

FACT SHEET



PEDIATRICS

AMERICAN PHYSICAL THERAPY ASSOCIATION

Section on Pediatrics, APTA

1111 North Fairfax Street
Alexandria, VA 22314-1488

Phone 800/999-2782, ext 3254
E-mail: peditrics@apta.org

www.pediatricapta.org

 **APTA**
American Physical Therapy Association.

Adolescents and Adults With Developmental Disabilities (AADD): Employment

Special-Interest Group

Overview

Employment is a universal human right and should be the expected outcome for all adolescents and young adults with intellectual and/or developmental disabilities (ID/DD).^{1,2} Recent social changes and legislation support this right for individuals with ID/DD.²⁻⁴

Employment is a “win-win” situation, providing benefits to both the individual with ID/DD, their family, and the community.¹ Employed individuals with ID/DD can experience increased economic self-sufficiency and social interactions,¹ which may directly or indirectly impact health and quality of life.⁵ In 2002, only 27% of the ID/DD population reported being employed in any given month, compared with 75% of the general population.⁶ More recently, 46% of young adults with multiple disabilities reported some form of employment 4 years after graduating from high school.⁷

Employment of individuals with ID/DD occurs in several forms, including sheltered workshops, segregated day programs, competitive, integrated employment, and self-employment. While sheltered workshops provide employment opportunities to individuals with ID/DD in a protected environment under an institutional program,⁷ segregated day program employment occurs within a day program. Participants in workshops or day programs often perform piecemeal and/or contract work and too often earn sub-minimum wages.⁸

Competitive, integrated employment refers to community-based employment opportunities. Employment First¹ is a concept and a practice which presupposes that individuals with ID/DD, when given adequate support, can obtain and sustain competitive, integrated employment. In the United States, only 10 states have met the goal of employing at least 33% of individuals with ID/DD in competitive, integrated environments.⁹ The remaining majority of adults with ID/DD work in sheltered workshops or day programs.¹⁰

Self-employment is another option for individuals with ID/DD.^{11,12} Stemming from economic shifts from manufacturing to technology, information, and service, as well as increasing numbers of individuals exercising personal choice and self-determination,¹¹ self-employment numbers will only increase. In select states, assistance with developing and sustaining a small business is provided to individuals with ID/DD.^{13,14}

While competitive, integrated employment should be the goal for all individuals with ID/DD,¹ several reviews report that nearly 75% of individuals with ID/DD are employed in sheltered workshops or day programs, with only 25% in competitive, integrated settings.^{10,15,16} Barriers to competitive, integrated employment include:

- Approach of state agencies directing Medicaid services for people with ID/DD¹⁵
 - Home and Community-Based Service Waiver program reimbursement¹⁰
 - Lack of participation in work incentives¹⁰
- Approach of the Community Rehabilitation Providers¹⁵
 - Attitudes of employer and coworkers, lack of expertise on the part of the employment specialist, and employer time constraints when engaging in the supported employment process¹⁰
- Collaboration with state vocational rehabilitation agencies¹⁵
- Community-based non-work activities¹⁵
- Direct support personnel¹⁵
 - Staff hiring and retention¹⁰
 - Lack of resources to provide support and incentives to workers¹⁰

- Individual and family factors¹⁵
 - Personal disincentives such as loss of benefits¹⁰
 - Behavior, attention, and focusing on tasks limiting sustainability of employment¹⁰

Lack of employment opportunities is a substantial issue among individuals with ID/DD. Physical therapists (PTs) and physical therapy assistants (PTAs), as part of a multidisciplinary team, can play an important role in promoting employment for individuals with ID/DD.

Role of Physical Therapy

PTs and PTAs are in a unique position to advocate for individuals with ID/DD at both global and individual levels throughout the lifespan, in various settings, and in an interdisciplinary context. For students with ID/DD who have a school-based Individualized Education Program (IEP), formal transition planning must begin by age 16. This includes, as appropriate, individualized goals related to future independent living, education, and employment.¹⁷

To foster job success, PTs can assist individuals by doing the following: (1) identifying individualized goals, skills, and potential limitations, (2) customizing practice or actual work environments, (3) training in using appropriate assistive technology, (4) addressing any mobility, self-care, or transportation issues, (5) promoting health and wellness, (6) consulting with family members, teachers, employers, vocational/community rehabilitation providers, and related personnel, and (7) participating in advocacy initiatives. Beneficial models/frameworks that PTs may apply include using the *Guide to Physical Therapist Practice*,¹⁸ Patient Client Management Model (Examination, Evaluation, Diagnosis, Prognosis, and Plan of Care), and the International Classification of Functioning, Disability, and Health (ICF) Framework.¹⁹ These will incorporate health conditions, body functions and structures, activities, participation, and personal and environmental factors.

