

MAKING CONNECTIONS THAT WORK: PARTNERSHIPS BETWEEN VOCATIONAL REHABILITATION AND CHEMICAL DEPENDENCY TREATMENT PROGRAMS

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Abstract: One of the most exciting and frustrating times in the treatment process for a client in recovery is the period when that individual moves into aftercare. There are many challenges and obstacles to maintaining his or her clean/sober status, and support systems are key to a client's success in aftercare. Unfortunately, a group of professionals who can have a very strong impact on that success—those in Vocational Rehabilitation (VR)—are often left out of the system. Treatment and aftercare counselors may have a good understanding of many of the social services needed by clients who are transitioning into aftercare, but most are not aware of, or are under-informed about, the scope of services offered by VR that can meet the client's rehabilitation needs. Clients in recovery from substance abuse are eligible to apply for VR services. Bringing VR counselors into the process and encouraging them to be active participants in the aftercare of the client can therefore help a client prevent relapse and become a contributing, successful member of society. However, if treatment and aftercare counselors are unfamiliar with VR programs, they will not include VR counselors in aftercare planning and service provision. In an effort to assist such partnerships to be established and maintained, this article will discuss VR and its history, briefly outline its case management format, and discuss the limitations of the format. It will touch upon ways to incorporate VR staff into the aftercare process. This article will also discuss partnership efforts in the state of Oregon between American Indian-based treatment center and the Oregon Department of Human Services; Office of Vocational Rehabilitation Services (OVRS), and outline suggestions to allow the reader to create and maintain ties for improving collaboration in their communities.

Part I: How Vocational Rehabilitation Works

In order to understand how Vocational Rehabilitation (VR) staff can work with other service providers to assist their clients to become healthy, independent, and employed it is first essential to understand how the VR system works and what its parameters are.

What is Vocational Rehabilitation?

Sometimes referred to as “the best kept secret in state government,” VR is one of the most powerful programs available to people with disabilities. Tracing its current roots back to 1918, the state/federal VR program has a strong legacy of service and support to people with disabilities, to employers, and to the taxpayers whose monies provide the funding for the agencies’ activities.

VR was introduced into federal law in 1918 with the Soldiers’ Rehabilitation Act. This act authorized VR for all veterans with a disability resulting from military service that presented a handicap to employment. Civilians with disabilities were not provided similar legal rights until June 1920, when the Smith-Fess Act was passed. This was temporary legislation, however, and had to be extended with additional legislation in 1924 (Rubin & Roessler, 1987). The program was further shaped and added to throughout the next 50 years as legislators on the federal level worked to ensure the program served increasingly broad categories of individuals with disabilities.

The most sweeping and important changes to the public VR program came with the Rehabilitation Act of 1973. That act mandated state programs to serve people with severe disabilities (such as deafness, blindness, spinal cord injuries, mental retardation, etc). It also promoted consumer involvement, stressed program evaluation, provided support for research, and advanced the civil rights of people with disabilities (Rubin & Roessler, 1987). Legislation in the late 1970s and 1980s continued to build on the Rehabilitation Act of 1973 and shifted from the focus of “fixing” the person with the disability to one of overcoming the societal barriers that were often more handicapping to the persons with disabilities than the disabilities.

In 1990, the Americans with Disabilities Act was passed and signed into law. This and the subsequent amendments to the Rehabilitation Act of 1973 (which were completed in 1996 and 1998) have brought the VR program to its present state as a leader in creating employment opportunities for people with disabilities and promoting their ability to lead productive, independent lives.

How Does the VR Program Work?

VR is a federally mandated program, with services administered on the state level. Though the format varies slightly from state to state, there are some constants in how the program is managed. VR is an eligibility-based program, meaning that those who receive services must first qualify for them. This differs greatly from other federal, state, and local entitlement-based programs. Eligibility is addressed in the 1998 Amendments to the Rehabilitation Act of 1973 in section 102. In order to qualify for VR services, three criteria must be met: the individual must have a documentable physical, mental, or emotional disability; that disability must have limitations which pose barriers to obtaining or maintaining employment and require vocation rehabilitation services to overcome; and the individual shall be presumed to be able to benefit from those vocational rehabilitation services unless medical/psychological records or the individual's demonstrated abilities clearly show otherwise. There is an additional presumption of eligibility for those individuals who are recipients of Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI). In the case of presumptive eligibility, VR counselors must still weigh the presumptive benefit issue and gather supporting documentation for the file to demonstrate the severity of the disability and the associated limitations it imposes (State of Oregon Vocational Rehabilitation Division, 1998). VR services are focused on assisting the client with vocational issues. All services are provided on an entirely voluntary basis. VR counselors do not mandate clients to participate in services, and there is no limit on the number of times an individual may apply for services over the course of his or her lifetime.

