longer concerned about the supported employee or the employer. In fact, in order for supported employees to maintain employment in the community, quality follow-up services are often necessary. Further, showing the employer that they are not left "high and dry" after the employment specialist leaves the worksite may make job development easier in the future.

- When an employment specialist comes into a worksite after having been gone for a while, employees with disabilities may feel insecure because they think they did something wrong, or that they are being "checked-up upon". To prevent this, employment specialists are encouraged to follow-up in ways other than visiting the worksite.

For example, if appropriate for the work setting, call the supported employee's supervisor to monitor performance rather than visiting in person. This may save the employment specialist valuable time as well as allow the supported employee to feel more independent.

- In busy worksites, supervisors often do not have the time to talk with employment specialists on the phone or in person. In these situations, other less time consuming and more flexible evaluation methods may be used.

For example, have the work site supervisor provide feedback via questionnaires or monthly contact forms that can be completed at the supervisor's leisure. Such instruments should be brief and quick to fill out,

such as a check list or a rating scale. These questionnaires can also be used to obtain feedback from employers regarding their satisfaction with the supported employment program.

- When supported employees are employed in busy worksites, it is often difficult for employment specialists to talk with them at work. Further, the employee might prefer to meet outside of work so that he/she could talk privately with the employment specialist. There are a number of ways that an employment specialist could do this.

For example, call the employee at home, rather than visiting at work. The employment specialist can also meet the employee outside of work to discuss how things are going at work. This way the employee and employment specialist can meet in a more social environment without fear of having co-workers overhear personal comments.

- When problems arise, employment specialists are often tempted to correct the situation for the employer. By working with the employers to solve the problem, the employment specialist is helping the employer learn how to interact with supported employees and to manage unfamiliar situations.

For example, provide in-service training to supervisors and co-workers or provide them with training materials, such as books or pamphlets. These could help the employer learn more about disability-related issues as well as to become a better manager of people in general.

Readings on This Topic:

- Butterworth, J., Hagner, D., Kiernan, W., & Schalock, R. (1996). Natural supports in the workplace and community: Defining an agenda for research and practice. *Journal of the Association for Persons with Severe Handicaps*, 21, 103-113.
- Hagner, D., Rogan, P., & Murphy, S. (1992). Facilitating natural supports in the workplace: Strategies for support consultants. *Journal of Rehabilitation*, 58(1), 29-34.
- Hughes, C., Rusch, F. R., & Curl, R. (1990). Extending individual competence, developing natural support, and promoting social acceptance. In F. R. Rusch (Ed.), *Supported employment: Models, methods, and issues* (pp. 181-198). Sycamore, IL: Sycamore Publishing.

Nisbet, J. (Ed.). (1992). *Natural supports in school, at work, and in the community for people with severe disabilities*. Baltimore: Paul H. Brookes Publishing Co., Inc.

Test, D. W., & Wood, W. M. (1996). Natural supports in the workplace: The jury is still out. *Journal of the Association for Persons with Severe Handicaps*, 21, 155-173.

The tips included in this section come from the literature on this topic. Some suggested readings are included at the end of this section, but this list is not considered complete. The reader is encouraged to read emerging literature in the area of natural supports.

Dr. Cimera is currently a Professor in the Department of Special Education, University of Wisconsin - Oshkosh.

RSA Region V CRP-RCEP at Illinois Graduate Students . . . Invaluable members of the CRP-RCEP Staff

Chanidprapa Suriya (Boom)
Ph.D. Candidate, Human Resource Education
University of Illinois at Urbana-Champaign

Boom is currently pursuing a Ph.D. in the Department of Human Resource Education with an emphasis in organizational development and instructional technologies. Her interests are in virtual teams and online education. She received her B.A. from Kasetsart University in Thailand and her M.S. from the University of Illinois at Urbana-Champaign. Currently, Boom works with Region V CRP-RCEP as a program assistant. Her responsibilities include developing online courses and providing technical support to faculty, staff, and students.

