



**TECHNICAL ASSISTANCE and CONTINUING EDUCATION
TACE CENTER: REGION IV**

*A Project of the Burton Blatt Institute at Syracuse University
in collaboration with the DBTAC: Southeast ADA*

**DEMOGRAPHIC CHANGES: PROVIDING VOCATIONAL
REHABILITATION SERVICES
TO CONSUMERS FROM DIVERSE CULTURAL AND ETHNIC
BACKGROUNDS**

Event Date: March 18th, 2009

Presenters: Dr. Nathalie Mizelle and Ms. Celeste Hunt

Moderator: Daniel W. Wong

Overview

Lucy Wong Hernandez: Good morning, everyone. First of all, I want to apologize for the delay on beginning our webinar session. We are having some technology difficulties with the audio at some locations and we are trying to resolve the audio problem at this end. Once again, good morning, and thank you for joining us in today's audio training webinar, this is Part-Two of the training on Demographic Changes: Providing Vocational Rehabilitation Services to Consumers from Diverse Cultural and Ethnic Backgrounds. My name is Lucy Wong Hernandez. I am the Director of the Technical Assistance and Continuing Education Center in the southeast region, also known as the TACE Center in Region IV. I am based here in Greenville, North Carolina and today, we are transmitting to you from the East Carolina University, one of the partners of the TACE program in this region. The TACE Center's mission is to improve the quality and effectiveness of vocational rehabilitation services and enhance employment outcomes for individuals with disabilities in eight Southeastern states, Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, Tennessee and South Carolina. The TACE Center and its activity programs is a collaboration with the

DBTAC Southeast ADA Center and both the TACE Center and the Southeast ADA Center are managed by the Burton Blatt Institute of Syracuse University, New York.

Today's session on Demographic Changes: Providing Rehabilitation Services to Consumers from Diverse Cultural and Ethnic Backgrounds is a very interesting and educational training webinar. We are privileged to be joined by our featured speakers. Here with us are Dr. Nathalie Mizelle and Ms. Celeste Onxendine Hunt. Dr. Mizelle graduated from the University of Wisconsin-Madison with a Ph.D. Degree in Rehabilitation Psychology. She attended East Carolina University in Greenville, North Carolina, where she has earned a Master's Degree in Science Rehabilitation Counseling and Vocational Evaluation and attended the North Carolina Central University in Durham, North Carolina, earning a Bachelor's Degree in Art Psychology. She has been an Assistant Professor at East Carolina University since 2006. She has been a Mental Health Therapist for community-based agencies in Greenville, North Carolina to the present. Previously, Dr. Mizelle was the Program Coordinator and Assistant Professor at San Francisco State University. She was an Instructor at the University of Wisconsin-Madison. She also worked as a Developmental Learning Specialist TRIO Student Support Services and People's Program in Madison, Wisconsin. Rehabilitation Specialist for the American Rehabilitation Incorporated in Charlotte, North Carolina, and also a Rehabilitation Counselor for the Department of Vocational Rehabilitation in Greensboro, North Carolina and a Vocational Evaluator for Goodwill Industries also in Greensboro, North Carolina. Dr. Mizelle has numerous publications in the field of Vocational Rehabilitation and has a great presentation prepared for you.

We are also privileged to have with us Ms. Celeste Oxendine Hunt. Ms. Hunt is currently the Director for the Lumbee Tribal Vocational Rehabilitation Services Program in North Carolina. This newly formed Vocational Rehabilitation agency is currently in its second fiscal year of its Rehabilitation Services Administration (RSA)-funded grant and has been able to successfully achieve its goals to improve the quality of life and obtain

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successful employment outcomes for Lumbee Indians with disabilities in North Carolina. Mrs. Hunt is a member of the Lumbee Tribe in North Carolina and resides in Pembroke, North Carolina. The Lumbee Tribe is the largest Indian tribe east of the Mississippi with over 55,000 tribal members. Mrs. Hunt received her BA in 1993 from the University of North Carolina at Pembroke. She has worked for several years in the local Department of Social Services as a Social Worker before going into the field of Vocational Rehabilitation. She worked for the North Carolina Division of Vocational Rehabilitation Services for 10 years as a Rehabilitation Counselor. Working as a Counselor for NCDVRS she returned to school to get her Master's Degree in Rehabilitation Counseling and completed her degree in July of 2007 from Southern University, Baton Rouge, Louisiana. As a Masters Program project she wrote a Tribal Vocational Rehabilitation Grant for her tribe, the Lumbee Indians of North Carolina, and she submitted the proposal to the RSA in June of 2007. This was a successful effort for Ms. Hunt and she was awarded an estimated \$2 million, Tribal Vocational Rehabilitation Grant through RSA which will run from October 2007 through September 2012 and she will honor us today with her great presentation.

Also with us all we have Dr. Daniel Wong a professor at East Carolina University who provided lots of information during Part One of this training webinar on March 4th, and he is available if anyone would like to ask questions since during the last webinar we did not have enough time to answer all of the questions related to the Asian Americans with disabilities and Vocational Rehabilitation Services. He will be available, depending if the time will allow us to do that. You can also get in touch with him via e-mails through the tacesoutheast.org

During the questions and answers, we will make sure to take questions from the participants' audience and questions submitted to the operator and the captioner. All materials for this webinar were provided to the On-Site Coordinators prior to this training webinar and an e-mail was also sent yesterday, March 17, with the call in instructions and access to session materials via the Southeast TACE website. The format for today

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is as follows: I will give a brief overview of the rationale for today's presentation and then Dr. Mizelle will speak for about 20 to 25 minutes. She will be followed by Ms. Hunt who will also speak for 20 to 25 minutes.