Clients are referred to VR by a variety of sources. Referrals are common from medical and other service providers, employers, schools, unions, family members, and even self-referrals. Most VR agencies serve people with all types of disability, though in some states there are separate commissions for services to deaf or blind individuals. Some states encourage the practice of specialized caseloads for severe disabilities, allowing counselors with specialized skills, training, and/or experience to work with a specific population or disability group. Other states consider every counselor capable of providing effective services to consumers with disabilities of all types. There are generally branch offices across each state that serve clientele in specific catchment areas. These may be based on regions of the state, counties, or even portions of metropolitan areas.

VR counselors are trained professionals. There has recently been increased emphasis placed on the professional development of VR counselors. The 1998 Amendments to the Rehabilitation Act of 1973 require state agencies to establish employment practices that ensure counselors possess qualifications which are consistent with national or state certification/registration criteria for counselors providing VR services (e.g.,

those working in the private sector, those working in the Workers' Compensation system) (State of Oregon Vocational Rehabilitation Division, 1998). Many states give hiring preference to applicants who hold at least a bachelor's degree in a human service field. Most have or are developing strategic plans to ensure the majority of their counseling staff have a Master's degree in rehabilitation counseling or similar fields.

The Rehabilitation Process

At the time of intake, clients generally meet one-to-one with their VR counselor. A good deal of background information about the client is required, and the counselor will generally spend time exploring the client's personal, educational, social, vocational, and disability-related history. From the very beginning, the client and VR counselor work as partners, gathering information to document disability and limitations, exploring skills and obstacles, and discussing vocational options. VR services are very individualized. No two plans for employment are alike, even if the constellation of disability is almost identical among clients.

Substantial efforts are made to access existing medical, psychological, and treatment records. The Rehabilitation Act allows VR staff 60 days from the date of initial application to make a determination of eligibility for VR services. If records are not available or do not outline the impediments to employment, additional evaluations may be required. In rare cases, a VR counselor may ask the consumer for permission to extend the eligibility determination period in order to clear up specific issues or to allow more time to gather needed documentation.

Following eligibility determination, the client and counselor work together to determine a vocational goal that is within the client's physical, mental, and emotional abilities and which also incorporates their interests and aptitudes. If a return to a previous type of employment is appropriate, with or without accommodations or other supports, VR will assist the client to do so. If the individual is unable to return to previous employment, the counselor will look for skills which transfer into other types of work and which can be used as a basis for future employment.

The client and VR counselor share responsibility for putting together a plan for services that will lead to achievement of the vocational goal. Recent changes brought about by the 1998 amendments allow a client to complete all or portions of their own plan for employment with or without assistance from others outside the VR system. In these cases, the VR counselor maintains the responsibility to ensure that federal and state laws and agency policies are upheld in the plan. The services included in the plan vary based on individual needs and circumstances as well as the severity of disability and limitations imposed. These can include counseling and guidance, evaluation services, skills training, equipment and tools required for employment, job placement assistance, accommodations and

assistive technology, etc. All levels of employment are available, ranging from sheltered/supported employment (where there is substantial supervision) through self-employment. Choice of employment is based on the individual's needs and limitations. The plan itself is a working document, not an item set in stone. If changes or additions are needed, they can be completed with the client and counselor's agreement.

After the services are provided and the client is employed, support from the VR does not end. Follow-along services are provided for a minimum of 90 days to ensure that the client is able to complete the essential functions of the job, that he/she has received support to request reasonable accommodations if needed, and that the job itself is a good match for the client's abilities and interests. After 90 days, the client's file is usually closed and considered a "successful rehabilitation." Should the client need assistance to maintain the job or obtain another in the future, he or she can contact the VR counselor or any local VR office and ask for assistance. It is possible that short-term services can be provided in VR's Post-Employment Services category, which allows service provision without having to re-determine eligibility and draft an entirely new plan.