Three types of support methods that may enhance and facilitate employment success include environmental, procedural, and natural.^{16,20} Environmental support methods may include physical structures, surroundings, or objects such as automatic door openers, elevators, or signage. Procedural support methods can include individualized actions or activities, such as flextime or other schedule adjustments. Natural support methods can incorporate options readily available to all, such as ride-shares. Therapists may provide input and training throughout any of the 5 supported employment process steps: assessment, planning, job development, job coaching, and long-term support.²⁰

Employers may be eligible for tax benefits related to the cost of accommodations. However, such accommodations are typically inexpensive, with the majority costing less than \$500 and many nothing at all.²¹ The US Department of Labor Job Accommodation Network has resources for providers, consumers, and employers regarding job accommodations classified by disability type, occupation, product or service, and topic. To access these resources, visit www.askjan.org/media/index.htm.

Flexible, individualized, and innovative interdisciplinary services that take into account individual differences (eg, cultural, gender, or abilities) are essential to achieving optimal outcomes throughout the lifespan.²²⁻²⁵ Consider the following 2 examples:

Example 1

Anita has cerebral palsy (CP) with moderate to severe cognitive and physical limitations. She uses both a reverse-wheeled walker and power wheelchair throughout her high school day, where she receives school-based related services including occupational, speech, and physical therapy. She has 2 jobs, with job coaches for each, 1 shredding paper and 1 at the local public library placing returned books on a conveyor belt.

Given Anita's motor limitations, the PT has focused on identifying optimal positioning for Anita to work on her shredding tasks. To monitor Anita's progress over time and consistency from day to day, the job coach tracks how many pages Anita is able to shred during a specified time frame. For Anita's library job, the PT has worked with Anita on safely navigating her power wheelchair on and off the lift-bus, navigating the ramp to enter the library, accessing public restroom facilities, and positioning herself optimally for job tasks. Throughout each situation, focus remains on incorporating or reinforcing the objectives and goals of the school team, which also include social and language skills. Anita will be graduating next year, and the team is working with identified vocational and community rehabilitation providers to transition her services.

Example 2

Tom has Duchenne muscular dystrophy. Throughout his grade and high school years, he received occupational and physical therapy services. When Tom was unable to ambulate after ninth grade, related services focused on optimizing his participation in his regular education and honors classes. Additionally, maximizing self-care skills and mobility with his power wheelchair, creating a home

exercise program to optimize motor function and prevent secondary complications, training his assistant, consulting with school personnel, and fostering self-advocacy were major points of focus as Tom prepared to transition to college. There, he majored in journalism and lived in a community designed to foster the independence and success of students with disabilities. He continued to develop his independence and self-advocacy skills in school and community environments with the support of a campus-based PT. Now working as a journalist, Tom takes accessible public transportation to work and utilizes the outside ramp, automatic doors, and elevator to get to his office. Therapist-guided adaptations at work include flexible work hours, voice-activated software, an adapted workstation to accommodate his power wheelchair, and assistance for meal and toileting needs. Tom receives periodic interdisciplinary follow-up to monitor his condition and address any identified concerns.

Summary

Despite current employment disparities between individuals with and without ID/DD, there is much reason for optimism. Recent national reports call attention to these disparities and serve as a call for change, improvements, and a strategy shift.^{1,9,10,15,16} Employment issues of individuals with ID/DD should be addressed within a broader workforce strategy that integrates benefits equally. At both global and personal levels, PTs and PTAs are uniquely positioned to make a difference in supporting competitive, integrated employment of individuals with ID/DD throughout the lifespan.

Additional Online Resources

- Association of People Supporting Employment First www.apse.org
- AskJAN (Job Accommodation Network) www.askjan.org
- American Physical Therapy Association www.apta.org
- Americans With Disabilities Act Amendments Act of 2008 www.eeoc.gov/laws/statutes/adaaa.cfm
- Disability.gov www.disability.gov/employment
- Disabilityworks www.disabilityworks.org
- Employment and Disability Institute (EDI) at Cornell University www.ilr.cornell.edu/edi/index.cfm
- Employment in the Disability Community www.youtube.com/watch?v=QSwUS117fQ
- Enable America www.enableamerica.org
- Equal Employment Opportunity Commission www.eeoc.gov
- National Collaborative on Workforce and Disability www.ncwd-youth.info/topic/employment
- National Associations of Councils on Developmental Disabilities www.nacdd.org
- Section on Pediatrics: A Component of the American Physical Therapy Association www.pediatricapta.org
- Social Security Administration Ticket to Work Program www.ssa.gov/work/overview.html
- TASH – international leader in disability advocacy www.tash.org
- United Nations Enable: Rights and Dignity of Persons With Disabilities. www.un.org/disabilities
- US Department of Labor, Office of Disability Employment Policy www.dol.gov/odep/

