

WHAT WORKS:

Career-building strategies for people from diverse groups A COUNSELLOR RESOURCE

Persons with Physical and Neurological Disabilities

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For copyright information, contact:
Alberta Employment and Immigration
Career and Workplace Resources
Telephone: 780-422-1794
Fax: 780-422-5319
Email: info@alis.gov.ab.ca

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Information in this publication was accurate, to the best of our knowledge, at the time of printing. However, legislation, labour market information, websites and programs are subject to change, and we encourage you to confirm with additional sources of information when making career, education, employment and business decisions.

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Statistics

PHYSICAL DISABILITIES

Types of physical disabilities in Alberta reported in 2006

68.6% pain
63.3% mobility
61.3% agility
32.7% hearing
18.7% seeing¹

Approximate number of cases of autoimmune diseases in Canada

300,000 of rheumatoid arthritis
200,000 of Type 1 diabetes
50,000 of multiple sclerosis
15,000 of lupus²

NEUROLOGICAL DISABILITIES

Approximate number of new cases of epilepsy diagnosed each year in Canada

15,500³

Percentage of adults affected by ADHD worldwide

4%⁴

Male to female ratio of prevalence of Tourette's syndrome in Canada

4 to 1 males to females⁵

Male to female ratio of prevalence of multiple sclerosis (MS) in Canada

1 to 3 males to females⁶

Rate which people with acquired brain injury (ABI) are likely to develop mental illness

6 times more likely than general population⁷

GENERAL DISABILITIES

Percentage of persons with disabilities in Alberta, 15 years of age and over

14.8% in 2001
15.8% in 2006⁸

Participation in the workforce of persons with disabilities in 2006

69.6% in Alberta
56.2% in Canada⁹

Persons with disabilities who felt their condition limited their ability to work in 2006

12.6% in Alberta
9.9% in Canada¹⁰

Context

Disabilities in *What Works* chapters

In *What Works*, disabilities are discussed in four separate chapters:

Persons with Developmental Disabilities

Includes persons with general developmental disabilities, as well as autism, Asperger disorder and fetal alcohol spectrum disorder (FASD)

Persons with Learning Disabilities

Includes persons with disorders in functional use of oral and written language, reading and mathematics, as well as non-verbal learning disorders (NLD)

Persons with Physical and Neurological Disabilities

Physical disabilities includes sight, hearing and mobility disabilities, as well as chronic pain and autoimmune diseases
Neurological disabilities includes acquired brain injury (ABI), epilepsy, Tourette syndrome and attention deficit hyperactivity disorder (ADHD)

Persons with Mental Health Disabilities

Includes persons with anxiety disorders, eating disorders, mood disorders, personality disorders, schizophrenia, problem gambling and substance abuse, as well as co-existing diagnoses

Counsellors may wish to read all four chapters for information and ideas that may be helpful for their client group.

Terminology and definitions

Disability is defined by Statistics Canada as an “activity limitation or participation restriction associated with a physical or mental condition or health problem.”¹¹

Persons with disabilities often report difficulties with daily living activities or indicate that a physical or mental condition or other health problem reduces their participation in society.¹²

Persons with physical disabilities display the same range of interests, talents, aspirations and concerns as any other group. Their disabilities refer to particular things these individuals cannot do because of some mobility, sensory or functional limitation. There are many types of disabilities, the most common relating to mobility, agility and pain, followed closely by sensory disabilities.¹³

History and legislation

Medical model

Until the 1970s, the medical model of disability was prevalent. In this view “disability was generally perceived as an individual pathology requiring treatment, rehabilitation and passive care. Medical diagnosis was used to determine if a person was ‘disabled’ and therefore, ‘unemployable.’”¹⁴ Barriers were considered to be unavoidable.

During this period, a functional view of disability emerged that considered any problems as caused by the disability or impairment. Solutions were sought “by strengthening the individual’s capacity to work, through vocational, rehabilitation and therapeutic services.”¹⁵

Independent living model

The independent living model was taken from 1959 California legislation that enabled people disabled by polio to leave hospital wards and move back into the community. The Independent Living Movement has strongly influenced people’s self-perception and their ways of organizing themselves. This model is aligned with capacity building and a strength-based approach.¹⁶

Social oppression model

In the social oppression model, disability is seen more as a social construct than a medical reality. An individual may have an impairment, trauma or chronic illness, but limitations are viewed as a result of “the way such matters are responded to and categorized by the wider society.”¹⁷

Citizenship rights approach

Since the enactment of the Canadian Charter of Rights and Freedoms, the citizenship rights approach has gained influence. This approach “recognizes the place and role of persons with disabilities in society, and the organizations that represent them, in shaping public policy.”¹⁸

Philosophical changes have occurred in how we define people with disabilities, in how we view community, and in how supports and services are provided. These changes have resulted in a system that is more responsive to the individual applicant from a person-centered, or person-directed approach.¹⁹

Recent research suggests that common practice reflects a more eclectic approach in assisting people with disabilities. People are no longer seen as unemployable or unable to function normally. “Rather, workplaces are seen as either barrier-free and accessible or inaccessible.”²⁰

Canadian Charter of Rights and Freedoms

The Canadian Charter of Rights and Freedoms (the Charter) in Section 15 guarantees equality rights, plus freedom from discrimination, for people who have a mental or physical disability—as well as for other categories of people who face discrimination.

