NATIONALLY SPEAKING

Americans Have a Shared Vision: Occupational Therapists Can Help Create the Future Reality

On July 26, 1990, President George Bush signed the Americans With Disabilities Act of 1990 (ADA) (Public Law 101–336) into law. The ADA guarantees Americans with disabilities civil rights, that is, access to employment, local and state services, transportation, telecommunications, and public accommodations equal to that of Americans without disabilities. Its passage was the result of much effort by ordinary persons with and without disabilities, leaders of advocacy groups for the disabled, and members of both the legislative and executive branches of our government. The purpose of this issue of the American Journal of Occupational Therapy (AJOT), which consists solely of articles on the ADA, is to help occupational therapists and others (a) to obtain a greater understanding of the law itself and how it may be implemented and (b) to identify several roles, settings, and functions of occupational therapists either in implementing the ADA or assisting others to comply with it. The articles in this issue have been specifically selected to accomplish that purpose. The six feature articles present a variety of theoretical frameworks to provide occupational therapists with processes for complying with the ADA and specific knowledge about the law itself. Several roles, settings, and functions of occupational therapists in complying with the ADA are also identified in these articles. The Issue Is department presents two articles in a point-counterpoint fashion. Nosek (1992) discusses some of the weaknesses and limitations of the ADA, while Frieden (1992) points out its strengths. The Brief or New department describes an innovative, interdisciplinary program that was planned and developed by occupational therapists to help others comply with the ADA. The Case Report department contains three case studies to provide specific practical examples of ways in which occupational therapists can use the ADA to assist clients. This issue of AJOT is dedicated to all Americans with disabilities who have managed despite hardships to retain a vision of what it means to be an American, including a desire to live, to be free, and to pursue happiness by engaging in meaningful activities. This issue is also dedicated to all those persons, both with and without disabilities, who shared a vision for our society and worked to achieve passage of the ADA.

Our Shared National Vision

As a nation, we have a shared vision. The Declaration of Independence, approved by the Continental Congress on July 4, 1776, and traditionally viewed as the first official written document of the United States, resulted from a vision shared by many American colonists. In writing the Declaration of Independence, Jefferson altered John Locke’s trinity of inalienable rights, “life, liberty, and property,” to “life, liberty, and the pursuit of happiness” (McDonald, 1989). Unfortunately, at that time, Jefferson’s vision was not accepted by everyone at the Continental Congress, for his denunciation of the slave trade was deleted from the document that was finally accepted and signed by the representatives of the colonies. It took almost 100 years before that component of Jefferson’s vision officially became a part of our national vision and black Americans were acknowledged as being free people. Not all shared visions—are they of governments, businesses, or organizations—are incorporated into one specific document, however. For example, the constitution of Great Britain consists of laws and customs that have evolved over time and is not a single document (Bhagwan & Bhushan, 1984).

Often, numerous attempts are required before a vision is identified, articulated, and accepted as a shared vision. That certainly has been true of our vision of our federal government and what it means to be an American. The Articles of the Confederation, which was ratified in 1781, was the first constitution of the United States (Chase, 1989). Some of our nation’s leaders in the 1780s believed that the limited vision of the Articles resulted in serious problems, including difficulties in international relations and national defense. The delegates to the Constitutional Convention, which began in May 1787, articulated a greater vision of the United States, affirming their commitment that the role of government is to enhance
the “value and dignity of the individual” (Chase, 1989). Furthermore, it was not until 1791 that the Bill of Rights was incorporated into the Constitution of the United States. One stated purpose of the Constitution was to form a more perfect union. The creation of a more perfect union, however, is an evolutionary process. As our national consciousness has been raised collectively and our national conscience aroused about the value of individuals or groups, our legislators have passed laws, beginning with the first amendments to the Constitution, to ensure that more Americans are included in our national vision.

The Current Reality: The State of Americans With Disabilities

Although laws were passed before 1990 addressing the civil rights of various groups, thus ensuring their inclusion in our national vision, none (other than the Rehabilitation Act of 1973 [Public Law 93–112] in limited situations) addressed the civil rights of persons with disabilities. In this issue of AJOT, Reed (1992) traces the history of federal legislation that directly addresses Americans with disabilities. Federal legislation dealing with persons with disabilities appears to have been enacted piecemeal rather than emanating from a unified vision. Previously, failure to articulate clear goals for legislation, identify direction, and establish priorities for persons with disabilities contributed to such legislation being compartmentalized and fragmented. Although the Rehabilitation Act of 1973 addresses inclusion of persons with disabilities into our society in specific situations, its limited nature is insufficient to integrate all Americans with disabilities into our society. Thus, Americans with disabilities were not specifically incorporated into the shared vision of our nation. The result has been that American society has failed to provide opportunities, privileges, and rights to Americans with disabilities equal to those provided other Americans. In addition, our society has also frequently discriminated against Americans with disabilities by denying them opportunities to advance in education, employment, and social arenas. Thus, Americans with disabilities, as a group, have not had the same opportunity as other Americans to make our shared vision a reality.

