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**THE RELATIONSHIP OF REHABILITATION COUNSELORS' KNOWLEDGE OF
THE AMERICANS WITH DISABILITIES ACT 1990, ATTITUDES TOWARD
REASONABLE ACCOMMODATION, AND JOB DEVELOPMENT EFFICACY**

by

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DISSERTATION

Submitted to the Graduate School

of Wayne State University

Detroit, Michigan

in partial fulfillment of requirements

for the degree of

DOCTOR OF PHILOSOPHY

2012

MAJOR: COUNSELING

Approved by:

Advisor

Date

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2012

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DEDICATION

This dissertation is dedicated to God, my family, husband, Dion, children, Malcolm and Madison, my husband's mother, Edna Johnson, and brother, Frederick Pollard and his family. I also dedicate it to the Daniel family on the island of Tobago who provided me unwavering love and support throughout my journey. Without their love and support, I would not have made it. Their love has sustained me and given me courage and strength throughout my life. My God-send parents, Dr. Margaret-Rouse Jones, George Daniel and Edna Johnson were very supportive of me and encouraged me to fulfill my goals.

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TABLE OF CONTENTS

Dedication	ii
Acknowledgments.....	iii
List of Figures	viii
List of Tables	ix
CHAPTER I INTRODUCTION	1
Americans with Disabilities Act 1990	3
Knowledge of ADA	7
Attitudes toward Reasonable Accommodation.....	9
Job Development Efficacy	11
Scope of Problem	14
Purpose of the Study	20
Significance of the Study	20
Research Questions.....	21
Definition of Terms.....	22
Americans with Disabilities Act of 1990.....	22
Attitude	22
Reasonable Accommodation	23
Disability.....	23
Job Development Efficacy	24
Efficacy	24
Assumptions.....	24
Limitations of the Study.....	24

Summary	25
CHAPTER II REVIEW OF THE LITERATURE.....	26
American with Disabilities Act 1990.....	26
Knowledge of the ADA	30
Attitudes toward Reasonable Accommodation.....	36
Job Development Efficacy	39
Summary	43
CHAPTER III METHODOLOGY	46
Research Design.....	46
Participants.....	46
Variables	47
Instruments.....	47
<i>Demographic Questionnaire</i> (Inniss-Johnson, 2011).....	47
<i>The ADA Knowledge Survey</i> (Hernandez et al., 2003)	48
<i>Disability Questionnaire</i> (Popovich, Scherbaum, Scherbaum, & Polinko, 2003)	48
<i>Job Development Efficacy Scale</i> (Fabian & Waugh, 2001).....	49
Procedures.....	49
Research Questions and Hypotheses	51
Data Analysis	53
Summary	55
CHAPTER IV RESULTS	59
Research Question #1	63
Research Question #2	67

Research Question #3	80
Research Question #4	81
CHAPTER V SUMMARY AND DISCUSSION.....	84
Introduction	84
Restatement of the Problem	85
Review of Methods and Procedure	87
Restatement of Research Questions	88
Summary of Findings	89
Discussion of Results	92
Limitations of the Study	99
Implications for Practice and Recommendations for Future Research	101
Summary	103
Appendix A Correspondence.....	104
Appendix B HIC Approval Form.....	106
Appendix C Informed Consent Form	108
Appendix D Instruments	110
References	112
Abstract.....	149
Autobiographical Statement	151

LIST OF FIGURES

Figure 1	Statistical Analyses	56
Figure 2	Percentages for Barriers to Job Placement Outcomes	97
Figure 3	Percentages for Enhancements to Job Placement Outcomes	99

LIST OF TABLES

Table 1	Distribution of Respondents by Age Group, Gender, Race/Ethnic Code, & Level of Education	60
Table 2	Distribution of Respondents by Licensure/Credential	61
Table 3	Distribution of Respondents by Employment Setting	62
Table 4	Distribution of Respondents by Job Title	62
Table 5	Distribution of Respondents by Years of Rehabilitation Counseling Experience	63
Table 6	Descriptive Statistics for the ADA Knowledge Survey & Disability Questionnaire	64
Table 7	Pearson Correlations for ADA Knowledge Survey and Disability Questionnaire	64
Table 8	Descriptive Statistics for the ADA Knowledge Survey & Job Development Efficacy Scale	65
Table 9	Pearson’s Correlations for ADA Knowledge Survey & Job Development Efficacy Scale	65
Table 10	Descriptive Statistics for the Disability Questionnaire & Job Development Efficacy Scale	66
Table 11	Pearson’s Correlations for the Disability Questionnaire & Job Development Efficacy Scale	66
Table 12	Demographic Characteristics by Category and ADA Knowledge Survey Descriptive Statistics	68

Table 13	Composite Descriptive Statistics Demographic Characteristics and the ADA Knowledge Survey	70
Table 14	Stepwise Multiple Regression Model Summary for Licensure/Certification and the ADA Knowledge Survey	71
Table 15	Stepwise Multiple Regression Results for Licensure/Certification and the ADA Knowledge Survey	71
Table 16	Demographic Characteristics by Category and Disability Questionnaire Descriptive Statistics	72
Table 17	Composite Descriptive Statistics Demographic Characteristics and the Disability Questionnaire	74
Table 18	Stepwise Multiple Regression Model Summary for Licensure/Certification and the Disability Questionnaire	75
Table 19	Stepwise Multiple Regression Results for Licensure/Certification and the Disability Questionnaire	76
Table 20	Demographic Characteristics by Category and Job Development Efficacy Scale Descriptive Statistics	76
Table 21	Composite Descriptive Statistics Demographic Characteristics and the Job Development Efficacy Scale	78
Table 22	Stepwise Multiple Regression Model Summary for Licensure/Certification and the Job Development Efficacy Scale	78
Table 23	Stepwise Multiple Regression Results for the Demographic Characteristics and Job Development Efficacy Scale	79
Table 24	Summary of the Barriers to Job Placement Outcomes Themes	80

Table 25 Summary of the Enhancements to Rehabilitation Counselors' Comfort

Level in Job Placement Outcomes 82

CHAPTER I

INTRODUCTION

The major purpose and intent of the Americans with Disabilities Act (ADA) of 1990 was to support goals for people with disabilities including equality of opportunity, full participation in the community, independent living that is consumer control and choice of services and accommodations, and economic self-sufficiency (Rozalski, Katsiyannis, Ryan, Collins, & Stewart, 2010; Copeland, 2007; Becker, O'Sullivan, & Passaro, 2003; Hernandez, Keys, & Balcazar, 2000; Kopels, 1995). The ADA was also designed to afford equal opportunity for people with disabilities to benefit from or participate in public services, programs and activities (Krienert, Henderson & Vandiver, 2003; Van Sickle, 1995; Rubin, 1995). Another purpose was to increase participation of people with disabilities in the labor market. As a result, increased earnings, independence, self-sufficiency, social comfort levels, promote community inclusion and acceptance of people with disabilities (Chima, 1998; Becker et al., 2003). The ADA reinforces the mandates of Section 504 of the Rehabilitation Act of 1973 which functions to protect otherwise qualified persons with a disability (Waterstone, 2000; ADA, 1990).

The 2007 Disability Report indicated there are 41,306,000 individuals with disabilities age five and up, out of a total of 276,758,000. Between the ages of 21 and 65, 12.8% of individuals are disabled; 29.7% ages 65 to 74 and 52.9% over 75 (Erickson & Lee, 2008). In 2007, only 36.9% people with disabilities were employed as compared to 79.7% employment rate for people without disabilities. The employment gap between the employment rate for people with disabilities and without was 42.8%. Furthermore, the percentage of persons with disabilities working full-time was 21.2% as compared to 56.7% of people without disabilities (Erickson & Lee, 2008). Disability statistics on the employment rate for people with disabilities

continue to be stagnant over the years. Martin and White (1998) found less than a third of adults with disabilities under pension age were in paid employment compared to over two-thirds of the general population. Based on these statistics, it can be inferred people with disabilities are at increased risk for unemployment (Hirst & Baldwin, 1994; Kroll & Peake, 1996; Barlow, Wright, & Cullen, 2002; Hergenrather, Rhodes, Turner & Barlow, 2008).

The purpose of this study is to examine the relationship between rehabilitation counselors' level of knowledge of the Americans with Disabilities Act, attitudes toward reasonable accommodations, and job placement efficacy. One of the major and important roles for the rehabilitation counselor is job placement and being able to successfully integrate the relationship between employers and people with disabilities (Gilbride, Stensrud, Ehlers, Evans, & Peterson, 2000). At times, identifying and addressing employer attitudes and perceptions are monumental tasks (Martin & Vicceli, 1988). As a result, it is imperative rehabilitation counselors become very familiar with the Americans with Disabilities Act so that they can fulfill the function of being a community resource (Satcher & Hendren, 1992). On the other hand, Schultz (2008) explored the relationship between job development efficacy and rehabilitations and found that rehabilitation counselors were not comfortable making employer contacts, navigating employer complaints and assisting employers with reasonable accommodations. The rehabilitation profession has a responsibility to both the employment community and persons with disabilities to play a primary role in facilitating the successful implementation of the Americans with Disabilities Act legislation by providing expertise to employers regarding how they may better serve workers with disabilities (Satcher & Hendren, 1992).

Americans with Disabilities Act 1990

There has been extensive research on the intent of the Americans with Disabilities Act (ADA) of 1990 pertaining to the civil rights as applied to people with disabilities (Berkowitz, 1992, 1996; West, 1993, 1996; Harris & Associates, 1998; Shane, 1999). The Americans with Disabilities Act (ADA) of 1990 has been hailed as the most significant civil rights law for individuals with disabilities (Rozalski et al., 2010; Johnson & Baldwin, 1993; Wehman, 1993; Hernandez et al., 2000, 2004; Hernandez, Keys, Balcazar, & Drum, 1997, 1998; Kennedy & Olney, 2001) and the broadest scope of coverage of any civil rights measure enacted to date (Hernandez et al., 2000; Moore & Crimando, 1995; McCrone, 1989; Parry, 1991; Thornburgh, 1991). It is a comprehensive law that impacts every aspect of American Society and disability rights (Shannon, Tansey, & Schoen, 2009; Altman & Barnartt, 1993; Hernandez et al., 1998). The ADA requires many individuals to comply with the law including employers, business owners, and providers of goods and services.

The ADA prohibits discrimination in the areas of employment (Title I), state and local government services (Title II), transportation (Title III), private and public accommodations (Title IV) and telecommunications (Title V) (Hernandez, 2009). Title 1 of the ADA prohibits employers (with 15 or more employees) from discriminating against qualified individuals in job application procedures, hiring, firing, advancement, compensation, job training and other terms, conditions and privileges of employment. A qualified individual is defined as one who satisfies the prerequisites for the position (e.g., educational background, experience, skills, licenses, etc.) and can perform the essential functions of the job with or without a reasonable accommodation. Additionally, if an applicant or employee needs it, a reasonable accommodation may be provided to the individual. Examples of such reasonable accommodations are: making existing facilities

used by employees readily accessible to and usable by persons with disabilities, job restricting, modifying work schedules or creating reassignments to a vacant position, acquiring or modifying equipment or devices, adjusting or modifying examinations, training materials, or policies and providing qualified readers or interpreters (U. S. Equal Employment Opportunity Commission (EEOC), 2000).

Title II of the ADA prohibits discrimination by state and local government agencies (e.g., state government, public schools, public colleges, municipalities). All public agencies are covered under Title II, regardless whether they receive assistance of federal funding. It mandates public entities from denying qualified persons with disabilities the right to participate in or benefit from services, programs, or activities that they provide, and from subjecting such individuals to discrimination if the exclusion or discrimination is due to the person having a disability (ADA, 1990). Access is an important aspect of Title II of the ADA, because it means that all covered entities must have physical access that is constructed according to the ADA Standards for Accessibility and Design. Title II also covers public transportation regulated by the United States Department of Transportation. This includes the National Railroad Passenger Corporation along with all other commuter authorities. It also requires the provision of para-transit services by public entities that provide routes that are fixed (Nelson, 2010). Para-transit service is a specialized door to door transport for persons with disabilities who are not able to ride fixed-route public transportation.

The application of Title II has challenged both the segregation and unnecessary institutionalization of persons with disabilities (Bazelon, 2001; Bailey, 2006). The ADA mandate directing public agencies to make reasonable accommodations in implementing their programs provides an additional level of support for community integration that could be interpreted as a

requirement for the transfer of public funds or programs from institutions to the new community setting.

Title III pertains to public accommodations and commercial facilities. It further prohibits entities that operate places of public accommodations from discriminating against persons with disabilities by denying them full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations they provide (ADA, 1990). This Title is important to employers, employees, and the general public, because it explains in detail what is expected of public places and private business alike (Nelson, 2010). Supporters of the ADA, specifically Title III strongly believe that the passage of the ADA lead to inclusion of consumers with disabilities into everyday activities of life (Kaufman-Scarborough & Baker, 2005). There are exceptions to this title, including churches, private clubs, and religious organizations.

Title IV mandates all telecommunication to be accessible for persons across disabilities including those who have speech, hearing and voice impairments. This Title amended the Communication Act of 1934 to provide Telecommunication Device Delay (TDD) to enable persons with hearing impairments to contact individuals within their state and out-of-state concerning their needs (Jones, 1991).

Title V of the ADA is known as the anti-retaliation or coercion provision (Nelson, 2010). It provides protection for those persons with disabilities or those who assist them in exercising their legal right to file an ADA lawsuit without fear of retaliation or coercion. It also provides direction to federal agencies on how to enforce the ADA. This Title also consists of miscellaneous provisions whereby covering a wide array of issues such as, non-protection for those actively using illegal substances (Hernandez, 1999; Hernandez et al., 2004).

According to the EEOC (1997) to be protected, an individual must have a physical or mental impairment that substantially limits one or more major life activities, have a record of such impairment or be regarded as having such impairment (EEOC, 2009). Examples of these major life activities included in the original Americans with Disabilities Act of 1990 are: hearing, seeing, speaking, walking, breathing, performing manual tasks, caring for oneself, learning and working. The Americans with Disabilities Act Amendments of 2008 made several modifications to the definition of disabilities that may impact life activities. Additional definitions for life activities that may be impacted include: reading, bending, communicating, as well as functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions (EEOC, 2009).

There have been several panel discussions at conferences and Congressional hearings on the impact of the ADA on the employment rate of individuals with disabilities. An important purpose of Title I was to influence this system, to strengthen the chances of people with disabilities in fully integrating in society and strengthening community inclusion (Moore & Crimando, 1995). However, some gains have occurred since 1986. The unemployment rate of individuals with disabilities was estimated at about 66% (Harris & Associates, 1986, 1994). Furthermore, a Harris survey conducted by the National Organization on Disability (NOD) found the unemployment rate of people with disabilities from 1986 to 2004 as follows: 1986 – 66%, 1994 – 69%, 1998 – 71%, 2000 – 68%, and 2004 – 65% (Harris & Associates, 2004, 1998, 2000; McMahon, Roessler, Rumrill, Hurley, West, Chan, & Carlson, 2008). The unemployment rate further increased in 2007 to 79% (Erickson & Lee, 2007). This supports the a finding based on 250 employer surveys on the Americans with Disabilities Act by Satcher and Hendren (1992)

who suggested people with disabilities are the most discriminated against minority in the United States which was supported by Crimando and Moore, (1995).

The literature has attributed the persistence of stigma regarding disability and its negative impact on hiring to a variety of factors (Bradley, 2009; Brown & Bradley, 2002; Colella & Varma, 1998; Hebl & Kleck, 2002). For many people, disability is associated with low or no ability, an attribution that translates in employers' minds to outcomes such as poor performance, sporadic attendance, and unsafe work behavior (Rubin & Roessler, 2008; McMahon, et al, 2008). Employers and supervisors are also concerned about the perceive costs of accommodations and the possibility of other workers demanding special consideration, resulting in loss of control by front line supervisors (Schur, Kruse, & Blanck, 2005; McMahon et al., 2008).

Knowledge of ADA

It has been suggested the success of the implementation of the ADA is heavily dependent on individual actions and knowledge of the law (Hernandez, Keys, & Balcazar, 2003). The more knowledgeable rehabilitation counselors are about ADA, reasonable accommodations, and their attitude toward job development, the less likely their attitudes will be expected to fluctuate (Hernandez et al., 2004; Johnson, 1994; Wood, Kallgren, & Preisler, 1985). Authors of various studies (Unger, 2002; Moore & Crimando, 1995, Hernandez et al., 2004, Clarke & Crewe, 2000; Thakker & Solomon, 1999; Redick, McClain, & Brown, 2000; Kennedy & Olney, 2001, Brostrand, 2006) have shown employers have a low to moderate level of knowledge of the ADA and are not in complete agreement with the legislation (Satcher & Hendren, 1992). In addition, researchers have indicated employers have positive attitude towards persons with disabilities, however, this does not translate into employment outcomes. (Florey & Harrison, 2000; Blanck, 1998; Unger, 2002; King, 1993; Smith, 1992).

Studies have shown employers and recruiters have incorrect knowledge of the role they play in implementing the Americans with Disabilities Act (Unger, 2002; Hernandez et al., 2010, 2003; Walters & Baker, 1996; Ballard, 2000). Among employers, most important skill requirements for rehabilitation counselors are those related to job development and placement activities (Fabian & Waugh, 2001). Assisting job seekers with disabilities to find and secure competitive community jobs has traditionally been a critical function of rehabilitation counselors (Commission on Rehabilitation Counselor Certification, 1997, 2003; Emmener & Rubin, 1980; Leahy, Chan, & Saunders, 2003; Roessler & Rubin, 1992; Schultz, 2008), and has been strengthened by recent social and legislative changes. Rehabilitation counselors are burdened with the enormous task of coordinating with employers to make sure they understand ADA and follow its provisions (Satcher & Hendren, 1992). It is imperative that rehabilitation counselors have a strong understanding of the ADA as well as those areas that are vague and are clarified through case law (Dalgin, 2001; Ballard 2000, Dart, 1993; Henderson, 1992).

A study conducted by Gilbride, Stensrud, and Connolly (1992) indicated the top three issues that concerned employers were: (1) How to restructure or accommodate different jobs, (2) cost effective job/task restructuring, and (3) impact on workers' compensation claims. Most of these concerns indicated by employers were what tasks/activities rehabilitation counselors are trained to perform (Leahy & Shapson, Wright, 1987; Gilbride & Stensrud, 1993; Hernandez et al., 2000; Leahy, Chan, & Saunders, 2003; Etheridge, Rodgers, & Fabian, 2007). However, this research indicates rehabilitation counselors have traditionally considered job analysis and employer consultation skills less important than vocational counseling or case management competencies. It can be inferred employment outcomes maybe impacted due to the rehabilitation counselors' attitudes towards these competencies.

Attitudes toward Reasonable Accommodation

Employers have indicated one of the top three issues they are most concerned with in hiring individuals with disabilities is cost effective reasonable accommodations in various jobs (Gilbride et al., 1992; Hernandez et al., 2000). Many issues that employers were concerned about (e. g., job restructuring, accommodations, person-job fit) entail services that rehabilitation counselors have been trained to provide, and, in many cases, currently perform (Wright, Leahy, & Shapson, 1987; Gilbride & Stensrud, 1992a; Mullins, Rumrill, & Roessler, 1996; Gilbride et al., 1992; Etheridge, Rodgers, & Fabian, 2007).

Copeland, Chan, Beczyak, & Fraser (2010) noted positive attitudes toward accommodations and equal treatment of people with disabilities can also lead to a stronger belief about reasonableness of accommodations in the workplace. A controversial aspect of the ADA is the idea that individuals with disabilities should be offered a reasonable accommodation that can allow them to work. A reasonable accommodation is “any modification or adjustment to a job or the work environment that will enable a qualified applicant or employee with a disability to participate in the application process or to perform essential job functions” (EEOC, 1992, p. 3). It also applies to providing the opportunity for a qualified individual with a disability employee to share in the same rights and privileges of employment that are available to his/her nondisabled coworkers. Employers are required to make such accommodation if requested by an employee who has a known disability.

An additional consideration in whether accommodations should be made by employers is whether the requested accommodation represents an undue hardship, defined as an “action requiring significant difficulty or expense” (EEOC, 1992, p. 3) and is determined by the employer on a case-by-case basis. The law also states that while employers are required to make

accommodations if requested by an employee with a disability, this requirement is null if the accommodation results in undue hardship for the company. Undue hardship constitutes an “action requiring significant difficulty or expense as determined by the EEOC” (EEOC, 2009, p. 3) on a case-by-case basis, and depends on factors such as, an employer’s size, financial resources, and the nature and structure of the operation. If an employer deems an accommodation request as an undue hardship, the employer remains under the obligation to work with the disabled individual to develop and implement a plan to enable the employee to meet the requirements of the position.

Misperceptions of high costs associated with providing accommodations while employing persons with disabilities have made these workers even less desirable to potential employers (DeLeire, 2000). The Job Accommodation Network found approximately half of the accommodations requested by employers had no cost associated with them, and those that did have a cost was a median of \$600 (Schartz, Schartz, Hendricks, & Blanck, 2006; Solovieva, Walsh, Hendricks, & Dowler, 2010). However, according to the Nelson (2010):

- 31% of accommodations cost nothing
- 19% of accommodations cost between \$1-50
- 19% of accommodations cost between \$50-500
- 19% of accommodations cost between \$500-1000
- 11% of accommodations cost between \$1000-5000
- 1% of accommodations cost more than \$5000

Many of the obstacles encountered by people with disabilities are generated by societal attitudes (Antonak & Livneh, 2000; Findler, Vilchinsky, & Werner, 2007; Weisel, Kravetz, Shurka-Zernitsky, & Florian, 1988; McCaughey & Strohmer, 2005). When societal attitudes are

positive they can facilitate inclusion (Wright, 1983; Yuker, 1988), furthering acceptance of the disability by family, friends, and potential employers. When they are negative, they can seriously hamper inclusion, contributing to the transformation of specific functional impairments into generalized personal, family, social, or vocational handicaps (Findler, Vilchinsky, & Werner, 2007; Vilchinsky & Findler, 2004). Despite the identification of these other barriers, attitudes of the public, employers, and employment professionals continue to be the strongest impediment to the full inclusion and participation for persons with disabilities in the workplace (Levy, Jessop, Rimmerman, Francis, & Levy 1993; Unger, 2002; Hernandez et al., 2000; McMahon, Rumril, Roessler, Hurley, West, Chan, & Carlson, 2008; Gilbride et al., 2000; Brostrand, 2006).

The Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973 are two important federally funded legislations that prohibit discrimination against individuals with disabilities (Kaplin & Lee, 1995; Gordon & Keiser, 2000). The Rehabilitation Act of 1973 is a civil right law enacted by Congress for purposes of eliminating the discrimination against individuals within programs or activities that receive federal funding (Russo, 1995; U. S. Commission on Civil Rights, 2000). The most significant provisions of the Rehabilitation Act of 1973, Title V are sections 501, 503 and 504. Section 501 protects persons with disabilities from employment discrimination by federal agencies and departments, and Section 503 protects persons with disabilities from employment discrimination by contractors with the federal government. Section 504 of the Rehabilitation Act functions to protect otherwise qualified persons with a disability (Waterstone, 2000; Nelson, 2010).

Job Development Efficacy

Schultz (2008) examined job development efficacy items and found rehabilitation counselors were not comfortable making employer contacts, assisting employers in making

accommodations, or dealing with employer complaints. Perhaps rehabilitation counselors' discomfort maybe related to inadequacy of educational preparation. Rehabilitation counselor educators continue to rank items associated with employer consultation (providing consultation regarding accessibility and issues related to the ADA, etc.) among the least proficient areas of instruction (Leahy et al., 2003; Zankas & Leahy, 2008). Practitioners in the field have expressed they feel inadequately prepared for consulting activities and require additional training (Chan et al., 2003; Leahy et al., 2003). Schultz (2008) was not sure if the results of the study holds true for rehabilitation counselors in the private sector or nationally. Schultz (2008) provided significant ramifications for assistance in implementing the Americans with Disabilities Act.

Clarke and Crewe (2000) conjectured knowledge of attitudes toward the ADA is linked to behavior (Kennedy & Olney, 2001; McCaughey & Strohmer, 2005, Brostrand, 2006). They hypothesized attitudes shape behavior and knowledge shapes attitudes. Attitudes have traditionally been recognized as having a significant influence on behavior (Allport, 1967; Ajzen, 2001; Ajzen & Fishbein, 1980; Erwin, 2001; Kiesler, Collins, & Miller, 1969; Vash, 2001) and play a role in understanding wide variety of behaviors. The attitude an individual holds provides the foundation of behavioral intent. In the case of job placement activities, if counselors have negative attitudes towards job placement as a professional activity, then a behavioral intent to engage in such activities will not be sufficient to overcome any negative influences that may result from the subjective norm.

The Theory of Planned Behavior (TPB) developed over the years to become an influential model for explaining human behavior (Ajzen, 2002). Based on the original theoretical work of Ajzen and Fishbein (1980), Ajzen (2002) described the basic concepts of the TPB as follows:

Human behavior is guided by three kinds of consideration: beliefs about the likely consequences or other attributes of the behavior (behavioral beliefs), beliefs about normative expectations of other people (normative beliefs), and beliefs about the presence of factors that may further or hinder of the behavior (control beliefs). In their respective aggregates, behavioral beliefs produce a favorable or unfavorable attitude toward behavior; normative beliefs result in perceived social pressure or subjective norm; and control beliefs give rise to perceived behavioral control. (p. 665).

Ajzen (202) further explained behavior is the result of an intention formed through the interaction of attitudes toward the behavior, the subjective norms influencing the target behavior, and counselors' perceived behavioral control. In this way the interaction between attitude toward the behavior (job placement), the subjective norm (perceived organizational attitudes), and perceived behavioral control (placement efficacy) could be examined in terms of influencing the target behavior, or involvement in job placement activities (Schultz, 2008).

If rehabilitation counselors are going to assist employers in complying with the ADA and increase opportunities for people with disabilities, they must understand employers' needs (Gilbride et al., 1992). Rehabilitation counselors recognized the problem of employer attitudes (Thomas, Thomas, & Joiner, 1993; Gilbride et al., 2000) and noted negative attitudes are often identified as a major barrier to successful job placement. Successful job placement and the encouragement of employers to effectively integrate people with disabilities into the workplace are central functions of rehabilitation counselors (Gilbride & Stensrud, 1992b; Mullins, Rumrill, & Roessler, 1996; Ballard, 2000). Thus, understanding and addressing employer attitudes are

imperative. Moore and Crimando (1995) found attitudes of the rehabilitation counselors towards the ADA were different than those of the private business sector and people with disabilities. They inferred perhaps rehabilitation counselors can provide some influence in attempting to reduce such disparity in attitudes as well as impact on employment outcomes. Most employers have indicated they want to know more about the Americans with Disabilities Act (Moore & Crimando, 1995; Daglin 2001; Gilbride et al., 2000; Satcher & Hendren, 1992).

Scope of Problem

There are approximately 54 million people with disabilities in the United States and represent one of the largest minority groups (National Council on Disability, 2005, U.S. Bureau of the Census, 2000; Hernandez et al., 2010). Of these, 33 million individuals have disabilities that are classified as severe (Hernandez et al., 2003; McNeil, 2001). Endicott (2005) indicated 12% of the workforce or 21.3 million people have disabilities that have an impact on their ability to work (Erickson & Lee, 2007). Head and Baker (2005) stated as many as 50 million individuals have disabilities that affect their abilities to seek and secure employment. These population estimates are consistent with figures cited in the preamble of the Americans with Disabilities Act (Rubin & Roessler, 2008). “In 2007, the overall percentage of working-age people with disability ages 21 to 64 in the U.S. was 12.8 percent” (Erickson & Lee, 2008, p. 12).

The Americans with Disabilities Act 1990 purposes and intent were to eradicate discrimination and promote effective integration into communities and become more economically independent (Becker et al., 2003; Frank & Bellini, 2005; Hernandez et al., 2010, 2003, 2004). However, the employment rate for people with disabilities continues to be disproportionately low when compared to that of the general population. For example, Harris & Associates (2000) interactive poll noted persons with disabilities experience the highest rate of

unemployment of any minority. Additional findings from this report stated all working age persons with disabilities aged 18-64, only 3 out of 10 (32%) were employed full time or part time compared to 8 out of 10 working age persons without disabilities (81%), a gap of 49 percentage points.

Other literature indicated there are currently 30 million working age people with disabilities in the U.S. (Hernandez et al., 2010). However, only 34.6% of these individuals are employed as compared to 79.8% of people without disabilities (Copeland, 2007). As the severity of disability increases, the likelihood of being employed greatly decreases (Unger, Wehman, Yasuda, Campbell, & Green, 2002; McNeil, 2001; Hernandez et al., 2003). However, of those individuals who are unemployed, two thirds would prefer to work (Harris & Associates, 2000).

Harris Polls conducted by National Council on Disability from 1986 and 2004 reported employment rates of individuals with disabilities between the ages of 18 to 64 remained steady at 35%, compared to approximately 75% for individuals without disabilities (Harris & Associates, 2007). The U.S. employment in 2007 for persons with disabilities employed full-time/full year is 21.2% compared to persons without disabilities at 56.7% (Erickson & Lee, 2008).

The 1990 Americans with Disabilities Act's (ADA) key piece of civil rights legislation for the disability community aimed to limit discrimination in hiring and employment practices and to improve labor market for workers with disabilities. The overall social impact of the ADA and its subsequent 2008 amendments is somehow unclear. It is quite disappointing that almost two decades after the passage of the ADA rehabilitation counselors are not generally viewed as the consultant of choice by most businesses on disability issues involving legislation, accessibility and accommodations (Gilbride & Stensrud, 2008; Ballard, 2000).

The huge gap in unemployment persists and as a result suggests rehabilitation professionals are not acting effectively as brokers (Gilbride & Stensrud, 2008). Stensrud (2001, 2007) found rehabilitation professionals could play a demand side brokerage role by helping to reduce the risks employers experience when they hire new employees.

Typically, rehabilitation counselors have played a multifaceted role to include, counseling, case manager, job development, systems change, advocacy, and crisis management. The consultant role in rehabilitation counseling has emerged as a result of the emphasis on employment reflected in the Americans with Disabilities Act of 1990 (Etheridge, Rodgers, & Fabian, 2007). For example, rehabilitation counselors may assist employers in understanding the ADA, particularly regarding reasonable accommodations (Fisher & Bender, 1995; Foote, 2000; Goodman-Delahunty, 2000; Houlihan & Reynolds, 2001; Weed & Field, 2001; Etheridge, Rodgers, & Fabian, 2007). Most state/federal vocational rehabilitation programs conduct employer outreach to facilitate employment of clients with disabilities. Changing employer attitudes may be the first step in reducing discrimination and improving the employment rate of persons with disabilities (McCarthy, 1988; Smart, 2001; Brostrand, 2006; Shannon et al., 2009).

According to Schultz & Brooks (2003), attendees at the International Association of Rehabilitation Professionals roundtable discussion felt graduates were “ill prepared for the roles and functions of the rehabilitation counselor in the private sector” (p. 257). Some the items they noted were lack of skills in “knowledge of marketing strategies” (p. 257) and “labor market analyses” (p. 257). Another study by Chan, Leahy, Sauders, Tarvydas, Ferrin, and Lee (2003) supported the revelations by Schultz and Brooks (2003) in that it determined that certified rehabilitation counselors practicing in the state-federal vocational rehabilitation service system

should be knowledgeable about job accommodations, assistive technology, job development, and supported employment (Zanskas & Leahy, 2008).

Similarly, those in the private-for-profit rehabilitations settings should acquire skills pertaining to accommodations, etc. Schultz (2008) examined factors contributing to rehabilitation counselors' level of involvement in job placement. Schultz (2008) found, in terms of placement efficacy, public rehabilitation counselors were not comfortable making employer contacts, assisting employers in making accommodations, or dealing with employer complaints. Likewise, Fabian and Waugh (2001) posit self-efficacy may be one of the most significant attributes of the job development professional associated with successful employment outcomes for persons with disabilities. The persistently poor labor force participation rates of persons with disabilities underscored the importance of job development as a rehabilitation competency, particularly as the data indicated only one-third of Americans with disabilities are working, and even fewer of those with severe disabilities participate in the labor market (U.S. Department of Labor, 2010).

Rehabilitation counselors who provided job placement services should have a working knowledge of the ADA and other disability related legislation. This is important so they can assist individuals with disabilities in gaining employment (Walters & Baker, 1996; Ballard 2000; Unger, 2002; Hernandez et al., 2000; Hernandez, 2010). There has been extensive research that has shown not all employers have a working knowledge of the ADA and are unsure of how they are to comply with the Act. Scheid (1998) found employers had little knowledge of the ADA but had made a significant amount of accommodations for employees with disabilities. This gap provides the rehabilitation counselor the opportunity to build collaboration with employers, increase ADA awareness among employers (Scheid, 1998), and become a resource person to the

employment community simultaneously improving employment for people with disabilities (Satcher & Hendren, 1992; Ballard 2000).

Many of the obstacles encountered by people with disabilities are generated by societal attitudes (Antonak & Livneh, 2000; Weisel, Kravetz, Shurka-Zenitsky, & Florian, 1988; Fidler, Vilchinsky, & Werner, 2007; McCaughey & Strohmer, 2005). Attitude has been defined as “an idea charged with emotion which predisposes a class of actions in a particular class of social situations” (Antonak, 1988, p. 109) and represents a complex interaction of cognitions, affective experiences, behaviors, and experiences (Antonak & Livneh, 1988; McCaughey & Strohmer, 2005). It has been suggested attitudes often mirror one’s values and motivate behaviors (Antonak & Livneh, 1988; Brostrand, 2006; Livneh, 1991; Millington, Strohmer, Reid, & Spengler, 1996; Fabian & Waugh, 2001; McCaughey & Strohmer, 2005; Shannon et al., 2009). As emphasized by McCaughey and Strohmer (2005), attitudes may increase the tendency for “stereotypical and predictable” (p. 89) behaviors toward, or in the company of certain groups of individuals. Unfavorable attitudes towards persons with disabilities contribute to the development, reinforcement and solidification of barriers that prevent full societal inclusion, (Shannon et al, 2009). Attitudes toward individuals with disabilities are important because of a connection between negative attitudes, discrimination and bias.

Research has focused on assessing the attitudes of rehabilitation counselors and correlating their attitudes to various demographic variables such as, sex, age, type of training, level of experience, and contact (Carney & Cobia, 1994; Elston & Snow, 1986; Garske & Thomas, 1990; Goodyear, 1983). There is a lack of research with regards to the attitudes of rehabilitation counselors toward the ADA’s employment provisions (Clarke, 1997), however, studies do indicate rehabilitation counselors have a positive attitude – higher than the national

average, toward individuals with disabilities (Huitt & Elston, 1991; Martin, Scalia, Gay & Wolfe, 1982).

Research has demonstrated successful performance is not only dependent on the acquisition of requisite skills, but also the development of robust efficacy beliefs (Larson, Suzuki, Gillespie, Potenza, Bechel, & Toulouse, 1992; Fabian & Waugh, 2001). An individual's belief in mastery of a task or skill contributes to interest in the skill, and, more importantly, is the most potent predictor of the performance of it (Bandura, 1986; Lent, Brown, & Hackett, 1994). Thus, self-efficacy beliefs of job development professionals are important, as their perception regarding their ability to perform a specific function may influence not only their interest, but also their behavior (Fabian & Waugh, 2001).

There is a need to examine the level of knowledge of the ADA among rehabilitation counselors because people with disabilities are directly impacted by the employment provisions of the ADA (Clarke 1997; Clark & Crewe, 2000), and therefore rehabilitation counselors have a significant role and stake in the effectiveness of the ADA (Moore, 1993). Due to the declining employment rates of people with disabilities over the last few decades, ADA compliance and reasonable accommodation beliefs and job placement efficacy remain ripe for research (Copeland, 2007).

There has been a lack of research conducted in this area. A review of the literature reports twelve studies have examined ADA knowledge among various groups, including managers, personnel directors, human resource representatives, employers, occupational therapists, adults with disabilities and students of rehabilitation counseling programs (Hernandez et al., 2003). Nine studies used self-report items to assess knowledge of this law (Bruch, 1998; Hernandez et al., 2010, 2003; Ehrhart, 1995; Kregel & Tomiyasu, 1994; Harris & Associates, 1994, 1998;

Roessler & Sunner, 1997; Hernandez et al., 2010, 2003; Scheid, 1999; Ballard 2000; Walters & Baker, 1996; Unger, 2002; Waters & Johanson, 2001; Hernandez, 2010), with most respondents indicating some knowledge about the ADA. Only three studies administered an actual test to assess knowledge of the ADA titles (Clarke & Crewe, 2000; Unger, 2002; Thakker & Solomon, 1999; Redick et al., 2000; Hernandez et al., 2003).

Purpose of the Study

The purpose of this study is to examine the relationship between rehabilitation counselors' level of knowledge of the Americans with Disabilities Act, attitudes toward reasonable accommodations, and job placement efficacy. In order to increase employment rates for people with disabilities, rehabilitation counselors must have up-to-date knowledge about the impact of ADA and recent case law (Dalgin, 2001; Bell, 1993).

The results of this study may assist the rehabilitation profession to strengthen the weak areas of knowledge and identify areas that may be potentially confusing to the employer. As Martin & Vieceli (1988) indicated, understanding employers is critical if the rehabilitation counselor is to enhance the employment of persons with disabilities (Moore, 1993; Satcher & Hendren, 1992; Kennedy & Harris & Associates, 2005). It is suggested if rehabilitation counselors apply their skills effectively they may be able to increase the quality and number of jobs available to people with disabilities, thus helping to meet the intended goal of the ADA (Gilbride et al., 1992; Jenkins & Strauser, 1999; Gilbride & Stensrud, 1992b, 1999) and manage a diverse labor force.

Significance of the Study

The identification of potential barriers to the effective implementation of the ADA is critical if the rehabilitation profession is to have some impact on whether the legislation will

make a difference in the lives of people with disabilities (Moore, 1992). Although there is a substantial body of literature on attitudes towards individuals with disabilities, there is lack of research that examines the relationships of the level of ADA knowledge, beliefs regarding reasonable accommodations and job development efficacy (Popovich, Scherbaum, Scherbaum, & Polinko, 2003). Perhaps, research in these areas may help the estimated 8.2 million individuals with disabilities, who want to work, yet are unable to find employment (Epstein, 1995). This lack of research has limited rehabilitation counselors ability to understand and design interventions that effectively aide in the utilization of the ADA to increase employment outcomes for persons with disabilities.

Research Questions

This study was designed to examine the relationship between rehabilitation counselors' level of knowledge, attitudes toward reasonable accommodation, and job development efficacy.

This study strives to answer the four following research questions:

1. What is the relationship between Rehabilitation Counselors' level of knowledge of the ADA, attitudes toward reasonable accommodation, and job development efficacy?
2. What is the relationship between the demographic characteristics (i.e., age group, gender, race/ethnicity, type of education, employment setting, and years of rehabilitation counseling experience) of Rehabilitation Counselors and their level of knowledge of the ADA, attitudes toward reasonable accommodation and job development efficacy?
3. What are the greatest barriers to job placement outcomes as reported by the Rehabilitation Counselors?

4. What would enhance Rehabilitation Counselors' comfort level in assisting employers with job placement?

The expectations for this study are the more knowledge of the ADA rehabilitation counselors have, will positively impact their attitudes toward reasonable accommodation and enhance job development efficacy. It is the researcher's belief the longer an individual serves as a rehabilitation counselor and the more education a rehabilitation counselor has will impact their attitudes toward reasonable accommodation and enhance job development efficacy.

Definition of Terms

The following definitions are relevant to this study:

Americans with Disabilities Act of 1990

The ADA is a civil rights statute designed to eliminate discrimination against individuals with disabilities (ADA, 1990). The purpose of the ADA's employment provisions contained in this statute is to eliminate and minimize workplace discrimination against individuals with disabilities. The primary requirement of this statute mandates employers to make personnel decisions "unrelated to the existence or consequence of disability" (McMahon & Shaw, 2005, p. 137).

Attitude

"Attitude is a state of feeling or mindset about a person or situation (Riverside Publishing Company, 1984). "Attitudes reflect a predisposition to behave in stereotypical and predictable ways toward, or in the presence of, members of a particular group" (McCaughey & Strohmer, 2005, p. 97). Attitudes are not responses, but inclinations to respond in certain ways (McCleod, 1991; Copeland 1997). In addition, attitudes are a tendency expressed by evaluating a particular

individual or object with some degree of favor or disfavor (Eagly & Chaiken, 1993; Copeland, 1997).

Reasonable Accommodation

Reasonable accommodation is a modification or adjustment to a job, the work environment, or workplace policies and procedures that allow a person with a disability equal employment opportunity. The accommodation provides the individual the opportunity to attain the same level of employment or to enjoy the same benefits and privileges of employment that are available to similarly situated workers without disabilities. Accommodations are required in three aspects of employment including the job application process, performance of essential functions of the job and enjoyment of employment related benefits and privileges (EEOC, 1991). Reasonable accommodations may include making existing facilities physically accessible to individuals with disabilities, job restructuring, part time or modified work schedules, reassignment to a vacant position, acquisition or modification of equipment or devices, appropriate adjustment or modifications of examinations, training materials or policies, the provision of qualified readers or interpreters and other similar accommodations for individuals with disabilities (ADA, 1990).

Disability

“The term disability means, with respect to an individual: (a) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (b) a record of having an impairment; or (c) being regarded as having such impairment” (ADA, 1990, p. 2).

Job Development Efficacy

It is defined as perceived ability in one's capabilities to organize and execute skills involved in assisting people with disabilities in achieving employment outcomes (Schultz, 2008).

Efficacy

Efficacy is defined as "people's judgments of their capabilities to organize and execute courses of action required attaining designated types of performance" (Bandura, 1986, p. 391).

Assumptions

The research was guided by several assumptions:

1. Rehabilitation counselors must be knowledgeable about the ADA and can make an impact on the employment community in terms of ADA awareness if their level of ADA knowledge is significant (Satcher & Hendren, 1992).
2. Rehabilitation counselors have the belief that people with disabilities are capable and willing to work (Harris & Associates, 2000).

Limitations of the Study

Limitations to be considered in this research study include:

1. This study utilized a convenient randomized sample of rehabilitation counselors nationwide who were willing to participate. Consequently, external validity may not be effective as this sample may not be representative of all rehabilitation counselors nationwide.
2. This study relied on a self-report survey. Although considered a strength in the social and behavior sciences, responses may be subject to socially desirable answers.
3. Many of the e-mail addresses were from work environments and it is assumed

would be completed on work time. The time to complete the survey may not be considered as an appropriate use of time in many work environments.

4. Additional unknown factors may influence levels of rehabilitation counselors' knowledge of ADA, attitudes toward reasonable accommodation, and job development efficacy which were not accounted for by this study.

Summary

This study investigated the relationship between rehabilitation counselors' level of knowledge, attitudes toward reasonable accommodation, and job development efficacy. Chapter I introduced the population, problems to be addressed, purpose and significance of the study, and stated the research questions to be examined. Definitions, assumptions, and limitations relevant to the proposed research, were also detailed. Chapter II presents a literature review on persons with disabilities as it relates to rehabilitation counselors' knowledge of the ADA Titles, attitudes towards reasonable accommodation, and job development efficacy.

