

FACTORS ASSOCIATED WITH BOTH SUCCESSFUL AND UNSUCCESSFUL  
VOCATIONAL REHABILITATION CASE CLOSURES OF NAVAJO PEOPLE WITH  
DISABILITIES: A QUALITATIVE STUDY

By

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Signed: Elmer J. Guy

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## DEDICATION

To my parents,

Charles Kevin Guy, Sr. and Ida Bia Guy

This dissertation is dedicated to:

My dad, who passed at age 90, a honorable Navajo Code Talker that served in World War II and was a recipient of the Congressional Silver Medal for his courageous efforts by enlisting with the U. S. Marines Corps to protect the United States of America along with other Navajo warriors, even though they were not allowed to vote in state elections.

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## TABLE OF CONTENTS

LIST OF TABLES .....	9
ABSTRACT.....	10
CHAPTER I - INTRODUCTION.....	11
Statement of the Problem.....	13
Research Questions.....	15
Rationale for the Study.....	15
Definition of Terms.....	18
Assumptions of the Study.....	21
Limitations of the Study.....	21
CHAPTER II - REVIEW OF THE LITERATURE.....	24
Introduction .....	24
American Indian, Eskimo, and Aleut Populations.....	25
American Indians with Disabilities.....	27
Geographic Location of American Indians .....	29
Education of American Indians.....	30
Households and Families of American Indians.....	32
Socioeconomic Status of American Indians .....	33
America Indian Vocational Rehabilitation Services.....	34
Challenges for State Vocational Rehabilitation Agencies.....	38
Acceptance of Minorities for Vocational Rehabilitation.....	41
Challenges for American Indian Vocational Rehabilitation Projects.....	44

Successful Case Closures of Minorities.....	46
Conclusion.....	46
CHAPTER III - METHODOLOGY.....	48
Research Design .....	48
Participants and Setting .....	49
Data Collection Procedure .....	51
Data Analysis.....	54
CHAPTER IV - FINDINGS .....	56
Results of the Study .....	56
Participants .....	56
Common Themes .....	57
Summary .....	64
CHAPTER V - SUMMARY, DISCUSSION AND RECOMMENDATIONS.....	65
Summary .....	65
Discussion .....	66
Strengths and Limitations of the Study.....	73
Recommendations .....	75
Research Recommendations .....	77
Impact of the Interviews and Observations of the Researcher .....	78
APPENDIX A:    PARTICIPANT CONSENT FORM.....	80
APPENDIX B:    QUESTION PROTOCOL.....	82

APPENDIX C: SAMPLE TRANSCRIPT OF ONE PARTICIPANT	
INTERVIEW.....	87
APPENDIX D: ANALYSIS OF TRANSCRIBED DATA .....	92
REFERENCES.....	107

## LIST OF TABLES

Table 1 Funding History from 1990 .....	36
Table 2 Section 121 Vocational Rehabilitation Projects .....	37

## ABSTRACT

For many years, vocational rehabilitation services to American Indians and Alaskan natives have been provided by state vocational rehabilitation agencies on a limited basis. Legislative amendments in 1978 allowed Indian nations to assume responsibility for providing vocational rehabilitation services similar to those provided by state vocational rehabilitation agencies. The Navajo Nation was the first American Indian nation to develop and provide vocational rehabilitation services based on an Indian reservation. This qualitative study explores the “lived experiences” of former vocational rehabilitation recipients who were served by the Navajo Office of Special Education and Rehabilitation Services on the Navajo reservation. By utilizing qualitative interviews, the researcher identifies themes of qualifying factors that contributed to successful and unsuccessful case closures of Navajo individuals (male and female) with a disability who were served by Navajo nation vocational rehabilitation agencies. The researcher personally interviewed thirteen individuals with disabilities.

A number of factors were found to contribute to the successful or unsuccessful closure of Rehabilitation cases with Navajo consumers who have different disabilities. These factors included personal characteristics of the consumers, the degree to which consumers knew, understood, and acted upon their cultural teachings, the degree to which counselors provided useful support to consumers, the timeliness of the provision of services, and the degree to which the financial resources provided were adequate for the consumer’s eventual success.

## CHAPTER I

### INTRODUCTION

Vocational rehabilitation (VR) services for individuals with disabilities have been in existence in the United States (U. S.) since the early 1920s as a result of the passage of the Smith-Fess Act that established the state-federal partnership program (Roessler & Rubin, 1998). The Rehabilitation Act of 1973, amended in 1978 as P.L. 95-602, authorized special grants to governing bodies of Indian tribes to provide vocational rehabilitation services for disabled individuals on Indian reservations. Funding to implement this mandate began in 1986 (Lonetree, 1989; Weddington, 1995; and White, 1987). To date, nearly 70 American Indian nations and Alaskan Native nations have been awarded federal grants to establish VR programs on their reservations. Tribal VR grant projects are providing services closer to Indian communities, and these Indian VR projects are essential for Indian people with disabilities if the goals of rehabilitation are to be achieved (Fisher, 1991; Rehabilitation Services Administration [RSA], 2002); Sanderson, Clay, Maul, & Gaseoma, 2000).

The Native American Rights Fund (NARF) defines federally recognized tribes as those who maintain a legal relationship to the U. S. government through binding treaties, acts of Congress, executive orders, etc.; and who are officially "recognized" by the federal government. Once recognized, a tribe has a legal relationship with the U. S. government. There are 314 reservations and trust lands in the United States. Trust lands are property associated with a particular American Indian reservation or tribe held in trust by the federal government. There are currently more than 550 federally recognized tribes

in the United States, including some 200 village groups in Alaska. However, hundreds of tribes are still undergoing the lengthy and tedious process of applying for federal recognition (Lafromboise, 1988; McCoy, 1999; Utter, 2001).

Federal Indian reservations and trust lands are generally located in remote, isolated, and rural areas that limit access to state rehabilitation services for American Indians with disabilities. Approximately 22% of the American Indian and Alaskan Native population live on the 314 reservations and historic trust lands. Treaty, statute, and executive or court order established the boundaries of these lands. Most American Indian reservations are not large and populous. The Navajo reservation, which overlaps the states of Arizona, New Mexico, and Utah, is the largest in area (14 million acres) and population (143,405 in 1990). The next largest, Pine Ridge in South Dakota, has less than a tenth of the Navajo reservation's population (11,182 in 1990). The second largest reservations have fewer than 10,000 people in each. About two-thirds of American Indians who reside on reservations live in communities of fewer than 4,000 persons (U. S. Census Bureau, 2002; Utter, 2001).

Census 2000 counted 49.7 million people with some type of medical condition or disability. They represented 19.3 percent of the 257.2 million people who are age 5 and older in the civilian non-institutionalized population. Census 2000 allowed each respondent to choose more than one race among the six major categories: White, Black or African American, American Indian and Alaskan Native, Asian, Native Hawaiian and Other Pacific Islander. Among the racial and ethnic groups examined in the Census report, the highest overall estimated disability rates occurred in two groups: people who

reported Black and people who reported American Indian and Alaska Native accounted for 24.3 % of the total US population (U. S. Census Bureau, 2002). The disability rates for these two groups were higher than the rates for non-Hispanic Whites in each of the broad age groups investigated in this report. Among children ages 5 to 15 years old, the disability rate was 5.7% for non-Hispanic Whites, but 7.0% for Black children and 7.7% for American Indian and Alaska Native children. Although the disability rate was 16.2% for non- Hispanic Whites of working age (16 to 64), it was 26.4% for Blacks and 27.0% for American Indians and Alaska Natives. Among people 65 and older, the rates were 40.4, 52.8, and 57.6%, respectively.

#### Statement of the Problem

Services are provided to American Indians through a complex, multiple-government system, including the Bureau of Indian Affairs (BIA), Indian Health Services (IHS), and a variety of tribal agencies, as well as many nontribal agencies, including the state-federal rehabilitation system. Many American Indian people with disabilities may simply be unaware of service agencies that exist on and off the reservations. In terms of accessing services, many are deterred by depression and poverty, which may result in passive resistance or hopelessness (Johnson, Joe, Locust, Miller, D., & Frank, L. 1987). White (1987) found that cultural differences become barriers to service unless rehabilitation agencies make a concerted effort to understand these differences and provide services within their context. White also noted that many American Indians are reluctant to seek services from the state-federal rehabilitation system, pointing out that

their relationships to the BIA and IHS are often characterized by dependency, while the state-federal vocational rehabilitation program requires self-initiative and a commitment to long-term planning. Although American Indians have unique obstacles to overcome in order to achieve the goals they aspire to, their goals are no different from those of the dominant culture (Lee, 1985).

Although tribal VR grant projects funded by Rehabilitation Services Administration (RSA) are making positive gains in provision of services, American Indian nations must continue to address some very difficult and important challenges (Sanderson et al., 2000). A report by RSA (2002) revealed that American Indian Vocational Rehabilitation Projects (AIVRP) face considerable difficulty in providing VR services that take into account geographic, economic, and cultural factors. Furthermore, AIVRP's in remote locations are working in service areas with high unemployment rates. They have fewer resources for services and report lower rates of successful closures. The report further stated that AIVRPs need to be particularly creative in providing VR services to meet the needs of their consumers. There is a lack of research-based information to assist vocational rehabilitation counselors who provide vocational rehabilitation services on Indian reservations. In particular, information is needed that will help predict the types of services to which disabled American Indian consumers respond favorably.

The Navajo Nation was the first Indian nation to develop and provide vocational rehabilitation services that are based on an Indian reservation (Powers, 1987). Those who work in American Indian vocational rehabilitation programs, however, must be patient

with the transitional processes of demonstration, imitation, modification, and, sometimes ultimate rejection of typical state-provided services, which will be replaced by relevant rehabilitation programs (RSA, 2002).

The purpose of this study was to interview Navajo consumers who had been served by the Navajo Nation's vocational rehabilitation program. Consumers who were successfully rehabilitated by the Navajo Office of Special Education and Rehabilitation Services (NOSERS), as well as those who were unsuccessful were interviewed to identify factors that contributed to their successful and unsuccessful case closures.

### Research Questions

Research questions this study addresses were:

1. What are the factors that contributed to successful case closures for Navajo people with disabilities who were served by the Navajo Office of Special Education and Rehabilitation Services?
2. What are the factors that contributed to unsuccessful case closures for Navajo people with disabilities who were served by the Navajo Office of Special Education and Rehabilitation Services?

### Rationale for the Study

It is important to understand the unique relationship of the American Indian Tribes with the United States (or the federal government), especially in terms of developing cooperative agreements and providing VR services to American Indians with disabilities who reside on or off the reservation. Native American groups include

American Indians, Eskimos, and Aleuts. American Indians are culturally diverse and geographically dispersed throughout the United States; each tribe has its own language and culture (Menz, & Fromboise, 1997; National Congress of American Indians, 2000; Pichette, Berven,).

American Indians have been the object of continuing oppression, discrimination, prejudice, violence, misunderstanding, and stereotyping (Markides & Mindel, 1987; Utter, 2001). They typically have little educational, economic, or political power, and more often than not have little influence over events occurring in the broader society or even those that occur in their own individual lives (Ponterotto & Casas, 1991).

Nearly one-fourth of American Indian people reside in “identified areas” or reservations, and they remain within state and federal jurisdiction and service delivery, continuing to be served by agencies such as the state vocational rehabilitation agencies within the state-federal rehabilitation system. However, O’Connell (1987) reported that the rate at which the state-federal vocational rehabilitation system provides rehabilitation services to American Indians with disabilities was substantially lower than for other people with disabilities, even though American Indians were 1.5 times more likely than the general population to have a disability affecting their employability. Further, the rate of successful closure for American Indians with disabilities who were served within the state-federal rehabilitation system was found to be substantially lower than for other clientele served.

The minority populations as a whole remain inadequately and inappropriately served and have little ability to influence the service delivery system (Lowery, 1987).

However, with the 1978 reauthorization of the Rehabilitation Act, a significant milestone was achieved in American Indian rehabilitation services. The new legislation authorized special grants to governing bodies of Indian tribes on federal and/or state reservations to pay 90 % of the costs of VR services for American Indians residing on such reservations (Lonetree, 1989). Although amendments to the rehabilitation legislation were enacted in 1978, funds were not appropriated to implement Section 130 until 1981.

Research studies that examine the effectiveness of vocational rehabilitation services provided to American Indians with disabilities or, in particular, to Navajo people with disabilities are lacking. Existing surveys that were conducted on Indian reservations are very limited; information obtained consists mainly of opinions from VR counselors and Indian VR project directors. Studies that solicit input directly from American Indian people with disabilities or consumers are non-existent. Capella and Turner (2004) indicated that VR counselors are evaluated only on productivity measures and that consumer satisfaction data could be used as a more effective qualitative measure of their job effectiveness. Capella and Turner also stated that one of the limitations of using a consumer satisfaction instrument is that it may be too complex for some consumers. For example, consumers with cognitive impairments or consumers with low reading levels may experience comprehension problems.

Because records are for the most part written documents, the picture they create may be incomplete; lacking the details that only those who experienced the program can provide, a good way to find out what a program actually looked like is to ask the people involved. (King, Morris, & Fitz-Gibbons, 1987).

Provision of vocational rehabilitation services to American Indians with disabilities remains with the jurisdiction of federal, state and Indian tribes. Those working in those jurisdictions with American Indians are often removed in culture and life circumstances from those they serve. The best experts in the culture and life circumstances and how these affect case closures are the consumers of vocational rehabilitation services. To identify how services are impacting the lives of people who live within their traditional lands surrounded by an ancient culture while these consumers interact with a contemporary rehabilitation service structure is important because such identification can serve to outline the challenges and opportunities that can lead to more effective services. Further studies that involve a researcher with a deep understanding of the culture and life circumstances of those he is interacting with are also important. Such research allows for better communication from a shared background that can translate into a fuller understanding of the nuances that can lead to improved vocational rehabilitation services for American Indian people in general and Navajo people in particular.