How does having a disability affect one’s quality of life, work, social life, education, personal life, and daily activities? What is it like to have a disability? What is the current reality for Americans with disabilities? How close are these persons to becoming a part of our shared vision? Let us examine several components of that shared vision. In a telephone survey of 1,000 institutionalized Americans with disabilities between the ages of 16 and 64 years, the International Center for the Disabled found that, in general, being disabled means having less education, income, employment, social life, and other opportunities to engage in major life activities (Louis Harris & Associates, 1986).

A part of our shared vision in the United States is that everyone will have an equal opportunity to become educated. Yet, persons with disabilities have less formal education than Americans without disabilities. Sixty percent of Americans with disabilities are high school graduates, compared with 85% of Americans without disabilities (Louis Harris & Associates, 1986). Thus, the proportion of disabled Americans who do not have a high school diploma is almost 3 times greater than the proportion of nondisabled Americans (40% vs. 15%). Few Americans with disabilities have any education beyond high school (see Bowman and Marzouk [in press] for further discussion of persons with disabilities and higher education).

Another component of the American dream is that any American who is willing and able to work hard can achieve financial stability. Yet, Americans with disabilities, in general, are poor. Fifty percent of Americans with disabilities over 16 years of age say they have incomes of $15,000 per year or less, whereas 25% of Americans without disabilities fall into this income bracket. Twelve percent of Americans with disabilities have incomes higher than $35,000, whereas 27% of Americans without disabilities have incomes higher than $35,000. If a person is elderly and also disabled, he or she fares even worse. Thirty-two percent of the disabled elderly have an income of $7,500 per year or less (Louis Harris & Associates, 1986).

One’s financial status is often related to one’s employment status, and the degree to which a disability affects one’s employability is great. Sixty-five percent of all disabled Americans between 16 and 64 years of age do not work, 25% work full-time, and 10% work part-time. Thus, Americans with disabilities have a larger percentage of unemployed than any other group in our society, including young black males, who are generally considered to be the least employed group of Americans. Of those persons who are disabled and do not work, 66% say they would like to work. Ninety-six percent of unemployed Americans with disabilities are not even considered to be in the work force, that is, at the time of the survey they had not looked for work in the past month (Louis Harris & Associates, 1986).

Whether Americans with disabilities work or not, they want to be integrated into our society when they do work. Most of these persons say that they want to work outside the home, such as in an office or plant. Seventy percent say they prefer to work someplace other than in their home. Forty-seven percent of workers who are working age, disabled, and not working full-time said employers do not recognize their ability to work full-time. Eighty-three percent of disabled persons say that if not for their disability they could have had the kind of job they want (Louis Harris & Associates, 1987).

Another component of our image of being Americans is that after working hard, we can relax and enjoy life and each other. Having a social life is considered important, and Americans often go to the movies, restaurants, and sports events or engage in other recreational activities with friends, family, and colleagues. How active is the social life of a person in the United States who is disabled? Not surprisingly, such people have less of a social life than Americans who are not disabled. Fifty-six percent of disabled persons say that their disability limits their mobility, which affects their socializing outside their own home; attending cultural events; attending sports events; and going to the movies, plays, and restaurants. Sixty-six percent of all adult Americans with disabilities do not attend a movie once a year, whereas only 22% of Americans without disabilities do not. Seventy-five percent of disabled Americans do not attend a live theater or live musical performance once a year (Louis Harris & Associates, 1987).
A major life activity for most Americans is going to the grocery store to obtain food and other items. For Americans without disabilities, this major life activity is a routine activity and frequently taken for granted. Often we stop in the grocery store on the way to or from work to purchase an item forgotten earlier. However, inaccessible environments may make going to the store a major undertaking for persons with disabilities. In fact, 90% of Americans without disabilities go to the grocery store at least once a week, whereas only 60% of Americans who are disabled go to the grocery store that frequently (Louis Harris & Associates, 1986).