Employment Equity Act

The *Employment Equity Act* defines persons with disabilities as individuals who have a long-term or recurring physical, mental, sensory, psychiatric or learning impairment, and who consider themselves to be disadvantaged in employment by reason of that impairment, or believe that an employer or potential employer is likely to consider them to be disadvantaged in employment by reason of that impairment.²¹ Because this is a federal act, it is limited in scope and applies only to industries that are federally regulated.

Duty to accommodate

Duty to accommodate refers to the legal obligation to take appropriate steps to eliminate discrimination resulting from a rule, practice or barrier that has—or can have—an adverse impact on individuals with disabilities. A similar duty applies to other areas, such as reasonable accommodation for religious differences. Efforts to accommodate are required up to the point where the person or organization attempting to provide accommodation would suffer undue hardship by doing so. Undue hardship occurs if accommodation would create onerous conditions for an employer or service provider, for example, intolerable financial costs or serious disruption to business.²²

Types of physical disabilities

The following defines and briefly describes a range of physical disabilities.

Hearing

Persons with *hearing loss* have some residual hearing. Some persons with hearing loss use sign language, such as American Sign Language (ASL) or Langue des signes québécoise (LSQ), to communicate. Others use speech to communicate, depending on their residual hearing and hearing aids, technical devices or cochlear implants, while other people use lip reading or speech reading.

Persons who are *hard of hearing* have mild to severe partial hearing loss—a hearing aid may assist the person to hear more effectively when listening one-on-one than when in a group of people. Often they may hear only portions of words.

Persons who are *culturally deaf* identify with and participate in the language, culture and community of deaf people based on sign language. Often they do not perceive hearing loss and deafness as a disability, but rather as the basis of a distinct cultural group.

Persons with hearing loss, those who are hard of hearing and those who are culturally deaf do not wish to be labelled according to audiogram measurements. They prefer not to be called *hard of hearing*, *hearing impaired* or *hearing handicapped*.²³

Sight

Visual impairment is a generic term that covers a range of difficulties with vision and includes the following categories of persons with visual disabilities: blind, legally blind, partially sighted, low vision and cortically-visually impaired.²⁴ Many people with visual impairments have some limited degree of vision.

Persons with *limited light perception* may be legally blind as defined by having a field of vision less than 20 per cent or a visual acuity of 20/200 in one eye after correction. Some people may have tunnel vision or limitations in perception of light, shadows or colours.

Persons with *impaired vision* are not legally blind. Some may have lost an eye and have problems with depth perception. Others may have low vision or diminishing eyesight.

Persons who are *deaf-blind* have substantial loss of both sight and hearing so that neither one is an adequate or reliable source of information.²⁵

Mobility

Mobility refers to the ability to move. Persons with mobility limitations may have lost arms, hands, feet or legs due to amputation or congenital problems. Mobility impairments can result from medical conditions such as arthritis, multiple sclerosis, cerebral palsy, spina bifida, diabetes, muscular dystrophy and paraplegia.

There are varying degrees of mobility impairment.²⁶ Some people with mobility impairments may use assistive devices to help overcome mobility obstacles. Others will use a wheelchair or aids, such as crutches, canes or walkers.

Chronic pain

Persons with *chronic pain* disorders experience a range of intensity “from a dull, annoying ache, to intense, stabbing pain.”²⁷ Chronic pain disorders are widespread throughout the general population.

Chronic pain may have been caused by an initial mishap or more serious injury or condition, such as a back sprain or serious infection. The pain could also be caused by an ongoing condition, such as arthritis and other degenerative joint diseases, digestive disorders, fibromyalgia or cancer.

Autoimmune diseases

In persons with *autoimmune diseases*, the body's immune system becomes misdirected, attacking the very organs it was designed to protect.²⁸

Autoimmune diseases often affect individuals' energy level, strength and ability to concentrate. These disabilities may not always be obvious. This category includes

- conditions or diseases such as lupus, multiple sclerosis, myalgic encephalomyelitis (chronic fatigue syndrome) and fibromyalgia
- diseases of the nervous, gastrointestinal and endocrine systems, as well as skin and other connective tissues, eyes, blood and blood vessels
- conditions that may be slowly progressing or in remission and require special medical treatment²⁹

Researchers have identified 80 to 100 autoimmune diseases, and they suspect at least 40 additional diseases of having an autoimmune basis. The list includes Addison's disease, arthritis, Type 1 diabetes, Crohn's disease, hepatitis and human immunodeficiency virus (HIV).³⁰

Types of neurological disabilities

According to Canadian Institute for Health, neurological diseases, disorders and injuries represent one of the leading causes of disability in the Canadian population. Very few neurological conditions are curable and many worsen over time. They produce a range of symptoms and functional limitations that pose daily challenges to individuals and their families.³¹

Neurological disabilities include acquired brain injury (ABI), human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), attention deficit hyperactivity disorder (ADHD), epilepsy, multiple sclerosis (MS), sleep disorders, stroke and Tourette syndrome.