#### Definition of Terms

The meaning of terms used in this study may be more specific than colloquial usage dictates.

- 1.) “*Client/Consumer*” - means an individual found eligible and receiving services under the Rehabilitation Act, and are used interchangeably throughout the dissertation. *Disability* and *Handicap* - are not synonymous (Hamilton, 1950). Depending upon an individual’s vocation and life situation, a disability may or may not constitute a handicap.

(Wright, 1983) distinguished between the terms disability and handicap in the following ways:

3.) *Individual with a disability* – an individual with a disability is a person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

4.) *Handicap* - The actual obstacles the person encounters in the pursuit of goals in real life, no matter what their source.

5.) *Indian tribe* - a body of people bound together by blood ties, who are socially, politically, and religiously organized, who live together in a defined territory, and who speak a common language or dialect.

6.) *Native healing* - services provided by Navajo medicine men and women whom Navajo people have been using as their remedy for mental, physical, and spiritual conditions. Services may include diagnosis, herbal treatment, and traditional ceremonies to support vocational rehabilitation restoration services.

7.) *Mean (Average) income* - is the amount obtained by dividing the total aggregate income of a group by the number of units in that group. The means for households, families, and unrelated individuals are based on all households, families, and unrelated individuals, respectively. The means (averages) are based on people 15 years old and over with income.

8.) *Median income* - is the amount that divides the income distribution into two equal groups, half having incomes above the median, half having incomes below the median.

The medians for households, families, and unrelated individuals are based on all

households, families, and unrelated individuals, respectively. The medians are based on people 15 years old and over with income.

9.) *Per capita income* - is the average income computed for every man, woman, and child in a particular group. The Census Bureau derived per capita income by dividing the total income of a particular group by the total population in that group (excluding patients or inmates in institutional quarters).

10.) *Reservation* - in the U. S., only two kinds of reserved lands are well known: military and Indian. An *Indian reservation* is a land base that a tribe reserved for itself when it relinquished its other land areas to the U. S. through treaties. More recently, Congressional Acts, executive orders, and administrative acts have created reservations. Some reservations today have non-Indian residents and landowners (McCoy, 1999).

11.) *Rehabilitation closure status codes* - used by the Rehabilitation Services Administration (RSA) as applied to tribal VR consumers are similar to the codes used by state rehabilitation agencies.

12.) *Status 26* - indicates that the consumer has been determined as rehabilitated successfully.

13.) *Status 28* - indicates that the case has been closed after receiving VR services but that the consumer does not meet the criteria for claiming a successful VR closure: i.e., Status 26.

14.) *Tribal sovereignty* - describes the right of federally recognized tribes to govern themselves and the existence of a government-to-government relationship with the U. S. Thus, a tribe is not a ward of the government, but an independent nation with the right to

form its own government, adjudicate legal cases within its borders, levy taxes within its borders, establish its membership, and decide its own future. The federal government has a trust responsibility to protect tribal lands, assets, resources, and treaty rights (McCoy, 1999).

#### Assumptions of the Study

A qualitative approach is the best way to obtain the information upon which this study is based. There are three major assumptions and they are as follows:

1. All participants will understand and be given assurance that their confidentiality will be maintained.
2. All participants will be able to understand the questions and provide accurate and honest information to the questions.
3. Interviews conducted by a native Navajo will generate more honest responses.

#### Limitations of the Study

This study has a number of limitations. The findings of this study are limited in that the respondents consist of a small population of consumers on the Navajo reservation. All of the participants were Navajo individuals. Therefore, this study is not generally applied to other persons or vocational rehabilitation agencies due to the small and unique population sample size.

This study is also limited in that only the views of consumers are provided; vocational rehabilitation counselors', teachers' and employers' views are lacking. Having

vocational rehabilitation counselors, employers and faculty views would provide a comparison and contrast to the consumers' perspectives. Analysis of data from consumers whose cases were closed, a non-continuous sample, is a limitation of the study, in that perceptions of consumers who were receiving services were not included. Another limitation is the accuracy of how consumers recalled information from previous years. It is not possible to confirm the information that they give in an interview.

Not all of the individuals selected for this study were found. Navajo people seeking employment often leave the Navajo reservation to find jobs in urban areas and do not inform the vocational rehabilitation office of their new addresses. In addition, some people who have returned to the Navajo reservation listed a post office box number or a trading post as their address and were difficult to locate without a physical address.

History, maturation, and mortality effects may also threaten the study. History may have some effect on the internal validity of this study. Certain events occurring during a consumer's rehabilitation process may influence rehabilitation outcomes. For example, if a consumer being interviewed had an unproductive day around the same time as the interview, he or she may be influenced by this, and may have rated the tribal vocational rehabilitation program as inadequate when the program is actually providing quality services. Maturation may threaten the internal validity if during the rehabilitation process a consumer matures psychologically and begins to take responsibility for his or her actions without VR intervention. Loss of contact with a consumer selected for the study, or death, also may affect internal validity. Because the study used a small and

unique sample, its results are not generally applied to other tribal programs or rehabilitation agencies.

## CHAPTER II

### REVIEW OF THE LITERATURE

#### Introduction

A review of the literature suggests a history of misunderstanding concerning racism, oppression, and the American Indian. Research studies that directly engage disabled Navajo individuals are very limited or are non-existent. Not until 1924 were all American Indians granted citizenship. Before this time, only individuals who were members of federally recognized tribes and naturalized individuals were given the rights of a U. S. citizen. Even after the Indian Citizenship Act of 1924, a number of states continued to prohibit Indians from voting. The last states to fully extend voting rights to Indians were Arizona (1948), Maine (1954), Utah (1956), and New Mexico (1962). These states' legal arguments were (1) that Indians were "under guardianship" and, therefore, not competent to vote, or that (2) Indians were not residents of the states in which they lived if they resided on reservations. These arguments were progressively invalidated in each of the holdout states over the four decades following enactment of the citizenship law (Utter, 2001). At present, all American Indians born within the territorial limits of the United States are by law citizens. Most native people, of course, are also members of their respective sovereign tribes (Harvey, Harjo, & Welborn, 1995; Utter, 2001).

The popular belief that Indians receive benefits from the U. S. government simply because they have Indian blood is unfounded. Funds distributed to a person of Indian descent may represent mineral lease income on property held in trust by the United States

or compensation for lands taken in connection with government projects (McCoy, 1999). Some Indian tribes receive benefits from the federal government in fulfillment of treaty obligations or for the extraction of tribal natural resources; a percentage of these benefits may be distributed per capita among the tribes' membership (Native American Rights Fund, 2000).

### American Indian, Eskimo, and Aleut Populations

No single set of criteria exists that establishes tribal membership. Some tribes accept relationship through the mother, and others through the father, while many accept a tribal tie through either parent. Requirements concerning blood quantum also vary. In some instances, only a trace of Indian blood is required. For example, the Navajo Nation requires  $\frac{1}{4}$  blood quantum; the Cherokee Nation does not measure blood quantum, but depends on relationship to an enrolled ancestor to determine membership (Bureau of Indian Affairs, 2003). Therefore, the Cherokee Nation may enroll a person with less than  $\frac{1}{4}$  blood quantum, whereas this minute quantum will not qualify a person for Navajo Nation enrollment.

The Census 2000 figures showed that the total U. S. population was 281.4 million (U. S. Census Bureau, 2002). The data collected by Census 2000 on race can be divided into two broad categories: the race-alone population and the race-in-combination population. Because of changes made to the question on race, there are at least two ways to present the change in the total number of American Indians in the United States. They include 1) the difference in the American Indian population between 1990 and 2000

using the race-alone concept for 2000, and 2) the difference between the American Indian population between 1990 and 2000 using the race-alone or in-combination concept for 2000. These comparisons provide a minimum-maximum range for the change in American Indian population between 1990 and 2000.

The U. S. Census Bureau reported that in 2000 the American Indian and Alaska Native population was 4.1 million, or 1.5 percent of the total U. S. population. This number included 2.5 million people, or 0.9%, who reported themselves as race-alone or in-combination; in addition, individuals who reported as American Indian-alone was at 1.6 million people, or 0.6%. Using the American Indian-alone population in 2000, this population increased by 516,722, or 26%, between 1990 and 2000. If the American Indian-alone or in-combination numbers are used, an increase of 2.2 million, or 110 %, results. Thus, from 1990 to 2000, the range for the increase in the American Indian population was from 26% to 110%. In comparison, the total U. S. population grew by 13% from 248.7 million in 1990 to 281.4 million in 2000.

The American Indian population has a pattern of steady growth of 12%; their overall population is 10 years younger than the national population. In addition, this population has the highest rate of disabling conditions (U. S. Census Bureau, 2002). The median age of the American Indian and Alaskan Native population at the time of Census 2000 was 28.7; meaning one-half were above this midpoint and one-half below. The median age for the total U. S. population was 35.3 years. Paisano (2000) also reported that the nation's American Indians and Alaska Natives are young, with about half under

27.2 years old on August 1, 1997. By comparison, non-Hispanic Whites were about a decade older, with a median age of 37.4 years.

The U. S. Census Bureau (2002) projected that the nation's American Indian and Alaska Native-alone population will grow steadily, to 3.1 million in 2020 and 4.4 million in 2050. Nearly half of the projected increase in American Indians and Alaska Natives between 1995 and 2025 are projected to be added in the West. The Census Bureau (2002) further projected that in the Northeast, Midwest, and West; American Indians will grow faster over this period than either Whites or African Americans. In the South, its population will increase faster than that of Whites.

#### American Indians with Disabilities

The Census Bureau 2002 defines a disability as difficulty in performing functional activities (e.g., seeing, hearing, talking, walking, climbing stairs, and lifting and carrying a bag of groceries) or activities of daily living (e.g., getting in or out of bed or a chair, bathing, getting around inside the home, dressing, using the toilet, and eating) or other activities relating to everyday tasks or socially defined roles. A person with a severe disability is defined as one who is unable to perform one of these activities or tasks or who needs personal assistance (U. S. Department of Justice, 2004)

During the October 1994-January 1995 period, about 1 in 3 American Indians and Alaska Natives aged 15 and over reported having a disability; about 1 in 7 reported having a "severe" disability. For those aged 65 years or over, the odds of having a severe disability increased to 1 in 2 (McNeil, 2000). Disability rates rose with age for both

sexes, but significant differences existed between men and women. For people under 65 years old, the prevalence of disability among men and boys was higher than among women and girls. In contrast, disability rates were higher for women than men, aged 65 and older (U. S. Census Bureau, 2002).

American Indians are also more likely to experience disabilities caused by accidents, violence, and other trauma. Motor vehicle accidents, which frequently result in orthopedic and/or brain injuries, are nearly 4.4 times more prevalent among American Indians than among the general population (May, 1982). The two leading causes of death among American Indians and Alaskan Natives (1992-1994) were diseases of the heart and malignant neoplasm. This is a change for the Indian population: accidents had been the second leading cause of death (U. S. Department of Health and Human Services, 1997). Alcoholism continues at a high rate among American Indians, about 1.8 times more than comparable general population rates. According to the Rehabilitation Services Administration Annual Report (1997), figures from fiscal year 1996, one of the most striking contrasts between American Indians and other groups was that alcoholism was the predominant health issue for 11.8% of American Indians and Alaskan Natives, compared to 4.4% of the total population. As a result of these various factors, the rehabilitation and mental health needs of American Indians are substantial compared to other segments of the U. S. population.

It is clear that American Indians, as a group, have disabling conditions at a disproportionately high rate. The 1980 U. S. Census data indicated a rate of work-related disability for American Indians at about 1.5 times that of the general population and at a

higher rate than any other minority group. It has been estimated that 12.7% of American Indians of working age (16-65) were work disabled (i.e., persons reporting that they could not work at all), that 6.4% were prevented from working due to disabilities, and that “this is higher than data reported for the general population, which is 8.5% and 4.4% respectively” (Tanner & Martin, 1986).

Evidence suggests that disabled American Indians have not fully accessed available service delivery systems. An analysis of National Rehabilitation Services Administration data showed that the rate at which the state-federal rehabilitation system provided services to American Indians was substantially lower than for the U. S. population as a whole (Morgan & O’Connell, 1987). Furthermore, Toubbeh (1985) stated that the prevalence of disability among American Indian population is very high, and the problem of accessing services is compounded by the fact that service delivery is delegated to several different agencies (i.e., tribal, local, state, and federal) with lack of effective collaboration.

### Geographic Location of American Indians

Some idea of typical reservation living conditions may be useful as a means to put into perspective the difficulties inherent in delivering VR services to American Indians with disabilities.

According to Census 2000, of all respondents who reported being American Indian, 43% lived in the West, 31% lived in the South, 17% lived in the Midwest, and 9% lived in the Northwest. The ten states with the largest American Indian population in

2000, in order, were California, Oklahoma, Arizona, Texas, New Mexico, New York, Washington, North Carolina, Michigan, and Alaska. Florida was the only other state with more than 100,000 American Indians. Combined, these 11 states comprised 62% of the total American Indian population.

Census 2000 reported that 538,300 American Indians and Alaska Natives live on reservations. Of this number, 175,200 resided on the Navajo Nation reservation and trust lands, which span portions of Arizona, New Mexico, and Utah. It covers roughly 15 million acres of trust lands, about 95% of which are tribally owned (U. S. Department of the Interior, 1988). The rest is held under individual allotment.

#### Education of American Indians

Indian nations' forms and concepts of education evolved within their cultures beginning in the late 15<sup>th</sup> century (Utter, 2001). The broad focus of pre-European education was to facilitate a child's acquisition of environmental and cultural knowledge necessary to (1) survive in a subsistence lifestyle and (2) contribute meaningfully to the overall socioeconomic success of the group (U. S. Department of the Interior, 1991). Public education for American Indian children began toward the end of the 19<sup>th</sup> century. However, the purpose of the schools for more than a hundred years was to "civilize" the Indians. This meant conversion to Christianity, learning reading and writing, developing agricultural and other skills, and adopting "white" values (Szasz, 1999). The Meriam Report in 1928 suggested that education should be the primary function of the Bureau of Indian Affairs. It advised that Indian education be geared for all age levels and tied

closely with tribal community. It encouraged construction of day schools to serve as community centers and proposed extensive reform of boarding schools, including the introduction of Indian culture and revision of the curriculum so that it would be adaptive to local conditions (Szasz, 1999).