CHAPTER II

REVIEW OF THE LITERATURE

Chapter II presents literature and existing research relevant to this study. Included is a review of literature, existing research and data on persons with disabilities as it relates to the American with Disabilities Act 1990, and rehabilitation counselors' level of knowledge of the ADA, and attitudes toward reasonable accommodations, and job development efficacy. Significant findings of the research reviewed and their relevance to the proposed study are also discussed.

American with Disabilities Act 1990

The Americans with Disabilities Act (ADA) of 1990 has been heralded as the most significant civil rights law for individuals with disabilities (Rozalski et al., 2010; Johnson & Baldwin, 1993; Wehman, 1993; Hernandez et al., 2004; Kennedy & Olney, 2001) and the most sweeping and broadest scope of coverage of any civil rights act enacted to date (Hernandez et al., 2003; Moore & Crimando, 1995; McCrone, 1989; Parry, 1991; Thornburgh, 1991). It is a comprehensive law that impacts every aspect of American society and disability rights (EEOC; Altman & Barnartt, 1993; Rozalski et al., 2010). The ADA requires many individuals to comply with the law including employers, business owners, and providers of goods and services (Hernandez et al., 2003).

Specifically, the ADA prohibits discrimination in the areas of employment (Title I), state and local government services (Title II), transportation (Title III), private and public accommodations (Title IV) and telecommunications (Title V) (Hernandez, 1999). Title 1 of the ADA prohibits employers (with 15 or more employees) from discriminating against qualified individuals in job application procedures, hiring, firing, advancement, compensation, job training

and other terms, conditions and privileges of employment. A qualified individual is defined as one who satisfies the prerequisites for the position (e.g., educational background, experience, skills, licenses, etc.) and can perform and fulfill the essential functions of the job with or without a reasonable accommodation. Moreover, if an applicant or employee needs or requires it, a reasonable accommodation must be provided to the individual. Examples of such reasonable accommodations are: making existing facilities used by employees readily accessible to and usable by persons with disabilities, job restructuring, modifying work schedules or creating reassignments to a vacant position, acquiring or modifying equipment or devices, adjusting or modifying examinations, training materials, or policies, and providing qualified readers or interpreters (EEOC, 2009).

Title II of the ADA prohibits discrimination by state and local government agencies (e.g., state government, public schools, public colleges, municipalities). All public agencies are covered under Title II, regardless whether they receive assistance of federal funding. It mandates and prohibits public entities from denying qualified persons with disabilities the right to participate in or benefit from services, programs, or activities that they provide, and from subjecting such individuals to discrimination if the exclusion or discrimination is due to the person having a disability (ADA, 1990). Access is an important fact within Title II of the ADA, which means that all covered entities must have physical access that is constructed according to the ADA Standards for Accessibility and Design. Title II also covers public transportation regulated by the U.S. Department of Transportation. This includes the National Railroad Passenger Corporation along with all other commuter authorities. It also requires the provision of para-transit services by public entities that provide routes that are fixed (Nelson, 2010).

The application of Title II since its inception and enactment has called into question both the segregation and unnecessary institutionalization of persons with disabilities (Bazelon, 2001; Bailey, 2006). The ADA mandate directing public agencies to make reasonable accommodations in implementing their programs provides an additional level of support for community integration that could be interpreted as a requirement for the transfer of public funds or programs from institutions to the new community setting (Nelson, 2010).

Title III pertains to public accommodations and commercial facilities. It further prohibits entities that operate places of public accommodations from discriminating against persons with disabilities by denying them full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations they provide (ADA, 1990). This title is extremely significant to employers, employees, and the general community because it explains in detail what is expected of public places and private businesses alike (Nelson, 2010). Advocates of the ADA, specifically Title III strongly believe that the passage of the ADA spearheads the inclusion of consumers/persons with disabilities into everyday activities of life (Kaufman-Scarborough & Baker, 2005, Nelson, 2010). The exceptions to this title include: churches, private clubs, and religious organizations.

Title IV mandates all telecommunication to be accessible for persons across disabilities including those who have speech, hearing and voice impairments. It should be noted this Title amended the Communication Act of 1934. This act signals a more inclusive tone for all persons across disabilities in terms of communication.

Title V of the ADA is known as the anti-retaliation or coercion provision (Nelson, 2010). Its provision provides unilateral protection for persons with disabilities or individuals who assist them in enacting their legal right to file for ADA litigation without fear, retaliation or coercion. It

also provides direction to federal agencies on how to enforce the ADA. There are also provisions and coverage in Title V for miscellaneous areas such as, non-protection for those actively using illegal substances (Hernandez, 1999; Hernandez et al., 2004, Nelson, 2010).

The ADA was enacted by Congress in 1990, and it took two years thereafter before it went into full effect (Nelson, 2010; O’Keeffe, 1994). Congress passed Amendments to the Act in 2008, these amendments became effective January 1, 2009 (Nelson, 2010). The ADA Amendments of 2008 emphasizes that “mitigating and/or corrective measures” must be taken into consideration in determination of eligibility under the ADA (Rozalski et al., 2010). Furthermore, according to Rozalski, et al., (2010), the ADA Amendments of 2008 will increase pressure on employers to provide reasonable accommodations.

The ADA represents an extension of previous anti-discrimination law (e.g., Title VII, which prohibits discrimination based on race, color, religion, sex or national origin; and the Age Discrimination in Employment Act, which prohibits discrimination based on age) to disabled persons. Most of the language in the ADA stems from the Rehabilitation Act of 1973, which prohibits federal employers, contractors, and grant recipients from discriminating based on disability (Nelson, 2010; Walls, Moore, Batiste & Loy, 2009).

A major assumption of the ADA is that individuals with disabilities retain low economic status and labor market participation in part because of discrimination and lack of access to employment (Beegle & Stock, 2003). Its passage held significant hope for major improvements in the employment of this group (Copeland, 2007). Unfortunately, despite the passage of the ADA, people with disabilities still face significant barriers and discrimination preventing them from mainstream participation in US society, particularly in the area of employment (U. S. Commission on Civil Rights, 2000).

Knowledge of the ADA

According to Hernandez, et al., (2003), measuring the knowledge base of the ADA is paramount since there appears to be so limited knowledge of this law amongst those who are responsible for the implementation of the law. Most recently, a report released from the Rehabilitation Research Training Center on Disability Demographics and Statistics (2007) indicated the employment gap between individuals with and without disabilities is exceedingly high (Hernandez, 2009; McGuire-Kuletz & Hergenrather, 2008; Hernandez, 2010). Statistics show that in a five year period of 2001 – 2005, employment among persons with disabilities was 23.3% compared to persons without disabilities (Altman & Bernstein, 2008; Erickson & Lee, 2007). According to the 2000 U.S. Census, 49.7 million people with disabilities reported some type of long lasting condition or disability (U.S. Bureau of Census, 2000). In the 2004 Disability Status Report containing information from the American Community Surveys, 12.1% of working-age people reported they currently had a disability (Rehabilitation Research and Training Center on Disability Demographics and Statistics, 2005).

Evenson and Holloway (2000) reported:

The mandate to provide employment opportunities in the community, utilize assistive technology, and serve individuals with the most severe disabilities necessitates a higher level of skill with less opportunity for supervision. This challenging environment calls for increased levels of knowledge, skills, and competency than has ever been required of community rehabilitation program personnel (pp. 116-117).

Hunt and Hunt (2000) purported rehabilitation professionals influence the acceptance of persons with disabilities within the workplace. Hunt and Hunt (2000) indicated:

...it is difficult to assess whether attitudinal barriers have been changed or altered. It is these attitudinal barriers that are more inhibiting and cause more challenges for people with disabilities. As people with disabilities are increasingly integrated into society, we may see attitudinal barriers present themselves in new, more subtle ways (p. 270).

This research is also supported by Rubin & Roessler (2001) and Cartwright & Kim (2006). They indicated “research has also shown that attitudinal barriers more often than physical and technological barriers, prevent people with disabilities from engaging in gainful competitive employment” (p. 42).

Rehabilitation counselors are the gatekeepers of both information and services (Wong, Chan, Cardoso, Lam & Miller, 2004; Benham, 1988; Brodwin & Orange, 2002; Estes, Deyer, Hansen, & Russell, 1991; Shannon et al., 2009; Moore & Crimando, 1995). Negative attitudes toward disability may unduly restrict the options or alternatives generated by professionals for persons with disabilities receiving services (Wong, Chan, Cardoso, Lam & Miller, 2004; Altman, 1981; Benham, 1988; Brodwin & Orange, 2002; Paris, 1993; Findler et al., 2007; Vilchinsky et al., 2004). It is the negative attitude which presents obstacles toward persons with disabilities and inadvertently affects the integration of successful rehabilitation and independence of these individuals (Wong, Chan, Cardoso, Lam & Miller, 2004; Brostrand, 2006; Scope, 2003; Shaprio, 1994; Kennedy & Olney, 2001; Antonak & Livneh, 1988). It remains imperative for rehabilitation counselors to understand and comprehend the ADA and the responsibilities and obligations it may impose on their profession (Bell, 1993; Gilbride & Stensrud, 1992a, 1999; Jenkins & Strauser, 1999; Moore & Crimand, 1995). Dalgin (2001) also supported this statement including being “up to date” on the ADA and its impact and case law. He further acknowledged

rehabilitation counselors must discuss with their clients how, when, why, to whom, and what information to share about their disabilities in employment situations/scenarios.

The ADA erases forever the concept that the rehabilitation profession should match disabilities with jobs and making the ADA a reality for persons with disabilities (Bell, 1993). Rehabilitation counselors are in such a unique position to assist in facilitating and forging the relationship between persons with disabilities and employers as well as influencing the attitudes of employers in relation to the understanding and the implications of the ADA (Moore, 1995; Hernandez et al., 2003; Clarke & Crewe, 2000; Gilbride et al., 1992). Furthermore, Satcher & Hendren (1992) suggested rehabilitation counselors must be familiar with the provisions of the ADA so that they can serve as resource persons for employers and community members wanting information about this legislation (Papes & Tarvydas, 1994; U.S. EEOC, 1996; Welch, 1996, Commerce Clearing House, 1997; Bell, 1993; McDonough, 1992; Strauser & Berven, 2006; Moore, 1993; Moore & Crimando, 1995).

Under the ADA, a significant service that rehabilitation counselors might provide is assisting employers with job analyses, and helping develop or design the reasonable accommodations that will make initial hiring or return to work feasible for persons with disabilities (Walker & Hefner, 1992; Gilbride et al., 1992; Wright, Leahy, & Shapson, 1987). With the new guidelines developed under the ADA regarding employment and the hiring process, many employers have expressed interest in obtaining information from rehabilitation counselors on hiring and accommodating individuals with disabilities (Gilbride & Stensrud, 1992a; Copeland, 2007; Gilbride et al., 1992). Even though employers are seeking out information about the ADA, many employers do not fully understand the legislation, especially

the sections dealing with reasonable accommodations and undue hardship (Satcher, 1992; Gilbride et al., 1992).

In reviewing the literature, several studies have assessed knowledge of the ADA however few studies have focused on the rehabilitation counselor. Wong, Chan, Cardoso, Lam, and Miller (2004) used conjoint analysis to measure and evaluate rehabilitation counseling students' attitudes toward people with disabilities in different social contexts utilizing stimuli cards. This study showed that students maintained generally a positive attitude toward people with disabilities, however, the type of disability was found to influence significantly their overall responses. Pruett and Chan (2006) found rehabilitation counseling students reported positive attitudes. However, respondents were more likely to associate disability-related symbols with negative words, indicating an overall negative implicit reaction toward disability.

Most ADA studies have focused on employers and human resources personnel with most respondents indicating some knowledge about the ADA or being aware of it (Hernandez et al., 2003; Gilbride et al., 1992; Moore & Crimando, 1995; Erhart, 1995; Roessler & Sumner, 1997; Kregel & Tomiyasu; Walters & Baker, 1996, Clarke & Crewe, 2000). In general, based on Copeland (2007), attitudes toward people with disabilities varied significantly depending on the attitude being measured in a particular study (Hernandez et al., 2000). Results were favorable in studies assessing global attitudes (Unger, 2002; Christman & Slaten, 1991; Colella, DeNisi, & Varna, 1998; Colorez & Geist, 1987; Hernandez et al., 2000; Krefting & Brief, 1976; Kregel & Unger, 1993; Levy et al., 1993; McMahon, Rumril, Roessler, Hurley, West, Chan, & Carlson, 2008; Gilbride et al., 2000; Morgan & Russell, 2003; Nordstrom, Huffaker, & Williams, 1998; Weisenstein & Koshman, 1991; Copeland, 2007). However in studies assessing more specific disabilities, results were notable negative (Bordieri, Drehmer, & Taricone, 1990; Drehmer &

Bordieri, 1985; Millington, Szymanski, & Hanley-Maxwell, 1994; Amsel & Fichten, 1988; Berry & Jones, 1991; Bowman, 1987; Cesare, Tannenbaum, & Dalessio, 1990; Hernandez et al., 2000; Combs & Omgig, 1986; Diksa & Rogers, 1996; Unger, 2002; Gilbride et al., 2000; Pearson et al., 2003; Rose & Brief, 1979; Copeland, 2007).

Overall, these findings presented a significant dispute among employers and an ambiguous picture concerning the employability of people with disabilities (Bricout & Bentley, 2000). This attitude research reflects a greater social movement to demonstrate global positive attitudes toward disability. Unfortunately, when asked more specifically about employing workers with disabilities, participants were less likely to recommend hiring or promotion of this group when compared to nondisabled employees (Hernandez et al., 2000). This tendency is illustrative of an overall disconnect between expressed global attitudes toward disability in the workplace and actual hiring practices (Colorez & Geist, 1987; Hernandez et al., 2000; Loo, 2001; McCaughey & Stohmer, 2005) substantiated by consistently low employment rates of people with disabilities.

Satcher and Hendren (1992) constructed the Americans with Disabilities Act Survey, a 12-item measure that assesses acceptance of the employment, transportation, public services and accommodations, and telecommunications provisions of the ADA. The Americans with Disabilities Act Survey was mailed to 250 employers from the Chambers of Commerce in three counties in the state of Mississippi. Eighty-five employers responded to the survey for a response rate of 34%. The study showed employers were relatively moderate in their agreement with this legislation ($M = 40.193$, $SD = 9.348$). Reliability analysis of this survey yielded a Cronbach's alpha of .85.

Moore and Crimando (1995) developed the ADA Employment Inventory, a 29-item measure designed to assess attitudes toward Title I of the ADA. This measure consists of six conceptually derived subscales that address issues related to cost, fairness, clarity, practicality, effectiveness, and general attitude toward the employment provisions. Reliability analysis for each of the instrument's six subscales yielded Cronbach's alphas exceeding .65 for each subscale. They surveyed individuals from the State of Illinois, including the Illinois State Chamber of Commerce, Illinois Rehabilitation Association (IRA), and Coalition of Citizens with Disabilities in Illinois. This study found all three groups reported general positive opinions of the law, but at different levels of intensity.

Lewis (1997) examined how well employers in Oklahoma understood ADA Title I requirements and found respondents had only moderate ADA knowledge levels (Copeland, Chan, Bezyak, & Fraser, 2010). More specifically, representatives of larger companies and of companies with higher rates of employment of people with disabilities had greater understanding of the law. Further, older respondents indicated higher knowledge levels.

Clarke (1997) and Clarke and Crewe (2000) used the *ADA Information Survey (ADA-IS, 2001)*, which consisted of 50 items assessing the attitudes toward the ADA and knowledge levels of 57 master's level rehabilitation counseling students, 62 college students with disabilities, and 83 small business employers. Students with disabilities held the most favorable attitudes; and rehabilitation counseling students' attitudes were more favorable than employers' attitudes. However, students with disabilities and employers both scored low on general ADA knowledge items.

A review of the literature resulted in an apparent disconnect between rehabilitation counselors and employers, highlighting a distinct need for rehabilitation agencies to evaluate

employers satisfaction regarding agency performance (Copeland, 2007; Moore & Crimando, 1995). Gilbride and Stensrud (2003) discovered that employers who embraced and involved with rehabilitation agencies held generally positive attitudes toward overall services offered by agency representatives. Despite the fact that all participants had hired a rehabilitation client, the majority of employers did not realize they were served by the agency, showing an area of particular concern about the visibility and marketing efforts of rehabilitation agencies.

Attitudes toward Reasonable Accommodation

The attitude research that exists is based on the assumption that success of ADA employment provisions relies upon the attitudes of employers (Hernandez et al., 2000). Yet studies have failed to show a strong correlation between positive attitudes and willingness to hire (Scheid, 1999; Unger, 2002; Copeland, Chan, Bezyak & Fraser, 2010; Clarke & Crewe, 2000; Thakker & Solomon, 1999; Bruyere, Erickson, & VanLooy, 2006). MacDonald-Wilson, Fabian, & Dong (2008), defined reasonable accommodations as any changes that provide opportunities for persons with disabilities to partake in “equal employment” (Shannon et al., 2009, 2000).

Due to the ambiguous interpretations and understanding of the ADA law, Blanck & Marti (1997) recommended a study to examine the underlying attitudes (e.g. stereotypes, prejudices and biases) and behaviors (e.g., compliance and discrimination patterns and provision of reasonable accommodations) associated with implementation of the law. The ADA focuses on how reasonable accommodations can remove barriers to employment caused by the interaction between functional limitations and the workplace (Bell, 1993). Public attitudes may pose significant barriers to implementing the ADA provisions, and thus may contain the life choices available to rehabilitation clients (Hernandez et al., 1998). An examination of the placement efficacy items indicate public rehabilitation counselors are not comfortable making employer

contacts, assisting employers in making accommodations, or dealing with employer complaints (Schultz, 2008).

In an analysis of ADA complaints filed with the EEOC since 1992 (West et al., 2008), allegations related to reasonable accommodations accounted for 31% of all complaints filed, or the second highest category after hiring (Dong, MacDonald-Wilson, & Fabian, 2010). In requesting accommodations, literature has indicated several issues including employees' reluctance to disclose their disability, a necessary step in invoking their rights under the ADA (Dong, MacDonald-Wilson, & Fabian, 2010; Gioia & Brekke, 2003; Granger, 2000). Persons with disabilities have also identified the perceived risks involved in disability disclosure, including stigma (Feska, 2001; Frank & Bellini, 2005; Dong, MacDonald-Wilson, & Fabian, 2010), negative reactions from employers (Frank & Bellini, 2005) and even harassment (Simoni, Mason & Marks, 1997; Dong, MacDonald-Wilson, & Fabian, 2010). As a result, rehabilitation professionals, especially those who are certified must inform their clients of both the limitations and the risks of a course of action they recommend (Blackwell & Patterson, 2003).

Rehabilitation counselors can be the bridge between the employer and employee with regards to the ADA (Walker & Hefner, 1992; Gilbride & Stensrud, 2008; Gilbride et al., 1992; Moore & Crimando, 1995) and facilitating communication between the entities (Bell, 1993). (Rumrill, 2001; West et al., 2008; Rumrill, Fitzgerald, & MaMahon, 2010) supported this concept confirming resolving conflicts related to reasonable accommodations, the cost of accommodations are never the issue however there is always a breakdown in communication. Rehabilitation counselors have a great deal of expertise that can and should be provided to employers to assist them more easily in hiring, accommodating and managing a diverse labor force (Gilbride & Stensrud, 2008). Employers rely very heavily on rehabilitation counselors as an

accommodation resource (Satcher, 1992; Gilbride et al., 1992). A survey conducted by Gilbride et al., (1992) found employers were primarily concerned with the matters of job restructuring, accommodations and establishing a good person-job fit. According to Michaels (1989), in order to successfully integrate person with disabilities in the workforce, employers need information on recruiting, hiring, accommodating, and supervising workers with disabilities.

The Americans with Disabilities Act of 1990, which stimulated employer interest in disabilities, also resulted in an increased need for consultation services from rehabilitation counselors (McGuire-Kuletz & Hergenrather, 2008). Despite the historical importance of consultation in rehabilitation counseling, there has been minimal research about the topic in the profession and negligible formal education or training available to prepare rehabilitation counselors to provide consultation services (Brown, 1993; Estrada-Hernandez & Sauders, 2005)

With the passage of the ADA in 1990, refusal to provide accommodations for employees with disabilities should be more difficult. Extensive review of the literature has resulted in one underlying critical theme emerging. The costs of Title I compliance outweighs the benefits provided to employers and persons with disabilities. Critics also contend the required provision of accommodations places financial burdens on the operation of business. The Job Accommodations Network (2010) reports that not only is the average benefit-to-cost-ratio 15/1, but that 78% of accommodations averaged less than \$1000, and 51% cost between \$1 and \$500 (Kirk & Perlman, 1994; Scherich, 1996)). In spite of this, the employer often weighs the cost of providing an accommodation and even when providing accommodations, employers tend to emphasize the need to focus on low cost accommodations (McCray, 1987; Scherer & McKee, 1993; Scherich, 1996).

Employment is a significant predictor of the quality of life of persons with disabilities (Rumrill, Roessler, & Fitzgerald, 2004; Viermo & Krause, 1998; Fabin & Coppola, 2001; Hasnain, Sotnik, & Ghiloni, 2003), discrimination in the workplace that interferes with successful job acquisition or retention is a serious matter (Roessler, Neath, McMahon, & Rumrill, 2007). Knowledge (Katz, 1960; Pettigrew, 1998; Findler, Vilchinsky, & Werner, 2007) and increased contact (Yuker, 1988) are cited as techniques used to change attitudes and possibly reduce discrimination (Popovich, Scherbaum, Scherbaum, & Polinko, 2003).