A neurological disability can also be a physical disability, such as ABI or MS, as well as a developmental disability, such as ADHD.

Acquired brain injury

Acquired brain injury (ABI) syndrome may include people who have a mild brain injury caused by concussion, contusion, arteriovenous malformation (abnormal connections between veins and arteries), skull fracture, hematoma and anoxia (lack of oxygen to the brain).³² The symptoms may be hidden or obvious.

A severe or traumatic ABI may be the result of a vehicle collision, workplace injury, fall, sports-related trauma, assault, electrocution, stroke, aneurysm, tumours, infection, toxins, a surgical procedure and substance abuse.

Disabilities resulting from a brain injury depend upon the severity of the injury, the location of the injury, and the age and general health of the patient. Some common disabilities include problems with

- cognition (thinking, memory, and reasoning)
- sensory processing (sight, hearing, touch, taste, and smell)
- communication (expression and understanding)
- behavior or mental health (depression, anxiety, personality changes, aggression, acting out, and social inappropriateness)

Persons with ABI who have been diagnosed with psychiatric or behavioral problems can be helped with medication and psychotherapy.

Based on their injury outcome, persons with mild ABI can function by implementing a structure for success. They can make adjustments with symptoms that include short-term memory loss, fatigue and difficulties receiving large inputs of information.

Epilepsy

Epilepsy is a neurological condition characterized by a tendency for recurrent seizures. Epilepsy can occur as a single condition or it may accompany other conditions affecting the brain, such as autism and acquired brain injury. Persons with epilepsy may be limited by an inability to obtain a driver's licence or by other safety concerns related to the seizures. Some work limitations may result from side effects of seizure medications that limit balance, energy, mood,

memory, mental sharpness or ability to function under stress. However, in general, well over 90 per cent of jobs should not be limited by the effects of epilepsy.³³

Tourette syndrome

Tourette syndrome is characterized by involuntary body movements (motor tics) and vocal outbursts (verbal tics) that occur many times a day nearly every day for at least 12 months. Symptoms may worsen due to stress. More important than the motor and vocal tics in social adaptation are possible co-existing conditions, such as obsessive-compulsive disorder, ADHD and learning disabilities.³⁴

Treatment usually occurs with moderate or severe symptoms and frequently takes the form of supportive counselling, medications and behaviour therapy.

Attention deficit hyperactivity disorder

Attention deficit hyperactivity disorder (ADHD) is a neurobiological disability that interferes with a person's ability to sustain attention or focus on a task and to control impulsive behaviour.

Current research has shown that ADHD is caused by a deficiency of specific neurotransmitters in a specific set of brain circuits. Depending on which areas of these circuits are involved, the person may be distractible, impulsive or hyperactive. Genetics may play a part. ADHD is likely to run in families and seems to be passed down through the generations.³⁵

Although persons with ADHD live with a neurobiological disability, their level of functioning includes the entire range of low to very high functioning. Counselling of persons with ADHD should take into account the specific symptoms of the individual client.

Greater public awareness has encouraged more adults to seek evaluation and treatment for ADHD and its associated symptoms.

A partial list of the diagnostic criteria for ADHD includes six or more of the following symptoms persisting for at least six months to a degree that is chronic and inconsistent with development level of the individual:

- fails to pay close attention to details or makes careless mistakes at work
- fidgets with hands or feet or squirms in seat
- has difficulty sustaining attention in tasks or fun activities
- leaves seat in situations where staying seated is expected
- does not seem to listen when spoken to directly
- feels restless
- doesn't follow through on instructions and fails to finish work
- has difficulty organizing tasks and activities
- avoids, dislikes or is reluctant to engage in work that requires sustained mental effort³⁶

It is important to note that there are also positive attributes associated with individuals who have been diagnosed with ADHD. People with ADHD “are often highly creative, and can show strong leadership skills. They are compassionate and/or empathetic with others—good at relating to younger children, elderly people and marginalized groups. At times, they may be able to hyperfocus and show great ‘stick-to-it-ness.’ They are intuitive/perceptive and have a powerful drive to move ahead.”³⁷

Barriers and challenges

While each person with a physical or neurological disability experiences life differently, they most likely will face financial, environmental, social, systemic and personal challenges. Depending on the degree of adjustment to the onset of physically impairing diseases or injuries, persons with physical or neurological disabilities may be dealing with grief and loss, anger, denial, identity issues and other reactions to loss and transition. Clients may also experience lack of self-esteem, lack of self-confidence and/or communication problems as a result of their physical disabilities.

For cases of sudden injury or traumatic disability, clients may need to return to the exploratory stage of career development because they may not be able to continue in the same job or related positions held prior to injury or onset.

Clients' financial concerns

Clients may be recipients of public supports, such as a pension plan, a long-term disability pension or income support. They may have the qualifications and the desire to work but may fear jeopardizing their benefits if they take a full-time job. Considering that persons with physical or neurological disabilities often include medical costs among their basic needs, many feel this is too big a risk to take. In addition, some fear losing benefits, not just because of the cost, but also because of the difficulty in reinstating benefits if the job does not last.