Boom assisted with the first online course, *Employment Provisions of the ADA*, that was offered in the Fall 2002. This semester she has been assisting with the development and delivery of *Natural Supports: A Foundation for Employment* online course. She helps the instructor, Kim Keller, in developing online course content, monitoring the live chat session, and providing technical assistance to the 50 students when needed. Her skills and knowledge are contributing to the success of this popular online course.

Resources for Employment Professionals

Baird, P.A., & Everson, J.M. (2001). *Person-centered planning: A guide for facilitators and participants* (2nd ed.). New Orleans: Human Development Center, Louisiana State University Health Sciences Center.

Everson, J.M. & Guillory, J.D. (2002). *Interagency teaming: Strategies for facilitating teams from forming through performing*. New Orleans: Louisiana State University Health Sciences Center. Human Development Center. Louisiana's University Center of Excellence in Developmental Disabilities Education, Research, & Service.

Dr. Jane Everson, co-author of these publications, conducts training for RSA Region V CRP-RCEP.

Full-Text Resources on the Web for Employment Professionals

Guidelines for Reporting and Writing About People with Disabilities - The Arc of the United States, <http://www.thearc.org/misc/writingguides.htm>

When writing, it's important to be concise, particularly in journalism. However, sometimes the effort to limit wordiness leads to inappropriate references to people with disabilities. The following guidelines explain preferred terminology and reflect input from over 100 national disability organizations. These guidelines have been reviewed and endorsed by media and disability experts throughout the country. Although opinions may differ on some terms, the guidelines represent the current consensus among disability organizations. Portions of the guidelines have been adopted into the "Associated Press Stylebook," a basic reference for professional journalists.

DO NOT FOCUS ON DISABILITY unless it is crucial to a story. Avoid tear-jerking human interest stories about incurable diseases, congenital impairments, or severe injury. Focus instead on issues that affect the quality of life for those same individuals, such as accessible transportation, housing, affordable health care, employment opportunities, and discrimination.

DO NOT PORTRAY SUCCESSFUL PEOPLE WITH DISABILITIES AS SUPERHUMAN. Many people with disabilities do not want to be "hero-ized." Like many people without disabilities, they simply wish to live lives of full inclusion in our communities

and do not want to be judged based on unreasonable expectations.

DO NOT SENSATIONALIZE A DISABILITY by writing “afflicted with,” “crippled with,” “suffers from,” “victim of,” and so on. Instead, write “person who has multiple sclerosis” or “man who had polio.”

DO NOT USE GENERIC LABELS for disability groups, such as “the retarded,” “the deaf.” Emphasize people not labels. Say “people with mental retardation” or “people who are deaf.”

PUT PEOPLE FIRST, not their disability. Say “woman with arthritis,” “children who are deaf,” “people with disabilities.” This puts the focus on the individual, not the particular functional limitation. Despite editorial pressures to be succinct, it is never acceptable to use “crippled,” “deformed,” “suffers from,” “victim of,” “the retarded,” “the deaf and dumb,” etc.

EMPHASIZE ABILITIES, not limitations. For example: CORRECT: “uses a wheelchair/braces,” or “walks with crutches,” INCORRECT: “confined to a wheelchair,” “wheelchair-bound,” or “crippled.”

Similarly, do not use emotional descriptors such as “unfortunate,” “pitiful,” and similar phrases.

Disability groups also strongly object to using euphemisms to describe disabilities. Terms such as “handi-capable,” “mentally different,” “physically inconvenienced,” and “physically challenged” are considered condescending. They reinforce the idea that disabilities cannot be dealt with directly and candidly.

DO NOT IMPLY DISEASE when discussing disabilities that result from a prior disease episode. People who had polio and experienced after-effects have a post-polio disability. They are not currently experiencing the disease. Do not imply disease with people whose disability has resulted from anatomical or physiological damage (e.g., person with spina bifida or cerebral palsy). Reference to disease associated with a disability is acceptable only with chronic diseases, such as arthritis, Parkinson’s disease, or multiple sclerosis. People with disabilities should never be referred to as “patients” or “cases” unless their relationship with their doctor is under discussion.