We will have about 10 minutes to summarize the presentation at the end of the session. Before the conclusion of this presentation, there will be an opportunity for everyone to ask questions, hopefully, for about 15 minutes. If there is time left, as I said before, Dr. Wong could also answer some questions related to Asian American's Culture and disability and Vocational Rehabilitation Services. The operator will also provide us with the instructions when we are ready to take questions.

Now, I will proceed with a brief overview. This Part Two webinar series we will examine an issue of vital and perpetual interest to the Vocational Rehabilitation Community due to increasing cultural and ethnic diversity among the consumers that are being served and the rehabilitation professionals who influence how we reflect and relate to our communities of individuals with disabilities in society and in general. The specific populations that will be covered today include African Americans and Lumbee Indians. The philosophical concept behind this webinar series is to acquire a wider understanding that will advance the rehabilitation process and societal perception when taking into account the significant importance of cultural factors as it relates to disabilities and enhancing the quality of life of persons with disabilities. As you know, consumers with disabilities from diverse cultures and ethnic backgrounds face many barriers in receiving adequate and effective rehabilitation services and their employment outcomes are minimal when compared to other groups. The barriers that culturally diverse consumers with disabilities face include difficulties with understanding the vocational rehabilitation process and system, language and communication barriers, feelings of isolation, encounters with service providers lacking knowledge of the consumer's culture and challenges related to their socio-economic status acculturation and present situation in life. Often, service providers have a responsibility to provide a voice to consumers who cannot speak for themselves in various situations as they

encounter in working towards and achieving their rehabilitation goals. Understanding culture enhances the skills of Vocational Rehabilitation Services Providers to avoid stereotypes and biases that can undermine the process and effectiveness of Vocational Rehabilitation and other related services. In addition, understanding the population being served promotes a focus on the positive characteristics of the particular group and reflects an appreciation for cultural differences. Knowledge of cultural differences is a very important part of working with culturally different consumers as cultures plays a complex role in the development of skills and the delivery of human services programs. Culturally based approaches that build on the strength of diverse communities, knowledge and respect for different culture can result in services and interventions which can lead to effective practices and successful rehabilitation outcomes. The cultural appropriateness of Vocational Rehabilitation Service may be the most important factor in the accessibility and utilization of services by individuals from diverse cultural and ethnic backgrounds. Developing culturally-based and evidence-based practices can help reduce barriers to effective Vocational Rehabilitation outcomes and service utilization. And now, it is my distinct pleasure to introduce to you Dr. Nathalie Mizelle's with her presentation.

Slide 1A: Cultural Competence providing Vocational Rehabilitation services to people of African descent

Nathalie Mizelle: Hello, my name is Nathalie Mizelle and I welcome everyone today to this training webinar. We are now on the first slide which is showing the title of my presentation “cultural competence providing Vocational Rehabilitation services to people of African descent.”

Slide 2A: Demography

Let's go to the second slide which shows demographic information. In regards to people of African descent, we are the second largest group of people of color in United States. Over 34.6 million people of African descent come from diverse cultures including

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Africa, the Caribbean, Central Europe and South America. African Americans are approximately 12.3% of the U.S. population.

Slide 3A: Demography

Next slide, please. According to demography, the majority of Blacks in America trace their ancestry to the slave trade. Slavery lasted four centuries throughout Europe, the Americas and the Caribbean; nearly 12 million people were taken out of Africa and slaved in different regions. By 1860, close to 4 million slaves were in Virginia, Georgia, Alabama, Mississippi, Texas, which were the cotton states, Louisiana, Tennessee and Arkansas.

Slide 4A: Demographic Trends

Next slide please. Some of the trends for the African-American population is that 55% of Black Americans Live in the South region of the country and 19% live in the Midwest, and 17.6% in the Northeast, 9% in the West and of course most of us know that Washington D.C. has the highest percentage of Black Americans, then Mississippi, Louisiana, South Carolina, Georgia, Maryland, Alabama, North Carolina Virginia and Delaware. It is important to note that Black females outnumber Black males in the United States.

Slide 5A: Social, Psychological and Physical Health Issues

Next slide please. —Some of the Socio-economical, Psychological and Physical Health Issues that are present among African Americans are, 22.9% poverty rate compared with 11.6% for the nation at large as indicated by the U.S. Census Bureau. African Americans are more likely to be exposed to violence, which has a lot of implications for mental illness, such as depression and posttraumatic stress disorder. A lot of stigmatizing attitudes exist regarding mental health care among Black Americans.

Slide 6A: Social psychology...

Next slide please. In reference to social and psychological aspects, Blacks, which I use interchangeably with African Americans fear of mental health treatment was 2.5 times greater than the proportion of Whites. Other research found that Blacks Americans were less likely than whites to be properly diagnosed when suffering from affective disorders, such as depression. Research indicates that the tendency of clinicians was to diagnose more with schizophrenia.

Slide 7A: ...Health Issues

Next slide please. Health issues that are present in reference to the African-American population include diabetes at a higher rate which is three times the U.S. population. Heart disease is 40% higher, prostate cancer, HIV/AIDS and infant mortality also at a very high rate.

Slide 8A: Cultural Orientation and Values

Next slide please. Cultural orientation and values. Myers states that Afrocentricity refers to a worldview that believes reality is both spiritual and material at once, with the highest value on positive interpersonal relationships between men/women; self knowledge is assumed to be the basis of all knowledge, and one knows through symbolic imagery and rhythm.