Job Development Efficacy

Employment continues to be a significant problem for the disability community which has had significant social and psychological implications (Hernandez, Cometa, Velcoff, Rosen, Schober, & Luna, 2007; Hernandez, 2010). The most recent report from the Rehabilitation Research and Training Center on Disability Demographics and Statistics (2007) indicated that the employment gap between individuals with and without disabilities is exceedingly high (Hernandez, 2009). The 2007 Disability Status Report also reported 21.2% of working age people with disabilities were employed full time/full year as compared to 56.7% of working age people without disabilities (Erickson & Lee, 2008).

There have been few studies conducted examining the level of involvement of rehabilitation counselors in the job placement and development process (Fraser, Vandergoot, Thomas, & Wagner, 2004; Schultz, 2008). A longitudinal research project examining public vocational rehabilitation services and outcomes, conducted by the Research Triangle Institute (2002), indicated only 32.5% of consumers received placement services and of those 72.5% had their placement services contracted out to external providers, thus eliminating the public rehabilitation counselor from the placement process. Earlier studies indicated rehabilitation

counselors devote 6 - 12% of their time engaged in job placement and development activities (Fraser & Clowers, 1978; Zadny & James, 1977).

Attitudes have traditionally been recognized as having a significant influence on behavior (Allport, 1967; Ajzen, 2001; Azen & Fishbein, 1980; Ervin, 2001; Kiesler, Collins & Miller, 1969; Schultz, 2008) and play a role in understanding a wide variety of behaviors. Theory of Reasoned Action (TRA) links attitudes and behaviors (Fishbein & Ajzen, 1972; Rodgers, 2010). The TRA postulated behavior can be predicted through measuring an individual's attitude toward the behavioral action and subjective (or social) norms that influence the likelihood of performing the behavior (Rodgers, 2010). The Theory of Planned Behavior (TPB) is a widely researched model to explain human behavior (Ajzen, 2002) and was modified from the TRA (Ajzen & Fishbein, 1980). The TPB added a variable identified as perceived behavioral control. Tesser and Shaffer (1990) compared this variable to that of Bandura's notion of self-efficacy, that is, the extent an individual feels she or he has control over making a behavior change (Bandura, 1977, 1982, 1986; Rodgers, 2010). Ajzen and Fishbein (1980) and Ajzen (2002) describes the basic concepts of the TPB as follows:

Human behavior is guided by three kinds of considerations: beliefs about the likely consequences or other attributes of the behavior (behavioral beliefs), beliefs about the normative expectations of other people (normative beliefs), and beliefs about the presence of factors that may further or hinder the behavior (control beliefs). In their respective aggregates, behavioral beliefs produce a favorable or unfavorable attitude toward the behavior; normative beliefs; and control beliefs give rise to perceived behavioral control (p. 665).

Ajzen (2002) further explains that behavior is the result of an intention formed through the interaction of attitudes toward behavior, a subjective norm, and perceived behavioral control. According to Ajzen (1991), attitude is defined as the individual's self evaluation of their behavior. Subjective norm is the individual's perception of others' evaluation of his or her behavior (Ajzen, 1991). Finally behavioral control is the perceived ease or difficulty of performing a behavior (Ajzen, 1988, 1991). The TPB is a widely applied social cognitive behavioral theory used to identify and develop interventions to enhance a range of behaviors (Ajzen, 1991; Rodgers, 2010).

Social cognitive theory is based on the notion that certain cognitive constructs, particularly self-efficacy beliefs, strongly influence motivation and performance. In this theory, self-efficacy is defined as "people's judgments of their capabilities to organize and execute courses of action required to attain designated types of performance (Bandura, 1986. P. 391). Self-efficacy as a concept has significant advantages over more general constructs such as self-confidence or self-esteem. One important difference is that it can be modified through learning experiences such as task mastery, vicarious learning and verbal persuasion (Bandura, 1986).

Second, is that it is domain specific, thus it enables the identification of skills required for successful performance within targeted areas (such as job development or career counseling). Third, because items on self-efficacy instruments are directly related to those behaviors they are meant to assess, each item on these scales generally has interpretive validity.

Finally, and perhaps most important, is that research has demonstrated that successful performance is not only dependent on the acquisition of requisite skills, but also the development of robust efficacy beliefs (Larson, Suzuki, Gillespie, Potenza, Bechel & Toulouse, 1992; Fabian & Waugh, 2001).

In social cognitive theory, self-efficacy influences interests, goals and ultimately performance. An individual's belief in his or her mastery of a task or skill contributes to that individual's interest in the skill, and, more importantly, is the most potent predictor of the performance of it (Bandura, 1986; Lent, Brown, & Hackett, 1994). Thus, self-efficacy beliefs of job development professionals are important, as their perception regarding their ability to perform a specific function will influence not only their interest, but also their behavior (Fabian & Waugh, 2001).

Schultz (2008) used the *JDES* (Fabian & Waugh, 2001) to survey 802 state rehabilitation counselors located in the South, Midwest, and Western United States. Two hundred ninety responses were submitted, ten were incomplete and the final analysis totaled 288 respondents. Schultz (2008) reported the scores ranged from 29 to 91 ($M=253.59$, $SD=10.21$). The correlation between job placement efficacy and personal attitudes was notable ($r=.617$).

Results from two studies focusing on rehabilitation programs identified several characteristics leading to employment success for clients with disabilities. For example, Buys and Rennie (2001) identified two factors including professional competence and responsive support services offered by rehabilitation counselors and additional business services offered to employers such as disability awareness training. Similarly, Smith, Webber, Graffman & Wilson (2004) established the importance of effective job matching by rehabilitation counselors. In their survey of employers, respondents indicated their perceptions of a job match's success greatly influenced the overall satisfaction with the employee with a disability. Therefore rehabilitation counselors are well advised to research the employment needs of target business before offering clients for consideration.

Summary

A major assumption of the ADA is that individuals with disabilities retain low economic status and labor market participation in part because of discrimination and lack of access to employment (Beegle & Stock, 2003). Its passage held significant hope for major improvements in the employment of this group (Copeland, 2007). Unfortunately, despite the passage of the ADA, people with disabilities still face significant barriers and discrimination preventing them from mainstream participation in U.S. society, particularly in the area of employment (U. S. Commission on Civil Rights, 2000). According to Hernandez, et al., (2003), evaluating the level of knowledge of the ADA is significant since there appears to be limited knowledge of the law among those who are involved with its implementation.

The research that exists is based on the assumption that success of ADA employment provisions depends on the attitudes of employers (Hernandez et al., 2000). Yet studies have failed to show a strong correlation between positive attitudes and willingness to hire (Unger, 2002; Scheid, 1999; Hernandez et al., 2003; Thakker & Solomon, 1999; Bruyere, Erickson, & VanLooy, 2006; Ballard 2000).

Rehabilitation counselors are the gatekeepers of both information and services (Wong, Chan, Cardoso, Lam & Miller, 2004; Benham, 1988; Brodwin & Orange, 2002; Estes, Deyer, Hansen, & Russell, 1991; Frain, Bishop, & Bethel, 2010). Rehabilitation counselors can be the bridge between the employer and employee with regards to the ADA (Walker & Hefner, 1992; Gilbride & Stensrud, 2008; Gilbride et al., 1992) and facilitating communication between the entities (Bell, 1993). Rumrill (2001) supported this concept confirming resolving conflicts related to reasonable accommodations, the cost of accommodations are never the issue however there is a breakdown in communication. Rehabilitation counselors have a great deal of expertise

that can and should be provided to employers to assist them more easily in hiring, accommodating and managing a diverse labor force (Gilbride & Stenrud, 2008). Employers rely very heavily on rehabilitation counselors as an accommodation resource (Satcher, 1992; Gilbride et al., 1992).

The rates of employment among persons with and without disabilities continue to be disproportionate (Harris & Associates, 2004). It is estimated 37.7% of persons with disability who are of working age are employed compared to those persons without disabilities (Rehabilitation Research and Training Center on Disability Demographics and Statistics, 2007; U. S. Bureau of Labor Statistics, 2007). One of the key functions and roles of the rehabilitation counselor is to conduct job placement and development (Schultz, 2008; Emener & Rubin, 1980; Leahy et al., 2003; Roessler & Rubin, 1992; CRCC, 2003). However, literature has suggested only 6-12% of the rehabilitation counselors time is devoted to job placement (Schultz, 2008; Fraser & Clowers, 1978; Zadny & James, 1977). Other studies exploring rehabilitation counselors involvement in the job placement process also found 32.5% of persons with disabilities receiving placement services from public rehabilitation counselors and of those 72.5% of consumers had their placement services contracted out to vendors (Research Triangle Institute, 2002; Schultz, 2008).

According to Barros-Bailey, Benschhoff and Fisher (2008), in 1990, Bollman, Ray and Emener conducted a survey of 31 rehabilitation counselors and predicted four factors that are critical to the functioning of rehabilitation professions. Those factors ranked from most important to least important and included; “(a) attitudes toward disabilities, (b) economic conditions, (c) society’s tolerance for differences, and (d) technology (Etheridge, Rodgers, & Fabian, 2007).

Chapter II presented pertinent literature and existing research relevant to this study. Included was a review of literature, existing research and data on persons with disabilities as it is related to the American with Disabilities Act 1990, rehabilitation counselors' level of knowledge of the ADA, attitudes toward reasonable accommodation, and job development efficacy. Significant findings of the research reviewed and their relevance to the proposed study were discussed. Chapter III presents an explanation of the methodological design including a description of the population the sample will be drawn from, variables, participants, research questions with related hypotheses, data analyses and procedures to be implemented to evaluate the relationship of rehabilitation counselors' knowledge of the Americans with Disabilities Act 1990, attitudes toward reasonable accommodation, and job development efficacy.

CHAPTER III

METHODOLOGY

This chapter contains the research design, a description of the variables examined, sampling, restatement of the research questions and related statistical hypotheses, data analyses, and research procedures and protocols.

Research Design

A survey-based design was used to examine (1) the relationship of rehabilitation counselors' knowledge of the Americans with Disabilities Act 1990, attitudes toward reasonable accommodation, and job development efficacy, (2) to identify problems or justify current conditions and practices in the field of rehabilitation counseling, and (3) to make comparisons and evaluations for future research and practice in rehabilitation counseling. Survey-based design lends itself to descriptive purposes (Robson, 2002), but also can generate predictions (Borland, 2001) to be explicated via experimental designs. A method for the collection of a significant amount of data in the shortest time possible was needed for this study. Therefore, a survey was warranted. This method also offers the most cost-effective way while maintaining participant anonymity (Copeland, 2007).

Participants

The sample for this study was randomly drawn from rehabilitation counselors listed on a national database maintained by the Commission for Rehabilitation Counselor Certification (CRCC®) via electronic delivery. The total number of participants randomly recruited was 1,000 rehabilitation counselors. It was decided to select approximately 10% (1,000) of the CRCC database because this number was cost effective and manageable for the researcher.

Variables

The variables for the study were the rehabilitation counselors' knowledge of the Americans with Disabilities Act 1990, attitudes toward reasonable accommodation, and job development efficacy.

Instruments

This research study used a demographic questionnaire to gather data describing the characteristics of the participants, barriers to job placement outcomes, and enhancements to rehabilitation counselors' comfort level in assisting employers with job placement. The three instruments were used to determine the relationship of rehabilitation counselors' knowledge of the Americans with Disabilities Act 1990, attitudes toward reasonable accommodation, and job development efficacy. Following is a description of the instruments used in this study:

Demographic Questionnaire (Inniss-Johnson, 2011)

The *Demographic Questionnaire* (Inniss-Johnson, 2011) developed by the researcher for this study contains eight fixed-choice and two qualitative questions. The demographic information (i.e., age group, gender, race/ethnicity, type of education, certification/licensure, employment setting, job title, years of rehabilitation counseling experience) was used to describe the sample and to determine correlations between the demographic characteristics and rehabilitation counselors' knowledge of the Americans with Disabilities Act 1990, attitudes toward reasonable accommodation, and job development efficacy. Responses from the qualitative Questions #9-10 were summarized by themes in tables to be used for discussion purposes. No reliability or validity has been established for this instrument.

The ADA Knowledge Survey (Hernandez et al., 2003)

The *ADA Knowledge Survey* was created by Hernandez et al. (2003). This tool consists of 20 items based on Whittle's (1993) *Americans with Disabilities Act of 1990 True or False Quiz*. Four items targeted Title I (employment), six focused on Title II (state and local government services), and five concerned Title III (public accommodations). An additional five items were classified as general because they relate to all titles. The *ADA Knowledge Survey* (Hernandez et al., 2003) assessed knowledge of law provisions. The instrument was normed on university students and ADA experts. A 4-point Likert scale was used ranging from "1" (no knowledge) to "4" (lots of knowledge). Reliability analysis of the *ADA Knowledge Survey* (Hernandez et al., 2003) reported a Cronbach's alpha of .82. The reliability assessment reported the survey has good internal consistency. During validation of this instrument, university student's obtained a significantly lower mean $t(242)=12.76$, $p<.001$. The mean scores were 9.0($SD=3.6$) for university students and 17.2($SD=2.3$) for ADA experts. This study utilized the *ADA Knowledge Survey* (Hernandez et al., 2003).

Disability Questionnaire (Popovich, Scherbaum, Scherbaum, & Polinko, 2003)

Disability Questionnaire (Popovich et al., 2003) is composed of three scales assessing beliefs about what constitutes a disability, affective reactions to working with people with disabilities, and beliefs about the reasonableness of common workplace accommodations. For the purposes of this study, only section 3 which assesses participants' beliefs about the reasonableness of potential workplace accommodations was used. This 25-item scale includes possible accommodations such as adding staff, purchasing special software, and adding an elevator. Similar to section 2, this portion asks respondents to rate the items using a 7-point Likert-style scale ranging from "1", very reasonable to "7", very unreasonable. Internal

consistency of these items is very high (assessing beliefs about what constitutes a disability, Cronbach's $\alpha = .83$; effective reactions to working with people with disabilities, Cronbach's $\alpha = .69$; beliefs about reasonable accommodations, Cronbach's $\alpha = .93$) for the three scales (Copeland, 2007, Copeland, Chan, Bezyak, & Fraser, 2010).

Job Development Efficacy Scale (Fabian & Waugh, 2001)

The *Job Development Efficacy Scale (JDES)* was developed by Fabian & Waugh (2001). The *JDES* (Fabian & Waugh, 2001) is a 20-item instrument, using a 7-point Likert scale ranging from "1", agree very little to "7", agree very much. The possible scores range from 20 to 140. Higher scores on the *JDES* (Fabian & Waugh, 2001) indicate a higher level of perceived self-efficacy in relation to job development and placement activities. In their validation study, Fabian and Waugh (2001) reported an inter-item reliability via Cronbach's alpha of .81. Item total score correlations were generally high, with 14 of the 20 items having correlation coefficients from .50 to .70, and six items having coefficients between .35 and .50. Schultz (2008) surveyed 288 rehabilitation counselors from three different state rehabilitation agencies. He addressed validity through principle components analysis (pca) which identified managing employer concerns and addressing employment barriers and marketing services. Schultz (2008) found inter-item reliability to be Cronbach's alpha of .89.

Procedures

This study began September 29, 2011 after approval by Wayne State University, Human Investigation Committee. The pen-and-paper self-report survey instruments (*The ADA Knowledge Survey* (Hernandez et al., 2003), *Disability Questionnaire* (Popovich, Scherbaum, Scherbaum, & Polinko, 2003), and *Job Development Efficacy Scale (JDES)* (Fabian & Waugh, 2001)) and *Demographic Questionnaire* (Inniss-Johnson, 2011) were converted to a web-based

survey using Zoomerang™ (MarketTools, 2011) software and e-mailed to 1,000 rehabilitation counselors. The rehabilitation counselors' e-mail information was secured from a national database maintained by the Commission for Rehabilitation Counselor Certification (CRCC®). The online version of the research materials was located at <http://www.zoomerang.com/Survey/WEB22D4XPZFG79/>. All measures were delivered to participants and data collected via the Internet. A recruitment letter via e-mail (Appendix A) was sent to 1,000 rehabilitation counselors randomly selected from the CRCC® database explaining the nature of the study with an invitation to complete the online survey. The Informed Consent Form (Appendix C) was included with the online survey. The survey was designed to examine rehabilitation counselors' knowledge of the Americans with Disabilities Act 1990, attitudes toward reasonable accommodation, and job development efficacy. Participation was voluntary and no cross-listing of respondents identifying information was retained.

Web-based data collection has become a viable method for conducting organizational research in recent years. Results obtained via the Internet are approximately equivalent to more standard paper-and-pencil tools administered in-person or via mail (Scherbaum et al., 2005). An electronic delivery method was used for several reasons. The software used has several built-in tools to simplify the data collection process. The software also allows for strict maintenance of confidentiality by coding data immediately upon submittal. Also, the timeline, budget, and limited manpower were a consideration in this research. Finally, according to Copeland (2007) professionals in the rehabilitation field are overburdened and paper research surveys often go unanswered. When delivered via the Internet, the potential to yield a much higher response rate than mail surveys exist and researchers are able to send follow-up correspondence in a timelier manner. An email reminder was sent two and four weeks after the initial request.

Research Questions and Hypotheses

The following research questions/hypotheses guided this research. The following research hypotheses were derived from the research questions that provided the direction of this study. The statements of hypotheses were formulated to provide a clear statement of the expected relationship between the constructs in the study (see Figure 1 for the detailed statistical analysis).

1. What is the relationship between Rehabilitation Counselors' level of knowledge of the ADA, attitudes toward reasonable accommodation, and job development efficacy?

- a) H_{1a}: The Rehabilitation Counselors' level of knowledge of the Americans with Disabilities Act 1990 will be related to their attitudes toward reasonable accommodation.

Null Hypothesis $\rho(\Delta\text{Rehabilitation Counselors' knowledge of the Americans with Disabilities Act 1990 with attitudes toward reasonable accommodation})=0$

Instruments: *The ADA Knowledge Survey* (Hernandez et al., 2003),
Disability Questionnaire (Popovich et al., 2003)

- b) H_{1b}: The Rehabilitation Counselors' knowledge of the Americans with Disabilities Act 1990 will be related to their job development efficacy?

Null Hypothesis $\rho(\Delta\text{Rehabilitation Counselors' knowledge of the Americans with Disabilities Act 1990 with job development efficacy})=0$

Instruments: *The ADA Knowledge Survey* (Hernandez et al., 2003),
Job Development Efficacy Scale (JDES), Fabian et al., 2001).

- c) H_{1c}: The Rehabilitation Counselors' attitudes toward reasonable accommodation will be related to job development efficacy?

Null Hypothesis $\rho(\Delta\text{Rehabilitation Counselors' attitudes toward reasonable accommodation with job development efficacy})=0$

Instruments: *Disability Questionnaire* (Popovich et al., 2003), *Job Development Efficacy Scale (JDES)*, Fabian et al., 2001).

2. What is the relationship between the demographic characteristics (i.e., age group, gender, race/ethnicity, type of education, employment setting, and years of rehabilitation counseling experience) of Rehabilitation Counselors and their level of knowledge of the ADA, attitudes toward reasonable accommodation, and job development efficacy?

H₂: There will be statistically significant associations between the demographic characteristics (i.e. age group, gender, race/ethnicity, employment setting, and years of rehabilitation counseling experience) of rehabilitation counselors and their level of knowledge of the ADA, attitudes toward reasonable accommodation and job placement efficacy.

Null Hypothesis $\rho=0$

Instruments: *The ADA Knowledge Survey* (Hernandez et al., 2003), *Disability Questionnaire* (Popovich et al., 2003), *Job Development Efficacy Scale (JDES)*, Fabian et al., 2001)

3. What are the greatest barriers to job placement outcomes as reported by the Rehabilitation Counselors?

A Qualitative Summary Table was compiled listing barriers by themes for Question #10 on the *Demographic Questionnaire* (Inniss-Johnson, 2011).

4. What would enhance Rehabilitation Counselors' comfort level in assisting employers with job placement?

A Qualitative Summary Table was compiled listing enhancements by themes for Question #11 on the *Demographic Questionnaire* (Inniss-Johnson, 2011).

Data Analysis

Analysis strategies for this study were based on the procedures used by Popovich, Scherbaum, Scherbaum, & Polinko (2003). This study used these analysis strategies in order to compare the outcome of the current study with Popovich et al. (2003) study. All statistical analyses were conducted utilizing SPSS for Windows, 19th (SPSS, Inc., 2010) program, and with nominal alpha set at 0.05.

Initially, composite scores for rehabilitation counselors' knowledge of the Americans with Disabilities Act 1990, attitudes toward reasonable accommodation, and job development efficacy was determined by summing items on each respective scale. Descriptive statistics including frequency distributions for the nominally scaled demographic characteristics (i.e., age group, gender, race/ethnicity, type of education, certification/licensure, employment setting, job title, years of rehabilitation counseling experience) provided a profile of the sample. Cross-tabulations to determine the assumption of approximate normal distribution, measures of central tendency (mean, median, and mode), and measures of variability (variance and standard deviation) were performed. Responses from the qualitative Questions #9-10 on the *Demographic*

Questionnaire (Inniss-Johnson, 2011) were summarized by themes in tables to be used for discussion purposes.

Linear associations between the composite scores for rehabilitation counselors' knowledge of the Americans with Disabilities Act 1990, attitudes toward reasonable accommodation, and job development efficacy were determined utilizing Pearson's correlations. Significant levels for the various conditions were determined and analyzed.