From the statistics presented above, one can see that Americans with disabilities have not been full participants in our society. Solely because of their disabilities, many of these people are often prevented from participating in many activities for enjoyment and recreation and which may reflect purpose and give meaning to life. They are often denied the opportunity to engage in major life activities that contribute to happiness— an inalienable right of all Americans. This decreased social life and decreased frequency of shopping, going to restaurants, and attending churches or synagogues may appear to result from lack of money, lack of mobility, problems in transportation, difficulty entering public buildings, and lack of disabled persons' education and knowledge of their rights. However, these conditions are only symptoms of isolation, lack of opportunity, and injustices that result because Americans with disabilities have not previously been included in America's shared vision.

How do Americans with disabilities view themselves as a group? Do they believe that in America everyone has an equal opportunity to pursue happiness? Do they believe that they have the opportunity to develop to their full potential? The degree to which Americans with disabilities believe that society allows their disability to limit their opportunities can be seen by the fact that 57% of Americans with a disability believe that they have been prevented from realizing their potential as human beings solely because of their disability (Louis Harris & Associates, 1986). How do Americans with disabilities view themselves? Of those who had early onset of a disability (i.e., prior to becoming an adult), 56% said they view themselves as members of a disadvantaged minority group and desire all the rights and privileges of being Americans. Responses to the questions posed by Louis Harris and Associates (1986, 1987) suggest that Americans with disabilities want to become a part of the American vision.

Incorporating Americans With Disabilities Into Our National Vision

Many people in our country first became cognizant of the conditions of Americans with disabilities after many such citizens along with leaders of advocacy groups, health care providers, and scholars testified before Congress describing injustices that have resulted in conditions such as those discussed above. It became clear in those hearings that Americans with disabilities have often been denied opportunities to which every American is entitled. Many injustices experienced by those with disabilities were described, and it became clear that Americans with disabilities were not a part of our shared national vision. Desiring to prevent further injustices against Americans with disabilities and to ensure that those with disabilities become part of our shared national vision, Congress enacted the ADA.

The ADA is a civil rights law aimed at incorporating Americans with disabilities into America's shared vision. The law provides Americans with disabilities of all ages and their families comprehensive protection against discrimination based on disability and emphasizes that Americans with disabilities be judged on their abilities. To ensure Americans with disabilities equal opportunity and full participation in American life, the ADA reaffirms that Americans with disabilities have equal right to obtain employment, education, or other work based on their abilities (see Dufresne, 1991); to receive services provided by state and local governments; to have access to public accommodations such as lodging, dining, retail, medical, educational, and recreational facilities; to be transported privately and publicly; and to communicate electronically with others. Key goals of the law are that Americans with disabilities have opportunities to become educated, live independently if feasible, become economically self-sufficient, and engage in social and recreational activities, thereby becoming an integral part of American society [ADA, Title 1, § 2 (6), (8)]. The goals identified in the law for persons with disabilities, therefore, are based on the belief that being able to engage in activities of one's choice, whether work, play, or leisure, is a right of every American. The goals, then, contain an implicit recognition of the central role that activity plays in a person's life. That recognition is clearly articulated in the law's definition of disability.

Defining disability as a "physical or mental impairment that substantially limits one or more of the major life activities" of an individual and as having a "record of such an impairment, or as being regarded as having such an impairment" (author's italics) the ADA focuses on ability and aptitude rather than on disability and dysfunction; requires equality and integration rather than acceptance of uniformity and separation; ensures that a person with a disability has a right to engage in work, play, and leisure activities; and reaffirms the importance of familial relations by providing protection to families as well—all of which are concepts central to the philosophical basis of occupational therapy.

Relation of the ADA to the Philosophy of Occupational Therapy

The goals, intentions, and purposes either implied or stated in the ADA are especially compatible with the philosophical base of occupational therapy. Occupational therapy is based on the belief that engaging in purposeful activity is central to human life. Purposeful activity can promote health, can prevent or remEDIATE dysfunction, and is necessary for survival and self-actualization (see Cynkin, 1979; Hinojosa, Sabari, Rosenfeld, & Shapiro, 1983). One of the principles of occupational therapy is that human beings have a need to master, alter, and improve the environment; when that need is blocked, dysfunction can result (Reilly, 1962). Yerxa (1983) wrote, "Occupational therapists value productivity and participation of the patient in the stream of life" (p. 152). Furthermore, occupational therapy is based on the belief that by facilitating adaptive...
responses, occupational therapists can help persons overcome disabilities and productively fulfill many occupational roles (American Occupational Therapy Association [AOTA], 1979). Occupational therapists recognize the importance of persons engaging in activities for work, play, and for rest as well as the importance of establishing and maintaining a balance among the three (AOTA, 1979).