The Office of Indian Education Programs (1988) reported that a significant problem among American Indians and Alaska Natives children was that they were dropping out of and/or transferring between schools at a range from 29% to 52%, which is higher than rates for other ethnic and racial groups. Platero, Brandt, Witherspoon, and Wong (1986) reported that although administrators cited lack of familial encouragement, academic problems and performance, and home and family problems as the three most likely reasons why students drop out of school; students claimed that boredom with school, problems with other students, and being retained a grade due to absenteeism were the top three reasons that led most to drop out. Evidence from the study showed that dropouts had not acquired the cultural drives and behavioral molds the school systems tried to develop in their students. So, for example, their boredom with school indicated that they had not internalized the competitive drives for individual self-maximization prevalent in the cultural atmosphere of the school. Platero et al. notes that one of the most interesting aspects of Navajo dropout behavior was that they had not given up on schooling or education. They pointed out that 46% of all dropouts expect to return to school and graduate.

At the time of Census 2000, among people age 25 and over who said that American Indian and Alaska Native was their only race, 11% had a bachelor's degree or higher and 71% had at least a high school diploma (U. S. Census Bureau, 2002).

### Households and Families of American Indians

Between 1997 and 2010, the number of American Indian and Alaska Native households in the United States is projected to climb from 713,397 to 906,036 (U. S. Census Bureau, 2002). In 1997, 75% of the nation's American Indian and Alaska Native households were made up of families. Of these family households, 65% consisted of married couples; women maintained 27% with no husband present, and men maintained 9% with no wife present (U. S. Census Bureau, 2002). In addition, more than three-quarters of American Indian households on reservations resided in one-family houses, higher than the 70% of all U. S. households and far greater than the 60% of American Indian households living off reservations.

Living conditions on reservations are often deplorable. For example, most Americans take indoor plumbing for granted. However, American Indians living on reservations cannot do so. Their households were as likely in 1990 to lack complete plumbing facilities (hot and cold piped water, a flush toilet, and a bathtub or shower) as all U. S. households were in the 1950s. Fourteen percent of American Indian households on reservations lived in mobile homes. On the larger reservations, mobile homes were most common on the Hoopa Valley, CA and Cattaraugus, NY reservations, where 41%

and 39%, respectively, of American Indian households lived in them (U. S. Census Bureau, 2002).

### Socioeconomic Status of American Indians

Bernstein (2002) reported that the poverty rates for American Indians and Alaskan Natives have slightly improved since 1989. In 1989, the poverty rate was at 27% of American Indian families and in 1999 it was reported at 24.5%, a decrease of less than 3%. These figures are in stark contrast to the national average of 13% in 1989 and 11.3% in 1999 for the entire U. S. population. Paisano (2000) reported the per capita income in 1989 was about \$4,478 for American Indians residing on all reservations and trust lands, compared with \$8,328 for all American Indians. Martin and Frank (1987) reported that the unemployment rates of American Indians living on or adjacent to reservations in 28 states experience the highest American Indian population was 5.47 times higher than that of the total civilian labor force.

Such disadvantages make delivery of rehabilitation services extremely difficult (e.g., a disabled person from a low socioeconomic background is faced with scarce financial resources that result in his or her inability to pay for residential security deposits, application fees, and other required fees). These limitations may be misinterpreted; with the assumption being the person is disinterested in a rehabilitation program.

### American Indian Vocational Rehabilitation Services

The Arizona Rehabilitation Services Administration (ARSA) has been involved in the development of service delivery systems to American Indians since 1963 through an RSA funded Research and Demonstration Project located on the campus of Arizona State College (now Northern Arizona University) (Powers, 1987). Powers reported that the Arizona Department of Economic Security, Division of Vocational Rehabilitation awarded the Navajo Nation a three-year Innovation and Expansion Grant in 1975 to compile data and develop a comprehensive service plan to deliver VR services to disabled Navajo people residing on their reservation. These funds were used to establish the Navajo Vocational Rehabilitation Program (now the Office of Special Education and Rehabilitation Services) in an effort to develop a culturally relevant VR system that is available on the Navajo Nation and closer to Navajo people (Guy, 1988).

In 1978, the Rehabilitation Act of 1973 was amended to establish Section 130, the American Indian Vocational Rehabilitation Services, which authorized funding for governing bodies of Indian tribes located on federal and state reservations (Lonetree, 1991; P.L. 95-602, 1978). As a result of this legislative amendment, in 1979 Arizona, New Mexico, and Utah State VR agencies awarded a Tri-State grant to the Navajo Nation to continue its VR program (Powers, 1987). Although Congress authorized Section 130, since it was essentially an unfunded mandate, the RSA Commissioner did not allocate any funds to implement this section of the law because the funding to carry out the law was not identified (Weddington, 1995). Consequently, in 1980, the Navajo Nation provided fiscal resources to continue their VR program. Subsequently, from 1981 to

1985, Navajo officials were instrumental in gaining Congressional support to earmark \$650,000 annually to continue the Navajo VR program (Guy, 1988). In 1986, during the reauthorization of the Rehabilitation Act of 1973, as amended, tribal officials advocated for an amendment to clarify the funding mechanism for Section 130 programs. The amendment was passed, which authorized the Commissioner of RSA to set aside a total of “not less than  $\frac{1}{4}$  of one percent and not more than one percent of the Title I basic state VR funds” (Lonetree, 1991; P.L. 95-602, 1986). Then, in 1986-87, three Indian nations were awarded three-year grants to carry out the intent of Section 130. Before long (fiscal year 1989-90) the number of Indian tribes funded to provide VR services on their own Indian lands increased to fifteen (Lonetree, 1991).

#### American Indian Vocational Rehabilitation Service Grants (Section 121)

With the reauthorization of the Rehabilitation Act in 1992, the title that referred to the American Indian Vocational Rehabilitation Services as Section 130 was amended to Section 121, thus: The Commissioner of RSA, in accordance with the provisions of the Rehabilitation Act of 1973, as amended, may make grants to the governing bodies of Indian tribes located on Federal and State reservations (and consortia of such governing bodies) to pay 90 percent of the costs of vocational rehabilitation services for American Indians who are individuals with disabilities residing on or near such reservations. The non-Federal share of such costs may be in cash or in kind, fairly valued, and the Commissioner may waive such non-Federal share requirement in order to carry out the purposes of the Rehabilitation Act of 1978. (Public Law 99-602).

No grant is made unless an application contains assurances that the rehabilitation services provided to American Indians who are individuals with disabilities residing on or near a reservation in a State will be, to the maximum extent feasible, comparable to rehabilitation services provided under this title to other individuals with disabilities residing in the State and that, where appropriate, may include services traditionally used by Indian tribes; and contains assurances that the application was developed in consultation with the designated State unit of the State. Furthermore, any application approved under this part shall be effective for not more than 60 months, except as determined otherwise by the Commissioner pursuant to prescribed regulations. (Rehabilitation Act, 1986).

Richard Corbridge (personal communication, 2000), RSA Region VIII office, reported a significant growth in the number of American Indian Tribes who were awarded funds allocated by the RSA Commissioner (see Table I).

Table 1 Funding History from 1990

Fiscal Year of Award	Total Amount Allocated	New Grants	Continuing Grants	Total Grants	% of Allocation Increase
1990	\$3,821,000	4	10	14	
1991	\$4,082,000	2	12	14	6.80%
1992	\$4,470,000	9	7	16	9.50%
1993	\$6,202,940	11	11	22	38.80%
1994	\$6,514,679	7	20	27	5.00%
1995	\$10,271,000	14	19	33	57.70%
1996	\$10,572,000	3	32	35	2.90%
1997	\$12,000,000	4	35	39	13.50%
1998	\$15,360,000	11	38	49	28.00%
1999	\$17,283,000	6	49	55	12.50%
2000	\$23,390,000	9	55	64	35.34%
2001	\$23,998,000	2	64	66	2.60%

2002	\$25,998,000	3	66	69	8.33%
2003	\$26,544,000	1	68	69	0.02%

The Consortia of Administrators of Native American Rehabilitation issued a report (Sanderson et al., 2000. p1-3) that provided up-to-date information about Tribal Vocational Rehabilitation Services for American Indians and Alaska Natives with Disabilities. The report included a directory of each Tribal Vocational Rehabilitation program, by state and by individual program (see Table 2).

Table 2 Section 121 Vocational Rehabilitation Projects

<u>Alaska (9)</u> Aleutian/Pribil of Island Association, Inc., Association of Village Council Presidents, Bristol Bay Native Association, Central Council Tlingit and Haida Indian Tribes of Alaska, Cook Inlet Tribal Council, Inc., Inupiat Community of Arctic Slope, Kawerak, Inc., Kodiak Area Native Association and Tanana Chiefs Conference	<u>Michigan (1)</u> Hannahville Indian Community	Cheyenne/Arapaho Tribes of Oklahoma, Chickasaw Nation of Oklahoma, Choctaw Nation of Oklahoma, Delaware Tribe of Western Oklahoma, Iowa Tribe of Oklahoma and Muscogee Creek Nation
<u>Arizona (3)</u> The Navajo Nation, Tohono O'odham Nation and White Mountain Apache	<u>Minnesota (2)</u> Red Lake Band of Chippewa Indians and White Earth Reservation Tribal Council	<u>Oregon (2)</u> Confederated Tribes of Grand Ronde and Confederated Tribes of Warm Springs
<u>California (4)</u> Fort Mojave Indian Tribe, Pinoleville Band of Pomo Indians, Renewal Hoopa-Yurok Valley	<u>Mississippi (1)</u> Mississippi Band of Choctaw Indians	<u>South Dakota (3)</u> Cheyenne River Sioux Tribe, Lower Brule Sioux Tribe and Pine Ridge Tribe
	<u>Montana (5)</u> Blackfeet Tribal Business Council, Chippewa Cree Tribe, Confederated Salish and Kootenai Tribes Fort Belnap Tribes and Fort Peck Assiniboine Sioux Tribes	<u>Washington (4)</u>
	<u>Nevada (1)</u> Moapa Band of Paiutes	

Tribe and Sycuan Band of Mission Indians <u>Colorado (2)</u> Southern Ute Indian Tribe and Ute Mountain Ute Tribe <u>Georgia (1)</u> Lower Muskogee Creek Tribe <u>Idaho (3)</u> Coeur d'Alene Tribe, Nez Perce Tribe and Shoshone-Bannock Tribes <u>Kansas (1)</u> Prairie Band of Potawatomi Nation <u>Louisiana (1)</u> United Houman Nation, Inc.	<u>New Mexico (3)</u> Pueblo of Jemez, Pueblo of Laguna and Pueblo of Zuni <u>New York (1)</u> Seneca Nation of Indians <u>North Dakota (4)</u> Spirit Lake Nation, Standing Rock Sioux Tribe, Three Affiliated Tribes and Turtle Mountain Band of Chippewa Tribes <u>Oklahoma (8)</u> Apache Tribe of Oklahoma, Cherokee Nation of Oklahoma	Colville Confederated Tribes Lummi Nation, South Puget Intertribal Planning Agency and Stillaquamish Tribe of Indians and Yakima Indian Nation <u>Wisconsin (3)</u> Great Lakes Intertribal Council, Inc., Lac Courte Oreilles Indian Tribe and Oneida Tribe of Wisconsin <u>Wyoming (1)</u> Eastern Shoshone Tribe

### Challenges for State Vocational Rehabilitation Agencies

State VR agencies have faced challenges in providing effective vocational rehabilitation services in rural areas to culturally diverse populations with language differences (Weddington, 1995). A survey of state VR administrators regarding barriers encountered in providing VR services to American Indians with disabilities living on reservations identified the following barriers that impeded rehabilitation service delivery (White, 1987):

1. Lack of cultural sensitivity,
2. Transportation problems associated with the distances to obtain vocational rehabilitation services,

3. Lack of employment opportunities on or near reservations,
4. Lack of commitment to vocational rehabilitation that requires self-initiative and commitment to long-term goals,
5. Language barriers, and
6. Substance abuse problems.

Martin, Frank, Minkler, and Johnson (1988) reported the results of a survey of state agency vocational rehabilitation counselors who served American Indian consumers. They found that counselors working with consumers living on the reservation cited environmental factors associated with isolated locations much more frequently than did counselors working with consumers who lived off the reservation. These factors include the following:

1. Lack of available and adequate transportation,
2. Long distances between consumers' homes and VR resources, and
3. Lack of adequate vocational training and employment opportunities.

The list is consistent with the perceptions of VR administrators reported by White (1987).

Smart and Smart (1997) reported that rehabilitation workers face an increased demand for culturally sensitive rehabilitation services. Indeed, there is a danger that the need for such services far outstrips available resources. Data presented indicated a higher rate of disability among ethnic and racial minorities in the United States. The combination of (a) higher disability rates, (b) a growing absolute number of people of racial and ethnic minority origins, and (c) the younger average age of minorities who are of working age and eligible for rehabilitation services is likely to result in increasing demands on rehabilitation agencies. Root social causes of higher minority disability rates

must be more clearly identified and studied so that the prevention and treatment programs can be accelerated. Rehabilitation service workers, educators, and administrators need to become more informed about these socioeconomic conditions and their impact on the disability rates of minority consumers. Social conditions linked to disability must be more fully understood if culturally sensitive and effective services are to be provided (Smart & Smart, 1997).