Linear regression analyses were used to determine if any of the respondent's demographic characteristics (i.e., age group, gender, race/ethnicity, type of education, employment setting, and years of rehabilitation counseling experience) influenced their knowledge of the Americans with Disabilities Act 1990, attitudes toward reasonable accommodation, and job development efficacy. Each of the independent demographic characteristics were considered predictors while composite scores for rehabilitation counselors' knowledge of the Americans with Disabilities Act 1990, attitudes toward reasonable accommodation, and job development efficacy were considered the variables.

The first approach was conducting a hierarchical multiple regression analyses to assess the level of predictive relationships between the respective knowledge, attitude, and efficacy subscales and the respondent's demographic characteristics. This option allows choosing whether to place restrictions on the inclusion of model terms (Robson, 2002; Borland, 2001). Hierarchy requires that for any term to be included, all lower order terms that are a part of the term to be included must be in the model first. For example, if the hierarchy requirement is in effect, the factors gender and race/ethnicity must both be in the model before the gender status*race/ethnicity interaction can be added. However, due to the lack of hierarchy, a stepwise multiple regression was conducted to determine the relative contribution of each variable to

predicting respondents' knowledge of the ADA, attitudes toward reasonable accommodation, and job development efficacy.

Summary

Chapter III presented an explanation of the methodological design including a description of the participants surveyed, variables examined, research questions with related hypotheses, data analyses, and procedures implemented to evaluate the relationship of rehabilitation counselors' knowledge of the Americans with Disabilities Act 1990, attitudes toward reasonable accommodation, and job development efficacy.

Figure 1 Statistical Analyses

Research Question	Variables	Statistical Analyses
1. What is the relationship between Rehabilitation Counselors' level of knowledge of the ADA, attitudes toward reasonable accommodation, and job development efficacy? H _{1a} : The Rehabilitation Counselors' level of knowledge of the Americans with Disabilities Act 1990 will be related to their attitudes toward reasonable accommodation. H _{1b} : The Rehabilitation Counselors' knowledge of the Americans with Disabilities Act 1990 will be related to their job development efficacy? H _{1c} : The Rehabilitation Counselors' attitudes toward reasonable accommodation will be related to job development efficacy?	<u>Independent Variable</u> Level of knowledge of the ADA Attitudes toward reasonable accommodation <u>Dependent Variables</u> Job Development Efficacy <u>Instruments</u> <i>The ADA Knowledge Survey</i> (Hernandez et al., 2003), <i>Disability Questionnaire</i> (Popovich et al., 2003) <i>Job Development Efficacy Scale (JDES, Fabian et al., 2001)</i>	Linear associations between the composite scores for rehabilitation counselors' knowledge of the Americans with Disabilities Act 1990, attitudes toward reasonable accommodation and job development efficacy were determined utilizing Pearson's correlations.

Figure 1 Statistical Analyses (cont.)

Research Question	Variables	Statistical Analyses
2. What is the relationship between the demographic characteristics (i.e., age group, gender, race/ethnicity, type of education, employment setting, and years of rehabilitation counseling experience) of Rehabilitation Counselors and their level of knowledge of the ADA, attitudes toward reasonable accommodation and job development efficacy? H ₂ : There will be statistically significant associations between the demographic characteristics (i.e. age group, gender, race/ethnicity, employment setting, and years of rehabilitation counseling experience) of rehabilitation counselors and their level of knowledge of the ADA, attitudes toward reasonable accommodation and job placement efficacy.	<p><u>Independent Variables</u></p> <p>Age Group Gender Race/ethnicity Type of Education Employment Setting Years of Rehabilitation Counseling Experience</p> <p><u>Instrument</u></p> <p><i>Demographic Questionnaire</i> (Inniss-Johnson, 2011)</p> <p><u>Dependent Variables</u></p> <p>Level of knowledge of the ADA Attitudes toward reasonable accommodation Job development efficacy</p> <p><u>Instruments</u></p> <p><i>The ADA Knowledge Survey</i> (Hernandez et al., 2003), <i>Disability Questionnaire</i> (Popovich, Scherbaum, Scherbaum, & Polinko, 2003) <i>Job Development Efficacy Scale (JDES)</i>, Fabian & Waugh, 2001)</p>	<p>Linear regression analyses were used to determine if any of the respondent's demographic characteristics (i.e., age group, gender, race/ethnicity, type of education, employment setting, and years of rehabilitation counseling experience) influenced their knowledge of the Americans with Disabilities Act 1990, and attitudes toward reasonable accommodation and job development efficacy.</p> <p>Hierarchical multiple regression analyses was used to assess the level of predictive relationships between the respective knowledge and attitude subscales and the respondent's demographic characteristics.</p> <p>Due to the lack of hierarchy, a stepwise multiple regression was conducted to determine the relative contribution of each variable to predicting respondents' knowledge of the ADA, attitudes toward reasonable accommodation, and job development efficacy.</p>

Figure 1 Statistical Analyses (cont.)

Research Question	Variables	Statistical Analyses
3. What are the greatest barriers to job placement outcomes as reported by the Rehabilitation Counselors?	Question #9 on the <i>Demographic Questionnaire</i> (Inniss-Johnson, 2011)	Qualitative Summary Table was compiled listing barriers to job placement outcomes
4. What would enhance Rehabilitation Counselors' comfort level in assisting employers with job placement?	Question #10 on the <i>Demographic Questionnaire</i> (Inniss-Johnson, 2011)	Qualitative Summary Table was compiled listing enhancements by themes.

CHAPTER IV

RESULTS

This chapter presents the research design, settings used, description of the participants, research questions, and results of the statistical analyses and description of the findings from the data collected for this study.

Description of Respondents

The sample consisted of 117 respondents obtained from a random sample of 1,000 rehabilitation counselors listed on a national database maintained by the Commission for Rehabilitation Counselor Certification (CRCC®) via electronic delivery. Sixty-four e-mail addresses were not valid. Two respondents did not complete the survey therefore the total number of respondents to be examined is 115. The *Demographic Questionnaire* (Inniss-Johnson, 2011) was used to collect the demographic characteristics (i.e., age group, gender, race/ethnicity, type of education, certification/licensure, employment setting, job title, years of rehabilitation counseling experience) of the rehabilitation counselors who responded to the study. Table 1 presents the distribution of respondents by age group, gender, race/ethnic code, and level of education.

Table 1

Distribution of Respondents by Age Group, Gender, Race/Ethnic Code, & Level of Education

Age Group	Frequency	Percent
18-25 yrs.	3	2.6
26-35 yrs.	18	15.7
36-45 yrs.	38	33.0
46-55 yrs.	22	19.1
56-65 yrs.	25	21.7
66+ yrs.	5	4.3
Total	111	96.5
Missing	4	3.5
Total	115	100.0
Gender	Frequency	Percent
Male	38	33.0
Female	72	62.6
Total	110	95.7
Missing	5	4.3
Total	115	100.0
Race/Ethnic Code	Frequency	Percent
White	92	80.0
Black	18	15.7
Hispanic	3	2.6
Total	113	98.3
Missing	2	1.7
Total	115	100.0
Level of Education	Frequency	Percent
Bachelors	2	1.7
Masters in Rehabilitation	75	65.2
Masters in Counseling	15	13.0
Masters In Csl. Related Field	6	5.2
Ph.D./Ed.D.	10	8.7
Other	3	2.6
Total	111	96.5
Missing	4	3.5
Total	115	100.0

Respondents reporting their age group designation were $N = 111$ and $N = 5$ (3.5%) did not respond to the question relating to age group. The largest age group distribution was 36 – 45 years ($N = 38$, 33.0%) followed by those in the 56 – 65 years category ($N = 25$, 21.7%).

Respondents reporting their gender designation were $N = 110$. Females $N = 72$ (62.6%) represented almost twice the number of males $N = 38$ (33.0%) response. An $N = 5$ (4.3%) did not respond to the question relating to gender.

Respondents reporting their race designation were $N = 113$ (98.3%) with White ($N = 92$, 80.0%) being the largest group. An $N = 2$ (1.7%) did not respond to the question relating to race.

Respondents reporting their level of education designation were $N = 111$ (96.5%) $N = 4$ (3.5%) did not respond to the question relating to level of education. The largest group of respondents had a Masters in Rehabilitation Counseling ($N = 75$, 65.2%) degree. Table 2 presents the distribution of respondents by their licensure/certification status.

Table 2
Distribution of Respondents by Licensure/Credential

Type of Licensure/Credential	Frequency	Percent
CRC	108	93.9
CCRC	5	4.3
CCAA	1	.9
LPC	15	13.0
LPCC	1	.9
LMHC	1	.9
LCPC	1	.9
LIMHP-CPC	1	.9
LMFT	1	.9
LMSW-C	1	.9
LSW	2	1.7
Other	16	13.9
Total	153	100.0

Respondents held multiple certifications/licensures which accounted for the increased number ($N = 153$) of responses to this category. Respondents having a CRC ($N = 108$, 93.9%) were the largest group as expected. Table 3 presents the distribution of respondents by employment setting.

Table 3
Distribution of Respondents by Employment Setting

Employment Setting	Frequency	Percent
Medical Center/Hospital	2	1.7
Private for Profit Rehabilitation Agency	14	12.2
Center for Independent Living	1	.9
Private Non-Profit/For-Profit Counseling Agency	3	2.6
Private Non-Profit Rehabilitation Agency	6	5.2
Substance Abuse/Mental Health Agency	5	4.3
State Rehabilitation Agency	45	39.1
Federal Rehabilitation Agency	10	8.7
University/College	12	10.4
Insurance Company	5	4.3
Other	11	9.6
Total	114	99.1
Missing	1	.9
Total	115	100.0

Respondents reporting their employment setting were $N = 114$ (99.1%) and $N = 1$ (.9%) did not respond to the question relating to employment setting. Those designating their setting as state rehabilitation agency represented the highest respondents with $N = 45$ (39.1%). Table 4 presents the distribution of respondents by their job title.

Table 4
Distribution of Respondents by Job Title

Job Title	Frequency	Percent
Rehabilitation Counselor	56	48.7
Administration/Supervisor/Coordinator	8	7.0
Case Manager	6	5.2
Rehabilitation Specialist/Consultant	9	7.8
Mental Health Counselor/Psychologist	3	2.6
Substance Abuse Counselor	1	.9
Faculty/Professor/Instructor	7	6.1
Other	23	20.0
Total	113	98.3
Missing	2	1.7
Total	115	100.0

Respondents reporting their job title designation were $N = 113$ (98.3%) and $N = 2$ (1.7%) did not respond to the question relating to job title. Rehabilitation counselor ($N = 56$, 48.7%) had

the most respondents. An $N = 2$ (1.7%) did not respond to the question relating to job title. Table 5 presents the distribution of respondents by years of rehabilitation counseling experience.

Table 5
Distribution of Respondents by Years of Rehabilitation Counseling Experience

Yrs. of Rehabilitation Csl. Exp.	Frequency	Percent
1-5 yrs.	20	17.4
6-10 yrs.	26	22.6
11-15 yrs.	21	18.3
16-20 yrs.	18	15.7
21-25 yrs.	12	10.4
26-30 yrs.	6	5.2
31+ yrs.	11	9.6
Total	114	99.1
Missing	1	.9
Total	115	100.0

Respondents reporting their years of rehabilitation counseling experience were $N = 114$ and only $N = 1$ (.9%) failed to respond to this question.

Research Question #1

Research Question #1: What is the relationship between rehabilitation counselors' level of knowledge of the ADA, attitudes toward reasonable accommodation, and job development efficacy? Linear associations between the composite scores for rehabilitation counselors' knowledge of the Americans with Disabilities Act 1990, attitudes toward reasonable accommodation, and job development efficacy were determined utilizing Pearson's correlations.

Research hypothesis H_{1a} posited rehabilitation counselors' level of knowledge of the Americans with Disabilities Act 1990 will be related to their attitudes toward reasonable accommodation. Table 6 presents the descriptive statistics for research hypothesis H_{1a} as determined by the composite scores of the two scales.

Table 6

Descriptive Statistics for the ADA Knowledge Survey & Disability Questionnaire

Instrument	Mean	Std. Deviation	N
ADA Knowledge Survey	17.00	2.387	114
Disability Questionnaire	3.1088	.85198	113

Descriptive statistics for respondents' composite scores for the *ADA Knowledge Survey* are $N = 114$ ($M = 17.00$, $SD = 2.387$) and *Disability Questionnaire* $N = 113$ ($M = 3.1088$, $SD = .85198$), and *Job Development Efficacy Scale* $N = 113$ ($M = 4.8873$, $SD = .54392$). A Pearson's correlation was performed to determine the relationship between the respondent's level of knowledge of the ADA and attitudes toward reasonable accommodation. Results of the Pearson's correlations for research hypothesis H_{1a} are presented in Table 7.

Table 7

Pearson Correlations for ADA Knowledge Survey and Disability Questionnaire

		ADA Knowledge Survey	Disability Questionnaire
ADA Knowledge Survey	Pearson Correlation	1	-.199*
	Sig. (2-tailed)		.034
	N	114	113
Disability Questionnaire	Pearson Correlation		1
	Sig. (2-tailed)	.034	
	N	113	113

*. Correlation is significant at the 0.05 level (2-tailed).

A statistically significant negative correlation was obtained for the *ADA Knowledge Survey* ($N = 114$) and *Disability Questionnaire* ($N = 113$), $r(df = 1, p = .034) = -.199$. This can be described as a subtle but detectable correlation with the sample size of $N = 113$, $p < .05$, it is better described as subtle but detectable. This negative correlation indicated increases in the respondents' knowledge of the ADA were associated with less reasonable attitudes toward reasonable accommodation. Based on this analysis, the null hypothesis for H_{1a} is rejected.

Research hypothesis H_{1b} posited rehabilitation counselors' knowledge of the Americans with Disabilities Act 1990 will be related to their job development efficacy. Table 8 presents the descriptive statistics for research hypothesis H_{1b} as determined by the composite scores of the two variable scales.

Table 8
Descriptive Statistics for the ADA Knowledge Survey & Job Development Efficacy Scale

Instrument	Mean	Std. Deviation	N
ADA Knowledge Survey	17.00	2.387	114
Job Development Efficacy Scale	4.8873	.54392	113

Descriptive statistics for respondents' composite scores for the *ADA Knowledge Survey* are $N = 114$ ($M = 17.00$, $SD = 2.387$) and *Job Development Efficacy Scale* $N = 113$ ($M = 4.8873$, $SD = .54392$). A Pearson's correlation was performed to determine the relationship between the respondent's level of knowledge of the ADA and job development efficacy. Results of the Pearson's correlations for research hypothesis H_{1b} are presented in Table 9.

Table 9
Pearson's Correlations for ADA Knowledge Survey & Job Development Efficacy Scale

		ADA Knowledge Survey	Job Development Efficacy Scale
ADA Knowledge Survey	Pearson Correlation	1	.046
	Sig. (2-tailed)		.629
	N	114	113
Job Development Efficacy Scale	Pearson Correlation	.046	1
	Sig. (2-tailed)	.629	
	N	113	113

The Pearson's correlations between the *ADA Knowledge Survey* ($N = 114$) and *Job Development Efficacy Scale* ($N = 113$) were not statistically significant, r ($df = 1$, $p = .046$) = .629. Based on this finding, the null hypothesis (H_{1b}) is retained.

Research hypothesis H_{1c} posited the rehabilitation counselors' attitudes toward reasonable accommodation will be related to job development efficacy. Table 10 presents the descriptive statistics for research hypothesis H_{1c} as determined by the composite scores of the two scales.

Table 10
Descriptive Statistics for the Disability Questionnaire & Job Development Efficacy Scale

Instrument	Mean	Std. Deviation	N
Disability Questionnaire	3.1088	.85198	113
Job Development Efficacy Scale	4.8873	.54392	113

Descriptive statistics for respondents' composite scores for the *Disability Questionnaire* are $N = 113$ ($M = 3.1088$, $SD = .85198$) and *Job Development Efficacy Scale* $N = 113$ ($M = 4.8873$, $SD = .54392$). A Pearson's correlation was performed to determine the relationship between the respondent's attitudes toward reasonable accommodation and job development efficacy. Results of the Pearson's correlations for research hypothesis H_{1c} are presented in Table 11.

Table 11
Pearson's Correlations for the Disability Questionnaire & Job Development Efficacy Scale

Instrument		Disability Questionnaire	Job Development Efficacy Scale
Disability Questionnaire	Pearson Correlation	1	-.019
	Sig. (2-tailed)		.845
	N	113	113
Job Development Efficacy Scale	Pearson Correlation	-.019	1
	Sig. (2-tailed)	.845	
	N	113	113

The Pearson's correlations between the *Disability Questionnaire* ($N = 113$) and *Job Development Efficacy Scale* ($N = 113$) were not statistically significant, r ($df = 1$, $p = .845$) = -.019. Based on this finding, the null hypothesis (H_{1c}) is retained.

Research Question #2

Research Question #2 asked: What is the relationship between the demographic characteristics (i.e., age group, gender, race/ethnicity, type of education, employment setting, and years of rehabilitation counseling experience) of Rehabilitation Counselors and their level of knowledge of the ADA, attitudes toward reasonable accommodation, and job development efficacy?

Statistical analyses were conducted to examine the relationships between the demographic independent variables (i.e., age group, gender, race/ethnicity, type of education, employment setting, and years of rehabilitation counseling experience) and the respondents' knowledge of the ADA. Table 12 presents the descriptive statistics for the respondents' demographic characteristics by category and the composite scores on the *ADA Knowledge Survey*.

Table 12

Demographic Characteristics by Category and ADA Knowledge Survey Descriptive Statistics

	Mean	N	Std. Deviation	% of Total N
Age Group				
18-25 yrs.	17.67	3	2.517	2.7%
26-35 yrs.	17.11	18	2.246	16.2%
36-45 yrs.	17.39	38	2.308	34.2%
46-55 yrs.	17.18	22	2.462	19.8%
56-65 yrs.	16.24	25	2.505	22.5%
66+ yrs.	15.80	5	2.588	4.5%
Gender				
Male	17.11	38	2.227	34.5%
Female	16.93	72	2.503	65.5%
Total	16.99	110	2.402	100.0%
Race/Ethnic Codes				
White	16.97	92	2.260	81.4%
Black	17.11	18	2.948	15.9%
Hispanic	16.33	3	3.215	2.7%
Level of Education				
Bachelors	15.50	2	.707	1.8%
Masters in Rehabilitation	17.15	75	2.613	67.6%
Masters in Counseling	16.60	15	1.765	13.5%
Masters In Csl. Related Field	17.33	6	1.751	5.4%
Ph.D./Ed.D.	17.00	10	1.826	9.0%
Other	17.67	3	.577	2.7%

Table 12

Demographic Characteristics by Category and ADA Knowledge Survey Descriptive Statistics (cont.)

	Mean	N	Std. Deviation	% of Total N
Licensure/Certification				
CRC	16.83	108	2.342	94.7%
CCRC	20.00	5	.000	4.4%
CCAA	20.00	1	.	.9%
Employment Setting				
Medical Center/Hospital	16.00	2	.000	1.8%
Private for Profit Rehabilitation Agency	16.50	14	2.410	12.3%
Center for Independent Living	19.00	1	.	.9%
Private Non-Profit/For-Profit Counseling Agency	16.67	3	1.155	2.6%
Private Non-Profit Rehabilitation Agency	15.33	6	2.066	5.3%
Substance Abuse/Mental Health Agency	18.00	5	.707	4.4%
State Rehabilitation Agency	17.22	45	2.704	39.5%
Federal Rehabilitation Agency	18.20	10	2.150	8.8%
University/College	17.25	12	1.485	10.5%
Insurance Company	15.00	5	2.449	4.4%
Other	16.82	11	2.483	9.6%
Job Title				
Rehabilitation Counselor	17.36	56	2.611	49.6%
Administration/Supervisor/Coordinator	16.38	8	1.188	7.1%
Case Manager	16.83	6	2.401	5.3%
Rehabilitation Specialist/Consultant	17.56	9	2.242	8.0%
Mental Health Counselor/Psychologist	17.00	3	1.000	2.7%
Substance Abuse Counselor	18.00	1	.	.9%
Faculty/Professor/Instructor	17.29	7	1.890	6.2%
Other	16.30	23	2.183	20.4%
Years of Rehabilitation Counseling Experience				
1-5 yrs.	16.90	20	1.917	17.5%
6-10 yrs.	17.50	26	2.177	22.8%
11-15 yrs.	16.71	21	3.258	18.4%
16-20 yrs.	17.61	18	2.173	15.8%
21-25 yrs.	15.33	12	2.015	10.5%
26-30 yrs.	17.17	6	2.483	5.3%
31+ yrs.	17.27	11	1.954	9.6%

Linear regression analyses were used to determine if any of the respondents' demographic characteristics (i.e., age group, gender, race/ethnicity, type of education, employment setting, and years of rehabilitation counseling experience) influenced their

knowledge of the Americans with Disabilities Act 1990. Each of the independent demographic characteristics was considered predictors while a composite score for rehabilitation counselors' knowledge of the Americans with Disabilities Act 1990 was considered the variable. Table 13 presents the composite descriptive statistics for the respondents' demographic characteristics and the scores on the *ADA Knowledge Survey*.

Table 13

Composite Descriptive Statistics Demographic Characteristics and the ADA Knowledge Survey

Variable	Mean	Std. Deviation	N
ADA Knowledge Survey	17.05	2.361	107
Age Group	3.56	1.230	107
Gender	1.64	.481	107
Race/Ethnic Codes	1.21	.476	107
Level of Education	3.74	1.488	107
Licensure/Certification	3.10	.613	107
Employment Setting	6.88	2.558	107
Job Title	3.86	3.840	107
Years of Rehabilitation Counseling Experience	3.31	1.850	107

The first approach was conducting a hierarchical multiple regression analyses to assess the level of predictive relationships between the respective knowledge, attitude, and efficacy subscales and the respondent's demographic characteristics. However, due to the lack of hierarchy, a stepwise multiple regression was conducted to determine the relative contribution of each variable to predicting respondents' knowledge of the ADA. A stepwise multiple regression analysis determined the relative contribution of the one significant correlate (Licensure/Certification) to predicting respondents' knowledge of the ADA. Table 14 presents the model summary of this analysis.