SHOW PEOPLE WITH DISABILITIES AS ACTIVE participants of society. Portraying persons with disabilities interacting with people without disabilities in social and work environments helps break down barriers and open lines of communications.

Listed below are preferred words that reflect a positive attitude in portraying disabilities:

Brain injury. Describes a condition where there is long-term or temporary disruption in brain function resulting from injury to the brain. Difficulties with the cognitive, physical, emotional, or social functioning may occur. Use person with a brain injury, woman who has sustained brain injury, or boy with an acquired brain injury.

Cleft lip. Describes a specific congenital disability involving lip and gum. The term “hare lip” is anatomically incorrect and stigmatizing. Use “person who has a cleft lip or a cleft palate.”

Deaf. Deafness refers to a profound degree of hearing loss that prevents understanding speech though the ear. Hearing impaired and hearing loss are generic terms used by some individuals to indicate any degree of hearing loss—from mild to profound. These terms include people who are hard of hearing and deaf. However, some individuals completely disfavor the term “hearing impaired.” Others prefer to use “deaf” or “hard of hearing.” “Hard of hearing” refers to a mild to moderate hearing loss that may or may not be corrected with amplification. Use women who is deaf, boy who is hard of hearing, individuals with hearing losses, people who are deaf or hard of hearing.

Disability. General term used for a functional limitation that interferes with a person’s ability for example, to walk, lift, hear, or learn. It may refer to a physical, sensory, or mental condition. Use as a descriptive noun or adjective, such as person living with AIDS, woman who is blind, or man with a disability. Impairment refers to loss or abnormality of an organ or body mechanism, which may result in disability.

Disfigurement. Refers to physical changes caused by burn, trauma, disease, or congenital problems.

Down syndrome. Describes a chromosome disorder which usually causes a delay in physical, intellectual, and language development and usually results in mental retardation. “Mongol” or “mongoloid” are unacceptable.

Handicap. Not a synonym for disability. Describes a condition or barrier imposed by society, the environment, or by one’s own self. Some individuals prefer inaccessible or not accessible to describe social and environmental barriers. Handicap can be used when citing laws and situations but should not be used to describe a disability. Do not refer to people with disabilities as the “handicapped” or “handicapped people.” Say the building is not accessible for a wheelchair-user. The stairs are a handicap for her.

HIV/AIDS. Acquired Immunodeficiency Syndrome is an infectious disease resulting in the loss of the body’s immune system to ward off infections. The disease is caused by the

human immunodeficiency virus (HIV). A positive test for HIV can occur without symptoms of the illnesses which usually develop up to 10 years later, including tuberculosis, recurring pneumonia cancer, recurrent vaginal yeast infections, intestinal ailments, chronic weakness and fever and profound weight loss. Preferred: "people living with HIV people with AIDS" or "living with AIDS."

Mental disability. The Federal Rehabilitation Act (Section 504) lists four categories under mental disability: psychiatric disability, retardation, learning disability, or cognitive impairment is acceptable.

Nondisabled. Appropriate term for people without disabilities. Normal, able-bodied, healthy, or whole are inappropriate.

Seizure. Describes an involuntary muscular contraction, a brief impairment or loss of consciousness, etc., resulting from a neurological condition such as epilepsy or from an acquired brain injury. Rather than epileptic, say "girl with epilepsy" or "boy with a seizure disorder." The term convulsion should be used only for seizures involving contraction of the entire body.

Spastic. Describes a muscle with sudden abnormal and involuntary spasm. Not appropriate for describing someone with cerebral palsy or a neurological disorder. Muscles are spastic, not people.

Stroke. Caused by interruption of blood to brain. Hemiplegia (paralysis on one side) may result. Stroke survivor is preferred over stroke victim.