Individuals receiving financial assistance in Alberta are encouraged to maximize self-sufficiency, which for some clients means working. Individuals who are working while receiving financial assistance may receive a supplement to their earning. In calculations of benefits, a portion of the client's wages may be exempt. In Alberta, people leaving income assistance for jobs may continue to receive health benefits both for themselves and their children.

Counsellors are encouraged to become familiar with financial assistance programs. Encourage clients to get more information about income exemptions and health coverage before dismissing the possibility of employment.³⁸

Environmental barriers

Environmental barriers for persons with physical or neurological disabilities include

- inaccessibility to workplace, restrooms, water fountains and parking
- lack of elevators, suitable floor surfaces and furniture
- lack of transportation
- limited financial support
- lack of support services, such as technical aids or assistants
- lack of money for adapting workplaces

Responding to Challenges: Strategies and Practices

Systemic barriers

Systemic barriers for this client group include

- focusing by others on the disability rather than on the ability
- inflexibility of employers in adapting physical demands of the job to the employee
- misinterpretation of an employer's legal duty to accommodate
- challenges in co-ordination of available services
- low income
- lack of personal care assistance in the workplace
- irrelevant job requirements

Social challenges

Social challenges for people with physical or neurological disabilities include

- lack of understanding due to fear
- lack of awareness of capabilities of persons with physical disabilities
- stereotypes about poor workmanship, poor health and absenteeism
- unfair treatment because of differences
- exclusion from work-related and social activities

Personal challenges

Personal challenges for persons with physical or neurological disabilities include

- low level of education and training
- minimal work experience
- lack of self-awareness
- low self-confidence
- low self-esteem
- underdeveloped social, interpersonal and self-management skills
- lack of transportation resources
- communication difficulties
- perceived loss of medical benefits upon gaining employment

The process of career counselling persons with physical or neurological disabilities is no different than career counselling persons without disabilities. However, the issues for people with disabilities may be wider in scope than those of persons without disabilities. Each disability has literature related to personal, employment and career counselling.

Qualities of effective counsellors

Counsellors' personal beliefs

Basic beliefs about persons with physical or neurological disabilities influence how counsellors relate to clients. Reflect on your own values, beliefs and assumptions with respect to physical or neurological disabilities as an aspect of social identity.

Career counselling is likely to be effective when based on these ideas:

- Each person with a physical or neurological disability deserves to be treated as a unique individual.
- Labels should be avoided whenever possible.
- Persons with physical or neurological disabilities, no matter how disabled, have a limitless potential for becoming not what we desire them to be, but what it is within them to become.
- There are many ways to accomplish the same task. Be open to the possibilities and exercise creativity.
- Everyone has some form of disability. Career development can be a vehicle for growth for persons with disabilities.
- It is important to emphasize abilities, not disabilities, and to examine how society defines success.
- People can change or modify their jobs to focus on abilities and to avoid shortcomings.
- Accommodations are seldom costly, and these modifications can benefit other employees as well.³⁹

Communicating with clients

What do I wish I had known when I started working with persons with physical disabilities?

"I wish I'd known more about what people with disabilities say and how they feel about their disabilities, and I wish I had known more about watching for cues that would assist me to help them. For example, a person who seems angry and uncommunicative may have chronic pain or may have a mental health disability or a brain injury in addition to a physical disability. I think that I needed to understand more about how diverse and complex each person's situation is. People are along a continuum, from sensory or mobility disability since birth to learning to live with a newly acquired disability. Each person is unique in where they are on that continuum. Many don't feel that they have a disability; rather, their disability is part of who they are as a person or they're in transition learning and adjusting to who the new person is. My recommendation to counsellors is that they continue to listen and learn from their clients."

Patricia Sears, Specialized Support and Disability Services
University of Alberta

Clients with hearing disabilities

Counsellors may want to use these strategies:

- Look directly at lip-reading clients to allow for a clear view of your mouth.
- Keep hands away from your mouth.
- Speak a little more slowly and distinctly but try not to exaggerate your words.

- Be prepared to paraphrase or say the same thing using simpler or clearer words.
- Use a normal tone of voice and pitch. Increase your volume naturally only when the client asks you to.
- Face people with the light on your own face, if possible.
- Be patient if clients want to sit closer.
- Allow clients who have difficulty speaking or pronouncing words the extra time it takes to express themselves. Avoid interrupting or completing sentences for them.
- Write out explanations for clarification and backup. Use common language. Allow your clients with hearing loss time to read and respond. Encourage your clients to discuss these written explanations further with their significant others.
- Tell clients if they are speaking too loudly or too softly.
- Look directly at the client when using a sign language interpreter.
- Ask clients who have speech disabilities to repeat or rephrase conversation that is unclear to you.
- Avoid using terminology such as *hard of hearing*, *hearing impaired*, or *hearing handicapped*.⁴⁰

Clients with sight disabilities

Counsellors may want to consider these strategies:

- Speak in your normal tone and volume and address people directly by name to ensure that you have their attention. Normal conversation is very important when you are concentrating on building rapport with clients.
- Let clients know when you are entering or leaving a room or performing a task. This ensures they know what is happening.
- Describe the contents of forms or other material you are using with clients. If possible, try duplicating the material in a preferred mode, such as large type, Braille or audiocassette.