VR Requirements for Clients in Recovery (Oregon Eligibility Criteria)

The 1998 Amendments to the Rehabilitation Act of 1973 included some language specific to the right to services for people in recovery from substance abuse. The act and amendments do exclude individuals "currently engaging in the illegal use of drugs" from eligibility for VR services. However, those who are no longer engaging in drug or alcohol use and who meet one or more of the following guidelines may be evaluated for eligibility for services:

1. has successfully completed a supervised drug rehabilitation program and is no longer engaging in the illegal use of drugs, or has otherwise been rehabilitated successfully and is no longer engaging in such use;
2. is participating in a supervised rehabilitation program and is no longer engaging in such use; or
3. is erroneously regarded as engaging in such use, but is not engaging in such use; except that it shall not be a violation of this Act for a covered entity to adopt or administer reasonable policies or procedures, including but not limited to drug testing, designed to ensure that an individual described in sub-clause (I) or (II) is no longer engaging in the illegal use of drugs (State of Oregon Vocational Rehabilitation Division, 1998).

This means that there are no federal rules regarding a mandatory "clean and sober" period before a person is permitted to apply for VR services.

Confidentiality

As in other counseling fields, VR staff members are quite conscious about the importance of confidentiality. Case records and their contents are carefully maintained. Information about a client, or even about the fact that a person has applied for or is receiving VR services, is not disclosed without written consent from the client or someone legally able to act on his or her behalf. VR staff will also ask clients for written permission to access existing records and information often available through treatment programs, mental health clinics, and similar service providers. Records are kept for a short period (in Oregon, the practice is to hold closed files for a period of four years) and then are purged. Some states have computerized case management programs to assist their staff in serving clients. Information stored in those databases will be maintained much longer, but likely will not have the extensive information about the client found in the paper-based file.

Tribal Vocational Rehabilitation

American Indian Tribal VR programs are becoming more and more prevalent across the United States. Mandated by the Rehabilitation Act, these programs are established on federal grant funding. There are currently 55 tribal VR programs in the United States, run on a similar process as the state/federal programs. There are, however, some differences between the tribal and state/federal programs. Tribal programs generally do not have the policy-based restrictions that are found in the long-established state/federal system. Tribal programs are, therefore, able to be more flexible in the types of job goals supported and the types of employment outcomes developed. The tribal programs tend to be much smaller and are frequently restricted to enrolled members of a specific tribe who are located on a specific reservation or service area.

Tribal programs are allowed only a portion of the funds allotted to the states for administration of the VR services. Consequently, the number of clients these programs are able to serve and the level of service available can be restricted. Fortunately, the federal legislation allows for consumers who are eligible for tribal VR to also have a case file open with the state/federal agency. Care must be taken to ensure services are not duplicated between the two programs, but collaboration between tribal and state VR programs is highly encouraged at the federal level. As the number of tribal grantees increases, the interplay between the state VR staff and the tribal counselors should increase. This will add another layer of support for consumers who can access tribally based services.

Part II: Bringing Vocational Rehabilitation to the Table

Involving state and/or tribal VR counselors in treatment and discharge planning with consumers is an excellent way to ensure the vocational and income needs of the client will be addressed. Referral processes vary from state to state, and even within different geographic areas of a state. Making contact with a local office and getting to know the staff there is the first step to forging a partnership. Unfortunately, it's not always easy to make these contacts. The following program established in Oregon illustrates some of the key elements necessary for successful rehabilitation of clients in recovery using the VR case management model.

The Oregon Experience: A Successful VR Aftercare Program Leading to Employment for Clients in Recovery from Substance Abuse

The Oregon Department of Human Services Office of Vocational Rehabilitation Services (OVRs) had historically underserved American Indian clients. According to a report generated by the OVRs Research and Evaluation Unit (State of Oregon Vocational Rehabilitation Division, 1996) there were 13,934 Oregonians with disabilities who received VR services between July 1, 1994 and June 30, 1995, 294 of whom were identified as American Indians. This indicates that only approximately 2% of OVRs' clientele at that time were American Indian. This data was not limited to new applications during that time frame, but also included clients who had applied for services prior to the time of data collection and had established cases. Given that the VR process takes an average of 24 months to complete, it is highly likely that only a small fraction of these clients had applied for services during that period. Based on this report, only 42% of those American Indian clients who applied for OVRs services would successfully complete the VR process during the data collection period.