In addition, the Rehabilitation Act mandated the Comprehensive System of Personnel Development (CSPD) that encourages the upgrading of personnel within the state-federal vocational and independent living rehabilitation programs. Therefore, it appears an opportune time to establish rehabilitation counselor training programs through meaningful partnerships with higher education institutions for those who serve minority people with disabilities. Such training is essential in order to develop culturally sensitive programs. The Rehabilitation Act, specifically Section 21, is clear in its direction that individuals from underrepresented groups who have disabilities must have access to the rehabilitation service system. Agencies that provide rehabilitation services must have personnel from these populations to enable a quality of service consistent with that provided to persons from the majority culture. Effective partnerships between state and tribal VR agency are critical to the effort of improving VR services for minority populations (Smart & Smart, 1997).

### Acceptance of Minorities for Vocational Rehabilitation

Wilson, Alston, Harley, and Natasha (2002) reported that being African American and American Indian or Alaskan Native is positively associated with being accepted for VR services in the United States. Specifically, when compared to European Americans, African Americans were 2.12 times more likely to be accepted for such services. The report further stated that VR customers who received support from family and friends and “other” sources were negatively associated with being accepted for VR services, and consumers who listed “other sources” of income at application were least likely to be accepted for VR service. Wilson et al., also reported that consumers who had more than a high school education were less likely to be accepted for VR services. That is, as the consumer’s educational level increased, VR acceptance decreased.

The implications for VR services are magnified when one considers that racial minorities tend to have higher rates of disability than are found among the majority group (Bowel, 1984; Hayes-Bautista, 1992; Marshall, 1987; National Institute on Disability and Rehabilitation Research, 1992). Smart and Smart (1997) identified five reasons for these higher rates:

1. low income and poverty,
2. employment in physically dangerous jobs,
3. lack of health insurance coverage,
4. low educational attainment, and
5. faulty and inaccurate testing and assessment.

Access to vocational rehabilitation services appears to be more complex for minorities than for European Americans. This was investigated by Wilson, Harley,

McCormick, Jolivette, and Jackson (2001); and Wilson, Jackson, and Doughty (1999) to determine whether differences still exist for racial minorities and women in terms of acceptance rates, employment outcomes, and quality of successful closures in the state-federal vocational rehabilitation system. Feist-Price (1995) found significant differences in acceptance rates for European American applicants versus African American applicants as well as differences in rates of successful rehabilitation i.e., Status 26 closures in a southeastern state's VR agency. Morgan and O'Connell (1987) found that a smaller percentage of Native Americans accepted for services were successfully rehabilitated compared to other VR consumers.

Instead of assessing acceptance rates taking into account outcome variables, several authors have evaluated whether there are differences in number of consumers served, type of services provided, and/or cost of services received by minorities. Fisher (1991) evaluated differences in American Indian consumers and a comparison group (ethnicity not specified) on 35 variables. Of importance was his finding that a significant difference existed, with the amount spent on case services for American Indians being considerably smaller.

Spitznagel and Saxon (1995) examined the distribution of vocational evaluation services and types of vocational training in relation to consumers' age, gender, and ethnicity. Results showed that status 26 closure rates by age are lower for those with evaluations than for those who have not received evaluations. The data analysis revealed that 73% of those who received assessment were closed successfully compared to 69% who did not receive the service. Caucasians appear to have received assessment and

restoration services at a significantly higher proportion when compared to racial/ethnic members of under-represented groups (African-Americans, American Indians, and Asian Americans). Results also indicated a significant relationship between the type of vocational training received and the consumer's age, gender, and ethnicity. Analysis of cost per evaluation by ethnic group revealed that the cost to evaluate the Asian consumer was highest while the cost to evaluate the American Indian consumer was lowest. American Indian and Asian consumers are more likely to receive business/vocational training than other consumers. Females are more likely to receive business and vocational training than males. Gender was also found to significantly influence quality of successful closure only when combined with age. As age increased for women, their odds of being placed in a high quality closure decreased when compared to men. Differences between both American Indians and African Americans versus Caucasian Americans were also found in terms of employment outcomes, with the odds of Caucasian Americans having successful closures being higher.

In addition, lower funding per consumer has been an issue. Spitznagel and Saxon (1995) revealed that the cost to evaluate the Asian consumer is highest while the cost to evaluate the American Indian consumer is lowest. Language and culture may be the reason for the escalation of cost in the Asian and African American groups as compared to the White group. This study did not explain why the cost of evaluating American Indian group is the lowest of the four groups. Further, the study indicated that black consumers received more money than did other groups, with white consumers receiving about \$187 per consumer less than the black consumers. The American Indian group

received the least amount of training per consumer: \$1,215.21 less per consumer than black consumers and \$1,027.88 less than white consumers.

### Challenges for American Indian Vocational Rehabilitation Projects

Each of the AIVR projects offers varied services to address needs unique to the demographic characteristics of the tribal representation and geographic area that ranges from 1,400 acres in one project to an area as large as 1,423,968 acres in another (Marshall, 1996). A survey of three Section 130 directors cited lack of job opportunities on or near the reservation as a major barrier to successful rehabilitation. Another barrier cited was lack of transportation, which affects the ability of consumers to meet appointments and impedes participation in training programs off the reservation (Marshall, 1996). In 1987, a total of 341 American Indian consumers were reported to have received VR services from nine Section 130 projects. Eighteen percent of these consumers were reported as “closed Rehabilitated” and 18% were reported as “closed Not Rehabilitated.” In 1988, a similar survey of eight projects reported 16% were “closed Rehabilitated” and 16% “closed Not Rehabilitated.” Project directors reported that the unsuccessful closures were caused by the consumer’s failure to cooperate, ineligibility, or the consumer’s has moved, dropped out, and/or lost contact.

A monograph of Native American Rehabilitation reported similar challenges and provided an insight into the various nuances of rehabilitation for persons with disabilities as implemented on American Indian reservations (Rehabilitation Services Administration, 1995). In addition, this monograph indicated that in Section 130

programs reported the typical participant is a middle-aged (33-45) person with a family and most likely has a chemical dependency or diabetes or a related disability. The community views the tribal VR programs as an additional, closer-to-home resource to help with the rehabilitation of their family members. Lack of training and employment opportunities on Indian lands was common throughout the responses. Moreover, the unemployment rates on Indian lands are far higher than off-reservation communities; rates reported ranged from 35% to 66%, ten times higher than in their respective states (Bureau of Indian Affairs, 2002). American Indians with disabilities also expressed their wishes for accessible housing with modern conveniences, accessible public transportation, and suitable employment opportunities on their reservations. Furthermore, individuals with disabilities expressed concerns about having to leave the reservation for training or employment opportunities and preferred to stay within their community (Marshall, 1996).

Bolton, Bellini and Brookings (2001) reported that the variables that significantly contributed to the prediction of vocational adequacy were total service cost, provision of restoration services, consumer gender, race, and educational level. Job placement was by far the most important single variable contributing to the prediction of competitive employment. The combination of basic personal history items incorporated in the Scale of Social Disadvantage predicted both competitive employment and salary at closure. Positive relationships were also noted between counselor-rated functional limitations and VR eligibility decisions and service planning demonstrated in previous research (Bellini, Bolton, & Neath, 1998; Crewe & Athelstan, 1984).

### Successful Case Closures of Minorities

The Rehabilitation Services Administration (2002) reported that approximately one-quarter of consumers who applied for American Indian Vocational Rehabilitation Services (AIVRS) left the program with a successful employment outcome. The percentage of successfully closed American Indians with disabilities that were served by AIVRS projects was very similar to the percentage of successfully closed American Indians by State VR programs in the same states where AIVRS projects are situated.

Wilson, Turner, and Jackson (2002) investigated whether successfully closed (Status 26) African Americans and White Americans differed in the type of vocational rehabilitation (VR) services received. The results revealed that the three services most commonly received by African Americans were maintenance, transportation, and adjustment training. The three most commonly received by White Americans after successful case closure included college and university training, physical and mental restoration, and diagnostic or assessment processes. In addition, job placement and job referral were statistically significant for African Americans and miscellaneous services for White Americans. The races did not differ on business or vocational training, counseling, and on-the-job training.

### Conclusion

Regardless of whether the VR agency is state or tribal, counselors see the same problems; primarily alcoholism, substance abuse, and diabetes. Furthermore, socioeconomic factors and isolation contribute significantly to the challenges of serving

American Indians with disabilities (Sanderson et al., 2000). The literature clearly indicates that there are challenges in providing vocational rehabilitation services to disabled American Indians and Alaskan Natives by American Indian Vocational Rehabilitation Services Projects and State Vocational Rehabilitation Agencies. Challenges are more complex when vocational rehabilitation services are provided on Indian reservations due to high unemployment rates, lack of adequate resources, and jurisdictional issues among tribal, state and federal agencies. Although the percentage of successfully closed American Indians by AIVRS was reported to be similar to State VR programs, the unsuccessful closures of American Indian consumers was higher for the AIVRS projects compared to consumers in the State VR programs. For instance, RSA (2002) reported the reasons American Indian consumers were closed unsuccessfully were that they did not cooperate (46.2%) and that they refused services or moved and couldn't be located (40.8%). AIVRS projects face considerable challenges in providing VR services due to lack of guidance and case management systems for implementing their programs, recruiting and retaining qualified staff, geographical remoteness, and economic and cultural factors. There is a lack of research base information that will assist vocational rehabilitation counselors who provide culturally relevant vocational rehabilitation services on Indian reservations in particular, information that are obtained directly from consumers who were served by a vocational rehabilitation agency. The American Indian Vocational Rehabilitation Projects stand ready to benefit from information that will predict the types of services to which disabled American Indian consumers respond favorably.

CHAPTER III  
METHODOLOGY  
Research Design

Chapter 3 contains the description of the qualitative design and methods for this study. This chapter is organized in the following sections: methodology, participants and setting, data collection procedure, and data analysis. This study was designed to answer the following research questions:

1. What are the factors that contributed to successful case closures for Navajo people with disabilities who were served by the Navajo Office of Special Education and Rehabilitation Services?
2. What are the factors that contributed to unsuccessful case closures for Navajo people with disabilities who were served by the Navajo Office of Special Education and Rehabilitation Services?

In order to answer these questions, I conducted personal face-to-face interviews with consumers who were successfully closed and consumers who were not successfully closed by the Navajo Office of Special Education and Rehabilitation Services.

Interviewing is one of the most common and powerful ways in which we try to understand our fellow human beings (Fontana & Frey, 2000). Because of the relatively low level of literacy of minority populations, face-to-face interviews are the most common method to collect data (Babbie & Mouton, 2001).

This study was designed to examine the types of vocational rehabilitation service needs to which disabled American Indian consumers respond favorably on the Navajo Nation by interviewing consumers who were closed successfully and unsuccessfully.

The research design utilizes qualitative interview. The purpose of qualitative interviewing is to capture how those being interviewed view their world, to learn their terminology and judgments, and to capture complexities of their individual perceptions and experiences (Patton, 2002). The investigative intent of qualitative research is to develop an understanding of a social phenomenon from the perspective of those involved within the phenomenon (Babbie & Mouton, 2001; Ezzy, 2002). The study was designed to obtain unrestricted and detailed comments relative to the consumer's feelings, beliefs, or opinions, that provided as much detail as possible about the consumer's knowledge and behavior regarding a given topic (Babbie & Mouton, 2001; Blaikie, 1993; Ezzy, 2002).

#### Participants and Setting

The subjects in this study were nine Navajo consumers: five men with disabilities and four women with disabilities, who were successfully rehabilitated; and four others, two men and two women, who were not successfully closed by the Navajo Office of Special Education and Rehabilitation Services (NOSERS). Those who were successfully closed obtained employment; those who were not successfully closed did not obtain employment.

In general, subjects in the study were identified using a stratified sampling process from case files of five (NOSERS) Navajo agencies. Stratified sampling is a method for obtaining a greater degree of mixed representation and decreasing the probable sampling error. The qualitative researcher seeks to maximize the range of specific information that can be obtained from and about the context of a situation by

purposely selecting locations and informants that differ from one another. Rather than selecting the sample from the total population at large, the researcher ensured that appropriate numbers of informants with selected characteristics were drawn from the homogeneous subjects of that population (Babbie & Mouton, 2001; Ezzy, 2002). In this case, characteristics included male/female, geographic location, and successful/unsuccessful closures.

NOSERS agreed to cooperate in the proposed study. The participants for the proposed research were selected from the caseload of the NOSERS reported during federal fiscal year 2003 (October 1, 2002 through September 30, 2003). NOSERS has an office located in each of the designated five agencies on the Navajo Nation. Three of the agencies; Chinle, Fort Defiance, and Tuba City, are located in Arizona; Shiprock and Crownpoint are located in New Mexico. An agency is somewhat like a political district that is sub-sectioned geographically within a state.

During the first step in the sampling process, NOSERS staff generated from their case files within each of the Navajo designated five agencies, a list of disabled Navajo consumers who were closed successfully, (i.e., Status 26), and a list of disabled Navajo consumers who were closed unsuccessfully, (i.e., Status 28). The list of names obtained was then put into alphabetical order by their last names. For each agency, one female and one male were selected from the Status 26 list and one female and one male from the Status 28 list. In selecting participants using a stratified sampling process, every third name was chosen until ten individuals were selected for both successful closures (i.e., 5 males and 5 females). Seven individuals were selected for unsuccessful (i.e., 3 males and

4 females) closures. The Shiprock Agency office did not have any consumers closed unsuccessfully in Status 28 and Crownpoint Agency office did not have a male closed unsuccessfully in their case files for the reporting period specified.

The participants were selected as follows:

<u>Agency</u>	<u>Status 26</u>	<u>Status 28</u>
Chinle	male-1, female-1	male -1, female-1
Crownpoint	male-1, female-1	male -0, female-1
Fort Defiance	male-1, female-1	male -1, female-1
Shiprock	male-1, female-1	male -0, female-0
Tuba City	male-1, female-1	male -1, female-1

The NOSERS staff repeated the same procedure to create an alternative list to be used if I was not able to locate a participant from the original list.