Slide 9A: The Collective

Next slide please. So, therefore, when working with the African-American population, you need to understand that African-Americans believe in the collective way of life. A popular saying is: "I am because we are and since we are, therefore I am." A lot of African Americans have an extended family so they have a lot of collateral relations which are valued over highly individualistic styles. Education is means of self-help and a strong work ethic are often taught to children at an early age.

Slide 10A: The Collective

Next slide, please. Communication patterns are not limited for the dialogue or to standard English. When working with the African-American population, the use of sense of humor and storytelling is a very big -- plus when we are working with that particular population. Most Black people depend on nonverbal modes of communication. How something is said, rather than what is actually verbally spoken is what a lot of African-Americans pay attention to and relate to more easily.

Slide 11A: The Collective (cont.)

Next slide. Body movement, postures, gestures and facial expressions represent dominant patterns of communication within the African-American community. Giving people status as a function of age and position is very important to the African American community especially in reference to the elderly, great uncles, and great aunts and so on.

Slide 12A: The Collective (cont.)

The next slide, please. In reference to the present orientation, we have African American people going to church at large numbers. They do go to their priests or preacher or pastor for orientation/counseling. They do like going to social activities and other events which varies by individual values and acculturation levels into their own groups or other cultural groups. Therefore, value is placed on the use of Proverbs. Everyone uses a spiritual wisdom-like "God don't make no mistakes" not only to cope with daily life but also to resist well and to thrive. I am being asked to take audience questions, at this time.

Question: Explain Afrocentricity. Somebody asked - what is Afrocentricity? This is in laymen's term that is in reference to how African-Americans in this particular country

have still taken some of their cultural values from Africa in combine it to America cultural values, as they were being acculturated into America. Another question is -- what is meant by body movement? This is in reference to a lot of hand use, using hands a lot, using a lot of facial expressions that people use for communication to emphasize more what is being said. Another participant said – “I disagree with most Black people depend on nonverbal modes of communication.” That could mean to some people that we are ignorant or uneducated.” Oh no that is not the case -- I was not saying that because they use nonverbal modes of communication, meaning they are unable to speak or do not have verbal communication. What I am saying is that we use a lot of non-verbal cues that people do not pick up all the time as a form of expression. People misread it in reference to working with that population.

Question: Why is the African-American population quick to be diagnosed first with schizophrenia when they are suffering emotional disturbance? That is a very good question. What the research was showing was because depending on whom the therapist is Black or White or other race, Psychologist or the Doctor; they are missing out on certain behaviors, the communication and sometimes misdiagnose. That is what the research indicates based on what the DSM says, that is one of the first ones that come up is Schizophrenia in reference to emotional disturbance among Black Americans.

Question: I do not understand the question about why Black Americans use their hands while talking. What about less direct eye contact? By body movement I mean body language and you can still have eye contact, but you have more fluid communication using your hands at the same time that you are talking to make your point or get the point over. A lot of people are saying that, sometimes, some African Americans, when they are using their hands a lot they might come across as angry or they do not care. Most times, it is a way of communicating how they are feeling, with a lot of emotion in their hands, head, neck, using their whole body to make their message clear. Someone

said – other cultures also use their hand to make their point also clear – is has become a universal way of communicating among some groups.

Slide 13A: Other Traditions

Next slide, please. African Americans depend on a lot of oral traditions, reliance on proverbial wisdom, spirituality, firm child-rearing practices, education as a means of self-help, collateral interpersonal relations, and formal communication styles with elders and authority figures.

Slide 14A: Other Traditions

Next slide, please. We have already discussed nonverbal modes of communication. When I am referring to African Americans, I am not saying that all African Americans do this, this is just a majority of what research has shown, and what happens in different sessions especially working with vocational rehabilitation issues, during one-on-one sessions you will see a lot of these nonverbal modes of communication. Also, working with extended family based on blood and strong ties, a lot of times with African Americans, when they come in, they will have family members with them or sometimes they tell you that I cannot sign this plan until I talk to my mom, talk to my grandma before something is signed and someone else has to read it too. There is a strong sense of unity, self-determination, collective work and responsibility, creativity and faith and fluid time orientation.

Question: A question was asked to explain oral traditions and reliance on proverbial wisdom. Oral traditions is what has been passed down according to our ancestors, some many call it folk tales. I will give you an example. On New Year's celebration, some people still have to have black -eyed peas and ham to bring good luck or a 50-cent piece in the window to bring you good luck for the rest of the year. Some people call it folk tales, we call it oral tradition. Proverbial wisdom is “God didn’t make no ugly.”

People may use proverbial wisdoms to get us through the trying times that we go through. These expressions give a sense of becoming stronger.

Question: Another question that was asked -- was what is fluid time? Meaning that time in which I am going to get to in a minute or immediately. It's typically parting from the past to present and future. What you are looking at is that time is slow moving and practical, but the task and behaviors is not what you are prescribing to it just time is just flowing and you will get to it when it gets done it is not, necessarily, that you will disregard it. It is not clock time. It is not that you looking at the clock and has to have it done by a certain time. The results could take place at any future time.

Slide 15A: Guidelines

Next slide please. Guidelines. Just overall guidelines, be genuine in your verbal and nonverbal communications and engage in advocacy, avoid biases that the client might experience or perceive related to his or her problem when receiving VR services.

