Increasing the Participation of Native Americans with Disabilities in Vocational Rehabilitation

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Abstract

This paper describes the need for rehabilitation services by Native Americans with disabilities, common barriers to their receiving services, and recommendations for how to overcome the barriers.
Many studies have demonstrated that Native Americans are at greater risk of experiencing disabling conditions than are members of the general population. The rate of accidental deaths among Native Americans is three times that of the general population, with a similar rate of injuries resulting in disabilities. However, Native Americans are much less likely to receive services to correct, ameliorate, or circumvent disabling conditions. This unfortunate fact is due to the many barriers that mitigate against Native American people receiving effective rehabilitation services.

Rehabilitation service providers face many special challenges in serving this significant cultural group. Some of the challenges are similar to those faced by any agency serving a rural population (about half of all Native Americans live in rural areas). Other barriers are unique to serving Native Americans since they are a unique cultural group.

The fact that many Native Americans live in rural areas presents a significant challenge to service providers, who are usually located in urban areas. Either clients or providers may have to travel long distances, and there may be poorly maintained roads in rural and reservation areas. Services for travelers on reservations may be lacking, and many Native Americans do not have private vehicles. Public transportation is very rare on reservations. In addition, some Native American homes lack electricity and telephone service, making them difficult to contact. In these respects, many of the barriers to serving Native Americans may apply to other people who live in rural areas. According to vocational rehabilitation counselors in Arizona, two of the...
main causes of rehabilitation failure of Native American clients are the client’s lack of a telephone and the lack of reliable transportation.

As a group, Native Americans tend to have different types of disabilities compared to the general population. They experience more accidental injuries, more spinal cord and head injuries, more diabetes, and more infections leading to hearing disabilities. The rate of alcoholism and alcohol-related disabilities is twice that of the general population, and rehabilitation agencies have the lowest success rate with clients who have alcohol-related problems.

Other barriers relate to the uniqueness of Native Americans as a cultural group. Although Native Americans are indigenous to the North American continent and once numbered at least six million, currently there are about two million Native Americans, or less than one percent of the total population of the United States. For such a relatively small group of people, the diversity of existing tribes, lifestyles, and languages is enormous. For example, there are over 500 federally recognized tribes and at least 50 surviving tribal languages. This diversity can be a barrier in itself, since service providers cannot be expected to have expertise regarding all the different tribes, and translators for various tribal languages can be hard to find. Counselors who work mainly with Native American clients in the western United States report that lack of success is related to limited English proficiency and speech, language, and hearing disorders in clients. In 74% of Native American homes, English is the second language, and in 17% of Native American homes, no English is spoken.

Many of the barriers to effectively serving Native Americans with disabilities result from the challenge of bridging the cultural gulf between
Native Americans and service providers, who are typically non-Indian. One problem is the very understandable distrust many traditionally minded Indian people feel toward outsiders who come in offering help. The long history of broken treaties between Native Americans and the U.S. government makes many Native Americans skeptical of federal and state-sponsored programs such as vocational rehabilitation.

Rehabilitation agencies typically follow a European-American model, which is often alien to people from other cultural backgrounds. For example, this model assumes that consumers will actively seek out services and be receptive to traditional one-to-one rehabilitation counseling. This is contrary to the values of many Native American tribes. In addition, many Native American people with traditional values conceptualize health and disability differently from the European-American point of view, and these differences must be understood in order to provide effective services. In some cases Native Americans are not familiar with the concept of disability.

There are many myths about Native Americans which service providers may share, unless they receive training. For example, they may think that because Native Americans do not necessarily demand services, that they may not need services. Some people still think that most Native Americans live on reservations and take care of all their own needs. Other people think that all Native Americans are on welfare, or that they are all rich because of gambling casinos on some reservations. Most of these ideas are due to simple ignorance, but the existence of racism against Native Americans cannot be denied.

One problem with the state/federal vocational rehabilitation service system is that it places too much emphasis on numbers. It is a
simple fact that some populations may cost more in time and money to serve, due to the many factors described above. They deserve the services as much as anyone else, but the extra effort required to serve them has the effect of reducing services. System administrators should consider providing incentives to encourage state programs to successfully rehabilitate Native American clients.

Even given the barriers described above, it is still quite possible for Native Americans with disabilities to receive effective services from traditional state vocational rehabilitation agencies, but the services must be adapted to the needs of this population. For example, more outreach services are necessary to involve Native American clients. Counselors might need to visit reservations regularly and meet potential clients at a tribal building. Counseling services must be provided in a culturally appropriate manner, and typically should involve the client’s family. Vocational rehabilitation agencies which hire Native American counselors or liaisons will find it easier to outreach and serve Indian clients.

Besides making the staff members and policies of V. R. agencies more culturally sensitive, another solution is to promote the development of tribal vocational rehabilitation programs on reservations. This effort began in 1981 with the funding of the Navajo Vocational Rehabilitation Program. Since then, many more tribal programs have been funded under the authority of Section 130 of the Rehabilitation Act. However, the majority of Native American tribes still do not have their own vocational rehabilitation program. Advocacy on behalf of Native American tribes at the federal level will help increase the likelihood of increased funding for tribal V. R. programs.
Several improvements could be implemented by the administrators of vocational rehabilitation programs. They could hire Native American counselors and tribal liaisons; they could advocate for more funding to serve Native American clients; they could structure the incentive system so more Native Americans are served; and they could provide training for their counselors in cultural sensitivity and Native American culture. It would also help if more agencies were open to utilizing tribal healers for Native American clients who wish to use them. This is considered a legitimate use of federal/state funds for rehabilitation, according to the federal Rehabilitation Services Administration.

Training provided to vocational rehabilitation counselors should include information on cultural and language differences and the prevalence of various disabilities in Native Americans. Training should also address how to establish rapport with Native American clients, including non-verbal and paralinguistic behavior. Counselors should understand how Native Americans think about health and disability, and the basics of traditional Native American healing practices.

Rehabilitation programs should do more outreach to Native Americans. The best outreach is probably in-person visits to areas where many Native Americans live. Outreach can also consist of advertising in tribal newspapers, having informational booths at tribal fairs, using posters and brochures, and similar activities. In Texas the state vocational rehabilitation program produced a public service announcement which runs on several television stations. The professionally-produced announcement features a Native American client who describes how vocational rehabilitation services turned his life around and helped him get a good job. Another option for outreach in
urban areas is for rehabilitation agency staff to establish relationships
with the staff of urban Native American centers, who can then refer
clients to the local vocational rehabilitation agency.

The rehabilitation process itself would be more welcoming to Native
American clients if some of the paperwork requirements were waived or
delayed. Considering that English is a second language for many Native
Americans, and illiteracy is more common than in the general
population, rehabilitation agencies cannot assume that all

Native American clients will be able to complete the paperwork
without assistance. Likewise, assessment and counseling practices may
need to be adapted based on cultural differences.

Although the barriers to serving Native Americans with disabilities
are significant, they are not impossible to overcome. If there is a
commitment to assisting Native American people, then traditional
services will be adapted to their needs, and more tribal rehabilitation
programs will be funded. The outcome of more programs and more
culturally appropriate services will be that many more Native American
people with disabilities will be rehabilitated.
Bibliography