#### Data Collection Procedure

I developed an open-ended questionnaire. The questionnaire and interview questions (Appendix A) were successfully pilot tested by interviews with two disabled Navajo people, one male and one female, who were selected using a simple random sampling from the original pool created from the populations to be studied. The comments and recommendations from the pilot test were reviewed and two questions on the questionnaire were changed to achieve better sequencing. By sequencing the questions to follow the order of the rehabilitation process, I believed that this organizational strategy would help participants remember their rehabilitation experience.

Once the participants were selected for the study, I attempted to locate and contact them. The NOSERS office provided information on the participants' physical and mailing addresses, place of employment, and a telephone number for those who had it listed. I sent a letter to each participant requesting his or her participation. An explanation of a five dollar incentive was included, as well as a consent form, a description of the study, and information regarding how to contact me. Personal visits to the participants' residence or places of employment were also made a month after the letters were mailed out. I was able to locate 14 or 82%, of the 17 consumers who were selected for the study. Of these, I was able to locate 9, or 90%, of the consumers who were closed successfully and 4, or 57%, of the consumers who were closed unsuccessfully. Three potential participants selected for the study through the sampling process were not able to be contacted (one deceased), and consumer refused to be interviewed. When I was not able to contact the participants selected, I contacted the NOSERS counselor to see if additional contact information was available. In one case, when the participant from the original list was not located within a reasonable time, I was able to contact an alternate that was provided from his agency.

Once a participant was located, usually at his or her home, school campus or place of employment. I explained the proposed study and how the participant was selected for an interview. I further explained that the participant's name would remain anonymous and confidential. I also explained the importance of recording the interview session in order to transcribe accurately the information provided. I agreed to keep all transcripts and tapes locked in a cabinet in my office at Navajo Technical College and told

participants that I would destroy all tapes, transcripts and linked data following completion and defense of my dissertation. I also informed participants that results would be shared with the Navajo Office of Special Education and Rehabilitation Services for use in improving the program, but that no participant would be identified by name. I then offered five dollars as an incentive to each participant. If a participant was willing and interested in participating in the study, a consent form was presented and explained. Once the consent form was signed; a date, time, and location for the interview were arranged (see Appendix A for copy of consent form). In all instances, participants were willing to be interviewed immediately after signing the consent forms.

Each interview was tape recorded with just myself and consumer present. I traveled to the consumer's home, work, school campus or a place selected by the consumer that was convenient for him or her. Consumer responses from the face-to-face interviews were recorded exactly as given. Tapes were then transcribed and checked by listening to the tapes as I read the transcription. Based on suggestion of Babbie and Mouton (2001) I make no attempt to summarize, paraphrase, or correct grammar. An open-ended questionnaire was used in a face-to-face interview with all the individuals selected for the study (See Appendix B for copy of questionnaire). An important characteristic is my ability is to speak the Navajo language, or home language, of the respondents. Therefore, two respondents out of a total of thirteen consumers interviewed provided their answers in the Navajo language, and the rest responded in English. This means that I translated the interview questions into the Navajo language (See Appendix C for sample of transcribed interview).

## Data Analysis

An independent-consensus method of analysis was developed by applying the theoretical framework provided by Patton (2002). Two individuals were selected from the Navajo community to help me analyze the transcribed interview data. One individual had a master's degree in counseling, worked as a rehabilitation technician, and understood the expectations of the vocational rehabilitation services. The other individual had a PhD degree in education and has worked in many human service agencies. Both of these individuals and I are fluently bilingual in Navajo and English.

Each data analyst reviewed the data for pattern and themes, using open and axial coding. Open coding is the process of selecting and naming categories from the analysis of the data; axial coding is the next stage after open coding. In axial coding, data are put together in new ways. Axial coding facilitates building connections within categories (Strauss & Corbin, 1994). Content analysis involved extraction of actual phrases used by consumers that were reflective of core concepts expressed in the interviews. Content analysis is used to refer to any qualitative data reduction and sense-making effort that takes a volume of qualitative material and attempts to identify core consistencies and meanings (Patton, 2002).

Themes were determined by each professional, independently, by reading through the content phrases and identifying recurring words, concepts, or ideas. The two members of the analysis team and I then shared their patterns at a work session facilitated by an individual with a doctorate in Rehabilitation who worked as a rehabilitation counselor for a state rehabilitation agency. When themes differed, the team members discussed their

rationales and, through consensus, agreed upon a single set of themes. Themes that had a more categorical or topical form emerged from a collective review of the themes, see Appendix D. Data used in this study were transcriptions of the responses given by the consumers in their interviews.

## CHAPTER IV

### FINDINGS

#### Results of the Study

This study was conducted to identify factors that consumers believed led to their case being successfully or unsuccessfully closed by the Navajo Office of Special Education and Rehabilitation Services. This chapter reports the responses of thirteen disabled Navajo consumers served by the Navajo Office of Special Education and Rehabilitation Services (NOSERS). I conducted face-to-face interviews with participants to gain a better understanding of factors that played a significant role in cases resulting in successful or unsuccessful case closure. Each interview was conducted between myself and participant and tape recorded with permission provided by the participant at the start of the interview. One interview of 45 to 75 minutes in length per participant was conducted with each participant. No follow-up calls were required. Tapes were transcribed for purposes of analysis. I then selected two professionals to help me analyze transcribed interview data using an independent-consensus method of analysis. Themes were determined independently by each professional and myself. Themes found in responses from the interviews were shared at a work session. Where themes differed, each discussed their rationales and through consensus agreed upon a single set of themes.

#### Participants

In accordance with Institutional Review Board (IRB) guidelines, the actual names of participants do not appear in the study. Rather, participants are identified as

participants who were closed successfully or unsuccessfully. A total of 13 participants, all Navajo individuals were interviewed. Seven (54%) were males, and 6 (46%) were females. The mean age for consumers whose cases were closed successfully was 34.55 and that for consumer's participants who were closed unsuccessfully was 32.25. The marital status for consumers closed successfully was: 77% single, 8% separated, 8% married and 7% divorced. The marital status for those who were closed unsuccessfully was: 75% single and 25% divorced. The type of disability consumers reported for closed successfully was: 33.3% learning disabled, 22.3% physical disabled, 33.3% health problems (diabetic and renal stage failure) and 11.1% mental depression. The type of disability reported for those who were closed unsuccessfully was: 50% learning disabled and 50% physical disabled.

### Common Themes

Experiences consumers shared varied in terms of their perceptions of success or lack of success as they worked through the rehabilitation process, starting with their application, and then working through eligibility determination and reception of services. Themes that emerged from the analysis of the interviews and were put into the following three common categories:

1. Accessing Vocational Rehabilitation Services
2. Acquiring Vocational Rehabilitation Services
3. Services after obtaining Vocational Rehabilitation Services

Of those with successful closures, an assortment of experiences and challenges were expressed by the participants. However, basic themes that emerged from the analysis of interview data were repetitive. These common themes are discussed in the

following sections, including excerpts taken from consumer interviews. Each theme is described and discussed as general experiences common to consumers who were closed successful or unsuccessful, regardless of their consumer's disability. Responses given by participants provide data to answer the two research questions:

Question One.

**What are the factors that contributed to successful case closures for Navajo people with disabilities who were served by the Navajo Office of Special Education and Rehabilitation Services?**

Responses to question one in the interviews with participants are organized into the discussion below:

*A. Accessing Vocational Rehabilitation Services.*

In asking consumers about how they learned about NOSERS and their experiences with the application process, their general observations regarding eligibility determination are discussed as follows:

The majority of the consumers learned about Navajo vocational rehabilitation services through human service agencies and their family members. Participants indicated that the factors linked to success included the following: Consumers understood the eligibility criteria; consumers were determined to complete the vocational rehabilitation services and sought VR services on their own initiative; participants were excited when their eligibility for VR services was determined; participants were pleased that their eligibility was determined in a timely manner, all within eight weeks; participants revealed that they were self-confident and believed they were competent and able to complete their respective programs. Consumers indicated that they were ready,

convinced, and confident when they applied for vocational rehabilitation services on their own initiative. Positive encouragement from relatives, VR counselors and friends were also cited as factors that contributed to their success. Having vocational rehabilitation services available on the Navajo Reservation close to home was very beneficial.

*B. Acquiring Vocational Rehabilitation Services*

Consumers with successful closures responded to questions pertaining to their involvement in development of a rehabilitation plan, types of services they received and factors they believe contributed to their success case closures.

Development of the rehabilitation plan: Consumers who knew what they wanted and were involved in development of their rehabilitation plans were successful. Three out of nine successful consumers knew exactly what they needed services for, which included Native Healing, counseling for depression and child care services to supplement an existing plan with the State VR. One consumer had gone through training and had adequate skills to manage his own business and only needed equipment, tools and supplies. Five consumers indicated that they were not involved in development of their rehabilitation plans, but they did not object to continuing their education at vocational institutes and community colleges. One consumer was interested in computer technology, but because of her physical disability, her vocational rehabilitation counselor told her to pursue a different field. Rehabilitation plans that were developed varied in duration with the shortest lasting one month. Most lasted six months, and two were for two years.

Services Provided: The majority of the consumers indicated that they received quality vocational rehabilitation services that were provided as promised. Two consumers indicated services most helpful to them were training that included hands-on experience and services specific to their needs such as mental health counseling, purchasing initial welding equipment to situate consumer in his own business and Native Healing and

herbal medicine to help consumer recover from surgery from which she was not healing. Basic VR services that covered tuition, books, apartment rent, transportation (bus fare), basic living expenses, purchase initial equipment, clothing and start-up costs relative to initial employment and having access to tutors all contributed in one way or another for their successful case closure.

*C. Services After Obtaining Vocational Rehabilitation Services*

Consumers were asked about how they dealt with challenges they encountered, their efforts to seek employment and how their employers treated them after they found jobs. Two consumers said they were afraid to look for employment but were able to find jobs on their own. One consumer healed well with use of native healing and herbal medicine and returned to work. Another consumer successfully started his own welding business. It did not take him long to create a pool of customers and establish a viable service for his community. He indicated that occasionally he will help people out. He says, "Some don't have money to pay, but will give me food or pay for what they can" in exchange for his welding services.

Efforts to seek employment: Consumers who took initiative to seek employment with consistent follow-up were successful. Other successful consumers started work on a part-time basis, and once the employer recognized their skills and abilities, they were hired on a full-time permanent basis. One consumer was working on her Bachelor of Science Degree without any services from VR. She was working part-time and was able to obtain several scholarships. Eight out of nine consumers found employment and are still employed. Three consumers are employed on the Navajo Nation, and five are employed off the Navajo Nation.

Consumers stated that they responded to job announcements and continuously followed-up on their applications and were eventually hired. A couple of consumers were referred by their friends to jobs. They applied and were hired.

The majority of consumers gave credit to their spirituality (use of Native healing, prayers, and sweat), encouragement from VR counselors, family members and friends for their ability to complete their programs and find employment. Five consumers indicated that Navajo cultural teachings were helpful. The teachings of self reliance, the importance of having self-confidence and the understanding that each person has ability to succeed if they apply themselves, “if it is to be, it is up to me”, all played a role in their success.

Other factors suggested might have led to successful closures include their youth, family support, vocational rehabilitation counselors’ encouragement and maturity. Having the ability to deal with challenges was also noted as a positive attribute. Consumers completed their rehabilitation programs with encouragement from family members, some provided financial assistance and arranged for Native healing services for them.

Question Two:

**What are the factors that contributed to unsuccessful case closures for Navajo people with disabilities who were served by the Navajo Office of Special Education and Rehabilitation Services?**

Responses to question two from the interviews with participants are organized into the discussion below on accessing, acquiring, and utilizing vocational rehabilitation services are discussed as follows:

*A. Accessing Vocational Rehabilitation Services.*

Of those with unsuccessful closures, consumers stated that they understood the eligibility criteria well. Two consumers stated that their eligibility was determined right away. For one consumer, it took six months. All or four of the consumers felt that having the VR office close to home was a positive factor in obtaining VR services and, at the time of their eligibility determination, were excited about the type of services they might receive. However, eligibility determination took an average of 4 months longer than for that of consumers whose cases were closed successfully. Consumers stated that the VR counselors did not fully explain the consumer's role and responsibility in carrying out their rehabilitation plans.

#### *B. Acquiring Vocational Rehabilitation Services*

Consumers responded to questions pertaining to their involvement in development of a rehabilitation plan, types of services they received and factors they believe contributed to their unsuccessful case closures.

Development of the rehabilitation plan: Two out of four consumers indicated that they were not involved in the development of the rehabilitation plan and did not fully understand their role or what was expected of them.

Services Provided: Unsuccessful consumers reported financial issues related to their outcomes. Financial projections made by the VR Counselor did not include all the expenses outlined in the rehabilitation plans, especially for consumers who had to relocate from the Navajo reservation to an urban setting. Consumers revealed that they did not have the financial resources to cover expenses associated with their rehabilitation plans, especially when payments for apartment rent had to be made, and the NOSERS staff processed their monthly stipends late. Four consumers indicated that adequate resources were not provided to them by the NOSERS. Two consumers stated that the

\$200.00 per month they were receiving to cover their personal needs (hygiene, laundry), public transportation, food and late apartment rental fees was not enough to cover costs related to going to school in a metropolitan area like Phoenix, AZ.

Consumers also stated that they had difficulty maintaining their grades in Math and English and they did not have tutors available in these subject areas to help them. Having a higher educational level was stressed as an important attribute. A consumer indicated that he felt that “his high school did not prepare him well”. One consumer stated that the VR counselor was very helpful and supportive until her grades dropped. The counselor did not want to help her after that. She said, “Like the VR Counselor just gave up on me”. Another consumer said his counselor never visited him when he was in school and he wanted to inform his counselor about the challenges he was facing. The consumer said he kept calling and writing in efforts to have his counselor visit him, which finally happened, but was too late since he did not at that point have the financial resources to stay in school. The majority of the rehabilitation plans designed for consumers closed as unsuccessful were developed for two years or 24 months.