The SSA Office of Employment Support Programs has the full-text of the *2003 Red Book: A Summary Guide to Employment Support for People with Disabilities Under the Social Security Disability Insurance and Supplemental Security Income Programs* on its Web site at: <http://www.ssa.gov/work/ResourcesToolkit/redbook.html>

The following citations have corresponding full-text articles that have been reprinted with permission from PRO-Ed, Inc. on www.worksupport.com - Gateway to Information, Resources, and Research About Work and Disability Issues – Virginia Commonwealth University. If you would like to subscribe to a PRO-Ed journal, please visit their Web site at, www.proedinc.com.

- Auxter, D., Halloran, W., Berry, H.G., & O'Mara, S. (1999). The precarious safety net: Supplemental security income and age 18 redeterminations. *Focus on Autism and Other Developmental Disabilities, 14*(4).
- Berry, H.G. (2000). The Supplemental Security Income Program and employment for young adults with disabilities: An analysis of the National Health Interview Survey on Disability. *Focus on Autism and Developmental Disabilities, 15*(3).
- Berry, H.G., Price-Ellingstad, D., Halloran, W., & Finch, T. (2000). Supplemental security income and vocational rehabilitation for transition-age individuals with disabilities. *Journal of Disability Policy Studies, 10*(2).
- Beveridge, S., Craddock, S.H., Liesener, J., Stapleton, M., & Hershenson, D. (2002). Income: A framework for conceptualizing the career development of persons with disabilities. *Rehabilitation Counseling Bulletin, 45*(4).
- Boland, J, Patrick, A., & Parker, R.M. (2000). Choice: Ethical and legal rehabilitation challenges. *Rehabilitation Counseling Bulletin, 43*(4).
- Currier, K.F., Chan, F., Berven, N.L., Habeck, R.V., & Taylor, D.W. (2001). Functions and knowledge domains for disability management practice: A Delphi study. *Rehabilitation Counseling Bulletin, 44*(3).
- Glover, N.M., & Janikowski, T.P. (2001). Career selection and use of accommodations by students with disabilities in rehabilitation education programs. *Rehabilitation Counseling Bulletin, 44*(4).
- Kregel, J. (1999). Why it pays to hire workers with developmental disabilities. *Focus on Autism and Other Developmental Disabilities, 14*(3).
- McCarthy, H., & Leierer, S.J. (2001). Consumer concepts of ideal characteristics and minimum qualifications for rehabilitation counselors. Louisiana State University Health Sciences Center. *Rehabilitation Counseling Bulletin, 45*(1).
- Pennell, R.L. (2001). Self-determination and self-advocacy: Shifting the power. *Journal of Disability Policy Studies, 11*(4).
- Pita, D.D., Ellison, M.L., Farkas, M., & Bleecker, T. (2001). Exploring personal assistance services for people with

psychiatric disabilities: Need, policy, and practice. *Journal of Disability Policy Studies*, 12(1).

Roessler, R.T. (2002). Improving job tenure outcomes for people with disabilities: The 3M model. *Rehabilitation Counseling Bulletin*, 45(4).

Schriner, K., & Scotch, R.K. (2001). Disability and institutional change: A human variation perspective on overcoming oppression. *Journal of Disability Policy Studies*, 12(2).

Sowers, J., McLean, D., & Owens, C. (2002). Self-directed employment for people with developmental disabilities: Issues, characteristics, and illustrations. *Journal of Disability Policy Studies*, 13(2).

Tarvydas, V.M., & Cottone, R. (2000). The code of ethics for professional rehabilitation counselors: What we have and what we need. *Rehabilitation Counseling Bulletin*, 43(4).

Unger, D. (1999). Workplace supports: A view from employers who have hired supported employees. *Focus on Autism and Other Developmental Disabilities*, 14(3).

Unger, D.D. (2002). Employers' attitudes toward persons with disabilities in the workforce: Myths or realities? *Focus on Autism and Other Developmental Disabilities*, 17(1).

Unger, D.D., & Luecking, R. (1998). Work in progress: Including students with disabilities in school-to-work initiatives. *Focus on Autism and Other Developmental Disabilities*, 13(2).

Wilson, K.E. (1998). Centers for independent living in support of transition. *Focus on Autism and Other Developmental Disabilities*, 13(4).