Table 14
Stepwise Multiple Regression Model Summary for Licensure/Certification and the ADA Knowledge Survey

Model	R	Adjusted R Square		Std. Error of the Estimate	R Square Change	Change Statistics			Sig. F Change
		R Square	R Square			F Change	df1	df2	
1	.212 ^a	.045	.036	2.318	.045	4.925	1	105	.029

a. Predictors: (Constant), Licensure/Certification

When the eight independent variables were entered, the stepwise multiple regression analysis indicated that Licensure/Certification was the only statistically significant predictor of respondents' knowledge of the ADA (Cumulative $R^2 = .045$; adjusted cumulative $R^2 = .036$; multiple $R = .212$; $p = .029$). The R^2 of approximately 4% indicates this is a very small predictor. Table 15 presents the stepwise multiple regression results for Licensure/Certification and the ADA Knowledge Survey.

Table 15
Stepwise Multiple Regression Results for Licensure/Certification and the ADA Knowledge Survey

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
	(Constant)	14.519	1.161		12.505	.000
1	Licensure/Certification	.815	.367	.212	2.219	.029

a. Dependent Variable: ADA Knowledge Survey

Statistical analyses were conducted to examine the relationships between the demographic independent variables (i.e., age group, gender, race/ethnicity, type of education, employment setting, and years of rehabilitation counseling experience) and the respondents' attitudes toward reasonable accommodation. Table 16 presents the descriptive statistics for the respondents' demographic characteristics by category and the composite scores on the *Disability Questionnaire*.

Table 16
Demographic Characteristics by Category and Disability Questionnaire Descriptive Statistics

Age Group	Mean	N	Std. Deviation	% of Total N
18-25 yrs.	3.3472	3	.32364	2.7%
26-35 yrs.	3.0398	18	.95111	16.4%
36-45 yrs.	3.1407	37	.80576	33.6%
46-55 yrs.	3.0244	22	.78431	20.0%
56-65 yrs.	3.1403	25	1.02506	22.7%
66+ yrs.	3.3083	5	.75496	4.5%

Gender	Mean	N	Std. Deviation	% of Total N
Male	3.1282	38	.91975	34.9%
Female	3.1110	71	.83355	65.1%
Total	3.1170	109	.86036	100.0%

Race/Ethnic Codes	Mean	N	Std. Deviation	% of Total N
White	3.1479	91	.86283	81.3%
Black	2.9098	18	.87626	16.1%
Hispanic	2.9444	3	.14633	2.7%
Total	3.1042	112	.85439	100.0%

Level of Education	Mean	N	Std. Deviation	% of Total N
Bachelors	2.6875	2	.38302	1.8%
Masters in Rehabilitation	3.0613	74	.81918	67.3%
Masters in Counseling	3.3757	15	1.01518	13.6%
Masters In Csl. Related Field	3.2204	6	.59074	5.5%
Ph.D./Ed.D.	2.7917	10	1.07062	9.1%
Other	3.7361	3	.59561	2.7%
Total	3.1000	110	.85765	100.0%

Table 16

Demographic Characteristics by Category and Disability Questionnaire Descriptive Statistics
(cont.)

	Mean	N	Std. Deviation	% of Total N
Licensure/Certification				
CRC*	3.1745	107	.81596	94.7%
CCRC	2.1250	5	.49389	4.4%
CCAA	1.0000	1	.	.9%
			Std. Deviation	% of Total N
Employment Setting				
Medical Center/Hospital	2.9792	2	.26517	1.8%
Private for Profit Rehabilitation Agency	3.7054	14	1.00499	12.4%
Center for Independent Living	2.9583	1	.	.9%
Private Non-Profit/For-Profit Counseling Agency	2.7277	3	.74828	2.7%
Private Non-Profit Rehabilitation Agency	3.9728	6	.87552	5.3%
Substance Abuse/Mental Health Agency	2.8250	5	.45108	4.4%
State Rehabilitation Agency	2.9530	44	.76423	38.9%
Federal Rehabilitation Agency	2.9652	10	.61461	8.8%
University/College	2.7586	12	.79871	10.6%
Insurance Company	3.5432	5	.57674	4.4%
Other	3.0871	11	1.06856	9.7%
			Std. Deviation	% of Total N
Job Title				
Rehabilitation Counselor	3.0173	55	.83151	49.1%
Administration/Supervisor/Coordinator	3.1368	8	.87868	7.1%
Case Manager	4.0000	6	.71880	5.4%
Rehabilitation Specialist/Consultant	3.1212	9	.95162	8.0%
Mental Health Counselor/Psychologist	2.7554	3	.67818	2.7%
Substance Abuse Counselor	3.0833	1	.	.9%
Faculty/Professor/Instructor	2.6905	7	.91977	6.3%
Other	3.2146	23	.81941	20.5%
			Std. Deviation	% of Total N
Years of Rehabilitation Counseling Experience				
1-5 yrs.	3.1604	20	.78142	17.7%
6-10 yrs.	3.1522	26	.77806	23.0%
11-15 yrs.	2.9639	20	.95039	17.7%
16-20 yrs.	2.9398	18	.72876	15.9%
21-25 yrs.	3.2129	12	.77256	10.6%
26-30 yrs.	3.4179	6	1.42076	5.3%
31+ yrs.	3.1705	11	.99660	9.7%

Linear regression analyses were used to determine if any of the respondents' demographic characteristics (i.e., age group, gender, race/ethnicity, type of education, employment setting, and years of rehabilitation counseling experience) influenced their attitudes toward reasonable accommodation. Each of the independent demographic characteristics was considered predictors while a composite score for rehabilitation counselors' attitudes toward reasonable accommodation was considered the variable. Table 17 presents the descriptive statistics for the respondents' composite demographic characteristics and the scores on the *ADA Knowledge Survey*.

Table 17
Composite Descriptive Statistics Demographic Characteristics and the Disability Questionnaire

Variable	Mean	Std. Deviation	N
Disability Questionnaire	3.1080	.86651	106
Age Group	3.57	1.235	106
Gender	1.64	.482	106
Race/Ethnic Codes	1.22	.478	106
Level of Education	3.75	1.493	106
Licensure/Certification	3.10	.616	106
Employment Setting	6.88	2.570	106
Job Title	3.89	3.848	106
Years of Rehabilitation Counseling Experience	3.31	1.859	106

The first approach was conducting a hierarchical multiple regression analyses to assess the level of predictive relationships between the respective knowledge, attitude, and efficacy subscales and the respondent's demographic characteristics. However, due to the lack of hierarchy, a stepwise multiple regression was conducted to determine the relative contribution of each variable to predicting respondents' attitudes toward reasonable accommodation. A stepwise multiple regression analysis determined the relative contribution of the one significant correlate

(Licensure/Certification) to predicting respondents' attitudes toward reasonable accommodation.

Table 18 presents the model summary of this analysis.

Table 18

Stepwise Multiple Regression Model Summary for Licensure/Certification and the Disability Questionnaire

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	Change Statistics			Sig. F Change
						F Change	df1	df2	
1	.313 ^a	.098	.089	.82682	.098	11.321	1	104	.001

a. Predictors: (Constant), Licensure/Certification

When the eight independent variables were entered, the stepwise multiple regression analysis indicated that Licensure/Certification was the significant predictor of respondents' attitudes toward reasonable accommodation (Cumulative $R^2 = .098$; adjusted cumulative $R^2 = .089$; multiple $R = .313$; $p = .001$). The R^2 of about 9% is also relatively small. Table 19 presents the stepwise multiple regression results for Licensure/Certification and the *Disability Questionnaire*.

Table 19

Stepwise Multiple Regression Results for Licensure/Certification and the Disability Questionnaire

Model		Unstandardized Coefficients		Standardized Coefficients		Sig.
		B	Std. Error	Beta	T	
	(Constant)	4.476	.414		10.802	.000
1	Licensure/Certification	-.441	.131	-.313	-3.365	.001

a. Dependent Variable: Disability Questionnaire

Statistical analyses were conducted to examine the relationships between the demographic independent variables (i.e., age group, gender, race/ethnicity, type of education, employment setting, and years of rehabilitation counseling experience) and the respondents' job development efficacy. Table 20 presents the descriptive statistics for the respondents'

demographic characteristics by category and the composite scores on the *Job Development*

Efficacy Scale

Table 20
Demographic Characteristics by Category and Job Development Efficacy Scale Descriptive Statistics

Age Group	Mean	N	Std. Deviation	% of Total N
18-25 yrs.	4.5667	3	.72514	2.7%
26-35 yrs.	4.8591	18	.41602	16.4%
36-45 yrs.	4.8563	37	.65114	33.6%
46-55 yrs.	5.0038	22	.49585	20.0%
56-65 yrs.	4.7954	25	.50744	22.7%
66+ yrs.	5.2705	5	.31892	4.5%

Gender	Mean	N	Std. Deviation	% of Total N
Male	4.9642	38	.50783	34.9%
Female	4.8349	71	.56716	65.1%
Total	4.8800	109	.54833	100.0%

Race/Ethnic Codes	Mean	N	Std. Deviation	% of Total N
White	4.8590	91	.52428	81.3%
Black	5.0305	18	.56947	16.1%
Hispanic	4.9833	3	1.07974	2.7%

Level of Education	Mean	N	Std. Deviation	% of Total N
Bachelors	4.9750	2	.31820	1.8%
Masters in Rehabilitation	4.8643	74	.58052	67.3%
Masters in Counseling	4.8133	15	.55980	13.6%
Masters In Csl. Related Field	5.0083	6	.38912	5.5%
Ph.D./Ed.D.	5.0453	10	.37302	9.1%
Other	4.6912	3	.67947	2.7%

Table 20
Demographic Characteristics by Category and Job Development Efficacy Scale Descriptive Statistics (cont.)

	Mean	N	Std. Deviation	% of Total N
Licensure/Certification				
CRC	4.8955	107	.53964	94.7%
CCRC	4.5700	5	.55857	4.4%
CCAA	5.6000	1	.	.9%
Employment Setting				
Medical Center/Hospital	4.8000	2	.63640	1.8%
Private for Profit Rehabilitation Agency	4.8357	14	.52456	12.4%
Center for Independent Living	4.9000	1	.	.9%
Private Non-Profit/For-Profit Counseling Agency	5.1333	3	.46458	2.7%
Private Non-Profit Rehabilitation Agency	4.8083	6	.49841	5.3%
Substance Abuse/Mental Health Agency	4.8400	5	.65708	4.4%
State Rehabilitation Agency	4.8503	44	.56812	38.9%
Federal Rehabilitation Agency	4.7070	10	.70989	8.8%
University/College	4.9895	12	.59228	10.6%
Insurance Company	5.0874	5	.34135	4.4%
Other	5.0749	11	.40408	9.7%
Job Title				
Rehabilitation Counselor	4.8229	55	.59304	49.1%
Administration/Supervisor/Coordinator	4.9388	8	.48605	7.1%
Case Manager	4.8000	6	.65574	5.4%
Rehabilitation Specialist/Consultant	5.0667	9	.32016	8.0%
Mental Health Counselor/Psychologist	4.7167	3	.90875	2.7%
Substance Abuse Counselor	4.9500	1	.	.9%
Faculty/Professor/Instructor	5.1218	7	.24458	6.3%
Other	4.9280	23	.53947	20.5%
Years of Rehabilitation Counseling Experience				
1-5 yrs.	4.7732	20	.53633	17.7%
6-10 yrs.	4.7591	26	.65373	23.0%
11-15 yrs.	4.9363	20	.52670	17.7%
16-20 yrs.	5.0770	18	.47650	15.9%
21-25 yrs.	4.7960	12	.64025	10.6%
26-30 yrs.	5.0167	6	.26583	5.3%
31+ yrs.	5.0275	11	.34525	9.7%

Linear regression analyses were used to determine if any of the respondents' demographic characteristics (i.e., age group, gender, race/ethnicity, type of education, employment setting, and years of rehabilitation counseling experience) influenced their job development efficacy. Each of the independent demographic characteristics was considered predictors while a composite score for rehabilitation counselors' job development efficacy was considered the variable. Table 21 presents the composite descriptive statistics for the respondents' demographic characteristics and the scores on the *Job Development Efficacy Scale*.

Table 21
Composite Descriptive Statistics Demographic Characteristics and the Job Development Efficacy Scale

Variable	Mean	Std. Deviation	N
Job Development Efficacy Scale	4.8711	.55142	106
Age Group	3.57	1.235	106
Gender	1.64	.482	106
Race/Ethnic Codes	1.22	.478	106
Level of Education	3.75	1.493	106
Licensure/Certification	3.10	.616	106
Employment Setting	6.88	2.570	106
Job Title	3.89	3.848	106
Years of Rehabilitation Counseling Experience	3.31	1.859	106

The first approach was conducting a hierarchical multiple regression analyses to assess the level of predictive relationships between the respective knowledge, attitude, and efficacy subscales and the respondent's demographic characteristics. However, due to the lack of hierarchy, a stepwise multiple regression was conducted to determine the relative contribution of each variable to predicting respondents' attitudes toward reasonable accommodation. A stepwise multiple regression analysis determined the relative contribution of the one significant correlate (Licensure/Certification) to predicting respondents' job development efficacy. Table 22 presents the model summary of this analysis.

Table 22

Stepwise Multiple Regression Model Summary for Licensure/Certification and the Job Development Efficacy Scale

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	Change Statistics			Sig. F Change
						F Change	df1	df2	
1	.279 ^a	.078	.002	.55088	.078	1.026	8	97	.422

a. Predictors: (Constant), Years of Rehabilitation Counseling Experience, Gender, Employment Setting, Licensure/Certification, Race/Ethnic Codes, Level of Education, Job Title, Age Group

When the eight independent variables were entered, the stepwise multiple regression analysis indicated that there was no statistically significant demographic characteristic that made a relative contribution to predicting respondents' job development efficacy (Cumulative $R^2 = .078$; adjusted cumulative $R^2 = .002$; multiple $R = .279$; $p = .422$). The R^2 is approximately zero. Table 23 presents the stepwise multiple regression results for the demographic characteristics and the *Job Development Efficacy Scale*.

Table 23

Stepwise Multiple Regression Results for the Demographic Characteristics and Job Development Efficacy Scale

Model		Unstandardized Coefficients		Standardized Coefficients		t	Sig.
		B	Std. Error	Beta			
	(Constant)	4.388	.482			9.098	.000
	Age Group	-.008	.052	-.019		-.162	.871
	Gender	-.152	.121	-.133		1.261	.211
	Race/Ethnic Codes	.140	.116	.121		1.205	.231
	Level of Education	-.001	.038	-.004		-.037	.970
	Licensure/Certification	.084	.089	.094		.949	.345
	Employment Setting	.019	.022	.090		.862	.391
	Job Title	.007	.016	.048		.441	.660
1	Years of Rehabilitation Counseling Experience	.054	.032	.182		1.661	.100

a. Dependent Variable: Job Development Efficacy Scale

Research Question #3

Research Question #3: What are the greatest barriers to job placement outcomes as reported by the Rehabilitation Counselors? Respondents were given the opportunity to write qualitative comments/recommendations concerning Question #10 on the *Demographic Questionnaire* (Inniss-Johnson, 2011). This qualitative data was analyzed by reading through the responses, developing codes/themes, numbering the codes/themes, by making connections between discrete pieces of qualitative data (Williams, 2007). Coding was performed in order to gain an understanding of the inquiry issue, how respondents perceived the issue under review, and the nature and types of relationships involved. Coding is a process of reducing the data into smaller groupings so they are more manageable. The process also helps researchers to begin to see relationships between these categories and patterns of interaction (Williams, 2007).

The five codes/themes pertinent to this study were partnering between stakeholders, employer involvement, autonomy and client preparation, counselor preparation, and education and skill enhancement. A qualitative summary table was compiled listing barriers to job placement outcomes. Table 24 presents a summary by theme of these barriers reported by the respondents.

Table 24
Summary of the Barriers to Job Placement Outcomes Themes

Theme	Frequency	Percent	Valid Percent	Cumulative Percent
Partnering between Stakeholders	38	32.5	32.8	32.8
Employer Involvement	28	23.9	24.1	56.9
Autonomy & Client Preparation	20	17.1	17.2	74.1
Counselor Preparation	10	8.5	8.6	82.8
Education & Skill Enhancement	15	12.8	12.9	95.7

No Answer	5	4.3	4.3	100.0
Total	116	99.1	100.0	
Missing	1	.9		
Total	117	100.0		

One hundred and sixteen rehabilitation counselors listed barriers to job placement outcomes. Five respondents responded with no answer and one individual did not respond at all. Partnering between Stakeholders (32.5%) was the largest percentage theme listed for barriers to job placement outcomes, Employer Involvement (23.9%) was second, and the least was Counselor Preparation (8.5%).

Research Question #4

Research Question #4: What would enhance Rehabilitation Counselors' comfort level in assisting employers with job placement? Respondents were given the opportunity to write qualitative comments/recommendations concerning Question #11 on the *Demographic Questionnaire* (Innniss-Johnson, 2011). This qualitative data was analyzed by reading through the responses, developing codes/themes, numbering the codes/themes, by making connections between discrete pieces of qualitative data (Williams, 2007). Coding was performed in order to gain an understanding of the inquiry issue, how respondents perceived the issue under review, and the nature and types of relationships involved.

The five codes/themes pertinent to this study were partnering between stakeholders, employer involvement, autonomy and client preparation, counselor preparation, and education and skill enhancement. A qualitative summary table was compiled listing enhancements to the rehabilitation counselors' comfort level in assisting employers with job placement. Table 25 presents a summary by theme of these enhancements reported by the respondents.

Table 25
Summary of the Enhancements to Rehabilitation Counselors' Comfort Level in Job Placement Outcomes

Theme	Frequency	Percent	Valid Percent	Cumulative Percent
Partnering between Stakeholders	39	33.3	33.6	33.6
Employer Involvement	11	9.4	9.5	43.1
Counselor Preparation	43	36.8	37.1	80.2
Education & Skill Enhancement	2	1.7	1.7	81.9
No Answer	21	17.9	18.1	100.0
Total	116	99.1	100.0	
Missing	1	.9		
Total	117	100.0		

One hundred and sixteen rehabilitation counselors listed enhancements they felt would increase their comfort level in assisting employers with job placement. Twenty-one respondents responded with no answer and one individual did not respond at all. Counselor Preparation (36.8%) was the largest percentage theme for enhancements to increase rehabilitation counselors comfort level in assisting employers with job placement, Partnering between Stakeholders (33.3%) was second, and the least was Education and Skill Enhancement (1.7%).

Summary

Chapter IV presented the research design, description of the participants, research questions, and results of the statistical analyses and description of the findings from the data collected for this study. Chapter V provides a brief overview of the problem addressed, relevant literature to the outcome of this research, and methodologies and procedures implemented in this study. Chapter V also provides a summary and discussion of the results pertinent to each research question and recommendations for future research in the area of the relationship of

rehabilitation counselors' knowledge of the Americans with Disabilities Act 1990, attitudes toward reasonable accommodation, and job development efficacy.

CHAPTER V

SUMMARY AND DISCUSSION

This chapter presents a brief overview of the problem addressed, relevant literature to the outcome of this research, and methodologies and procedures implemented in this study. This chapter also provides a summary and discussion of the results pertinent to each research question and recommendations for future research in the area of the relationship of rehabilitation counselors' knowledge of the Americans with Disabilities Act 1990, attitudes toward reasonable accommodation, and job development efficacy.

Introduction

Employment continues to be a significant problem for the disability community which has had significant social and psychological implications (Hernandez et al., 2007; Hernandez, 2010). There have been few studies conducted examining the level of involvement of rehabilitation counselors in the job placement and development process (Fraser et al., 2004). There has been extensive research focusing on employment attitudes towards persons of disabilities especially in the area of employer attitudes. However few studies have focused on the relationship between the rehabilitation counselors level of knowledge, attitudes towards reasonable accommodations and job development efficacy (Copeland, 2007; Popovich et al., 2003; Clarke & Crewe, 2000; McCaughey & Strohmer, 2006; Vash, 2001; Ajzen & Fishbein, 1980; Hernandez, et al., 2004; Redick et al., 2000). The attitude research that exists is based on the assumption that success of ADA employment provisions relies upon the attitudes of employers (Hernandez et al., 2000). Yet studies have failed to show a strong correlation between positive attitudes and willingness to hire (Scheid, 1999; Unger, 2002; Copeland et al., 2010; Clarke & Crewe, 2000; Thakker & Solomon, 1999; Bruyere et al., 2006).

The outcome of every rehabilitation process is the success of job placement for persons with disabilities (Fabian et al., 1995). The rehabilitation counselor has a very important role in providing job placement services, for example, ADA technical assistance, reasonable accommodations, disability awareness; and promoting the capacity in supporting persons with disabilities in the work environment (Hergenrather et al., 2003). However, a longitudinal research project examining public vocational rehabilitation services and outcomes, conducted by the Research Triangle Institute (2002), indicated only 32.5% of consumers received placement services and of those 72.5% had their placement services contracted out to external providers, thus eliminating the public rehabilitation counselor from the placement process (Schultz, 2008). Earlier studies indicated rehabilitation counselors devote 6 - 12% of their time engaged in job placement and development activities (Fraser & Clowers, 1978; Zadny & James, 1977). In order to have an impact on the overall employment rate for persons with disabilities, it is imperative for rehabilitation counselors to understand the ADA, reasonable accommodations (Dalgin, 2001) and their ability in engaging in the job placement process (Hergenrather et al., 2003; Strong, 1995; Conner & Sparks, 1999; Fabian et al., 1995).