Either implicitly or explicitly, the ADA recognizes the right of every American with disabilities to engage in major life activities, whether for work, play, or rest. It mandates that the denial of persons with disabilities equal opportunities to engage in activities is unjust. The ADA provides a means by which Americans with disabilities are guaranteed equal opportunities to participate in the mainstream of our society. Participation may then lead to greater mastery, alteration, and improvement of the environment. The degree of consonance between the goals of the law and the philosophy and basic principles of the practice of occupational therapy establishes a strong basis for occupational therapists themselves to comply with the law in their own employment settings and to help others comply with the law.

Creating the Future Reality

Health care providers are currently looking at concepts and practices developed by those in industry for guidance in strengthening their services (see, for example, Rybksi, 1992). As occupational therapists reflect on and plan their future involvement with the ADA, consideration of the ideas of Russell Ackoff, a futurist, may be helpful in formulating a response. In his work Creating the Corporate Future, Ackoff (1981) identified four types of planners: inactivists, reactivists, preactivists, and interactivists. Inactivists are satisfied with the ways things are and do not want any change. They believe that change may make things worse, thus things should be left alone. Reactivists generally believe that conditions are going from bad to worse and prefer a previous state. Occupational therapists in this category have a reactionary management philosophy; not only do they resist change, but also they try to return to the way things once were. Preactivists believe that the future will be better than the present or the past to the extent that one prepares for it. They believe that, with sufficient information, one can predict the future, thus they are always looking for more information. Some occupational therapists in this category may depend primarily on technology and information systems for their planning when considering strategies for implementing the ADA. Interactivists, according to Ackoff, are not willing to settle for current conditions, nor do they want to predict the future or return to the past. They identify a vision, design a future, and invent ways that will help bring their vision about. They are proactive in that they believe that by their own actions they control an important part of the future as well as its effect on them.

The field of occupational therapy comprises many different types of individuals who do not respond to change uniformly. As a profession, we are often not proactive. Whether we respond as inactivists, reactivists, preactivists, or interactivists, our response to the ADA will reflect and determine how we function both individually and as a profession. If occupational therapists proactively plan and develop programs for implementation of the law, they can help create a more positive future reality in the United States for persons with disabilities. The ADA provides an opportunity for occupational therapists to share their professional education and experience to take our nation’s shared vision, which now includes Americans with disabilities, and help shape that shared vision into a reality.

Functions of Occupational Therapists in Creating a Future Reality

We as occupational therapists can participate in making our national shared vision become a reality for Americans with disabilities. Our education and expertise enables us to work in many settings, assist individuals who have numerous types of disabilities, serve in various roles, and fulfill many responsibilities related to compliance with the ADA. The ADA provides occupational therapists with a means for participating in creating the future by providing services and expertise to society. In helping to implement the ADA, we need to develop collaborative relationships with organizations that advocate for the rights of persons with disabilities.

Through the ADA, we can establish ongoing, collaborative partnerships with persons with disabilities, employers, those who provide public and private services, and both private and public transportation officials to implement the ADA (Grady, 1991). Occupational therapists can work with business groups such as chambers of commerce and service clubs to support the ADA. State occupational therapy organizations can recognize employers who proactively comply with the ADA. In helping to create a future reality for Americans with disabilities that accurately reflects our national shared vision, occupational therapists can fulfill many functions. Fourteen of these functions are listed below. This list is not inclusive, and, with time many other functions of occupational therapists in implementing the ADA may be identified.

1. Write, rewrite, assist others in writing or rewriting job descriptions that identify the essential functions of a job. Task analysis is used to ascertain the essential functions of a job and identify marginal job functions, that is, components of a job that can be eliminated or performed in alternative ways.

2. Provide employers with knowledge of the activities essential to a job and of the skills necessary for the person with a disability to perform the job. This assists employers in posing appropriate questions that focus on a prospective employee’s ability to perform the essential elements of the job and that therefore do not violate the civil rights of persons with disabilities.