Upcoming RSA Region V CRP-RCEP Events

Descriptions with registration materials will be forthcoming for those events with incomplete information. For additional information, please contact Tony Plotner at plotner@uiuc.edu or 217-333-2325.

Teleconferences

Topic: *Sustaining Employment Specialists' Skills Beyond Training: The Role of Mentoring*

Date: Tuesday, March 18, 2003
2:00 - 3:00 CST

Presenter: Teresa Grossi, Ph.D., Director
Center on Community Living and Careers
Indiana University Center for Excellence
Bloomington, IN

Focus: A continuing challenge for program managers and supervisors in community rehabilitation agencies is ensuring that knowledge and skills that employment specialists gain through professional development activities and training are sustained on the job. This presentation will focus on the role of mentoring and lessons from the Indiana Employment Specialist Mentoring Project. Implications for program managers and supervisors will be presented.

How to Call: Dial 217-265-8030. The only cost to you is the long-distance fee to the 217 area code.

Topic: *Employment for Individuals with Psychiatric Disabilities*

Date: Tuesday, April 15, 2003
2:00 - 3:00 CST

Presenter: Laurie Ford, Ph.D., Director
Community Rehabilitation Training Program
Center for Continuing Education in Rehabilitation
Bellingham, WA

Focus: Laurie Ford, Director of the Center for Continuing Education in Rehabilitation at the Western Washington University, will present an overview of 1) common functional limitations and learning barriers experienced by people with psychiatric disabilities in employment settings and 2) reasonable accommodations and job restructuring strategies that employment specialists can use to overcome workplace challenges and promote success on the job.

How to Call: Dial 217-265-8030. The only cost to you is the long-distance fee to the 217 area code.

Leadership in Rehabilitation Certificate Series

Issues in Managing Employment Services for Quality

Sheraton Indianapolis Hotel and Suites
8787 Keystone Crossing Blvd.
Indianapolis, IN
March 26-28, 2003
Fee: \$125.00

A number of current trends and issues face the leaders of community rehabilitation agencies. This workshop will focus on identified issues critical to the delivery of quality rehabilitation services that include customer-driven services.

Customer-Driven Marketing

Hyatt Regency O'Hare
9300 W. Bryn Mawr Avenue
Rosemont, IL
April 23-25, 2003
Fee: \$125.00

A customer-driven marketing philosophy is based on the belief that creating genuine consumer satisfaction will lead to organizational prosperity and the achievement of organizational goals. In addition, organizations need to generate greater demand for existing products and services, create new ones, better penetrate markets and create new, profitable opportunities. With the techniques covered in this workshop employment specialists will enhance the effectiveness of marketing efforts and improve the bottom line.

Management Simulation

Hyatt Regency O'Hare
9300 W. Bryn Mawr Avenue
Rosemont, IL
May 19-23, 2003
Fee: \$215.00

The goal of this training is to assist participants in gaining skills in the area of personnel management, financial planning, customer-driven services, and state/federal regulations related to rehabilitation services using an immersion simulation format. Using discovery learning and team work, participants will problem solve management dilemmas represented in the day-to-day operation of a CRP.

Strategic Planning

Hyatt Regency O'Hare
9300 W. Bryn Mawr Avenue
Rosemont, IL
June 19-20, 2003
Fee: \$125.00

Positioning organizations for the future is one of the major leadership challenges for rehabilitation professionals. Leaders must understand how to facilitate the planning process to foster commitment, how to access internal and external information networks, how to build a shared vision by encouraging personal visions, and how to make the plan a day-to-day working document. Problem-solving activities, the use of non-traditional approaches, and the ability to think outside the box will be discussed.

Performance Coaching

Champaign, IL
July 24-25, 2003
Fee: \$125.00

As in all business, supervisors are moving from "supervising" and "managing" people toward a coaching role to help staff carry out the mission of the agency. This training will focus on turning supervisory personnel from managers to coaches. Specific coaching strategies will be highlighted. Small group and interactive instructional techniques will be used.