A frequent lament from OVRs staff and administration was that American Indian clients were not coming into their offices to apply for services. At the request of representatives from OVRs and the Native American Rehabilitation Association (NARA), a tribally based chemical dependency treatment program with both inpatient and outpatient facilities located in Portland, a cognitive behavioral program called Self Empowerment (SE), which was developed at the University of Arizona (Skinner, 1995) was implemented in cooperation with NARA and Oregon OVRs' North Portland branch office. The SE program was eventually implemented in three areas along the I-5 corridor in the western part of the state. In the other two locations, Salem and Klamath Falls, different partnerships were established. These partnerships were not solely based with American Indian service providers or tribal organizations, but did seek to serve tribal members when possible. The Salem groups initially had a

higher rate of referrals of American Indian participants in recovery, so data from those groups will be included in the results and discussion that follows.

The program was comprised of four full-day sessions and explored participants' perceptions, behaviors, and emotions related to their interaction with the world. The aim of the program was to assist participants to see that each action or inaction is a consciously made choice and is therefore something they could control. The program was also intended to help participants understand triggers to "old behaviors" before they presented themselves (or at least at the moment of presentation) and to be able to make a decision that would lead to a healthier, drug-free, safer and more successful lifestyle. This was accomplished through discussion and exploration of cultural values and traditions and through roundtable discussion of the principles found in the nine-unit text (Skinner, 1995). With these new skills, it was expected that participants would be more outgoing in accessing and utilizing services from VR, and would be familiar with and comfortable with the VR process. This would, in turn, cause them to be more equal partners in the planning and implementation of services identified as necessary. It was expected that the project would ultimately lead to successful employment outcomes for participants and increased independence from government support programs. Success would be measured on several fronts, including increased collaboration between VR and treatment counselors and staff, increased OVRS referral rates of American Indian clients, increased percentage of American Indian clients gaining and maintaining employment, increased ability for participants to apply theories presented in the training sessions to real-life situations, and a decreased percentage of recidivism for VR services.

Through a second grant-funded project administered by the Native American Research and Training Center (NARTC) at the University of Arizona, a position was created within OVRS to address the issues that were preventing services from being available to American Indians with disabilities residing in Oregon. The role of that employee, who had the working title of Native American Technician (Locust & Springer, 1996), was to bridge the cultural and informational gaps that were barriers to effective service provision and consumer success. Having an American Indian person in this position started the process of improving the access of American Indian clients in Oregon to services, but did not entirely address the problem of making partnerships, which were mutually beneficial.

NARA staff had noted that clients in recovery were having extreme difficulty obtaining and maintaining employment following completion of treatment for substance abuse. This was disturbing, as many were relapsing and having to undergo treatment again. The feeling was that if a partnership could be formed with an organization that specialized in employment issues, perhaps the recidivism rate would decrease and clients would be able to maintain their sobriety as well as provide for themselves and their families. Unfortunately, as a non-profit organization, NARA was

very short-staffed. Creating a position for this specific need was out of the question. The Community Resources Coordinator was already working hard on ensuring clients had access to basic support resources such as housing, transportation, medical services, child care, and food. When the OVRs contacted NARA to inquire about the organization's interest in participating in a new program to be funded through the NARTC at the University of Arizona, staff at NARA thought that the program represented a very good solution to a longstanding problem.

Results

By 1996 (eighteen months into the project), 14 clients from the Salem group had completed the SE program, nine had achieved full time employment, and three were still receiving VR training (Hassin, 1996). Eight of the nine who were employed received their jobs as a result of VR, which represented an 800% increase in the number of American Indians completing the VR process out of the Salem office.

By 1998, 92 individuals had completed the SE training in Portland and Salem; 42 (45.6%) were still in VR; 19 (21%) had successful VR closures, i.e., they had obtained employment, and 31 (33.7%) had unsuccessful closures (Hassin, 1998, unpublished data). The majority of the American Indian participants completed the program in the North Portland location. Unfortunately, discrete data for the Klamath Falls groups is not available. No tie to the local tribal government or service organizations was established there and the groups were comprised of clients from a wide range of referral sources. This makes it nearly impossible to track the effect of the program on the participants and diminishes the applicability of the results to the topic of this article.

Between July 1995 and January 2001, OVRs served a total of 1,290 American Indian clients statewide (OVRs Research and Evaluation Unit, personal communication with Aaron Hughes, February 16, 2001). This represents an average of 235 new applications for service each year and is a significant increase in new applications annually. Statewide data for the same period indicate that 46% of American Indian clients would successfully complete their planned services with OVRs and maintained suitable employment for at least 90 days. This is a significant increase in the number of successfully employed American Indian OVRs clients.