- Ask clients if they need help to get around. When you act as a guide, allow people to hold your elbow and walk at a normal pace. Describe where you are going and point out objects, doors, etc. When you help clients sit down, place their hand on the back of the chair so that clients can seat themselves.
- When speaking with persons who are blind or visually impaired, use normal figures of speech, such as “It’s good to see you” or “We’ll have to see how that turns out.”
- Respect the guide dog. The animal is on duty and is a vital tool for clients who are blind. Treat the dog as you would any third party there to assist clients. Do not pet a dog when it is on duty without first asking permission.
- When discussing an object, show clients by placing it in their hands and letting them touch and examine it.⁴¹

Clients with mobility disabilities

Counsellors may find these suggestions helpful:

- Sit down on a chair so that you are the same height as clients in wheelchairs.
- Arrange your office space *before* the need arises. Ensure that traffic areas are wide enough for wheelchair access.
- Meet in a conference room or larger space if your office doesn’t accommodate a wheelchair.
- Check with clients who use wheelchairs before helping them enter or exit a room.
- Respect that wheelchairs are part of the personal space of persons with mobility disabilities.
- “Person who uses a wheelchair” says all that is necessary when you are referring to such a client.⁴²

T.A.L.K.

- T — Take the time.
- A — Ask, don’t assume.
- L — Listen attentively.
- K — Know your client’s needs.⁴³

Strength-based approach

How do you focus on strengths?

“Assume that people are bright and have capabilities. Ask them, ‘How have you gotten to where you’re at? What do you think your strengths are?’ Often people have lots of strengths and it’s best to find out their competencies one-on-one.”

Patricia Sears, Specialized Support and Disability Services
University of Alberta

Using strength-based interview strategies leads to the following outcomes:

- establishes a client-focused, collaborative process with clients
- empowers clients by facilitating self-identification of strengths
- reinforces client autonomy

The following types of interview questions help clients identify their strengths:

- *Survival questions.* Given what you have gone through in your life, how have you managed to survive so far?
- *Support questions.* What people have given you special understanding, support, guidance?
- *Possibility questions.* What are your hopes, visions, aspirations?
- *Esteem questions.* When people say good things about you, what are they likely to say?
- *Exception questions.* When things were going well in your life, what was different?⁴⁴

Strength-based strategies are most effective when they are woven throughout all interactions with clients. They are not stand-alone strategies, but they are part of the larger whole of the career-building process.

Consider the following factors to build upon the client's strengths:

- Interact with clients as individuals and see their abilities rather than their disabilities.
- Encourage the autonomy of individuals while providing, or helping them access, the supports they require.
- Help clients identify and acquire personal and professional skills transferable to real work situations.
- Help clients determine how to apply their strengths to a variety of work situations.
- Involve as many partners as possible, including employers and other community agencies.

Advocacy skills

Many people with physical disabilities would benefit from developing or enhancing their self-advocacy skills. These skills can be invaluable when discussing job or learning accommodations with employers or instructors. There may be situations where clients could benefit by having an advocate who speaks on their behalf, especially if they are unable to speak or negotiate themselves. You can help clients determine

- how and when to use an advocate
- the needs that an advocate can meet on another's behalf
- how to find an advocate

Being a change agent

"You have an opportunity to be a change agent, not only out there in the world challenging stereotypes, but also in helping your clients see themselves as whole, as contributors. Use all the tools we have available to us to help clients see their strengths to be able to work, whether it is four hours a day or working from home."

Dr. Patricia Pardo
Mount Royal University

General career counselling models

Many models have been constructed to help counsellors be effective. Here are some to consider:

- Emphasize a three-part approach involving a partnership among employers, counselling professionals and clients.⁴⁵
- Use a systematic approach, with exposure to a variety of experiences early on, development of decision-making skills, use of supportive counselling and help with accessing.⁴⁶
- Include the need for clients to know themselves well and have positive attitudes. Clients benefit from taking control of the career development process.⁴⁷
- Use an adaptation of existing services to assist persons with disabilities and stress the importance of clearly defined goals.⁴⁸
- Contact community organizations that serve people with disabilities in your local area. Meet informally with service providers. Ask them about the issues being faced by people they serve.
- Learn from your clients. Continually follow up to find out about their progress. If needed, use case conferences with the agencies involved with clients. Too often people fall between the cracks. By staying current, counsellors will be able to know their clients and to select timely and useful referrals.