Summer Leadership Institute

Summer Leadership Institute

Champaign, IL
July 22-23, 2003

This is a product of the Rehabilitation Services Administration Region V Community Rehabilitation Providers - Rehabilitation Continuing Education Program (RSA Region V CRP-RCEP), Cooperative Agreement Number H264B010005. The Region V CRP-RCEP is funded by the U.S. Department of Education, Office of Special Education and Rehabilitative Services, Rehabilitation Services Administration. Contents of this document do not necessarily reflect the views or policies of the Department of Education, nor does the mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.

Advanced Employment Services Simulation Training

Date and Location to be announced.

Web-based Courses

Employment Support for Persons with Psychiatric Disabilities

April 21 - May 23, 2003

Other Region V CRP-RCEP-Sponsored Trainings

RSA Region V CRP-RCEP/Midwest Center for Postsecondary Outreach/Center for Sight & Hearing
People Get Ready, There's a Trainload a Comin': Working with People Who are Deaf or Hard of Hearing - Writing Plans, Providing Services, and Other Information You Need to Know
April 21, 2003 - Ruttger's Bay Lake Lodge, Deerwood, MN
April 22, 2003 - Riverwood Inn and Conference Center, Monticello, MN

RSA Region V CRP-RCEP/Ohio APSE
Ohio APSE 2003 Spring Conference
Radisson Hotel Downtown/City Center
April 24-25, 2003, Toledo, OH

RSA Region V CRP-RCEP/IARF
Laying the Foundation: Facilitating Employee Supports
June 4, 2003, Tinley Park, IL
June 5, 2003, Springfield, IL

RSA Region V CRP-RCEP
Developing Community Partnerships
June 12, 2003 - Columbus, OH

RSA Region V CRP-RCEP/IARF
Marketing and Sales Skills for Community Employment Services
Arlington Heights, IL
June 18, 2003

RSA Region V CRP-RCEP/IARF
Job Coach Training
August 20, 2003, Tinley Park, IL
August 21, 2003, Springfield, IL

Please contact RSA Region V CRP-RCEP staff for alternate formats of this newsletter.

RSA Region V CRP-RCEP Staff

John Trach, Ph.D., CRC
Director and Principal Investigator
jtrach@uiuc.edu

Tony Plotner, M.S., CVE, Project Coordinator
plotner@uiuc.edu

Lynda Leach, M.S., Information Specialist
leachlyn@uiuc.edu

Kim Keller, M.S., Program Assistant
kkeller@uiuc.edu

Chanidprapa (Boom) Suriya, M.S., Program Assistant
suriya@uiuc.edu

Sarah Kelly, Program Assistant
kelly1@uiuc.edu

Stephen Hofmann, M.S., Program Assistant
shofmann@uiuc.edu

Betty Taylor, Administrative Assistant
ertaylor@uiuc.edu

RSA Region V CRP-RCEP
Transition Research Institute
University of Illinois at Urbana-Champaign
117 Children's Research Center
51 Gerty Drive
Champaign, IL 61820
217-333-2325
fax: 217-244-0851
www.ed.uiuc.edu/illinoisrcep

RSA Region V CRP-RCEP Training
Registration Form

Cancellation must be received in writing 7 days prior to event for refund.

Name: _____

Agency: _____

Mailing Address: _____

Phone #: _____ E-Mail: _____

Event: _____

Date: _____

Please list any communication, accessibility, or training accommodations needed: _____

Payment Enclosed: _____ (Please make checks payable to the **University of Illinois.**)

For more Information Contact: Tony Plotner at 217-333-2325 or plotner@uiuc.edu

Send or fax your registration to: **RSA Region V CRP-RCEP**
Transition Research Institute
ATTN: Betty Taylor
117 Children's Research Center
51 Gerty Drive
Champaign, IL 61820
Phone: 217-333-2325
fax: 217-244-0851

RSA Region V CRP-RCEP
Transition Research Institute
University of Illinois at Urbana-Champaign
117 Children's Research Center
51 Gerty Drive
Champaign, IL 61820