### *C. Services After Obtaining Vocational Rehabilitation Services*

After services were provided, consumers essentially sought other services and some had not return to VR for additional services. One consumer was a full-time student going to school using other resources besides VR. One consumer got married and was taking care of a young child at home. The remaining two consumers were at home looking for employment. Consumers indicated that the high schools they attended did not properly prepare them in Mathematics, Science and English, hampering their efforts to continue their education at the higher education level. Consumers indicated that they had difficulty learning Mathematics and English, and VR did not provide tutors to assist them in these

and other subject areas. Vocational rehabilitation counselors did not follow-up on consumers when the consumers were attending their training programs. Consumers indicated that they expected their VR counselor to check up on them and were ready to explain that their \$200.00 monthly stipend was insufficient to cover food, personal needs and transportation.

### Summary

A total of thirteen Navajo people with disabilities that were served by the Navajo Office of Special Education and Rehabilitation Services were interviewed. Through the process of formal interviews with these individuals, I outlined their perspectives, thoughts and experiences in relation to factors that contributed to their success or unsuccessful case closure. These factors were then analyzed and compiled into three categories of themes: accessing services, acquiring services and services provided. These themes and conclusions as well as recommendations will be discussed further in the next chapter.

## CHAPTER V

### SUMMARY, DISCUSSION AND RECOMMENDATIONS

#### Summary

This study was designed as a qualitative analysis of the personal experiences of Navajo consumers with disabilities who were served by the Navajo Office of Special Education and Rehabilitation Services (NOSERS). The purpose of this research was to interview Navajo consumers who were successfully closed as well as those who were unsuccessfully closed and to identify factors that contributed to successful and unsuccessful case closures. Thirteen consumers (nine successfully closed and four unsuccessfully closed) served by NOSERS were randomly selected and located. I obtained their informed consent and I conducted face-to-face interviews of 45 to 75 minutes in length with each participant were conducted at their homes, places of employment, on a school campus, or a place designated by them. Interviews were recorded and transcribed and were the primary source of data for this study.

Interview data suggested that the consumers shared common experiences and challenges as they were going through the vocational rehabilitation process. From these common experiences, the following three categories of themes emerged;

1. Accessing Vocational Rehabilitation Services,
2. Acquiring Vocational Rehabilitation Services, and
3. Services after obtaining Vocational Rehabilitation Services.

The study indicated that overall comments from participants about consumer's receipt of vocational rehabilitation services were positive and that they were pleased VR

services were available close to their home. Consumers noted the following services contributed favorably their successful case closures: counseling and guidance; referral and other services to secure needed services from State VR agencies; rehabilitative counselor support; adequate financial support; job-related services, and placement assistance; follow-up services, and follow-along services. Other useful rehabilitation elements included: the consumer's positive attitudes; vocational and other training services; books, tools, and training materials; diagnosis and treatment for mental and emotional disorders; maintenance for additional costs incurred while receiving services under an individualized plan for employment; transportation; technical assistance and other consultation services to eligible individuals pursuing self-employment or establishing a small business operation as an employment outcome.

Consumers closed unsuccessfully indicated that VR counselors did not cover all the expenses needed to relocate from the Reservation to an urban setting and that the counselor did not fully explain the consumer's role and responsibility in carrying out rehabilitation plans. They also conveyed that counselors were less professional and did not give adequate financial support. Consumers also reported that having tutors available for subjects they had difficulty in would have helped them maintain passing grades.

### Discussion

The study's findings indicated that, overall, the consumers were pleased to be able to access VR services in their communities and/or on the Navajo reservation. The Navajo Office of Special Education and Rehabilitation Services established six field offices

throughout the reservation, a land base comparable in size to the state of West Virginia. The Rehabilitation Services Administration acknowledges the challenges Native American Indian consumers face in accessing VR services. They recommend that VR services should be available on Indian reservations. The 1978 Annual Report of the *Rehabilitation Services Administration* states: "If there is a single, important step that RSA should consider in order to improve VR services to Native *Americans*, that step is developing ways to take VR to the (reservation) *Indians*" (Schuurman, 1991). Martin, Frank, Minkler, and Johnson (1978) found from their survey of State VR counselors working with reservation consumers that environmental factors associated with isolated locations are challenges for VR service delivery. An example given was the need for consumers to travel long distances between consumer's homes and VR resources. Since 1998, more VR services have become available on Indian lands, including the Navajo Nation.

The current study found that from a consumer's initial application for services, determination of eligibility took four weeks for the consumers closed as successful and eight weeks for consumers closed unsuccessfully. This study appears to be the first to indicate that a difference in the length of time it takes for consumers to be determined eligible leads to unsuccessful closures. A longer time to determine eligibility has a negative relationship with eventual closure. Consequently, consumers who had their eligibility for VR services determined on a timely basis by their VR Counselor were highly successful in completing their rehabilitation plans and having their cases closed successfully. The longer a consumer had to wait for a VR Counselor to determine if a

consumer is eligible to receive VR services or not, the more unlikely a consumer will not be successful in competing their rehabilitation plans, which may contribute to lowering a consumer's self-confidence level and lead to doubts that they can complete their programs.

A major finding of this study reinforces the belief that the effects of Navajo cultural teachings are positive and helpful in successful vocational rehabilitation. There are many cultural teachings shared with Navajo youngsters by their parents, grandparents, and extended family members. Cultural teachings begin before a child is born and educating their parents about what to avoid and should not do so the baby will be born healthy (Red Horse, 1979). As the child develops, certain things are celebrated or traditional ceremonies are performed as a way to prepare or mold the youngster to have a positive future. Some of these teachings prepare an individual physically, mentally, socially, spiritually, and enhances their ability to communicate using their Navajo language. Often a young Navajo person begins by completing assignments, taking on responsibilities that contribute to the overall family survival structure, i.e., young boys are responsible to care for family livestock on a daily basis, females may assist with weaving or preparing wool. The overall emphasis is on how to be successful in life; success is achieved through hard work, overcoming challenges, being persistent, living spirituality, retaining the family fabric and maintaining your focus.

A Navajo family network is represented by all individuals in a clanship system: husband, wife, children, aunts, uncles, cousins, grandparents and grandchildren. Extended family systems continue to be reinforced through traditional religious behavior. Family

interdependence remains strong. It works much like a form of social insurance. Many relatives are available for help and support whenever members of this network are temporarily incapacitated and unable to provide for themselves (Red Horse, 1979).

Realizing the importance of this, Garrison (2007) incorporated some of the core philosophical concepts around Diné education philosophy into his philosophy at Diné College, which provides principles both for protection from imperfections in life and the development of well-being. He incorporated some of these Navajo cultural teachings into his curriculum to ensure that his Navajo and non-Navajo students will be well suited to the cultural environment if they have the opportunity to work with Navajo people. The Navajo cultural teachings of “T’aa hwo a jit’ éego”, or teachings of self-reliance, are encouraged by Navajo Nation educational entities such as Dine College, Navajo Technical College, the Division of Dine Education, and many K-12 schools located in the Navajo Nation.

In this study, it appears these teachings of self reliance, the importance of having self-confidence and understanding that each person has ability to succeed if they apply themselves, “if it is to be, it is up to me” played an important role in successful case closures.

Understanding consumer’s needs, desires, and difficulties and providing dependable services in a timely manner would enable rehabilitation counselors to meet or exceed the expectations of consumers served by VR agencies (Patterson & Marks, 1992). The finding in this study revealed that in cases where the VR Counselors who understood their consumer’s disability, involved them in making choices about their rehabilitation

goals and services and provided appropriate services, had successful case closures. The goal of empowerment is best achieved when there is maximum consumer involvement in both the development and implementation of rehabilitation plans (McAlees & Menz, 1992). Developing a supportive relationship, in which the consumer perceives the counselor as trustworthy and helpful provides a collaborative relationship in which the consumer believes that the counselor and consumer are working together as a team. This relationship enhances the meaningfulness of counselor – consumer partnerships and reflects the spirit and intent of consumer empowerment (Walborn, 1996).

The findings of this study and a survey of state VR administrators and state VR counselors conducted by White (1995) and Martin, Frank, Minkler, and Johnson (1988) indicate that lack of support services such as available and adequate transportation and adequate vocational training and employment opportunities on the Navajo reservation or in Indian communities are part of the cause for unsuccessful vocational rehabilitation. A monograph reported similar challenges faced by American Indian Vocational Rehabilitation Projects: a lack of training and employment opportunities on Indian lands and unemployment rates far higher than for off-reservation communities (Rehabilitation Services Administration, 1995). American Indian unemployment rates, reported by a Bureau of Indian Affairs' study, ranged from 35 to 66 percent, ten times higher than for states where the Indian people lived (Bureau of Indian Affairs, 2002). Although some vocational training programs are available on the Navajo reservation, including higher educational services offered by two tribal colleges, many consumers continue to be

placed at vocational training and educational training facilities off the Navajo reservation. Job opportunities are also limited by an inadequate public transportation system.

The finding that consumers revealed difficulty with maintaining adequate grades in Mathematics and English is also faced by many minority students and students with special needs (Darling-Hammond, 2007). The intent of Congress with the passage of a major Education Bill entitled “No Child Left Behind” was originally supported by many Civil Rights advocates as a step forward in the effort to improve education for children traditionally left behind in American schools, in particular, students of color, those living in poverty, new English learners and students with disabilities (Darling-Hammond, 2007). This legislation set out to raise achievement levels of all students and close the achievement gap that rises from race and class distinctions. However, more than 20 states and dozens of school districts have protested the Act. Implementation of “No Child Left Behind” turned out to be more likely to harm schools serving large numbers of low income students, new English language learners (what the law calls “Limited English Proficient”), and special needs students because the Act does not evaluate schools in order to provide resources for fixing them. Rather, it requires the largest gains from lower-performing schools, ignoring the fact that these schools serve needier students and are under-funded compared to those serving wealthier and higher-scoring students. American Indians have been reported to have higher disability rates at about 1.5 times that of the general population. Their rates are also higher than those of any other minority group, according to the 1980 U. S. Census. In addition, Americans Indians have been reported to have a poverty rate of 24.5% compared to a national rate of 13%

Bernstein (2002). Therefore, schools serving American Indian students may not have the resources to perform at a higher rate than those serving wealthier and higher-scoring students. Consequently, VR counselors need to work closely with student support services at post-secondary institutions where their consumers are attending to ensure consumers are given assistance with their academic and training programs.

Smart and Smart (1997) and Martin et al. (1988) identified similar challenges revealed in the current research for Vocational Rehabilitation agencies located in rural areas. They describe the importance of job development and placement services in order to place consumers into employment where there are high unemployment rates. Consumers reported that they took the initiative to seek employment by reviewing employment vacancy notices and acting on referrals by family members and friends. They felt that VR counselors had limited contact with employers and could therefore not adequately assist them in their effort to find employment. Marshall, Martin, Thomason and Johnson (1987) offered several recommendations for providing culturally appropriate counseling services to American Indians with disabilities that included job development and placement training for VR counselors. Their findings are consistent with the current research. VR counselors need to understand the effects of environments with restricted labor markets, learn job development strategies for Indian communities, and understand factors associated with relocation of rural American Indians with disabilities. In addition, rehabilitation service workers, educators, and administrators need to become more informed about socioeconomic conditions and their impact on disability rates of minority

consumers. Social conditions linked to disability must be more fully understood if culturally sensitive and effective services are to be provided (Smart & Smart, 1997).

In addition, factors that consumers suggested led to their unsuccessful closures contradicted what was reported by eight American Indian VR Project Directors in 1988, (Marshall, 1996). The 1988 report said that unsuccessful closures were caused by: the consumer's failure to cooperate, ineligibility, or the consumer's having moved, dropped out, and/or lost contact. Current research suggests that consumers face important challenges when a successful closure is not obtained. One of the most important of these is that consumers did not have financial resources to cover all the costs associated with their rehabilitation plans. Consumers also reported that bureaucracy, resource limitations, and, in a few situations, frustration with the lack of follow-through by the VR counselor, were factors contributing to unsuccessful closures. Three consumers indicated a need for the counselor to understand better the participants' financial and personal situations, especially those related to childcare, housing status and the consumers' economic situation.

#### Strengths and Limitations of the Study

The major strength of this study was that as a researcher, I am a Navajo individual who speaks Navajo language fluently and understands Navajo tradition and culture. I found that having the ability to communicate in the consumer's native language, understanding the clan system and acceptable cultural greetings were essential in establishing a positive rapport and trust with consumers and their families. I found that

some consumers still reside with their parents, and it was important that I communicated clearly and promptly that I was a doctoral student and not a bill collector or an agent with a law enforcement agency. On several occasions, I found that speaking the Navajo language was valuable because consumers were able to express themselves, or explain their thoughts more accurately, in Navajo rather than in English. In addition, having the experience of living on the Navajo Reservation and knowing about cultural activities, allowed me to joke comfortably with the consumers by the time the interview was completed. Lastly, I was the first Director of the Navajo Vocational Rehabilitation Program and as such had a good understanding of vocational rehabilitation services. None of the studies of Native American VR consumers I have reviewed have had a researcher able to speak the consumer's native language. Nor was I able to find a study that directly interviewed consumers who were recipients of vocational rehabilitation services.

This study has a number of limitations. Findings cannot be generalized because the group studied is a very small sample that consisted of a specific population of rehabilitation consumers in a particular rehabilitation setting. Information shared by consumers could have been biased. Consumers may have said what they thought I wanted to hear, and memory could have impacted accurate recall of their vocational rehabilitation experience.

