



AIRRTC REPORT FACT SHEET

AMERICAN INDIAN REHABILITATION RESEARCH AND TRAINING CENTER

Institute for Human Development • Arizona University Affiliated Program

The Utilization of the Family as a Resource in American Indian Vocational Rehabilitation Projects

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“Encouragement from the family builds the confidence and determination in the one who is seeking the help. If the life-line is not strong, the steps that have to be taken seem hopeless and not worth the effort and work it takes to reach the end result which is why you start this to begin with.”

—survey respondent

Introduction

Over the past decade, the rehabilitation literature has consistently called for rehabilitation counselors to utilize the family as a resource to enhance the possibility of successful rehabilitation outcomes for people with disabilities. The purpose of this research was to identify the extent to which American Indian vocational rehabilitation projects: (a) provide services to family members when necessary to insure successful vocational rehabilitation outcomes, and (b) utilize the family, as well as other natural support systems, to provide comprehensive rehabilitation services to transitional age adolescents and adults with disabilities.

Results

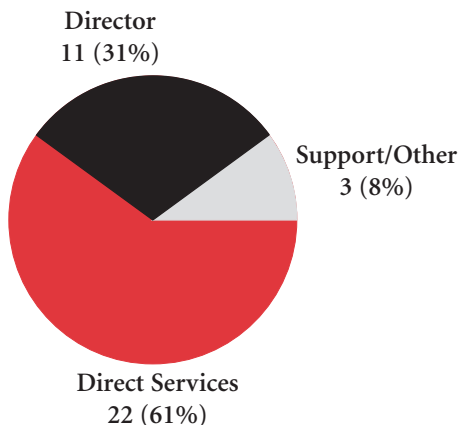
The research project was conducted as a mailed survey, with telephone follow-up as needed. The population surveyed included staff members from the 22 tribal vocational rehabilitation (VR) projects in existence at the time of the research in 1994. Of the 22 projects, the directors of 18 (82%) agreed to participate. Of those directors who agreed to participate, 10 (56%) completed a directors survey. In addition, 36 project staff, including 11 directors, completed a staff survey. The majority [n=9 (90%)] of the directors strongly agreed/agreed that they encouraged staff to involve the family in all aspects of the rehabilitation process. While only 4 (40%) strongly agreed/agreed that they had provided opportunities for staff to participate in training related to family issues in the past, 80% strongly agreed that they would support opportunities for staff members to attend any such future training. Of those persons responding to the staff survey, the majority (83%) were American Indian or Alaska Native. Staff were equally divided between males and females, with an average age of 38. A large majority (83%) had worked in the rehabilitation profession for five years or less. Of the 11 directors responding to the staff survey, the majority were male (64%) and were also American Indian.

The top three services in which direct services staff reported involving families included transportation services, home visitation, and information about the disabling condition. Less frequently provided services included advocacy for family members, family counseling, multiple-family support groups, and respite care services.

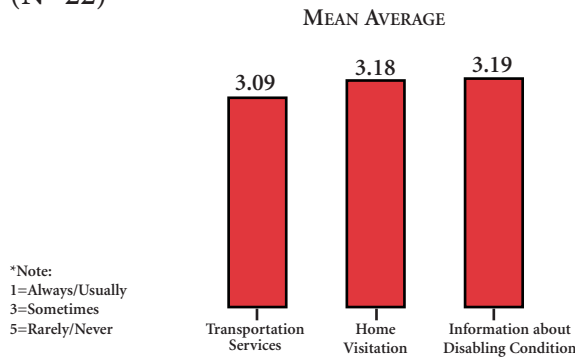
The top three barriers to family involvement as identified by direct service staff and directors included lack of family transportation, lack of family knowledge about the VR process, and lack of time.

Suggestions for overcoming barriers to family involvement in the rehabilitation process focused on education for both rehabilitation staff and family members. Respondents suggested training: (a) for families in order to create greater understanding of the requirements and expectations of the rehabilitation process, (b) for informing families of services that might be provided to the family to support the rehabilitation of the family members/rehabilitation client, and (c) for informing staff as to the resources that a counselor can provide to family members. Participant responses to the survey highlighted four areas of follow-up information/training needed.

Categories of Respondents to Staff Survey (N=36)



Top Three Services in which Direct Services Staff Involved Families (N=22)



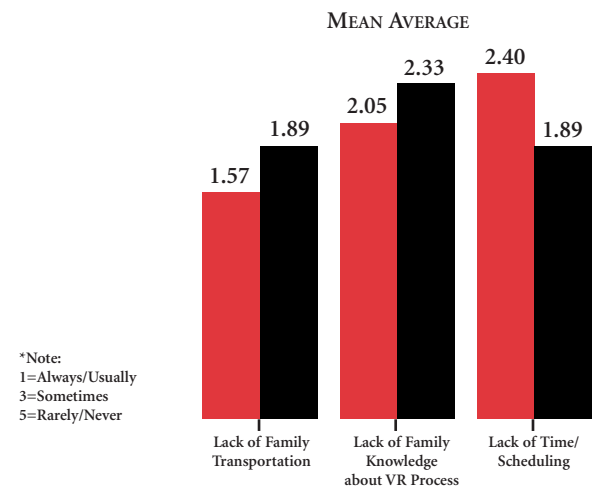
1. Knowledge of specific services that can be purchased with VR funds and provided to family members.
2. Examples of what services other projects provide to the families of rehabilitation consumers.
3. Training in how to work productively with families to create support for the rehabilitation consumer.
4. Resources to facilitate the education of families as regards assisting their family member in using rehabilitation services effectively.

Conclusions and Recommendations

Increased funding to support outreach and family needs was cited as the largest need to implement a new system that focused on family members as well as the individual being rehabilitated. Also identified were needs such as more staff to do outreach and to provide support services such as transportation. Finally, facilities with greater space allotment for meeting with families, and training for both families and rehabilitation staff would be necessary. Families would be trained in what is available through VR, and staff would be made aware of services that a counselor can provide family members. Orientation to families would be part of an on-going training for VR staff. Topics to be covered might include, for example, Introduction to Working with the Family, Family Perspectives of the Rehabilitation Process, and Utilizing the Family in the Job Development and Job Placement.

This research has indicated strong administrative and direct service support for providing services to family members. However, services to families are not systematically provided and the actual provision of services appears to be less than the strength of the conviction that the services should be provided.

Top Three Barriers to Family Involvement (N=33)



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