Slide 16A: Guidelines

Next slide. Utilizing psychological methods and encouraging spirituality helps have language flexibility for better communication. Consumers understand the VR process and for the most part do not have any negative reaction to its use but rather to the implementation by some counselors that are not used to deal with Black Americans. I am referring to in reference to some of the kids, not just African American kids but all kids have their own language and we should not jump to conclusions that someone uses slang or they use "bad English" that they are not intelligent or they do not perceive to have any type of job skills or job marketability. Cultural/ethnic language expression may have little to do with that. Practice culturally informed consent. Because lack of trust based on African American historical social events, counselors should explain their roles and the consumers' roles and techniques in the process throughout the vocational rehabilitation process. It is important to work on building trust.

Slide 17A: TRIOS Model

Next slide, please. The TRIOS Model is very helpful in working with African Americans through counseling or the vocational rehabilitation counseling, in the different settings. This information is from George Jones 2003. TRIOS stands for Time, and Rhythm, Improvisation, Orality and Spirituality.

Slide 18A: TRIOS Model

Next slide please. Time, save, or wasted or invested. Time focuses attention on the present, immediacy of goals or behavior, setting goals and planning for the future, emotion laden thoughts about the past. Examples of that might be that I try to live by one day at a time. That is why someone might come into your office and expects to be giving that particular answer -- or may not appear interest in making extensive plans for the long-term future. Some people think about the past a lot. Rhythm is recurring patterns of behavior with a specified time frame. For example Racism often causes disharmonious connections between internal and external states. So internal rhythmic process with an external dynamic properties flow in entrainment and in pertinence of and preference of physical expression. Something you might hear, someone might say that "I always try to be in sync with my surroundings."

Slide 19A: TRIOS Model

Next slide, please. Improvisation is language, relationships and actions. That is creative problem solving in conflicted context. An example of that is when something disrupts my goals, I often figure out how to achieve them anyway. Personally, characteristic expressiveness or style. So, when something disrupts my goals, I figure out how to achieve them anyway and have a personal style that is all my own. That is something that you will hear in reference to this. The next is morality, traditions of vocality, drumming storytelling, praise singing and naming parts of Africa and African History. The first that comes to mind is hip-hop that is storytelling, especially for some

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adults and also for kids. It is not necessarily in the African-American community but in all communities, but the African American community does embrace that Morality, preference for verbal exchange that is face to face. Words, speech and humor are fundamental modes of personal expression, means of creating and maintaining social bonds, means of communicating cultural values, knowledge and expectations. Some things that I try to deal with some people straight up, face to face. I often feel that my experiences are not real until I tell someone about them. In my social group laughter often holds us together. The most important thing I know, come from stories that I have heard and things I have read. The next part of the TRIOS model is spirit, divine intervention, and the higher power in daily life, belief in a Higher Power force, control and responsibility to share with this force. So belief in God or a greater power helps we feel the circumstances of my life, there are forces that influence my life that I cannot explain.

Slide 20A: Issues to Address in VR

Next slide please. Some of the issues to address in VR hear again that is what I have been talking about the whole time in reference to communication and how to look at gestures or pantomimes and of course also, verbal communication, but I am talking in reference to the African American population. The interaction issues, you have to make sure, the African-American population might have difficulty following through with the plans or maybe some undeveloped social skills, only because the plan was not communicated with the extended family sometimes. Pantomime meaning nonverbal; hear again I just use that with nonverbal communication. Impediments, some could be work tolerance, work skills, communication, mobility or interpersonal skills. This comes from different research; especially with Keith Wilson has done a lot in reference to what difference a race makes, reasons for ineligibility in the Vocational Rehabilitation system and this is across the United States. Some of the risk factors to look at are a lack of job market skills, underemployed or lack of transportation. Finally, counselors need to be aware of their own biases. African-Americans may be especially wary of the motives of

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authority figures and thus may test the relationship before allowing themselves to make trusting and intimate bonds with the VR counselor. Also, you have to remember the negative portrayal, African American men as being absent from their families and providers have left many practitioners with basic knowledge or effective intervention strategies applicable to Black men and women. What I am trying to say is just because what you see on television and what you see in writing, sometimes, it does not mean that is always the truth, get to know the person as the “real person.” Do not let stereotypes ruin a good professional relationship. The recognition of African American males as resources for working with Black American families can enhance the development of effective interventions. Practitioners with a stereotypical view of African-American people will fail to utilize their strengths, jeopardize the effectiveness of the service intervention. This stereotypical framework can result in self-fulfilling prophecy, poor client follow-up, premature termination and the failure to achieve treatment goals. Thank you for all your questions.

Lucy Wong Hernandez: Thank you, Nathalie. Now, we have our next presenter. I see some of the questions that are coming up on the screen and we will try to attend to those questions towards the end of the next presentation. Now, I will ask Ms. Celeste Hunt to begin her presentation. She has a lot of great information that we can all learn a lot from. So, Celeste are you ready?

Slide 1B: Part II: Lumbee Tribal Vocational Rehabilitation Services

Celeste Hunt: Good Morning everyone. First, I would like to say thank you for the opportunity to speak with you all this morning in reference to Tribal Vocational Rehabilitation Services with the Lumbee Tribe of North Carolina. I am sorry for the audio problem with my equipment -- can you hear me now? OK. Again I would like to say thank you for this opportunity and this morning I would like to provide you with the information on the Lumbee Tribal Vocational Rehabilitation services through the Lumbee Tribe of North Carolina.

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Slide 2B: Lumbee Tribe of North Carolina

Next slide please. The Lumbee Tribe of North Carolina, the Lumbee Tribe of North Carolina consists of 57,200 tribal members we reside in a four county area of North Carolina. The Lumbee Tribe of North Carolina, we are the largest American Indian tribe east of the Mississippi River. We are a state recognized tribe seeking federal recognition at this time.