## Recommendations

This study clearly supports locating vocational rehabilitation services on the Navajo reservation or close to consumers' homes. A reservation location increases accessibility for rural disabled Navajo people. The themes expressed by participants as challenges provide ideas about ways to improve vocational rehabilitation service delivery. This study especially suggests that vocational rehabilitation counselors need to take a more vigorous, empowering approach in communicating clearly with the consumers. Recommendations drawn from themes of this research for NOSERS include the following:

1. NOSERS should continue to provide professional development opportunities for vocational rehabilitation personnel. Training and understanding labor laws will allow the counselors to become stronger advocates.
2. Vocational rehabilitation counselors need to understand the challenges faced by consumers. Consumers need to have available supportive resources and plans that are reasonable, especially if they are expected to attain training or a degree at a post secondary or higher education level. This is especially true if consumers are going to be away from home for the first time.
3. Counselors need to gain more understanding of consumer's personal situations and allocate resources accordingly. They need to involve their consumer in the Individualized Plan for Employment planning process, provide more information about the availability of services, including job development and job coaching,

and identify circumstances under which expenses such as lunch and transportation might be paid. All of these need more emphasis.

4. The rehabilitation process needs to be streamlined with more autonomy given to vocational rehabilitation counselors.
5. Counselors need to increase the availability of job development services, especially providing more information about job training and internships to help consumers' test out careers.
6. Vocational rehabilitation counselors need to take into consideration all the costs associated with relocating consumers off the Navajo reservation, taking into account additional clothing that consumers need for attending their training or work.
7. Counselors should support the provision of tutoring and related services for first years' experience in vocational rehabilitation.
8. Vocational Rehabilitation counselors need to provide consistent follow-up and follow-along services to consumers relocating from the reservation. This is especially important for those leaving home for the first time.
9. The Navajo Office of Special Education and Rehabilitation Services should consider providing rehabilitation technology, including telecommunications, sensory, other technological aids and devices, and online courses for consumers.
10. VR counselors need to consider consumers need for reliable transportation, including adequate training in the use of public transportation, vehicles, and systems.

11. Participants in the study urged consumers to work with their vocational rehabilitation counselor, “be self confident and don’t let your disabling condition limit you,” “stay away from alcohol and drugs,” and “make sure you understand your role and the expectation of the rehabilitation plans.”

### Research Recommendations

This qualitative study focused on the actual experiences of disabled Navajo men and women who were served by the NOSERS. Various themes were identified from the qualitative data revealing what former recipients perceived as helpful and effective or not helpful and ineffective vocational rehabilitation services provided to them on the Navajo Nation. The following topics or issues for investigation might provide additional insights into the experience of individuals seeking services from NOSERS and, in time, self-sufficiency.

1. Future research should be conducted using similar study with a larger population.
2. Another area for research might be a study about how previous NOSERS recipients of service are doing at different periods of their lives following their case closures from NOSERS or other Indian rehabilitation services. For example, where are they, and how are they doing, one year, three years, and five years after their case closures? What issues are they confronting? Are they financially stable?
3. Additional studies could be pursued to include participants with greater diversity relevant to ethnicity and different geographical or cultural areas, such as other Indian tribes on their reservations. For example, one question to study would be, how do

vocational rehabilitation recipients residing on other Indian reservations or in other cultures compare with those experiences of recipients living on the Navajo reservation?

4. Another study could be a comparative one of consumers who know and understand the teachings of their native culture as opposed to consumers without that knowledge and understanding would be useful in order to find out how important cultural knowledge is to case closure success.

#### The Impact of the Interviews and Observations of the Researcher

While listening to the participants' lived experiences, I developed a greater awareness of, and appreciation for, the human spirit of each participant. It was enlightening, and at times moving, to hear the participants describe their efforts to cope with and adjust to whatever life had dealt them. I witnessed the positive outcomes in the provision of Vocational Rehabilitation services and noted that consumers who have a positive attitude or have self-confidence in their abilities tend to succeed. I felt the Navajo cultural teachings are positive and helpful in successful rehabilitation. I witnessed existence of the cultural values of clanship; consumers were closely knitted to the cultural ties of their family. I saw much acceptance of the consumers by their family members. Their disability was not seen as a major set back.

I also acquired greater empathy for the particular crises and perplexities that confront these individuals and their families. Whether these troubles were described as mental or emotional pain, physical disability, job lay-off, loss of self-efficacy, or the

inability to meet the family's basic needs and expectation. The consumers clearly articulated the grim nature of poverty.

**APPENDIX A**  
**PARTICIPANT CONSENT FORM**

**University of Arizona**

My name is Mr. Elmer J. Guy, and I am a doctoral student in Rehabilitation Leadership at the University of Arizona. I am presently conducting a study to identify variables that contributed to the successful and unsuccessful case closures of disabled individuals who were served by the Office of Special Education and Rehabilitation Services. The researcher will conduct a series of face-to-face interviews and is interested in obtaining unrestricted and detailed comments, such as the participant's feelings, beliefs, or opinions, that can help better explain the variables that contributed to their successful or unsuccessful case closure. You are being asked to participate in a research study designed to interview individuals who were served by the Navajo Office of Special Education and Rehabilitation Services.

You are being asked to volunteer since you meet the criteria for enrollment into this study. Your participation is voluntary which means you can choose whether or not you want to participate. The Principal Investigator is going to thoroughly explain to you the nature of the research study in as much detail as possible. You may also decide to discuss it with your family, friends, or family doctor. If you decide to participate, you will be asked to sign this form. Your signature on this form is voluntary and does not waive any of your legal rights or make any institution or persons involved in this research any less responsible for your well-being. Your refusal to participate in the study will not influence your present or future services.

All facts about you obtained during the study will be kept strictly confidential. Agencies that make rules and policy about how research is done have the right to review these records. Those with the right to look at your study records include the University of Arizona Institutional Review Board and the Navajo Institutional Review Board. None of your present rights or past and present services that you may have received or be receiving will be compromised by your participation in this study.

If you may have any further questions or comments about your participation in this study, you may contact me, the Principal Investigator at 505-786-4112, fax number: 505-786-5644 or [elmer@cit.cc.nm.us](mailto:elmer@cit.cc.nm.us), my dissertation committee chair Dr. Amos Sales at 520-621-0941 or you may contact the Institutional Review Board at the University of Arizona at 520-626-6721.

My signature below indicates that I agree to participate in this study.

---

Participants' Signature

Date of Signature

---

Signature of Primary Investigator

Date of Signature

**APPENDIX B**  
**QUESTION PROTOCOL**

I. Demographic Information:

- a. Age: \_\_\_\_\_ Gender: male \_\_\_ female \_\_\_
- b. Marital status: \_\_\_\_\_ Number of Siblings: \_\_\_\_\_
- c. Socio economic status at time of service:  
\_\_\_\_\_
- d. Race: \_\_\_\_\_ Disability: \_\_\_\_\_

II. Interview Questions:

1. How did you learn about the vocational rehabilitation services provided by the Navajo Nation?

Prompts

- A. Who encouraged and when did you apply?
- B. Was the location of the VR office convenient for you?
- C. Did anyone discourage you from applying?

2. Was the eligibility criteria explained to you and did you understand the eligibility criteria?

Prompts

1. Did you fit the eligibility criteria and how long did you wait for the eligibility to be determined?
2. What was your impression about the initial interview that was conducted by the VR agency?

3. Were there any problems in determining eligibility? Please explain:
  
3. How were you involved in the development of your rehabilitation plan?

Prompts

1. What kinds of choices were you given?
2. Who helped you with the application process, development of your rehabilitation plan, and selecting a location to implement the rehabilitation plan?
3. Did you have some concerns about the rehabilitation plan? Please explain:
  
4. What were the types of services you received and were they helpful? How so?
  1. Did you receive all the services promised?

Was the quality of VR services provided appropriate to your needs?

Prompts

2. Was there anything that you needed but were not provided?
3. Was the quality of VR services provided appropriate to your needs?
  
5. Identify and explain the factors that led to your successful or unsuccessful closure.

Prompts

1. Do you feel that your age is a factor?
  2. Was your educational level helpful?
  3. Was your spirituality helpful?
  4. What role did your family or relatives play?
- 
6. Was the VR counselor knowledgeable about your disability and helpful?

#### Prompts

1. How much influence did the VR counselor have on your experience?
  2. Did the VR counselor allowed you to make decisions on your case?
  3. How did the OSERS staff treat you?
- 
7. How long was your rehabilitation program designed for and how long did it take you to complete the program?

#### Prompts

- A. Was the duration of the rehabilitation program adequate? Please explain:
- B. Did anyone discourage you from continuing the program? If so, why?
- C. What were some of the challenges experienced during your rehabilitation program?
- D. How did you deal with them?

8. Who helped you during your rehabilitation program? How was the help provided?
9. What kinds of services were provided by the rehabilitation agency?

Prompts

1. Were these services adequate?
  2. Do you feel that the education/training that you received prepared you adequately for the job?
  3. What services were most helpful? Please list them in order of priority:
  4. What services were least helpful?
  5. What type of services was not provided that could have made a difference in your program? Please explain.
10. Once you completed the program and were ready for employment, what happened next?

Prompts

1. How did you find employment and how long did the employment seeking process take?
  2. What were some of the challenges of seeking employment? Please explain:
  3. How did you deal with the challenges?
11. How did your employer accept you?

Prompts

1. Did the employer accommodate you in any way?
  
2. How could have the employer been more helpful?
  
12. What would you say helped you complete your rehabilitation program?
  1. Family, spirituality, culture, friends, counselor, relative, spouse, others?
  
13. What would you suggest to a person who wants to apply for vocational rehabilitation services so that they can also be successful? Please explain.
  
14. In your opinion, did the Office of Navajo Vocational Rehabilitation and Special Education Services successfully serve you?
  
15. What does the word “successful” mean to you?
  
16. What would you change in the rehabilitation process in order to make the service delivery more responsive to people with disabilities?
  
17. Is there anything you want to say that may assist people with disabilities to become more productive citizens?

## APPENDIX C

### SAMPLE TRANSCRIPT OF ONE PARTICIPANT INTERVIEW

#### Consumer Number 8.

#### I. Demographic Information

- a. Age: 35                      Gender: Female
- b. Martial Status: Single      Number of Siblings 3: 1-sister and  
2-brothers
- c. Socio economic status at time of service  
Work at DES, food stamps customer services Rep/full time student  
at Coconino College AA.
- d. Race: Navajo                      Disability: Hip (problem) replacement  
dislocation of the femoral head component.

#### II. Interview Questions:

1. How did you learn about the vocational rehabilitation services provided by The Navajo Nation  
DES. State VR a babysitter told her about DES VR. State qualified for VR. Will pay for Tuition encourage PC to cost share with Navajo VR. Hope VR will provide more services in 2003.

#### Prompts

- A. Who encouraged and when did you apply?  
I was determined to go to school.
- B. Was the location of the VR office convenient for you?  
I travel from Page to Tuba City. State VR office is in Page.
- C. Did anyone discourage you from applying?  
Navajo VR-stated "if we have the funds" and she will get approval from Window Rock.

2. Was the eligibility criteria explained to you and did you understand the eligibility criteria?

Yes, they pounded into your head. If you don't get the documents, may not be served. State VR bent backwards to help.

#### Prompts

- A. Did you fit the eligibility criteria and how long did you wait for the eligibility to be Determined? Yes, State already determined her eligibility. The State was on top of things and not Navajo.
- B. What was your impression about the initial interview that was conducted by the VR agency?  
Lady was younger. Wasn't knowledgeable. She was trained like a robot. Treating everyone the same although people are different. Not blunt with information.
- C. Were there any problems in determining eligibility? Please explain:  
Believe there was.
3. How were you involved in the development of your rehabilitation plan?  
You can't be a technician in computers with a hip problem. Encouraged a different field.

#### Prompts

6. What kinds of choices were you given?  
Office-secretarial. Wanted computer services.
7. Who helped you with the application process, the development of your rehabilitation plan, and selecting a location to implement the rehabilitation plan?  
You convinced VR counselor to agree for computer. State VR also talked w/VR treated her like she didn't know.
8. Did you have some concerns about the rehabilitation plan? Please explain:  
Concern about son's education, not sure if she had enough money for living expenses, and child care.
4. What were the types of services you received and were they helpful? How so?  
Paid for apartment close to school up to AA degree. Living allowance of \$250. Covered security deposit.

#### Prompts

9. Was there anything that you needed but were not provided?  
Needed further assistance after an AA degree.
10. Did you receive all the services promised?  
I believe so. Up to and AA degree.
11. Was the quality of VR services provided appropriate to your needs?  
Only paid rent- and only up to an AA degree. Quality is poor.
5. Identify and explain the factors that led to your successful or unsuccessful closure?  
Determination to go beyond high school. Role model for son. Proving to self and others. Show them especially those that doubted her. Family went as high as high school.

Prompts

- A. Do you feel that your age is a factor? yes
- B. Was your educational level helpful? Was fully prepared
- C. Was your spirituality helpful? Yes believe Christian have Holy Spirit inside- make it right believe in Bible.
- D. What role did your family or relatives play?  
Family drinks, do drugs. Except older people. Supported her plans. Wants so to have a better Future.
6. Was the VR counselor knowledgeable about your disability and helpful?  
Didn't seem like it. Not at the beginning only after State VR interviewed.

Prompts

- A. How much influence did the VR counselor have on your experience?  
None. Well call about forms to be turned in.
- B. Did the VR counselor allowed you to make decisions on your case?  
Yes
- C. How did the OSERS staff treat you?  
Didn't have the trust everyone is doing wrong.
7. How long was your rehabilitation program designed for and how long did it take you to complete the program?  
13 months.

Prompts

- A. Was the duration of the rehabilitation program adequate? Please explain:  
At first thought wasn't learning. Yes.

- B. Did anyone discourage you from continuing the program? If so, why? No
- C. What were some of the challenges experienced during your rehabilitation program?  
Not enough money to pay for living expenses basic needs was look at as luxury.
- D. How did you deal with them?  
Had to get a job. 4-midnight. Left son by self.
8. Who helped you during your rehabilitation program? How was the help provided?  
Made friends-baby sat sometimes gave rides.
9. What kinds of services were provided by the rehabilitation agency?