It should be noted that not all those represented in the results above can be isolated to only those American Indians who were in recovery, or those who were served in the offices where SE was initiated. The results above (unless specifically stated otherwise) encompass services provided statewide, in all 27-branch offices.

Discussion

The Self Empowerment (SE) program (Skinner, 1995) was begun in several VR branch offices across the state in 1995-96. It met with mixed success statewide, but was popular and effective particularly in the Portland area, where it was run in the North Portland branch office. The SE team in Portland consisted of four trainers: the Community Resources Coordinator for NARA/NW (an enrolled tribal member), the OVRs Native American Technician (an enrolled tribal member), an OVRs Counselor Assistant (an enrolled tribal member), and an OVRs Counselor (not American Indian). This was the only group of trainers statewide that was comprised primarily of American Indians. Two of the four trainers were also in recovery for substance abuse and had completed treatment many years before on at least two separate occasions; this also set the Portland training group apart from the other sites. Participants in the program were clients (volunteers) who were in outpatient treatment or aftercare for chemical dependency issues at NARA and at substance abuse facilities in the Salem area. The program was presented to small groups of 4-10 over a period of four weeks and was repeated at least quarterly. This meant that the training team became very familiar with one another and with the roles each person played in the training and outside it. As the participants were referred to OVRs for vocational counseling and placement assistance following the SE training, they each became familiar with the VR office and its staff as the training proceeded.

The key to the success of the program was the partnership developed between the three groups; the OVRs staff, the counselors from NARA, and the staff from the NARTC at the University of Arizona. Because of the close connection between the NARA and OVRs representatives, clients were able to see how the two programs worked in harmony with one another. Often, a participant would need information or advice on how to access specific services or goods. They would frequently ask the NARA representative for that assistance; however, when she turned to the other trainers and asked for their input, then shared her own knowledge, the participants were able to see the breadth of assistance and resource knowledge available through VR. Additionally, it became more and more easy for the individual participants to move past the idea that the OVRs staff members were "bureaucrats" or "a cog in the wheel" and realize that they truly were ready, willing, and able to lend support as needed.

Review of the statewide data from 1995-2001 indicates that the partnership between OVRs and NARA, as well as those ties made in the Salem area with the American Indian community, had a major impact on the number of American Indian people with disabilities of all types who applied for and received VR services. Frequently, participants who had completed the Portland project would return to their tribal lands in other parts of the state, or move back to the more rural areas after they completed

treatment in Portland. They then would access services from their local OVRs office. Word of OVRs would then spread throughout the family and community, as well as through the resource networks, 12 Step meetings, and cultural events and gatherings. This had a major bearing on the number of American Indians represented in the data set from 1995-2001.

Program Conflicts

One of the most disconcerting issues that arose out of the SE project was that of the variety of case management approaches and cultural sensitivity or competence in the five Portland metro area OVRs offices. Several of the branch offices were adapting case management styles based on teamwork and making a significant break from the traditional one-to-one client/counselor relationship. This was not always the structure that worked best with the individuals who completed SE. Because of their connection within the SE program, however, many were able to appropriately request that their files be transferred to the same office where the SE training was conducted. Another concern was the workload issue created by the original format of all participants being brought onto the caseload of the counselor who participated as a training leader. No sooner did one group of participants get through the eligibility determination period than the next group of participants was ready to apply for services. As this was not the only referral source for the counselor's caseload, there were periods of "bottlenecked" services. As the program continued, other staff members in the branch became familiar with the program and its principles, and they were able to accept referrals from the training groups. This helped the efficiency of the VR portion of the program and allowed clients to move more smoothly through the VR process.

Shared Values Lead to Shared Outcomes

What made the SE project such a success in Portland? Without a doubt, it was the mutual support and teamwork that grew out of OVRs and NARA having shared values and goals. The members of the SE team all believed in the importance of helping clients to improve their lives, in the need to develop programs and relationships that last and are of benefit to clients, in the need for culturally relevant services from each agency, and in focusing the services based on individual needs as key to the program's success. They understood that in succeeding with the SE program, each agency would also meet with success in serving clientele and resolving the concerns discussed previously. Out of those shared values, a shared vision was crafted. That vision included seamless referral from treatment to OVRs' services and effective communication between the two agencies.