Slide 3B: The Need

Next slide please. When looking at a need and why we needed a tribal VR program, I looked at different statistics in the state of North Carolina. According to the State Center for Health Statistics, there is a 38.5% disability rate for the Lumbee Tribe. More than half of American Indians in North Carolina are of the Lumbee Tribe. Lumbee Indians with disabilities have a minimal understanding of their impediments to employment. Many Lumbee Indians with disabilities decline to seek help outside from established providers of counseling services due to fear and lack of trust. So there was a need for a culturally sensitive VR program within the Lumbee Tribe.

Question: A question is -- why such a high percentage of disability rates? It looks as if, in looking at different statistics across the nation in reference to tribes across the nation we have a high rate of diabetes, heart disease rates, just to list a few, we have a lot of problems with depression, circulatory problems alcohol dependency, depression and we are also seeing a lot of hearing loss among young Lumbees at this time. Lumbee Indians with a disabilities, declined to seek outside counseling due to a lack of trust. A lot of these individuals feel that they would rather stay at home and do without due to not feeling comfortable in talking with these individuals in outside services programs.

Question: There is a question about -- why the large hearing problem percentage. We are looking at the Lumbee Tribe over the last 30 years; we had a large, a tremendous amount of industry and plants in the area. A lot of our tribal members work in the plants

if it was in textile, etc. A lot of our tribal members went to work on a daily basis and did not wear ear plugs. For example, if a person worked in an industry where there was loud machinery going on and loud noises within the industry and members did not wear hearing plugs on the job – damages the hearing. Well, I am seeing a tremendous amount of hearing loss at this time. A lot of our tribal members are no longer working in the plants due to since closing in the last 10 years. They are seeking other types of jobs. While working on other jobs at this time, they cannot hear the communication on the new job. I have seen several individuals come in with hearing loss that need hearing aids at this time. Of course, a lot of individuals cannot afford to purchase these devices. Through our program we are able to assist them with hearing aids so they can successfully achieve their job and be able to go to work on a daily basis and achieve their job duties. We are seeing what the reasons are probably due to the large industries and plants that were in our area at one time that we no longer have them. Individuals did not understand the need to wear hearing devices or plugs due to the loud industry, the loud noises in the plants at that time.

Slide 4B: Population North Carolina Tribes

Next slide please. Here you see the population of North Carolina tribes. Breaking it down, Robeson County which is the county that I live in, the total population is 127,586. The American Indian population is, 38.5% in Robeson County. I indicated the total disability population at over 5% and over in that area which would be 30,082 and then there is Cumberland County, Hoke County and Scotland County and here are some statistics on the total populations and the American Indian populations and disability as a whole in each county Mr. Harris said, I thought North Carolina was under and Order of Selection, that is the North Carolina Vocational Rehabilitation, we are the Lumbee Tribal Vocational Rehabilitation Services, through a grant through RSA there is at least 77 tribes across the nation that have a RSA grant for Tribal Vocational Rehabilitation at this time. We have our own program and that is not through North Carolina. It is a program through the Lumbee Tribe of North Carolina. We are very excited and the program is

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going well, so again, there are 77 tribes across the nation that has this Tribal Rehabilitation grant at this time.

Slide 5B: How it all Began...

Next slide please. How it all began. Like I said, we are the largest tribe east of the Mississippi River. We are a state-recognized tribe. So at this time we do not receive federal funding like most federally-recognized tribes do. We can apply for some grants that will be available to us. Working on my Master's, I saw the need for Vocational Rehabilitation with the Lumbee Tribe. I was able to do my research project on a Tribal Vocational Rehabilitation Grant. I did apply and submitted the grant in June of 2007. And then I defended my research project with committee members at Southern University in July of 2007. Having no idea of what would occur, I received a call in September of 2007 that the Lumbee Tribe of North Carolina received funding for the \$2 million grant for 5 years. Becoming very emotion at that time I knew that I had to get to work and start providing Vocational Rehabilitation services for the Lumbee Tribe of North Carolina. So, starting October 1, the program was started and at this time we are in our second year.

Slide 6B: Grand Opening and Ribbon Cutting Ceremony

Next slide, please. We were able to have our grand opening ceremony about six weeks later, December 11th 2007, we were very excited. We were able to get our first consumer that applied for Services. She was able to do our ribbon cutting ceremony for us. That is me in the black suit and my co-worker, who is our counselor who was next to our consumer during the ribbon cutting ceremony. Our motto, as you see on our grand opening is, working to improve the quality of life for Lumbee Indians with disabilities.

Slide 7B: Mission

Next slide, please. The mission for the Lumbee Tribe of North Carolina, the mission of the LTVR is to provide VR services in a culturally appropriate manner for Lumbee

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Indians, consumers with disabilities. To identify the issues that American Indians who live in communities with cultural diversity face in working towards successful employment outcomes and to increase the knowledge or understanding of these rehabilitation problems through monthly collaboration meetings with community services.

Slide 8B: Goal

Next slide, please. Our goal is to create and provide vocational rehabilitation services and promotes successful employment for the members of the Lumbee Tribe of North Carolina, consistent with individual strengths, resources, priorities, concerns, abilities, capabilities and informed choice so that consumers can prepare for, secure and retain gainful employment.