Prompts

- D. Were these services adequate?
- E. Do you feel that the education/training that you received prepared you adequately for the job?
- F. What services were most helpful? Please list them in order or priority.
- |                                   |                               |
|-----------------------------------|-------------------------------|
| 1. <u>Tuition-apartment rent.</u> | 3. <u>VR Support</u>          |
| 2. <u>Living allowance</u>        | 4. <u>keeping in contact.</u> |
- G. What services were least helpful? Discouragement contrast worthy.
- H. What type of services was not provided that could have made a difference in your program? Please explain. Is beyond AA.
10. Once you completed the program and were ready for employment, what happened next?  
Continued with her education

Prompts

- A. How did you find employment and how long did the employment seeking process take?  
Through church, internet, posting at school
- B. What were some of the challenges of seeking employment? Please explain:
- C. How did you deal with the challenges?

Competing w/other nationality.-anglos. Confidence in self. Have an AA degree and beyond. Have Knowledge. Self sufficient. Same discrimination as Indians.

11. How did your employer accept you?  
Well know of his condition. Pleased with pursuit of a BA degree.
- Prompts
- A. Did the employer accommodate you in any way?  
Yeah, last dislocation in July will not carry and things.
- B. How could have the employer been more helpful?  
Not to be trusted differently. Negative things may create of praised.
12. What would you say helped you complete your rehabilitation program?  
Cheering her on. Have no disability.
- A. Family, spiritually, culture, friends, counselor, relative, spouse, others  
VR counselor. School didn't know. Juanita want your repeat getting paperwork allow use of phone to call VR counselor.
13. What would you suggest to a person who wants to apply for vocational rehabilitation services  
 So that they can also be successful? Please explain.  
Have good counselors-to encourage.
14. In your opinion, did the Office of Navajo Vocational Rehabilitation and Special Education Services successfully serve you?  
Yes, but why only up to an AA.
15. What does the word "successful" mean to you?  
To be happy. Completed what you set out to do. Live a comfortable life.
16. What would you change in the rehabilitation process in order to make the service delivery  
 More responsive to people with disabilities?  
Put in more goal oriented or motivated people in VR counselor positions. Higher education level.
17. Is there anything you want to say that may assist people with disabilities to become more productive citizens?  
Whatever you set your mind to you can accomplish. You can do it. Motivate clients better. Accommodations are needed by employers.

## APPENDIX D

### ANALYSIS OF TRANSCRIBED DATA

#### *Interview Questions:*

*One. How did you learn about the vocational rehabilitation services provided by the Navajo Nation?*

26 – Closures Theme: Consumers are being referred by five resources both on and off the Navajo reservation. Participants learned of Navajo Nation’s rehabilitation services by relatives, three reservation services (high school special education, Navajo scholarships and workforce development), high school transition counselor, and the Arizona state vocational rehabilitation agency.

28- Closures Theme: Consumers learned about Navajo Nation’s rehabilitation services from reservation-based programs, i.e. Navajo scholarship office and Tuba City Industrial Laundry.

#### Prompts

*One A. Who encouraged you and when did you apply?*

26 closures. Theme: Consumers applied on their own with assistance from family members, friends, and state VR counselors.

28 closures. Theme: Consumers were encouraged by Navajo VR, Youth Transition Counselors, and a supervisor.

*One B. Was the location of the VR office convenient for you?*

26 Closures. Theme: Consumers stated that the Navajo VR offices were close to home and convenient.

28 Closures. Theme: Consumers stated that the Navajo VR offices were close to home

*One C. Did anyone discourage you from applying?*

26 Closures. Theme: Six consumers indicated that no one discouraged them from applying. Two consumers were discouraged (one by his mother and one by a VR counselor) mainly for not having full confidence in their ability to pursue a college level education.

28 Closures. Theme: Four consumers indicated that no one discouraged them from applying.

*Two. Were the eligibility criteria explained to you and did you understand the eligibility criteria?*

26 Closures. Theme: Eligibility criteria was explained and understood by 8 out of 9 consumers.

28 Closures. Theme: Eligibility criteria was explained and understood.

Prompts

*Two A. Did you fit the eligibility criteria and how long did you wait for your eligibility to be determined?*

26 Closures. Theme: Consumers fit eligibility criteria easily; they used medical records, Certificate of Indian Blood, and school records to make the determination. It took the VR counselor from 1 to 8 weeks to determine eligibility.

28 Closures. Theme: Longer wait. Consumers all fit eligibility criteria and eligibility was determined in under six months.

*Two B. What was your impression about the initial interview that was conducted by the VR agency?*

26 Closures. Theme: Consumers' needs were understood, therefore were encouraged by VR Counselor.

28 Closures. Theme: Consumers felt good about it.

*Two C. Were there any problems in determining eligibility? Please explain:*

26 Closures. Theme: Consumer's overall did not experience any eligibility problems (medical records were readily available).

28 Closures. Theme: Minor problems. No major problems were noted, except issues related to income verification.

*Three. How were you involved in the development of your rehabilitation plan?*

26 Closures. Theme: Two out of nine consumers specified their needs while others did not get involved in the development of their rehabilitation plans.

28 Closures. Theme: Little personal involvement. Consumers were not fully involved; however, some of their interests were considered in the development of their rehabilitation plans.

*Three A. What kinds of choices were you given?*

26 Closures. Theme: seven out of nine consumers were offered no choices by vocational rehabilitation counselors.

28 Closures. Theme: Consumers were limited only to continuing school.

*Three B. Who helped you with the application process, the development of your rehabilitation plan, and selecting a location to implement the rehabilitation plan?*

26 Closures. Theme: Consumers completed the applications by themselves with vocational rehabilitation counselors. No one responded to the question about selecting a location.

28 Closures. Theme: Vocational rehabilitation counselors and parents helped. No one responded to the question about selecting a location.

*Three C. Did you have some concerns about the rehabilitation plan? Please explain:*

26 Closures. Theme: 1. Six consumers did not have any major concerns about their rehabilitation plans.

2. One consumer was concern about getting enough customers to use his welding business and two consumers were concern about not having enough resources for school and work.

28 Closures. Theme: Consumers (especially men) were concern about being relocated due to “being away from home”, not having adequate financial resources and getting on their own.

*Four. What were the types of services you received and were they helpful?*

26 Closures. Theme: Consumers receive all of the vocational rehabilitation services provided and the benefitted from them well. The follow up made by vocational rehabilitation counselors and being required to submit a monthly progress report was also helpful.

28 Closures. Theme: Consumers received basic program services with some limitations; consumers had to subsidize part of the expenses themselves.

The question “How so?” was omitted here because none of the participants answered it.

*Prompts**Four A. Was there anything that you needed but were not provided?*

26 Closures. Theme: Consumers report some expectations were not met, e.g., transportation, eyeglasses, apartment rent, and expenses related to continuing beyond an AA degree.

28 Closures. Theme: Consumers reported all needs were not met.

*Four B. Did you receive all the services promised?*

26 Closures. Theme: Consumers reported majority of the services promised were received.

28 Closures. Theme: Consumers indicated services as promised (only partial) were not received.

*Four C. Was the quality VR services provided appropriate to your needs?*

26 Closures. Theme: Consumers were provided quality services appropriate to their needs and conveyed positive statements: “Yeah, they help me really good”, “Did a good job”.

28 Closures. Theme: Consumers indicated quality of VR services was poor, because additional services were needed but not provided.

The remaining questions from number 5 through number 17 were consolidated with the prompts due to the brevity of responses made by participants; therefore, the themes represent both the main questions and related prompts all together.

*Five. Identify and explain the factors that led to your successful or unsuccessful closure?*

*Prompts*

*D. Do you feel that your age is a factor?*

*E. Was your educational level helpful?*

*F. Was your spirituality helpful?*

*D. What role did your family or relatives play?*

26 Closures. Theme: Consumers reported successful factors include youth, self confidence, family support, spirituality, and maturity.

28 Closures. Theme: Consumers reported non-success factors to be due to financial issues and not being prepared for higher learning, despite having support from their family and being spiritual.

*Six. Was the VR counselor knowledgeable about your disability and helpful?*

*Prompts*

- A. *How much influence did the VR counselor have on your experience?*
- B. *Did the VR counselor allowed you to make decisions on your case?*
- C. *How did the OSERS staff treat you?*

26 Closures Theme: 1. Consumers indicated majority of the vocational rehabilitation counselors were knowledgeable about disabling conditions and provided guidance to consumers, and

2. encouraged consumers to complete their rehabilitation programs and treated them with respect.

28 Closures. Theme: Consumers believed vocational rehabilitation counselors were knowledgeable about disability conditions and were helpful to most of them.

*Seven. How long was your rehabilitation program designed for and how long did it take you to complete the program?*

*Prompts*

- E. *Was the duration of the rehabilitation program adequate? Please explain:*
- F. *Did anyone discourage you from continuing the program? If so, why?*
- G. *What were some of the challenges experienced during your rehabilitation program?*
- H. *How did you deal with them?*

26 Closures. Theme: Consumers received individualized rehabilitation program designs with the cases lasting from 5 months to 2 years.

28 Closures. Theme: Consumers stated majority of their plans were developed for 2 years and consumers agreed with the planned duration of their rehabilitation plans.

*Eight. Who helped you during your rehabilitation program? How was the help provided?*

26 Closures. Theme: Consumers reported that the VR counselors, medicine-man, family, and friends helped them when they were going through their programs.

28 Closures. Theme: Consumers reported that teachers, academic counselors, friends and family members were helpful when they were in their programs.

*Nine. What kinds of services were provided by the rehabilitation agency?*

*Prompts*

*I. Were these services adequate?*

*J. Do you feel that the education/training that you received prepared you adequately for the job?*

*K. What services were most helpful? Please list them in order of priority.*

*L. What services were least helpful?*

*M. What type of services was not provided that could have made a difference in your program? Please explain.*

26 Closures. Theme: 1. All of the consumers received basic services (books, transportation, native healing, tuition and fees, and basic maintenance). Consumers not able to locate their VR counselors due to moving around were least helpful to them.

28 Closures. Theme:

6 Consumers report services were provided but counselor's financial projections fell short of needed expenses for those who had to relocate away from home and that having tutors also could have made a positive difference.

*Ten. Once you completed the program and were ready for employment, what happened next?*

*Prompts*

*A. How did you find employment and how long did the employment-seeking process take?*

*B. What were some of the challenges of seeking employment? Please explain:*

*C. How did you deal with the challenges?*

26 Closures. Theme: five out of nine consumers obtained jobs within a four week period by following up on their job applications. They were able to overcome challenges and cope with them.

28 Closures. Theme: Consumers did not complete the program because there were no jobs available in their community; they were not able to deal with challenges, e.g. no baby-sitter, lack of accessible housing.

*Eleven. How did your employer accept you?*

Prompts

*C. Did the employer accommodate you in any way?*

*D. How could have the employer been more helpful?*

26 Closures. Theme: Consumers reported employers had positive acceptance of them, they recognized and valued their skills. Consumers did not know whether they were accommodated. Employer patience and sensitivity with respect to equal treatment would have been helpful.

28 Closures. Theme: NA

*Twelve. What would you say helped you complete your rehabilitation program?*

*A. Family, spirituality, culture, friends, counselor, relative, spouse, others.*

26 Closures. Theme: Consumers completed their vocational rehabilitation programs on their own initiative and self-confidence, with support of their family members, friends, and spirituality.

28 Closures. Theme: Not applicable - Consumers did not complete their programs.

*Thirteen. What would you suggest to a person who wants to apply for vocational rehabilitation services so that they can also be successful? Please explain.*

26 Closures Theme: Consumers suggestions include having a good VR counselor, and working with them. Don't let disabling conditions limit you, don't undermine native healing services, use spiritual help, stay away from alcohol and drugs, study hard and be confident.

28 Closures. Theme: Consumers made practical suggestions, e.g. make sure you understand your role and expectation in the rehabilitation plan, understand how much funds you will need to contribute towards your rehabilitation plan, ask questions, use technology especially for quadriplegics, and don't let your disability limit your goal.

*Fourteen. In your opinion, did the Office of Navajo Vocational Rehabilitation and Special Education Services successfully serve you?*

26 Closures. Theme: Consumers were served successfully; i.e. eight stated yes to this question and only one said no.

28 Closures. Theme: Consumers were closed unsuccessfully.

*Fifteen. What does the word “successful” mean to you?*

26 Closures. Theme: Consumers (#) defined successful as meeting your goals, being happy, being self-sufficient, helping others, moving forward, supporting your family, and accomplishing goals.

28 Closures. Theme: Consumers conveyed able to accomplish goals and satisfaction in completing something.

*Sixteen. What would you change in the rehabilitation process in order to make the service delivery more responsive to people with disabilities?*

26 Closures. Theme: Consumers recommend increasing the six VR field offices, taking classes at home, increasing vocational rehabilitation counselor visitations, reducing paper-work, explaining services better, cutting out red tape, avoiding too

many chiefs, and not requiring a new disability to go beyond an AA Degree.

- 28 Closures. Theme: Consumers recommended the following: give more authority to VR counselors, be more helpful, monitor consumer's plan, and cover all of the consumer's needs. Give more authority to VR counselors so that human resource agencies will listen to them. VR counselors should be more available for consumers so they can check on them more often.

*Seventeen. Is there anything you want to say that may assist people with disabilities to become more productive citizens?*

- 26 Closures: Theme: Consumers provided recommendations as per the following:

“Don't let disability get in the way from reaching your goal”, “Ask if you need help”, “You may not get everything you need, but you may get some”.

“Never pawn your tools and take care of them”.

“Don't be afraid to ask questions”.

“You can accomplish what you put your mind on”.

28 Closures. Theme: Consumers made the following statements to individuals who may be seeking services from Navajo OSERS:

Amend Navajo Housing Authority's policy to allow tenants to go to school while they keep their homes. Work with a vocational rehabilitation counselor who knows your limitations well.

Make sure there are tutors available to you at school.

"Keep your head up".

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