It may have been possible to create the partnership that developed between NARA and OVRs without Skinner's program. However, having

the formalized program lent structure and understanding of the available services to both organizations. It also allowed staff from both organizations to work closely together, and fostered their sharing personal and professional experiences during training and planning sessions. This sharing is what brought the group together and made the partnership between the two organizations function well. Taking on the risks of partnership, and building trust between organizations allowed the partnership to thrive.

While the outcomes have not all been perfect, the foundation has been set for a long-term collaborative relationship. That foundation has allowed for effective problem resolution when necessary. It has also allowed the staff of each organization involved to have a better idea of the limitations and processes the others must observe in their service delivery efforts. Administrative changes, staff changes, and budgetary challenges have all been addressed throughout the four years of the partnership. Because of the mutual trust and the understanding that has been cultivated, the partnership has survived.

Making Partnerships Work Locally

Getting started in the local community may seem like an overwhelming task, but it doesn't need to be. A large-scale scan to identify issues is a good starting place. It is important to truly brainstorm, and to get ideas down on paper. Involving others (individuals and agencies) in the process, even those who may not be directly impacted, can lead to a very informative and potentially ice-breaking session. Even if the individual or organization does not stand to benefit directly, the perspective provided may be helpful in outlining issues and possible solutions.

Determine the needs of those involved. What is the target population/issue? What gaps currently exist in services? What services are available but need change or adaptation? What can be created to meet a need? Which need is the most pressing? Which area can you impact the most profoundly? Which can be impacted the most easily or quickly? Getting the answers to these questions on paper will help form the process of determining what partnerships will develop. Don't recreate the wheel! Look to adapt or improve existing partnerships if possible. Seek new partners who have never been involved but whose missions and ideals are similar to the organization's. Find ways to break out of pre-existing molds. Work together with new and existing partners to create a new way of doing business.

The most important thing about these collaborations is the relationship forged between the partners. Get to know the people you'll be involved with. Help front-line staff from each organization meet, talk, and get to know one another as individuals. People are much more apt to work closely together when they know each other from personal contact, not just

as a name on an email distribution list or a voice on the phone. Involve management and administrative staff, but stay focused on the people who actually provide the direct client service. A bottom-up approach is going to be much more effective than one where change (sometimes sweeping change) is forced on those who serve the clientele.

No one is perfect, and neither is any system. Chances are the system, and not individual personalities, will be the cause of most issues. Communication is the key here. Meet as soon as a problem is identified and work out a solution that is acceptable to all participants. Flexibility on a personal and an organizational level is crucial, as is being willing to stretch and try things that have not been done before or which seem silly. Odds are high that the “silly” or simplistic solution will be the one that is most effective. Above all, keep in mind the factors that brought each individual and organization together. Focus on what the group agreed was valuable and work together to resolve the problem.

Conclusion

VR can be a powerful tool for clients in aftercare. Whether organizations use a formal program like Skinner’s Self Empowerment or develop their own means of working together isn’t as important as the efforts each organization makes to create the partnership. Understanding the system is the first step ensuring your consumers have access to it. Understanding the limitations of the VR program is also critical. Communicating that information in partnership with VR staff is the most effective way to make certain that the tool is not only available to the consumer, but is also used to its maximum effectiveness. It is in that collaboration that you will have truly made a connection that works.

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References

- Hassin, J. (1996). After substance abuse, then what? The NARTC/Oregon Tribal and Vocational Rehabilitation Project. *Journal of American Rehabilitation*, 22(2), 12-19.
- Hassin, J. (1998). [Progress report on self-empowerment programs in Salem, OR and Portland, OR]. Unpublished raw data.
- Locust, C., & Springer, J. (1996). Walking in two worlds: Native Americans and the VR system. *Journal of American Rehabilitation*, 22 (2), 2-10.

Rubin, S. E., & Roessler, R. T. (1987). *Foundation of the vocational rehabilitation process: Third edition* (pp. 24-39). Austin, Texas: Pro-Ed.

Skinner, P. (1995). *Alternative medicine: Healing the self*. Mt. Clements, Michigan: Gold Leaf Press.

State of Oregon Vocational Rehabilitation Division. (1996). *Cultural diversity forum data*. Salem, Oregon: State of Oregon Vocational Rehabilitation Division.

State of Oregon Vocational Rehabilitation Division. (1998). *User's guide to the Rehabilitation Act of 1973, as amended 08/07/1998*. Salem, Oregon: State of Oregon Vocational Rehabilitation Division.