Slide 9B: Lumbee Tribal Vocational Rehabilitation Services

Next slide, please. Therefore, the motto of our program evolved into working to improve the quality of life for Lumbee Indians with disabilities. The National Council of Disabilities estimated a 22% disability rate among American Indians. In looking at this disability rate and with the Lumbee Tribe having 57,200 tribal members, I looked at the there is a possibility that there could be over 12,000 disabilities for the Lumbee Indian tribe. We will provide culturally sensitive services to Lumbee Indians with disabilities. Tribal members tend to decline; again, as I said before, they decline to seek help from resources outside of the community due to fear and lack of trust. And believe it or not, a lot of these tribal members just will do without rather than seek services because they feel uncomfortable or they feel they will probably not receive things at this time. We live in a tribal service area which consists of four counties. We have tribal members that are located in all four Counties, the four counties that I listed earlier which are Cumberland County, Hoke County, Scotland County and Robeson County. Robeson County being the largest. The Pembroke North Carolina area being the largest is where we have our tribal services set up.

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Question: Are the Lumbee Indians residing on a reservation? We are not on reservation land. The tribe does own land at this time in NC. Like I said, we are spread across four different counties. The Tribal Vocational Rehabilitation program, our goal is to provide a safe environment for individuals with disabilities to seek the required services. When you walk into my office you will see a sign above the door that says our goal is to make you feel better when you leave than when you walked in the door. Yes, we are not in a reservation, no sir. Again, we are a tribal service area which consists of four different counties.

Slide 10B: Objectives

Next slide, please. Our objectives for the Lumbee Tribal Vocational program, these are objectives that we have for the next five years. The first is to establish our office and hire and train our staff, which we have done that. Increase tribal awareness of disability issues; provide VR Services to improve community access and employment opportunities for VR consumers. We will provide culturally appropriate VR Services to 235 tribal members in the next five years. Our results will be 156 successful employment outcomes over the life of the grant. Well, I can say that at this time, we are working with at least 130 tribal members. We have successfully closed over 40 cases in the last-in our second year of the grant and we are on target for our successful closures. I see where you are stating, Ms. Ruth, about providing specific examples of what would be culturally sensitive services. I will give you some examples of different services that different tribes do have available in reference to services that are considered Native American services that can be provided in Native American Tribal VR programs. For example, it is called smudging; it is a ceremony utilizing any of the four basic medicines such as sage, sweet grass, tobacco or cedar to cleanse a person of a negative thought or feeling. This can be done at any time during our counseling session or with family and friends, as requested. We also have prayer, which prayer can be incorporated into your counseling sessions with your Voc Rehab staff. Also, if you would like to refer to the tribe spiritual leaders, you can do that, as well. We have social

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events, such as paw wows, social gatherings and other cultural events within our Native community. We also like to look at traditional lifestyles, which involve information on our cultural history, traditional healing techniques, traditional medicine, nutrition, diet, exercise, and we have referrals for other historical health related information like medicine men, etc. We also have what you called a talking circle. Talking circles are available through Native American tribes and can be used as part of the service for vocational rehabilitation. It is through family and friends as requested a talking circle allows each individual to express their thoughts, feelings, issues in as much time as needed. Each person has a chance to speak and reflect on what others have said. It allows for communal support and healing.

Question: Are non-natives hired to work with the LTVR program? At the present time, all of the individuals that work with us are Native. Non natives can be hired for the program if we do not have individuals with the experience or with the knowledge of Vocational Rehabilitation. I can say now that right now I am the Program Director and we use the Master's of Rehabilitation Counseling, etc. I do have two counselors; I have an individual who is currently in the middle of working on their Master's at UNC Pembroke in Rehabilitation Counseling that is working as a Rehabilitation Counselor with me. I also have an individual who came from North Carolina Vocational Rehabilitation who left North Carolina Vocational Rehabilitation as well as myself. With 16 years' experience with vocational rehabilitation services. So, what we tend to do is if we can find native that had experience with vocational rehabilitation counseling, we do hire them. Right now, we have been successful and been able to find individuals that meet those criteria.

Question: Does your program provide IL services? We do not have Independent Living at this time. Most of the goals, you were saying unskilled labor. We are blessed to have a University here in the town of Pembroke. We do have a lot of Natives here that have college educations. We are a very educated tribe. I can say too that my, the church that I attend is about 3 miles from Pembroke. We live in a community where-I was just telling

someone earlier, in my church, I had an individual that was having some problems and passed out during church. It was pleasing to say that I was able to have, there were four doctors in the congregation and about 12 nurses. So they were able to assist that person in need at that time. We have a lot of teachers tribe members. We have a lot of doctors and lawyers at in the area, which is a blessing. We have skilled labor and unskilled labor that comes to our area. I am working with individuals now that have college educations that have disabilities that are seeking employment, at this time. Due to the University being in the area it really has helped a lot of our tribal members to be able to get educated.

Question: Do you find your clients open to relocate specifically those with college degree? I do find individuals that do want to relocate due to minimal jobs in the area. We do see that there are a lot of individuals with college degrees that like to move to the Raleigh area and you see a lot of people that like to move out west and venture out to even working with other tribes to assist them as well The Methodist do have a long and successful history of Native American Ministry. Again, our church, our membership is 935 Native Americans. Our pastor has his Doctorate through the Methodist Church. He is very successful. And it is a blessing that we have been successful with the Native American Ministry at this time. In reference to eligibility for the Lumbee Tribal VR program, you have to be a member of the Lumbee Tribe. You do have to have a membership and enrollment card and you must live in the four County areas. The reason we stress the four county areas is we have at least 57,200 tribal members in this four county area. So due to the funds that we have, we have a certain amount of funds that we can spend on services per year. We only could stretch it out to the four county areas. You must have a disabling condition or impediment to employment and your goal is seeking employment or retaining employment at this time.