3. Conduct an analysis, based on an assessment of physical, cognitive (including perceptual), emotional, social, or behavioral components, of a person’s strengths and limitations to identify, determine, confirm, or document any disability that interferes with his or her ability to perform a major life activity. The evaluation may include a
comprehensive history of the client's work performance; education; social, recreational, or leisure interests; and daily life requirements as well as a statement of his or her goals. Consistent with sound occupational therapy practice, whenever possible such an analysis will include the client's active participation in the assessment as well as the participation of primary relationships, when appropriate.

4. Develop intervention strategies that will enable and empower persons with disabilities to obtain employment or other work (Jacobs et al., 1991), including education, consistent with their current and potential abilities; receive services provided by state and local governments; use public accommodations, including lodging, food, retail, medical, and recreational facilities; be transported from one place to another both privately and publicly; and communicate electronically with others.

5. Restructure or assist others with restructuring the environment to make facilities accessible, education available, or work possible. To make accommodations consistent with helping a person with a disability attain the highest level of integration and equal opportunity, the therapist may need to rearrange the environment at the client's home, job site, educational setting, recreational facility, place of accommodation, or place of public service. Restructuring or helping others to restructure the environment also includes analyzing and evaluating sites, systems, resources, constraints, or demands of the work site, educational setting, or community environments to determine appropriate and reasonable accommodations or adaptation, such as modifying equipment or restructuring the job itself.

6. Direct and guide persons with disabilities in becoming proficient at using private or public transportation, including identifying accommodations that are required to make the transportation systems available to these clients.

7. Prescribe or recommend adaptive equipment or aids that allow persons with disabilities to engage in major life activities, and train the client in the use of such devices or equipment.

8. Monitor a client's organizational structure as well as the physical facilities to ascertain the success of any recommendations related to accommodations or adaptations and to communicate the information to the appropriate persons or agencies. Monitoring includes reassessing the client's status to determine if changes have occurred in his or her development that require additional alterations in order that he or she be maximally integrated into American life.

9. Identify necessary restrictions on the activity, work, or duties of the client, including precautions to ensure the client's safety as well as the safety of other members of society, and inform other persons (e.g., employers) when appropriate.

10. Adapt tests or examinations that, when administered to a student, applicant, or employee with a disability related to sensation, writing, or speaking skills, will accurately reflect the skill or aptitude that is being measured. Such adaptations may include recommending accommodations, restructuring a test, or recommending adaptive devices or equipment for use during testing.

11. Serve as an expert witness to help determine if a person's major life activity is substantially limited; if the person who is otherwise qualified has been afforded the opportunities, privileges, and rights to which he or she is entitled as an American; and if reasonable accommodations have been made for persons with disabilities.

12. Conduct research both to evaluate intervention strategies and program development related to implementation of ADA and to further develop the knowledge base of occupational therapy. Occupational therapy research can also help to identify populations being served through ADA and those that are not. Such research may also ascertain which services are needed by various Americans with disabilities.

13. Develop programs, either collaboratively with other professionals or individually, designed to help others comply with the ADA. Such programs might include ADA workshops for local employers and sessions on such topics as developing sensitivity to the needs of persons with disabilities, writing job descriptions, and making reasonable accommodations more accessible.

14. Serve as advocates to ensure that Americans with disabilities are granted their civil rights so that they are fully integrated into American society and able to engage in purposeful activity to their fullest potential, and to help educate persons with disabilities to become self-advocates.

The ADA is not a panacea for Americans with disabilities. As pointed out by Nosek (1992) and Reed (1992) in this issue, numerous weaknesses and limitations are inherent in the law. However, it mandates that qualified persons with disabilities not be discriminated against because of their disability, and, as Frieden (1992) points out, it will work. It provides a means by which all of us can help incorporate persons with disabilities into the American dream—an opportunity to make the shared vision of the United States a reality for everyone. Americans with disabilities have felt more positive about the conditions of their lives in recent years (Louis Harris & Associates, 1986), and progress has been made. However, there is still much work to be done to create a future that fully includes them as participants in all of life's major activities.

Therefore let us as Americans and as occupational therapists fully endorse the intent, focus, goals, and specific points of the ADA and affirm our sup-
port for full compliance with the Act by all Americans. Additionally, let us fulfill not only our civic duty and humanitarian interest, but also our professional responsibility to become knowledgeable about the ADA, to proactively implement the ADA fully within the framework of our practice whenever possible, and to assist others not only to comply with the law but also to proactively respond to the law. ▲

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References