Some models emphasize the needs of the individuals with disabilities. Some considerations include

- how decision making and lifestyle options have been approached by persons with disabilities
- how life experiences and self-concept influence their career choices
- how environmental factors influence persons with disabilities
- how counsellors who work with persons with disabilities can shift from a focus on job finding to career development⁴⁹

Counselling clients with ADHD

Counsellors may want to suggest clients with ADHD use some of the following strategies:

- choose a place of employment or type of work that maximizes strengths and minimizes weaknesses
- follow medical treatment plans that may include prescription medication and lifestyle changes
- disclose ADHD in order to receive job accommodations tailored to specific needs
- follow a healthy lifestyle, including plenty of rest, exercise, balanced diet and structured routine
- use lists, day planners and files to organize activities
- break large chores into smaller, easier-to-handle tasks
- plan rewards for completed tasks
- get help in determining why an activity is not working and identifying bypass strategies to maximize success
- learn about and understand ADHD
- keep a sense of humour⁵⁰

A comprehensive model

The Achieving Career Balance model addresses recommendations from recent literature and focuses on building strengths.⁵¹ Counsellors may want to use this career counselling model to help clients move toward greater independence and self-satisfaction. Clients take control of their own career path and are supported by the counsellor while they are learning the skills to do this.

The model includes three components that provide a foundation for current career work with people with disabilities:

- the career-building process
- the personal profile
- areas of competence, including systemic support, personal support, experience and learning, work search, and lifestyle balance and job maintenance⁵²

The career-building process

Decisions about one's career or life path are not discreet events but involve a process that occurs continually throughout life.

Use a process that traces the planned and unplanned steps taken by individuals. Assessments of clients' situations at given times allow individuals to begin meaningful movements toward future or enduring goals. As experience and learning accumulate over time, specific needs or goals will emerge from the context of the client's immediate situations. Out of these contextual or immediate goals, clients will have new experiences and learning, which in turn require the re-assessment and possibly the re-adjustment of their future or enduring goals.⁵³

The personal profile

To provide a useful assessment of the needs and situations of clients with physical disabilities, help clients complete a personal profile through structured, one-on-one interviews that result in a clear and comprehensive assessment of

- needs and goals, both immediate and enduring
- interests and values
- skills and experiences
- background, training, education
- work and lifestyle preferences
- challenges that might impede growth and development⁵⁴

Seeing the whole person

“Use good, solid communication and counselling skills and recognize the person as a whole person. In terms of strengths, the first thing is to find out what they like to do. Build confidence, work one-on-one, consider peer support groups, share testimonials and identify resources. Exchange materials that will be helpful to all parties involved and collaboratively seek solutions to problems. Give credit for their potential—the answers lie within them.”

Gary Davis

Alberta Employment and Immigration

Areas of competence

After the personal profile assessment has been compiled, focus on developing competence in these areas:

- systemic support competency, including worksite analysis and job analysis
- personal support competency
- experience and learning competency
- work search
- lifestyle balance and job maintenance⁵⁵

The five competencies have been broken down further into capabilities that are essential to maintaining a satisfying career path. The career counsellor will focus on helping clients examine how the components are expressed in their lives. The counsellor will also support clients in making informed decisions based on the assessment of needs *expressed by clients at that time*. Not all clients need or want to work on all competencies at any one time.

Systemic support competency

The degree to which employers are willing to hire persons with physical or neurological disabilities is a result of the information, assistance and incentive employers are given through

- equity programs
- legislation on the duty to accommodate and undue hardship
- education initiatives or partnerships
- formal mentorships
- persistent efforts by qualified individuals⁵⁶

The cumulative effects of any programs and strategies provide clients with increased career opportunities and allow them to be seen by employers in a more favourable light.

Many options for support

“There are so many options now... Specialized agencies can help clients create work experience and training-on-the-job placements. When clients are motivated and you can help put the right things in place, then you feel that this is going to work out well.”

Norah Hodgson

Alberta Employment and Immigration

Worksite analysis involves an evaluation of the workplace environment. Help clients determine their needs. Assessment of the total workplace environment could include focusing on

- physical accessibility
- the work roles that interest clients
- employer and employee education
- possibilities for movement within the organization⁵⁷

Demonstrating competencies

“It is particularly important for people with physical disabilities to learn how to do their own job analysis and problem solving. Then the issue is not about the disability but about their knowledge and skill. If clients can show employers that they’ve thought these issues through, then that indicates that they will be more able to manage their work and life.”

Audrey Stechynsky

Human Resources and Skills Development
Canada

Job analysis basically seeks answers to the question, “What will the employee do in the course of an average day?” Job analysis allows clients to

- identify the requirements of the position
- determine how their strengths and abilities fit with the position
- determine the adaptations or accommodations that might be necessary⁵⁸

Sample questions might include

- What happens if the task is performed incorrectly?
- How is success measured?
- What knowledge is necessary?
- What skills are necessary?
- What are the environmental conditions?
- How much problem solving, decision making and attention to detail is needed?
- How much emotional exertion, such as stress and pressure, is needed?⁵⁹

After job analysis, you’ll work with clients and, in some cases, the employer, to help clients creatively meet the challenges inherent in the work role. You can provide the employer with information about reasonable job accommodations, such as adjustments to a task or workplace to accommodate a job-related functional limitation.⁶⁰

Types of accommodations include

- making workplace facilities more accessible, such as washrooms
- increase illumination
- add ramps in appropriate areas
- modifying work schedules, such as splitting positions or allowing rest periods and time off for medical appointments
- acquiring or modifying equipment or devices, such as a Braille writer, sound and print amplification aids, and reaching aids
- installing access ramps where necessary
- providing qualified support services, such as interpreters, readers and travel assistants
- considering work alternatives, such as telecommuting⁶¹

Personal support competency

A strong system of personal support may provide clients who have physical or neurological disabilities with

- increased self-esteem and self-confidence
- emotional balance
- wider participation in the community
- a sense of empowerment⁶²

Understanding how to develop and maintain a support system is vital to the maintenance of a satisfactory career path. Such a system includes family, professionals, informal mentors, allies, peers and community resources.