Question: Since your program does not provide IL services, if these consumers are served by DVR IL program? Does you are funding allow reimbursement to NC DVR? We will refer individuals to Independent Living through DVR but we do not have

reimbursement through North Carolina DVR at this time. We are a grant through RSA and our funding comes through RSA just like the state of North Carolina. The targeted population, disabilities can be seen or unseen, they can be physical, mental or emotional. The illiteracy and low functional literacy rates have been a problem among the Lumbee Indians and leads to subsequent underemployment. This is just examples of different services that individuals, well different, LTVR provides services to individuals with blindness and visual impairments, deafness and hard of hearing, respiratory issues, such as asthma. That is if it is chronic asthma and that is if it is causing the individual to have problems on the job. Respiratory issues such as asthma, cardiac, CVA and circulatory issues, amputation, arthritis, rheumatoid arthritis, lupus, burns, back pain, obesity, cancer, mental and emotional disabilities such as depression, and alcohol and drug dependency, once they have completed a treatment program.

Question: Why are we called Lumbee Indians? You can look up the history of Lumbee Indians on the Web and it gives a lot of different information about the Lumbee Indians. The Lumber River flows through Robeson County and we have been called, we use our name from the Lumber River.

Question: If primary DX is A&D, do you require your clients to go through treatment first before you provide services? We do require our individuals to go through treatment and bring in that information before we actually activate their case because they need that treatment before they can seek employment.

Slide 14B: Services Provided are:

Next slide, please. Services provided are Guidance and Counseling, Evaluation, Assessment, Vocational Training, Technical Assistance and/or transportation, Assistive Technology, Transition of Students with disabilities from high school to college to employment etc., Occupational License, tools equipment and/or initial supplies again, job search and job placement follow-up. So pretty much it is the same services that State VR provides as well.

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Slide 15B: Collaborators

Next slide please. Our collaborators, and what RSA likes to see is a collaboration with the state VR program so that we can work together to successfully achieve a consumer's job goal and when you work together things seem to work out well. At the Lumbee Tribal VR program, if there is something that we cannot provide, we have the state VR that they can work with, so, it's a situation where the consumer can actually be on two caseloads where you are working together to achieve this goal and a good thing about it is, when you can both, the tribe as well as the state VR are able to get a closure. We do have a certain amount of funds. We do not have a lot of funds available but do have the funds available to assist individuals, for example, for high cost surgeries, etc, we would refer to the state to assist us with that. And again, using the State Employment Commission, private employment services such as you know, staffing agencies, the University of North Carolina and other Universities in the area, Robeson community college, as well as other community colleges in the area, we like to get the WIA programs, One-Stop Centers, and the Mental Health agencies in the area. Having good collaborators really helps in successfully putting our people into the workforce.

Slide 16B: LTVRS Staff

Next slide, please. This is a picture of my coworkers as well as myself with our tribal chairman at our ribbon cutting. The staff consists of the Program Director, two Rehabilitation Counselors. We do have a Rehabilitation Technician and an Administrative Assistant.

Slide 16B: Outcomes

Next slide please. This is some examples of our success in the past; we are in our second year. Our first year, we started October of 2007 through September 2008. Being our first year, we needed to get our mission statements together we needed to do policy and procedure and get all of the paperwork needed to start our program. We looked at

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only 5 successful closures but we were blessed to have a goal of, we had 25 closures in our first year. --We had 99 activations and our goal was 15 activations with five successful closures. But what we had was 99 activations with 12 successful outcomes. Year two, we are in our second year, our goal is 40 activations with 27 successful closures, as of February we had 110 activations with 15 successful closures. So we are looking, we are on task, our goal is to meet those 27 successful closures and we feel we will succeed at that.

Question: Do you work with Supported Employment cases? We do work with supported employment cases, we can provide individuals with supported employment we can assist and pay for on the job training to assist individuals on the job and we do have a lot of business in the area that are willing to work with us in reference to supported employment etc. And then our five year goal is 235 activations and as you can see we will probably meet those 235 activations this year. So there shows there was a need for Tribal Vocational Rehabilitation among the Lumbee tribe of North Carolina. Again, we are on task in reference to the 156 successful closures. The economy is very tough in the area; we live in a very rural area. We have lost a substantial amount of jobs, we have lost a lot of industries in the area and individuals are looking at going back to school, going back to get other trades to find employment. So, we are really being very creative in talking with the employers' one-on-one in reference to providing on the job training to put our consumers with disabilities to work.

Slide 18B: Thank You

Next slide please. Again, I would like to thank you for the opportunity to share on the Lumbee Tribal Vocational Rehabilitation Program. There is an estimate of 77 tribes across the nation that has the tribal VR Program. We have conferences where we can come together and talk about the different tribes and the things that we need in reference to our tribal members that have disabilities and a lot of things that we see is Diabetes, we see the heart, the cardiac and circulatory problems that are occurring with

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our tribal members and it is something that is going across the nation, so I would just like to say again that this is my second year in operation. I am always, always, looking to ask a lot of questions and looking for positive feedback to assist me with this program. In looking at the individuals on here it looks that I may need to get some e-mail addresses, etc. and I will be asking questions with TACE in the next several years. Thank you.