Restatement of the Problem

There is a need to examine the level of knowledge of the ADA among rehabilitation counselors because people with disabilities are directly impacted by the employment provisions of the ADA (Clarke 1997; Clark & Crewe, 2000), and therefore rehabilitation counselors have a significant role and stake in the effectiveness of the ADA (Moore, 1993). Due to the declining employment rates of people with disabilities over the last few decades, ADA compliance and reasonable accommodation beliefs and job placement efficacy remain ripe for research (Copeland, 2007).

The huge gap in unemployment persists and as a result suggests rehabilitation professionals are not acting effectively as brokers (Gilbride & Stensrud, 2008). Stensrud (2001, 2007) found rehabilitation professionals could play a demand side brokerage role by helping to reduce the risks employers experience when they hire new employees. It is quite disappointing that almost two decades after the passage of the ADA rehabilitation counselors are not generally viewed as the consultant of choice by most businesses on disability issues involving legislation, accessibility and accommodations (Gilbride & Stensrud, 2008; Ballard, 2000).

According to Schultz & Brooks (2003), attendees at the International Association of Rehabilitation Professionals roundtable discussion felt graduates were “ill prepared for the roles and functions of the rehabilitation counselor in the private sector” (p. 257). Some of the items they noted were lack of skills in “knowledge of marketing strategies” (p. 257) and “labor market analyses” (p. 257). Another study by Chan et al. (2003) supported the revelations by Schultz and Brooks (2003) in that it determined certified rehabilitation counselors practicing in the state-federal vocational rehabilitation service system should be knowledgeable about job accommodations, assistive technology, job development, and supported employment (Zanskas & Leahy, 2008).

Research has focused on assessing the attitudes of rehabilitation counselors and correlating their attitudes to various demographic variables such as, sex, age, type of training, level of experience, and contact (Carney & Cobia, 1995; Elston & Snow, 1986; Garske & Thomas, 1990; Goodyear, 1983). There is a lack of research with regards to the attitudes of rehabilitation counselors toward the ADA’s employment provisions (Clarke, 1997)

Therefore, the purpose of this research is to evaluate relationship between the rehabilitation counselors’ level of knowledge, attitudes towards reasonable accommodations and

job development efficacy. The more knowledgeable rehabilitation counselors are about ADA, reasonable accommodations, and their attitude toward job development, the less likely their attitudes will be expected to fluctuate (Hernandez et al., 2004; Johnson, 1994; Wood et al., 1985). In addition, there has been very little research in terms of evaluating rehabilitation counselor's level of job placement efficacy (Hergenrather et al., 2003; Fabian et al., 2001; Schultz, 2008).

Review of Methods and Procedures

A survey-based design was utilized to create both a quantitative description of knowledge of the ADA, beliefs about reasonable accommodations and job placement efficacy and qualitative information concerning the barriers to job placement outcomes and enhancements needed to assist rehabilitation counselors in working with employers. This study was conducted during September and October, 2011 after approval by Wayne State University, Human Investigation Committee.

The variables for the study were rehabilitation counselors' knowledge of the Americans with Disabilities Act 1990 as measured by the *ADA Knowledge Survey* (Hernandez et al. 2003), attitudes toward reasonable accommodation as measured by the *Disability Questionnaire* (Popovich et al., 2003), and job development efficacy as measured by the *Job Development Efficacy Scale (JDES)*, (Fabian & Waugh, 2001). The *Demographic Questionnaire* (Inniss-Johnson, 2011) was used to collect the demographic characteristics (i.e., age group, gender, race/ethnicity, type of education, certification/licensure, employment setting, job title, years of rehabilitation counseling experience) of the rehabilitation counselors who participated in the study.

The pen-and-paper self-report survey instruments were converted to a web-based survey using Zoomerang™ (MarketTools, 2011) software and e-mailed to 1,000 rehabilitation counselors. The rehabilitation counselors' e-mail information was secured from a national database maintained by the Commission for Rehabilitation Counselor Certification (CRCC®). The online version of the research materials was located at <http://www.zoomerang.com/Survey/WEB22D4XPZFG79/>. All measures were delivered to participants and data collected via the Internet. A recruitment letter via e-mail (Appendix A) was sent to the list of rehabilitation counselors randomly selected from CRCC® database explaining the nature of the study with an invitation to complete the online survey. The Informed Consent Form (Appendix C) was included with the online survey. Participation was voluntary and no cross-listing of respondents identifying information was retained. An email reminder was sent two and four weeks after the initial request.

Restatement of Research Questions

This study was designed to examine the relationship between rehabilitation counselors' level of knowledge, attitudes toward reasonable accommodation, and job development efficacy. This study strived to answer the four following research questions:

1. What is the relationship between Rehabilitation Counselors' level of knowledge of the ADA, attitudes toward reasonable accommodation, and job development efficacy?
2. What is the relationship between the demographic characteristics (i.e., age group, gender, race/ethnicity, type of education, employment setting, and years of rehabilitation counseling experience) of Rehabilitation Counselors

and their level of knowledge of the ADA, attitudes toward reasonable accommodation and job development efficacy?

3. What are the greatest barriers to job placement outcomes as reported by the Rehabilitation Counselors?
4. What would enhance Rehabilitation Counselors' comfort level in assisting employers with job placement?

Summary of Findings

Linear associations between the composite scores for rehabilitation counselors' knowledge of the Americans with Disabilities Act 1990, attitudes toward reasonable accommodation, and job development efficacy were determined utilizing Pearson's correlations to answer Research Question #1.

Descriptive statistics for respondents' composite scores for the *ADA Knowledge Survey* were $N = 114$ ($M = 17.00$, $SD = 2.387$) and *Disability Questionnaire* $N = 113$ ($M = 3.1088$, $SD = .85198$), and *Job Development Efficacy Scale* $N = 113$ ($M = 4.8873$, $SD = .54392$).

A statistically significant negative correlation was obtained for the *ADA Knowledge Survey* ($N = 114$) and *Disability Questionnaire* ($N = 113$), r ($df = 1$, $p = .034$) = $-.199$. This can be described as a subtle but detectable correlation with the sample size of $N = 113$, $p < .05$, it is better described as subtle but detectable. This negative correlation indicated increases in the respondents' knowledge of the ADA were associated with less reasonable attitudes toward reasonable accommodation. Based on this analysis, the null hypothesis for H_{1a} was rejected.

Descriptive statistics for respondents' composite scores for the *ADA Knowledge Survey* were $N = 114$ ($M = 17.00$, $SD = 2.387$) and *Job Development Efficacy Scale* $N = 113$ ($M = 4.8873$, $SD = .54392$). The Pearson's correlation between the *ADA Knowledge Survey* ($N = 114$)

and *Job Development Efficacy Scale* ($N = 113$) was not statistically significant, r ($df = 1, p = .046$) = $-.629$. Based on this finding, the null hypothesis (H_{1b}) was retained.

Descriptive statistics for respondents' composite scores for the *Disability Questionnaire* are $N = 113$ ($M = 3.1088, SD = .85198$) and *Job Development Efficacy Scale* $N = 113$ ($M = 4.8873, SD = .54392$). The Pearson's correlation between the *Disability Questionnaire* ($N = 113$) and *Job Development Efficacy Scale* ($N = 113$) were not statistically significant, r ($df = 1, p = .845$) = $-.019$. Based on this finding, the null hypothesis (H_{1c}) was retained.

Hierarchical regression analyses were used to determine if any of the respondents' demographic characteristics (i.e., age group, gender, race/ethnicity, type of education, employment setting, and years of rehabilitation counseling experience) influenced their knowledge of the Americans with Disabilities Act 1990. Each of the independent demographic characteristics was considered predictors while the composite score for rehabilitation counselors' knowledge of the ADA was considered the variable. Due to the lack of hierarchy, a stepwise multiple regression was conducted to determine the relative contribution of the one significant correlate (Licensure/Certification) to predicting respondents' knowledge of the ADA. Licensure/Certification was the significant predictor of respondents' knowledge of the ADA (Cumulative $R^2 = .045$; adjusted cumulative $R^2 = .036$; multiple $R = .212$; $p = .029$).

When the eight independent variables were entered, the stepwise multiple regression analysis indicated that Licensure/Certification was the significant predictor of respondents' attitudes toward reasonable accommodation (Cumulative $R^2 = .098$; adjusted cumulative $R^2 = .089$; multiple $R = .313$; $p = .001$).

When the eight independent variables were entered, the stepwise multiple regression analysis indicated that there was no statistically significant demographic characteristic that made

a relative contribution to predicting respondents' job development efficacy (Cumulative $R^2 = .078$; adjusted cumulative $R^2 = .002$; multiple $R = .279$; $p = .422$).

Respondents were given the opportunity to write qualitative comments/recommendations concerning Question #10 on the *Demographic Questionnaire* (Inniss-Johnson, 2011) which were used to answer Research Question #3. This qualitative data was analyzed by reading through the responses, developing codes/themes, numbering the codes/themes, by making connections between discrete pieces of qualitative data (Williams, 2007). Coding was performed in order to gain an understanding of the inquiry issue, how respondents perceived the issue under review, and the nature and types of relationships involved. The five codes/themes pertinent to this study were partnering between stakeholders, employer involvement, autonomy and client preparation, counselor preparation, and education and skill enhancement. Partnering between Stakeholders (32.5%) was the largest percentage theme listed for barriers to job placement outcomes, Employer Involvement (23.9%) was second, and the least was Counselor Preparation (8.5%).

Respondents were given the opportunity to write qualitative comments/recommendations concerning Question #11 on the *Demographic Questionnaire* (Inniss-Johnson, 2011) which was used to answer Research Question #4. This qualitative data was analyzed by reading through the responses, developing codes/themes, numbering the codes/themes, by making connections between discrete pieces of qualitative data (Williams, 2007). Coding was performed in order to gain an understanding of the inquiry issue, how respondents perceived the issue under review, and the nature and types of relationships involved. Counselor Preparation (36.8%) was the largest percentage theme listed for enhancements to rehabilitation counselors' comfort level in assisting employers with job placement, Partnering between Stakeholders (33.3%) was second, and the least was Education and Skill Enhancement (1.7%).

Discussion of Results

Electronic based surveys responses are usually between 1% - 6% with Tse (1995) reporting 6%; Kent & Lee (1999) reporting less than 3% (Tse, 1995, Basi (1999) reporting less than 1% response rates (Basi, 1999, Kent & Lee, 1999, Kent & Brandal, 2003, Schultz, 2008). However, this study's response rate was higher (12.5%). Therefore, the results warrant consideration. It should also be noted the response rate for this study is consistent with the response rate of previous studies pertaining to attitudes (Clarke, 1997; Clarke, & Crewe, 2000). Blackburn (2002) also reported lower emailed response rates versus mailed surveys. Kent & Brandal (2003) indicated several factors may contribute to low response rates, however, Ranchhod & Zhou, (2001, p. 254) identified specific factors including "lack of incentive; lack of anonymity; lack of authoritative image; and lack of questionnaires features".

A statistically significant negative correlation was obtained for the *ADA Knowledge Survey* ($N = 114$) and *Disability Questionnaire* ($N = 113$), $r(df = 1, p = .034) = -.199$. This can be described as a subtle but detectable correlation with the sample size of $N = 113$, $p < .05$, it is better described as subtle but detectable. This negative correlation indicated increases in the respondents' knowledge of the ADA were associated with less reasonable attitudes toward reasonable accommodation. Perhaps, this could mean the more rehabilitation counselors understand the ADA provisions the more frustrating the battle becomes to change employers' attitudes and stigmas surrounding hiring persons with disabilities. After all, there is research that supports employers' beliefs that the ADA provisions in terms of what is an appropriate reasonable accommodation have gone too far (Copeland, 2007; Hernandez et al., 2000). The discrepancy exists of what is an appropriate reasonable accommodation.

The Pearson's correlation between the *ADA Knowledge Survey* ($N = 114$) and *Job Development Efficacy Scale* ($N = 113$) was not statistically significant, $r (df = 1, p = .046) = -.629$. Therefore, one could assume that there is no association between the respondents' knowledge of the ADA and their level of job development efficacy. Further, the Pearson's correlation between the *Disability Questionnaire* ($N = 113$) and *Job Development Efficacy Scale* ($N = 113$) was not statistically significant, $r (df = 1, p = .845) = -.019$. Therefore, one could assume that there is little association between respondents' attitudes toward reasonable accommodation and their level of job development efficacy.

Responses to the *ADA Knowledge Survey* involving undue hardship and access to obtain assistive technology that aids persons with disabilities in completing their jobs effectively indicate some confusion and lack of clarity among respondents regarding the ADA and reasonable accommodations associated with individuals with visual impairments. For example, nearly half (43%) of the responses responded "false" or "do not know" to this question with the *ADA Knowledge Survey*. Popovich et al. (2003) found similar findings in their original research.

Overall, rehabilitation counselors were universally very positive towards reasonable accommodations in the workplace. Their responses concerning accommodations for persons with disabilities correlate with current research regarding attitudes towards reasonable accommodation (Bruyere et al., 2000). Several accommodations were seen by rehabilitation counselors as very reasonable including redesigning work processes, special training for persons with disabilities, redesigning the physical layout of a workplace, purchasing special software, redesigning work spaces, and adding ramps to buildings. These attitudes are also supported by Copeland (2007).

The Likert scale (“Very reasonable = 1” to “Very unreasonable = 7”) responses to attitudes toward reasonable accommodations such as adding staff (29% rated this item towards reasonable), arranging transportation for persons with disabilities (19% rated this item towards reasonable), adding an elevator to a building (25% rated this item towards reasonable), changing or adding to the employees benefit plan (27% rated this item towards reasonable) and creating new bathrooms exclusively for persons with disabilities (19% rated this item towards reasonable). These factors may be viewed by employers as costly and not considered as reasonable (Hernandez et al., 2000; Bruyere et al., 2006). According to Florey and Harrison (2000), it is recommended by most professionals that persons with disabilities should be very cautious when requesting and negotiating reasonable accommodations.

The current study found Licensure/Certification to be a significant predictor of respondents’ knowledge of the ADA and attitudes toward reasonable accommodation. Licensure/Certification requires a minimum of a Masters degree in social/behavioral health from an accredited university (APA, 2006; CRCC, 2003, 2004; CACREP, 2009). This requirement is consistent with current research. Rehabilitation counselors who have greater training on Americans with Disabilities Act and experience with the provision of accommodations will more be more able to accurately assess and provide resources regarding reasonable accommodations (Copeland, 2007, Lewis, 1997).

The current research found no statistically significant difference in gender and attitudes toward reasonable accommodation. This is consistent with Copeland (2007), who found gender does not predict respondent’s attitude towards reasonable accommodation. However contradictory results were found by Popovich et al., (2003) whose results did predict a strong relationship between gender and attitudes toward reasonable accommodation.

The current study found no specific demographic characteristic made a statistically significant contribution to predicting respondents' job development efficacy. Previous research (Campbell & Huizenga, 2009) has focused primarily on the demographic characteristics of the persons with disabilities and not on the characteristics of the rehabilitation professional. Therefore, future studies may need to investigate the combination of both the demographic characteristics of the rehabilitation professional as well as the client.

Respondents were given the opportunity to write qualitative comments/recommendations concerning Question #10 (What are the greatest barriers to job placement outcomes as reported by the Rehabilitation Counselors?) and Question #11 (What would enhance rehabilitation counselors' comfort level in assisting employers with job placement?) on the *Demographic Questionnaire* (Inniss-Johnson, 2011). This qualitative data was analyzed by reading through the responses, developing codes/themes, numbering the codes/themes, by making connections between discrete pieces of qualitative data (Williams, 2007).

Campbell and Huizenga (2009) investigated factors associated with successful job development and placement in the private sector. Campbell and Huizenga (2009) defined partnering between stakeholders as building relationships and frequent meetings with all those individuals, agencies and organizations who are involved in assisting persons with disabilities in achieving successful placement and or increase employment access. Some examples of partnering between stakeholders in the current study were talking with them to find out what their needs are, making greater connections with employers and addressing their concerns is what we need to do in order to improve employment outcomes; establishing relationships with potential employers or setting up informational interviews to discuss how the rehabilitation

professional could assist employers with screened qualified persons with a disability and or job placement.

Employer involvement was defined (Campbell & Huizenga, 2009) as having one on one interaction with employers. Some examples of employment involvement included informational interviews, on the job training and work experience, work trials, presenting qualified people with disabilities. Autonomy and client involvement was defined as the development of work skills and understanding of the world of work. Some examples of autonomy and client involvement included formal job clubs, increased understanding of Americans with Disabilities Act, building interviewing skills, managing indirect employer stigmas and discrimination, developing soft skills, assisting clients in developing resumes, and appropriate discussion of disabilities.

Counselor preparation was defined as awareness and understating of the employment community and networks. Some examples included modeling to client appropriate work behaviors, knowledge of the ADA, assisting clients in developing soft skills, cheerleader for persons with disabilities, negotiation with employers to increase placement for persons with disabilities.

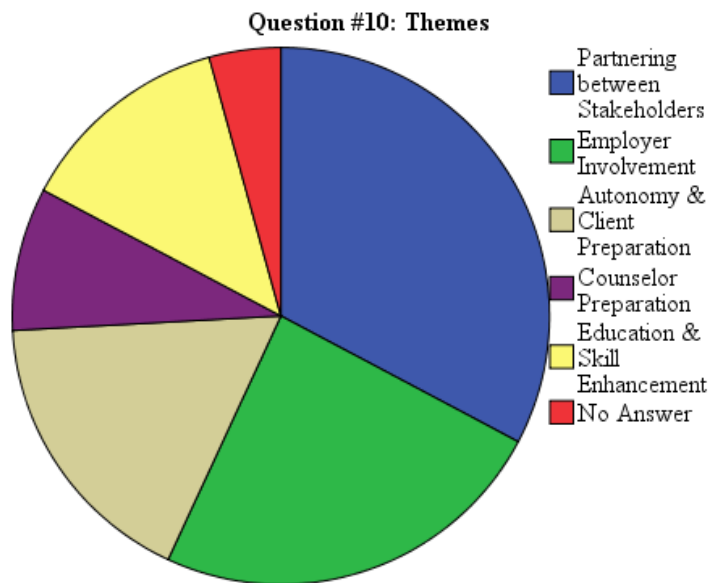
Education and skill enhancement was defined (Campbell & Huizenga, 2009) as the level of work, academic and job readiness. Some examples included retraining, and increase in academic qualifications. The six codes/themes used in categorizing Questions #10 and #11 in the current study were:

- Education and Skill Partnering between Stakeholders
- Employer Involvement
- Autonomy and Client Preparation
- Counselor Preparation
- Enhancement

- No Answer

Partnering between Stakeholders (32.5%) was the largest percentage theme listed for barriers to job placement outcomes, Employer Involvement (23.9%) was second, and the least was Counselor Preparation (8.5%). Figure 2 shows pictorial representation of these themes.

Figure 2 Percentages for Barriers to Job Placement Outcomes



Fabian, Luecking & Tilson (1995) surveyed 13 employers, 11 rehabilitation job development personnel, and 11 individuals with disabilities in regards to barriers to employment, characteristics of good agencies that hire individuals with disabilities, and the needs of each group to achieve successful job placement. They found barriers to job placement outcomes tended to include structural factors that are less amendable to remedy (i.e., lack of jobs, economic situation, poor economy and poor labor market).

Fabian et al. (1995) reported attitudes and prejudices were the most significant barriers to job placement of persons with disabilities. They received 243 complete and usable responses to their survey on how to increase effective job placement. They reported the rehabilitation

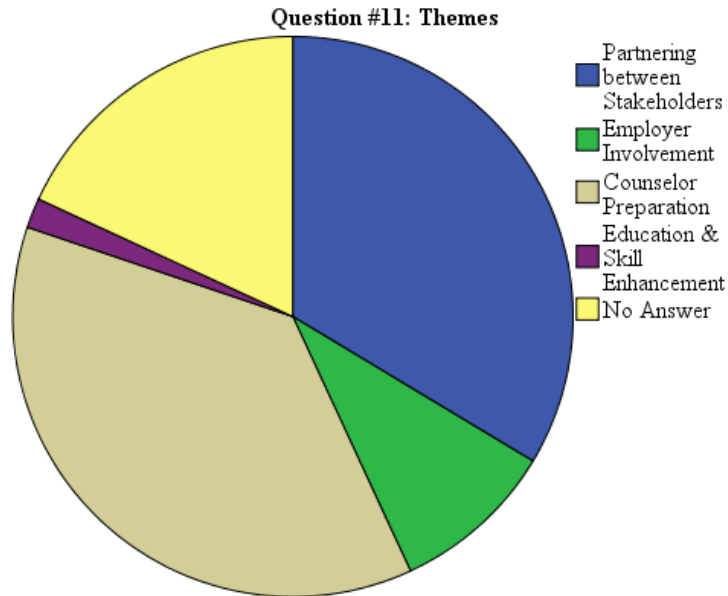
counselors' responses were related to internal resources such as time, money and staff. These are items that rehabilitation counselors do have control over or can change quite readily.

Hergenrather et al. (2003) developed and utilized the *Rehabilitation Placement Survey (RPS)* to elicit theoretical beliefs in regards to successful job placement of persons with disabilities. They surveyed 155 rehabilitation counselors in the States of Alabama, Georgia, Mississippi, North Carolina and Tennessee. Even though the study focused on consumer difficulties to successful job placement, it was suggested future studies should explore the barriers from the rehabilitation counselors' end in completing tasks for successful job placement. It was also suggested, trainings should focus on developing and increasing the self-efficacy of the rehabilitation counselor in addressing consumer barriers associated with job placement. Three-fifths of the sample indicated lack of job seeking skills as a major barrier. This barrier for persons with disabilities has been reported since 1965 (Pumo, Sehl, & Cogan, 1966).