One way of helping clients build their support system is through mentoring or peer support programs. Role models are used initially to ease and assist transition into the workforce for persons with disabilities as well as to assist in professional development and personal satisfaction once the client is working.⁶³

Your client needs to be aware of how to build a support system on the job as well. Co-workers need information regarding persons with disabilities and should be given the opportunity to share perceptions and fears. A new employee with a physical disability, like any new employee, needs a thorough orientation that includes information about social and unwritten rules. Open and effective communication is the key to helping people feeling accepted and valued on the job.

Experience and learning competency

Building connections to the world of work

“The transition from a post-secondary institution into the workplace can be difficult for anyone. It takes confidence in your abilities, initiative and persistence. Students with disabilities can ease that transition by pursuing relevant volunteer experience, job shadow opportunities and internships while they are still attending school. It may be that they need to redistribute their academic course load throughout the year in order to access these opportunities. However, if they are able to build practical connections with the world of work while they are in post-secondary, it is much more likely that they will find and retain meaningful employment after graduation.”

Joanne Yardley
University of Alberta

Part of your role is to help clients integrate what they are learning or have learned about themselves and relate their experiences and learning to their career path options.

Experience and learning includes formal academic coursework, school and research, as well as less formal opportunities to develop skills and to explore ideas. Relevant activities include

- volunteering
- job shadowing
- information interviews with people working in a field
- work experience, such as on-the-job training, internships and co-op educational experiences
- research using Internet and print resources

Work experience opportunities can be particularly valuable for clients. You can help clients obtain this experience by

- helping them identify suitable and interested employers
- profiling the targeted positions and comparing these to clients' personal profiles to identify gaps
- using the gaps to help employers and clients devise an individualized training program
- negotiating a timeframe and strategy to gain work experience

Lifestyle balance and job maintenance

Lifestyle balance seems to be a major factor in predicting career satisfaction for persons with physical disabilities who are successfully employed. This competency includes knowledge of self, involvement in community, exploring interests, lifestyle options, self-management skills (for example, communication, time management, self-esteem, goal setting), accommodation and job maintenance.

People acquire job maintenance skills by

- using self-management skills to become a valued employee
- continuing to learn, formally and informally
- being a good worker and taking an interest in the organization
- communicating effectively
- listening well
- using conflict management skills and speaking assertively
- dressing and grooming appropriately for the job

Focusing on Employment

Exploring work alternatives

Clients can transfer skills, interests and values from a previous career or goal to one that matches their current abilities. For example, an athlete with a spinal cord injury will not likely be able to engage in most professional sports activities but could be a coach, a manager, an agent, a scout, a broadcaster or journalist.⁶⁴

Persons with physical or neurological disabilities find both interest and success in forms of employment such as contracting, part-time work, working from home (telecommuting) and job sharing. These forms of employment are becoming more prevalent and may offer a variety of benefits. Counsellors can help their clients examine these alternatives, any of which may work well for different people.⁶⁵

Finding role models

“People with disabilities know other people with disabilities. Is there anybody in their community or social network who is working and doing really well? Help people find role models. Help them learn different ways to manage their lives by thinking about things like ‘What’s my back-up plan when something unforeseen happens?’”

Audrey Stechynsky

Human Resources and Skills Development
Canada

Helping clients with work search

Although resumés, letter-writing and interview skills are vital, the job search for clients with disabilities demands much more.⁶⁶ Their job search is about using imagination and ingenuity to create possibilities in the job market. The process must also furnish opportunities that allow the employer to see the client with a physical disability as a unique individual with a range of *abilities*. The competencies that need to be addressed include

- job search skills
- networking skills
- negotiating skills
- identifying and accessing the hidden job market

Learning to negotiate is essential for clients as it empowers them to feel comfortable asking for what they need to succeed in the job, including

- a training period
- work experience or a probationary period
- optional tasks
- job accommodations or assistive technology

Since the hidden job market is the source of so many work opportunities, knowing how to tap into it is vital. Achieving this depends on being able to help clients use these strategies:

- cold calls
- websites and electronic job postings
- newsletters
- networks of people
- local, regional and national newspaper articles
- radio and television news events or announcements
- phone books and business directories
- employment agencies⁶⁷

New technologies

“Assistive or adaptive technology is changing the opportunities for people to be employed. For example, screen readers for blind and partially sighted people, voice-recognition technology and so on. In addition, there are more opportunities now to refer clients with disabilities for assessments for adaptive technology.”