Q & A

Lucy Wong Hernandez: Thank you, Celeste, for the wonderful presentation. We still have some time left that we can utilize right now and, perhaps, the participants at the different locations have some questions or maybe questions that we did not have the opportunity to answer during the presenter's dialogue. Feel free to ask any questions at this moment. We will read them out loud, as they come up on the screen. The presenters will be ready to answer them. So just send in your questions, and I will read them out loud. The first question that I have for Celeste is -- do spiritual leaders/ medicine men accept payment in terms of money? Do spiritual leaders, medicine men there, accept payment in terms of money?

Celeste Hunt: They do not accept payment in terms of money, individuals may go to them and they may give them a blanket, beaded necklace, etc, in reference to assisting them. A lot of the medicine men are elders in the community and they do, they like to receive things in reference to jewelry and things like that, they like to wear their jewelry to show their culture and normally they like to be able to teach others that are younger than them the ways of the medicine men etc, and hopefully they look at it as if this can be a learning experience for a tribal member to carry on the tradition.

Question: You asked what part of the state are the four counties where the Lumbee reside. We are located in southeastern North Carolina, which is when I say, Cumberland County that is the Fayetteville, North Carolina, Hoke County which is the

Rayford area, Robeson County which is the Lumberton Pembroke area and Scotland County which is the Laurinburg area.

Question: Has anyone investigated the need for services in the Cherokee Tribe in particular? The Cherokee's applied for the tribal VR Program last year and were successfully awarded. They have had their grant since October of 2008. They are very excited. We would like to work with them in collaboration.

Question: Are your clients of both the state VR and tribal VR at the same time? We have some clients that we refer to State VR because again our funds are limited and the state has a whole lot more funds than we do. So if we cannot afford to assist someone with our funds, we do refer them to State VR and we like to work in collaboration with them. So there can be a case with State VR as well as Tribal VR at the same time. We try to work together to show that you are not providing the same services.

Question: Are there many young people continuing in the ways of the elders? There are many young people that are continuing in the Elder's ways. We do have culture classes at least twice a week in our area to teach our young people our culture and so that they can extend it and so that we can carry on the culture of the Lumbee Indians.

Lucy Wong Hernandez: There is a question in reference to the post-test. Yes, the post-test questions are all based on the PowerPoints presented today. I understand that perhaps you could not hear some of the answers provided because of the audio difficulties we are encountering. There is no need to worry. Whatever is on the post-test is exactly coming out of the PowerPoint presentations that you probably already have copies of them. Are there any other questions? I see another question for Celeste -- Are any of your tribe members leaving the area for employment? In other words, leaving the Lumbee area, the four counties that you just mentioned Celeste?

Celeste Hunt: We have had tribal members that leave the area. We have had a lot of individuals that have become very, very successful in opening up their own businesses.

When you come to the Lumbee Tribe you can see that we have, again, a lot of educated tribal members and I owe that to our parents, our grandparents, they stressed the need for education and it is just amazing the individuals, the tribal members that continue to stay focused in education. We have a lot of our Indian young people that attend University of North Carolina- Chapel Hill, we have a university, again, I could name out 15 to 20 attorneys in the this county at this time that are Native and at least 20 Doctors. The children are continuing to stay in school and are continuing to be successful.

Lucy Wong Hernandez: It seems like some people lost the audio again. I would like to thank the presenters for their work and very educational presentations. We will take care of all of the questions that we could not answer due to limited time and send you all the answers via e-mails. You will also see it in the transcript once it is posted. I want to thank the presenters, in spite all of the audio difficulties with technology they were able to provide you very a good insight in reference to the cultures of African Americans as well as the Lumbee Tribe in NC. I encourage you all to visit the website:

<http://tacesoutheast.org/> to obtain information about this and future opportunities for webinar trainings and lots of good information related to the field of vocational rehabilitation counseling. Once again, a transcript will be posted on the TACE website as well as the PowerPoint and the audio. I also want to encourage you to complete your evaluation Form for today at the end of the presentation when we are finished. Your feedback is important to us. This is the only way that we can make improvements, and more important , to provide future topics that are related to your work and topics that will give you the information that is implementable to your daily work in your field and very valuable work for everyone. You can also refer to the site coordinator, participants, for the instructions on how to download all of the materials for this and other the sessions. And now at this point again, I thank you all for being with us and for being so patient. And now, I would like to transfer it over to the operator that might have some information to give to you in reference to the work that needs to be done for you

to obtain your CEU credits and CRCC Credits and so on. Again, Thank you very much. This is Lucy Wong Hernandez closing now and passing the mic to the operator. Thank you.

Marsha Schwanke: Thank you Lucy. Just a reminder for everyone for education credits, to be eligible for the 0.3 CEU credits, you must have participated in both the March 4th and March 18th sessions. Site Coordinators should distribute a CEU form to participants and that needs to be faxed to the TACE at 404-541-9002 by March 20th. For CRCC credit, you must pass a post-test; it is a 10 question true-false post-test, with a score of 80% or better, within 3 attempts. Upon successfully passing, you will have access to submit an online CRC request form. Site Coordinators, to log on to MyTACE portal, use the email address that you used when you registered and the password that was provided in the Site Coordinator instructions email. For participants, you will also need to go to the MyTACE portal and create a new account to have access to the post test. On the event webpage of the TACE website, there is this information as well as a link to the MyTACE portal.

Lucy Wong Hernandez: The operator already completed her part giving you the related information to the CEU's and CRC's. So thank you and we will see you next time. The next webinars will be March 31st, April 1st and April 9th. Do not miss those training opportunity, they are very good topics on Ticket to Work and also on Ethics of Rehabilitation Services. Thank you and good bye for now.

[Event concluded -- March 18, 2009].