Fabian & Waugh (2001) posited rehabilitation counselors who obtained a low score on the *Job Development Efficacy Scale* pertaining to barriers to placement may require additional training in valuing the importance of persons with disabilities engaging in work. Their lack of values pertaining to barriers to placement may impact the performance and expectation of the job seekers. Fabian & Waugh (2001) also suggested additional training in reasonable accommodations and disclosure may be warranted.

Counselor Preparation (36.8%) was the largest percentage theme for enhancements to increase rehabilitation counselors comfort level in assisting employers with job placement, Partnering between Stakeholders (33.3%) was second, and the least was Education and Skill Enhancement (1.7%). Figure 3 shows a pictorial representation of these themes.

Figure 3 Percentages for Enhancements to Job Placement Outcomes



The qualitative section (Leedy, 1989) was designed to provide a more complete picture of the phenomena of interest (i.e., the barriers to job placement outcome and enhancement in assisting employers with job placement). According to Shotland & Mark (1987), evaluators often use the pairing of quantitative and qualitative methods in sequence so the results of each data collection effort provides information for the next. The small number of respondents ($N = 115$) providing comments/recommendations for Questions #10 and #11 on the *Demographic Questionnaire* (Inniss-Johnson, 2011) may not have been representative of the general population. Therefore, a larger sample size may have resulted in more meaningful and complete results.

Limitations of the Study

This study was not without its limitations. First, there was a 12.5% participation rate; thus, findings are based on a cooperative sample. It should also be noted the response rate for this study is consistent with the response rate of previous studies pertaining to attitudes (Clarke, 1997; Clarke, & Crewe, 2000). This study utilized a convenient randomized sample of

rehabilitation counselors nationwide who were willing to participate. Although findings from a cooperative sample provide valuable information, it is unknown whether results would have been different with no refusals. Consequently, external validity may not be effective as this sample may not be representative of all rehabilitation counselors nationwide.

This study was limited to persons who are listed on a specific database maintained by the Commission for Rehabilitation Counselor Certification (CRCC®). There are rehabilitation professionals working with persons with disabilities that are not certified, only licensed; thus, this database may not be representative of all professionals in the field of rehabilitation. Generalizations to other populations of rehabilitation professionals must be made with caution.

Many of the e-mail addresses were from work environments and it was assumed the survey would be completed on work time. The time to complete the survey may not be considered as an appropriate use of time in many work environments, particularly governmental agencies. Therefore, this could have accounted for the high failure to respond rate.

This study relied on a self-report survey. Although considered a strength in the social and behavioral sciences, self-report responses may be subject to socially desirable answers. The human element of needing to be perceived as knowledgeable and successful in their professional field could have made it difficult for respondents to give an objective accounting of their knowledge of the ADA, attitudes toward reasonable accommodation and accurate job placement activities.

The final format of the survey may not have been the most appropriate to use. Although the survey flowed from one instrument to another, there was no specific start and stop point of each instrument. This may have complicated the ability to read and follow instructions to complete the survey.

There was not a financial incentive offered for the completion of the survey because of the primary investigator's limited financial support. Responses may have increased if a financial incentive or award was offered.

Additional unknown factors may have influenced levels of rehabilitation counselors' knowledge of ADA, attitudes toward reasonable accommodation, and job development efficacy which were not accounted for by this study. "Limitations should not be barriers to research; they should act like baselines and assist with making better preparation or establishing clear points of early redirection and general areas of concentration" (Johnson, 2011, p. 108). To that end, the limitations and findings of this study have presented opportunities for future research, professional practice, and education of future rehabilitation counselors.

Implications for Practice and Recommendations for Future Research

Future research in the areas of rehabilitation counselors' knowledge of the ADA, attitudes toward reasonable accommodation, and job placement efficacy may benefit from larger sample sizes. Future studies with specific rehabilitation agencies that engage in job placement activities, and multiple geographic areas may provide more beneficial information.

Careful selection, formatting of survey documents and use of appropriate survey material such as the *Rehabilitation Placement Survey* (Hergenrather et al., 2003) and *Intention to Place Survey* (Hergenrather, Rhodes, & McDaniel, 2005) may provide for more statistically significant outcomes in job development efficacy. Other alternatives to measure rehabilitation counselors' knowledge of the ADA such as, *American with Disabilities Act Survey* (Satcher, & Hendren, 1992), and *ADA Employment Inventory* (Moore, & Crimando, 1995) may have produced different outcomes. Another area of consideration may be the language used in the survey, particularly for the question about barriers to successful job development efficacy. Asking, this

question in the negative may have created a forum for complaints about job development activities and limited responses. Also in the area of survey material, establishing focus groups with rehabilitation professionals may provide additional ideas for research and survey design.

Rehabilitation counselor education programs may need to implement additional training in valuing the importance of persons with disabilities engaging in work. This may impact future rehabilitation counselors' performance and expectations of their clients who want to engage in work. Fabian & Waugh (2001) also suggested additional training in reasonable accommodations and disclosure may be warranted. Chan et al., (2003) also identified reasonable accommodations, increased relationships with employers, job placement, assistive technology, and employer consultation services as critical training areas for rehabilitation counselors. Rehabilitation programs should design coursework focusing on Americans with Disabilities Act, case law as it relates to Title I, and reasonable accommodations particularly how disabilities can be accommodated in various types of work (Blackburn, 2002).

Researchers should continue to examine strategies in increasing ADA knowledge and critically explore ADA interpretation of case law. This could further reveal how employers and those associated with assisting persons with disabilities in developing policies and procedures promoting full inclusion of persons with disabilities (Copeland, 2007).

Rehabilitation counselors should continue to expand their community outreach opportunities and provide successful examples how persons with disabilities can be accommodated with the least cost possible and how it can benefit all employees. This will provide a safe and non-threatening way for employers to gain non-technical information regarding the Americans with Disabilities Act, common disability issues and innovative accommodations (Walters & Baker, 1995).

Millington, Miller, Asner-Self, & Linkowski (2003) suggested rehabilitation counselors should understand the employers' needs and demands. Additional training in management, particularly in how a business works and the ongoing employment process; rather than just focusing on the specific hiring event may need to be added to current curriculum requirements for rehabilitation counselors.

Summary

One has to be careful while interpreting the results and generalizing the findings of this research; especially considering the negative correlation in the respondents' knowledge of the ADA which indicated increases in the respondents' knowledge of the ADA were associated with less reasonable attitudes toward reasonable accommodation. The use of self-report instruments may have created difficulty for respondents in answering objectively questions about their level of professional knowledge. Another finding that there was no association between the respondents' knowledge of the ADA and their attitudes toward reasonable accommodation and level of job development efficacy may be reflective of inadequate material on job development activities in training curriculums.

Interpretations and generalizations should be made with caution. Despite the statistical and non-statistical findings, future research to determine rehabilitation counselors' knowledge of ADA, attitudes toward reasonable accommodation, and job development efficacy is warranted as the number of persons with disabilities increases. The by-products of this research study, particularly the learning from conducting a research project in general, will lay a firm foundation for future investigations by the researcher.

APPENDIX A
CORRESPONDENCE

-----Brigida Hernandez/YAI/YAI wrote: -----

To: aa7498@wayne.edu
From: Brigida Hernandez/YAI/YAI
Date: 11/02/2010 09:47AM
Subject: FW: ADA Knowledge Survey Permission - Dissertation
Joy,

Yes, you have permission to use the ADA Knowledge Survey.

All the best with your dissertation.

Brigida

Brigida Hernandez, PhD
Director of Research
YAI Network
460 W. 34th Street
NY, NY 10001
212-273-6239
212-273-6420 (Fax)

----- Forwarded Message -----

From: "Ellen S. Fabian" <efabian@umd.edu>
To: "Joy Elizabeth Inniss-Johnson" <aa7498@wayne.edu>
Sent: Friday, June 3, 2011 3:30:14 AM
Subject: RE: Permission to use Instrument for Dissertation/JDES

You are welcome to use the instrument.

From: Joy Elizabeth Inniss-Johnson [aa7498@wayne.edu]
Sent: Thursday, June 02, 2011 8:49 PM
To: Ellen S. Fabian
Subject: Permission to use Instrument for Dissertation/JDES

June 02, 2011
Dr. Ellen Fabian
3214 Benjamin Building
Department of Counseling & Personnel Services
University of Maryland
College Park, MD 20742

Dear Dr. Fabian

I am a Doctoral student at Wayne State University – Department of Theoretical and Behavioral Foundations - in Detroit, Michigan and seeking permission to utilize your instrument "The Job Development Efficacy Scale" for my dissertation. The focus of my research is exploring "What is the relationship between rehabilitation counselors' knowledge of the Americans with Disabilities Act 1990, attitudes toward reasonable accommodation and job placement efficacy". Dr. George Parris is the Chairperson for my committee and his email address is gparris@wayne.edu; telephone number is 313-577-1619.

Please let me know if there are any other additional requests needed or next steps. I can be reach at 313-550-7997 or by email aa7498@wayne.edu.

Thanking you in advance for your assistance on this matter.

Sincerely,

Joy Inniss-Johnson

Joy Inniss-Johnson, CRC, LPC, CAAC

----- Forwarded Message -----

From: "Charles Scherbaum" <charles.scherbaum@baruch.cuny.edu>

To: "Joy Elizabeth Inniss-Johnson" <aa7498@wayne.edu>

Sent: Sunday, November 7, 2010 10:09:35 AM

Subject: RE: Doctoral Research - Permission to utilize instrument - Reasonableness of Accommodations

Hi Joy,

Sorry for the delay. It is attached. Please let me know if you have any questions.

Best,

Charles

APPENDIX B

HIC APPROVAL FORM



IRB Administration Office
87 East Canfield, Second Floor
Detroit, Michigan 48201
Phone: (313) 577-1628
FAX: (313) 993-7122
<http://irb.wayne.edu>



MEMORANDUM

*NOTE: This is not an IRB approval
(Specific Minor Revisions Required)*

To: Joy Inniss-Johnson
Theoretical & Behavior Foundations

From: Dr. Scott Millis *S. Millis, PhD*
Chairperson, Behavioral Institutional Review Board (B3)

Date: August 17, 2011

RE: IRB #: 086211B3X
Protocol Title: The Relationship of Rehabilitation Counselors' Knowledge of the Americans with Disabilities Act 1990, Attitudes Toward Reasonable Accommodation, and Job Development Efficacy

Sponsor:
Protocol #: 1108010045

The above-referenced exempt protocol was reviewed by the Chairperson/designee of the IRB Administration Office for the Wayne State University Institutional Review Board (B3). The following is requested:

- Protocol Summary Form (PSF) – Q#11 – PI indicated expedited review per category #7, however this study qualifies for exempt review per category #2. Please revise.
- PSF – Q#38 – Please check "principal investigator".
- PSF – Q#40 – Please reformat your Informed Consent form using the Research Information Sheet template found at irb.wayne.edu.
- PSF – Q#40d(i) – Please state rationale for use of Information Sheet.

Please direct your response to the B3 Research Compliance Administrator at B3board@wayne.edu.

Include with your resubmission:

1. A cover memo addressing the above issues.
2. One copy of this memo and accompanying papers.
3. *As applicable*, one copy of the revised pages of the protocol, protocol summary form, consent/assent/information sheet, advertisements/flyers/participant brochures, and/or HIPAA forms with **highlighting** of all changes made (please **do not** use the Microsoft tracking tool).
4. In addition, please include two clean copies (without highlighting) of each of the revised documents requiring an IRB approval stamp. The applicable documents may include: consent/assent forms; info sheets; advertisements/flyers; participant brochures.
5. Note: Forms should be downloaded from the IRB Administration Office website at **each** use.

Failure to respond within 60 days of the date of this memo will be interpreted as a withdrawal of the study.

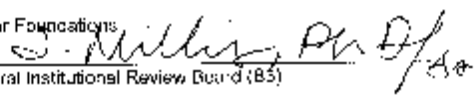
NOTE: This is not an IRB Approval. You may not begin this research until a Notice of Protocol Approval has been issued.



IRB Administration Office
 87 East Canfield, Second Floor
 Detroit, Michigan 48201
 Phone: (313) 577-1628
 FAX: (313) 993 7122
<http://irb.wayne.edu>

NOTICE OF EXPEDITED AMENDMENT APPROVAL

To: Joy Inness-Johnson
 Theoretical & Behavior Foundations

From: Dr. Scott M'lis 
 Chairperson, Behavioral Institutional Review Board (B3)

Date: September 16, 2011

RE: IRB #: 085211B3X
 Protocol Title: The Relationship of Rehabilitation Counselors' Knowledge of the Americans with Disabilities Act (1990), Attitudes Toward Reasonable Accommodation, and Job Development Efficacy
 Funding Source:
 Protocol #: 1108010045

Expiration Date:

The above-referenced protocol amendment, as itemized below, was reviewed by the Chairperson/designee of the Wayne State University Institutional Review Board (B3) and is APPROVED effective immediately.

- Participant Information - Recruitment letter to be sent to Certified Rehabilitation Counselors from the CRC database group.
- Protocol - Changes to data collection methods and/or instruments which includes reformatting of the survey to load onto zoomerang survey website resulting in changes in the numbering of questions. Other changes include an updated survey time period from 09/26/2011 to 10/31/2011. These changes do not affect risk to participants.
- Information Sheet - Research Information Sheet reformatting to online version to be loaded onto zoomerang. Participants will answer question #1 to indicate their consent to participate.

Dear Certified Rehabilitation Counselor,

I would like your assistance to complete a research project I am undertaking as part of my doctoral dissertation to examine the attitudes of certified rehabilitation counselor's knowledge of the Americans with Disabilities Act of 1990, attitudes toward reasonable accommodations, and job placement efficacy. This dissertation research extends to an opportunity to be among 1000 Certified Rehabilitation Counselors nationwide to offer your opinion and contribute to this important work.

Data will be gathered from an online survey administered in Zoomcrang. The survey is divided into four sections: rehabilitation counselors' knowledge of the Americans with Disabilities Act 1990 as measured by *The ADA Knowledge Survey* (Hernandez, Keys & Barczak, 2003), attitudes toward reasonable accommodation as measured by *Disability Questionnaire* (Popovich, Schrabant, Seberbaum & Polinski, 2003), and job development efficacy as measured by *Job Development Efficacy Scale (JDES)* (Fabian & Wright, 2001). *The Demographic Questionnaire* (Inness-Johnson, 2011) will be used to collect the demographic characteristics (i.e., age group, gender, race/ethnicity, type of education, certification/licensure, employment setting, job title, years of rehabilitation counseling experience) of the rehabilitation counselors who participate in the study. There are also two qualitative questions to determine your opinions concerning greatest barriers to job placement and enhancements to your comfort level in assisting employers in job placement.

The instruments should take about 30-40 minutes to complete and are designed to maintain confidentiality. Participation is completely voluntary and anonymous. If you would like to participate in this research project, please click on the following link to access the consent form and online survey.

You will not be paid for taking part in this study.

Please note you will only be able to connect to the survey once. You will have from **September 26, 2011 until October 31th, 2011** to complete the survey. An e-mail alert will be sent to you two and four weeks after this initial request to remind you to consider completing the survey. To connect to the survey, click: : <https://www.zoomcrang.com/Survey/WBB22D4XPZFG79/>

or paste the above address in your web browser.

Thank you for your time, consideration, contribution to the professional literature and body of knowledge.

Respectfully,
 Joy Inness-Johnson, LPC, CRC, CAAC, CCS-R
 Doctoral Candidate
 Counselor Education Program
 Wayne State University
aj7498@wayne.edu
 313-550-7997

APPROVED

SEP 16 2011

**WAYNE STATE UNIVERSITY
 INSTITUTIONAL REVIEW BOARD**

APPENDIX C

INFORMED CONSENT FORM

The relationship of rehabilitation counselors' knowledge of the Americans with Disabilities... Page 1 of 4

The relationship of rehabilitation counselors' knowledge of the Americans with Disabilities Act 1990, attitudes toward reasonable accommodation, and job development efficacy

Questions marked with an asterisk (*) are mandatory

Research Information Sheet

Title of Study: The relationship of rehabilitation counselors' knowledge of the Americans with Disabilities Act 1990, attitudes toward reasonable accommodation, and job development efficacy

Principal Investigator (PI):
Joy Inniss-Johnson, LPC, CRC, CAAC, CCS-R
Doctoral Candidate
College of Education
Department of Theoretical & Behavioral Foundations
313-550-7997

Purpose
You are being asked to be in a research study of Joy Inniss-Johnson, Doctoral Candidate at Wayne State University in Detroit, Michigan who is examining the relationship of rehabilitation counselors' level of knowledge of the Americans with Disabilities Act of 1990, attitudes toward reasonable accommodations, and job development efficacy because you are a Certified Rehabilitation Counselor. This study is being conducted at Wayne State University, College of Education, Counselor Education Program via an online survey. The estimated number of study participants will be 1000. Please read this form and ask any questions you may have before agreeing to be in the study.
The purpose of the study is to examine the relationship of rehabilitation counselors' level of knowledge of the Americans with Disabilities Act and attitudes toward reasonable accommodation and job development efficacy.

APPROVED

SEP 18 2011

WAYNE STATE UNIVERSITY
INSTITUTIONAL REVIEW BOARD

APPENDIX D

INSTRUMENTS

DEMOGRAPHIC INFORMATION FORM

Please provide the following demographic information by checking the appropriate box for each category. This information remains confidential and will be used anonymously in a written report.

AGE: _____

AGE GROUP:

- 18 – 25 26 – 35 36 – 45 46 – 55 56 – 65 66+

GENDER: Male Female

RACE/ETHNIC CODES AND DEFINITIONS:

- White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black (not of Hispanic origin): All persons having origins in any of the peoples American Africa, Islands of the Caribbean, or any of the Black racial groups.
- Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islanders: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

LEVEL OF EDUCATION:

- High School Diploma or GED Bachelors
- Masters Ed.Spec. Ph.D/Ed.D.
- M.D./D.O. Other (*specify*): _____

CERTIFICATION/LICENSURE:

- M.D. D.O.
 CRC CCRC CRC-MAC CRC-CS CVE CWA CCAA
 NCC LPC LLPC LPCC LPCMH LMHC LCPC
 LIMHP-CPC LPC LCMHC LPC-MH MHSP
 LP LLP LMFT LCMFT LCMFT LIMHP-CMFT
 LCSW LCSW-PIP LICSW LISW LSCSW LCSW-C
 LMSW-C LIMHP-CMSW LSCSW LSW LISW-CP
 Other (*specify*):_____

EMPLOYMENT SETTING:

- Medical Center/Hospital Private for Profit Rehabilitation Agency
 Center for Independent Living Private Non-Profit/For-Profit Counseling Agency
 Private Non-Profit Rehabilitation Agency Substance Abuse/Mental Health Agency
 State Rehabilitation Agency Federal Rehabilitation Agency
 University/College Insurance Company
 Other (*specify*):_____

JOB TITLE:

- Rehabilitation Counselor Administration/Supervisor/Coordinator
 Case Manager Rehabilitation Specialist/Consultant
 Mental Health Counselor/Psychologist Substance Abuse Counselor
 Faculty/Professor/Instructor Other (*specify*):_____

YEARS OF REHABILITATION COUNSELING EXPERIENCE:

- 1-5 6-10 11-15 16-20 21-25 26-30 31+

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ABSTRACT**THE RELATIONSHIP OF REHABILITATION COUNSELORS' KNOWLEDGE OF THE AMERICANS WITH DISABILITIES ACT 1990, ATTITUDES TOWARD REASONABLE ACCOMMODATION, AND JOB DEVELOPMENT EFFICACY**

by

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The purpose of this research was to evaluate the relationship between the rehabilitation counselors' level of knowledge, attitudes towards reasonable accommodations and job development efficacy. The more knowledgeable rehabilitation counselors are about ADA, reasonable accommodations, and their attitude toward job development, the less likely their attitudes will be expected to fluctuate. In addition, there has been very little research in terms of evaluating rehabilitation counselor's level of job placement efficacy. A survey-based design was utilized to create both a quantitative description of knowledge of the ADA, beliefs about reasonable accommodations and job placement efficacy and qualitative information concerning the barriers to job placement outcomes and enhancements needed to assist rehabilitation counselors in working with employers. The self-report survey instruments were e-mailed to 1,000 rehabilitation counselors listed on a national database maintained by the Commission for Rehabilitation Counselor Certification (CRCC®). A statistically significant negative correlation was obtained for the *ADA Knowledge Survey* ($N = 114$) and *Disability Questionnaire* ($N = 113$) which can be described as a subtle but detectable correlation. This negative correlation indicated

increases in the respondents' knowledge of the ADA were associated with less reasonable attitudes toward reasonable accommodation. The study found Licensure/Certification to be a significant predictor of respondents' knowledge of the ADA and attitudes toward reasonable accommodation. The research found no statistically significant difference in gender and attitudes toward reasonable accommodation and no specific demographic characteristic was found to make statistically significant contribution to predicting respondents' job development efficacy. Counselor Preparation (36.8%) was the largest percentage theme for enhancements to increase rehabilitation counselors comfort level in assisting employers with job placement, Partnering between Stakeholders (33.3%) was second, and the least was Education and Skill Enhancement (1.7%). Interpretations and generalizations should be made with caution. Despite the statistical and non-statistical findings, future research to determine rehabilitation counselors' knowledge of ADA, attitudes toward reasonable accommodation, and job development efficacy is warranted as the number of persons with disabilities increases.

AUTOBIOGRAPHICAL STATEMENT

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- 2000 – Present State of Michigan, Licensed Professional Counselor
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