Patricia Sears, Specialized Support and Disability Services
University of Alberta

Reframing negative attitudes

Clients may require help to reframe the negatives of job search, with its rejections, stress and self-doubt, into positive experiences and ideas.⁶⁸

Negative	Positive
Employers don't want to hire someone with a disability.	Employers want to hire <i>qualified</i> applicants. <i>I'm</i> qualified.
Employers won't be willing to make the job accommodation I need.	Many employers will voluntarily make accommodations for qualified applicants.
Any employer who hires me will only do so because of tokenism, public relations or equity legislation.	Once I'm on the job, I have the skills to prove that hiring me was the right decision.

Dealing with employers

Employer concerns and attitudes can sometimes present challenges for persons with physical disabilities. Examples of these are

- employer concerns about insurance, workplace safety, special privileges, job performance and attendance
- lack of valid information detailing the needs, capabilities and potential of persons with physical disabilities
- assumptions about what persons with physical disabilities can and cannot do as related to employer concerns about productivity
- concern about reactions of customers or co-workers
- restricted views of how a job should be done rather than considering alternative ways to do the work

You play a vital role in educating employers to reduce the perceived or imaginary barriers that prevent them from hiring persons with physical disabilities. Employers need to be made aware of

- the advantages of hiring people with disabilities
- up-to-date factual information regarding the nature of disabilities⁶⁹
- up-to-date factual information about technology and aids to assist persons with disabilities
- information about barrier-free design
- information about programs designed to assist the integration of workers with physical disabilities into the workforce⁷⁰

Employers can be encouraged to hire persons with disabilities for the following benefits:

- *Competitive advantage.* Employees and their networks represent a cross-section of potential customers.
- *Unique perspectives and creativity.* Skills developed in overcoming obstacles and compensating for deficits are an asset to the business.
- *Improve company image.* Hiring persons with disabilities improves the community's impression of that business. Good corporate citizenship is an important trend.

- *Larger human resource pool.* By using new technologies and accessing employment specialists, these employees make valuable contributions to the workplace.
- *Improved workplace culture.* A diverse workplace is more interesting and rewarding.
- *Preparation for the future.* Learning how to accommodate employees with disabilities now prepares businesses for accommodating aging customers with disabilities for the future.⁷¹

Disclosure to employers

Your clients may be reluctant to disclose their disability as they are concerned that disclosure may limit job prospects or advancement opportunities due to misconceptions, stereotypes, or generalizations. They are also concerned that they may be offered a token position to fill an employment equity target. They would rather be hired for their abilities, not their disabilities.⁷²

Ultimately, the choice to disclose rests with the client who must evaluate each situation based on thorough research of diverse factors that include

- personal needs
- job descriptions
- possible accommodations required during or after the selection process
- the organization's sensitization to disability issues

Perhaps the more important question a client must consider is not whether to tell or not to tell, but rather the consequences of not telling. Can the client do the job or derive benefit from a post-secondary educational program without accommodations? If the answer is no, the individual with physical or neurological disabilities needs to consider the following:

- How severe is the disability?
- How much does the nature or manifestation of the disability conflict with the needs of the job or educational program?

- How open is the employer or educational program to recognizing and accommodating individuals with disabilities?
- If there is a union in the workplace, what is its position toward and willingness to support members with disabilities?

If clients wish to have accommodations made on the job, disclosure will be necessary. Also relevant is the fact that talking about the disability in an interview or on an application form can shift the focus from the abilities to disabilities.⁷³

The following suggestions regarding disclosing information to prospective employers may be useful:

- Do not use medical terms, but describe the disability by its job-related outcomes.
- Know and state individual strengths.
- Know individual needs in relation to the job.
- Look for support and networking opportunities in the workplace.
- Understand the role of the union, if applicable.
- Understand that asking for accommodations is a reasonable request.⁷⁴

Disclosing a physical or neurological disability requires thought. Clients should carefully plan how they wish to disclose and know the implications of this action. Employees and/or candidates may first want to reveal a little bit of information at a time in order to establish a level of comfort and trust. Ultimately, the candidate must decide the time, the place and the degree of information to share with others.⁷⁵

Job accommodations

Many employers are concerned about accommodation costs. In fact, data collected by the Job Accommodation Network (JAN) shows that more than half of all accommodations cost hundreds, rather than thousands, of dollars. JAN data also reveals that most employers report financial benefits of providing accommodations through reduction in the cost of training new employees, a reduction in the cost of insurance and an increase in worker productivity.⁷⁶

Disability Related Employment Supports

Disability Related Employment Supports (DRES) from the Government of Alberta may be available to eligible individuals with documented permanent or chronic disabilities. DRES is available in the form of supports or services to reduce, alleviate, or remove the barriers for education, training, job search and/or employment. Examples include assistive technologies installations or worksite modifications, sign language interpreters or specific disability-related software.⁷⁷

In Conclusion

Career development practices are dynamic, influenced by the ever-changing labour market trends and requirements. Advances in technology, support services and changing public perceptions of the capabilities of workers with disabilities, combined with a wider range of program alternatives, greatly affects the career potential of disabled persons. Career counsellors have a responsibility to keep current with such developments.

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