References

1. National Association of Councils on Developmental Disability. *The Time is Now: Embracing Employment First*. Washington, DC: National Association of Councils on Developmental Disability;2011.
2. United Nations. The Universal Declaration of Human Rights. 1948; <http://www.un.org/en/documents/udhr/index.shtml>. Accessed July 24, 2014.
3. United States Congress. The Individuals With Disabilities Education Act of 2004, improvements. Vol PL-108-446. Washinton, DC: United States Federal Government; 2008.
4. United States Congress. Americans With Disabilities Act of 1990, as amended. In: United States Department of Justice CRD, ed. 42. Vol 126. United States Code; 2009.
5. Roebroek ME, Jahnsen R, Carona C, Kent RM, Chamberlain MA. Adult outcomes and lifespan issues for people with childhood-onset physical disability. *Developmental Medicine and Child Neurology*. Aug 2009;51(8):670-678.
6. Yamaki K, Fujiura GT. Employment and income status of adults with developmental disabilities living in the community. *Mental Retardation*. Apr 2002;40(2):132-141.
7. Newman L, Wagner M, Cameto R, Knokey A-M. *The Post-High School Outcomes of Youth With Disabilities up to 4 Years After High School. A Report of Findings From the National Longitudinal Transition Study-2 (NLTS2) (NCSEER 2009-3017)*. Menlo Park, CA: SRI International;2009.
8. Association of People Supporting Employment First. APSE Position on Sub-Minimum Wage (October 2009). Rockville, MD: APSE; 2009.
9. United Cerebral Palsy. *The Case for Inclusion 2014: 2014 Report*. Washington, DC 2014.
10. Gidugu V, Rogers E. *Review of Employment Services for Individuals With Intellectual and Developmental Disabilities: A Comprehensive Review of the State-of-the-Field From 1996–2011*. Boston, MA: Boston University, Sargent College, Center for Psychiatric Rehabilitation;2012.

11. Dotson WH, Richman DM, Abby L, Thompson S, Plotner A. Teaching skills related to self-employment to adults with developmental disabilities: an analog analysis. *Research in Developmental Disabilities*. Aug 2013;34(8):2336-2350.
12. Yamamoto S, Unruh D, Bullis M. The viability of self-employment for individuals with disabilities in the United States: A synthesis of the empirical research literature. *J Vocat Rehabil*. 2011;35:117-127.
13. Bose J. Maryland: Collaborating to Promote Self-Employment for People With Intellectual/Developmental Disabilities. 2010; https://http://www.communityinclusion.org/article.php?article_id=308. Accessed July 24, 2014.
14. Washington State Department of Developmental Disabilities. Washington State Division of Developmental Disabilities: Self-Employment Policy Guidelines. 2012; <http://www1.dshs.wa.gov/pdf/adsa/ddd/CO - Self Employment Guideline.pdf>. Accessed July 24, 2014.
15. Butterworth J, Smith F, Hall A, Migliore A, Winsor J. *StateData: The National Report on Employment Services and Outcomes, 2009*. Boston, MA: Institute for Community Inclusion;2010.
16. Nord D, Luecking R, Mank D, Kiernan W, C W. The state of the science of employment and economic self-sufficiency for people with intellectual and developmental disabilities. *Intellect Devel Disabil*. 2013;5:376-384.
17. McEwen IR, ed. *IDEA: Providing Physical Therapy Services Under Parts B & C of the Individuals With Disabilities Education Act*. Second ed. Alexandria, VA: Section on Pediatrics of the American Physical Therapy Association 2009.
18. American Physical Therapy Association. *Guide to Physical Therapist Practice*. Second ed. Alexandria, VA: American Physical Therapy Association; 2003.
19. World Health Organization, ed. *International Classification of Functioning, Disability and Health (ICF)*. Geneva: World Health Organization; 2001. World Health Organization.
20. Brown Gibbs J. *Employment Programs for Persons With Developmental Disabilities*. Washington, DC: Department of Health and Human Services, Office of Inspector General 1999.
21. United States Department of Labor. Employers and the ADA: Myths and Facts. <http://www.dol.gov/odep/pubs/fact/ada.htm>. Accessed July 24, 2014.
22. Bjornson K, Kobayashi A, Zhou C, Walker W. Relationship of therapy to postsecondary education and employment in young adults with physical disabilities. *Pediatric Physical Therapy : The Official Publication of the Section on Pediatrics of the American Physical Therapy Association*. Summer 2011;23(2):179-186.
23. Darrah J, Magill-Evans J, Galambos NL. Community services for young adults with motor disabilities - a paradox. *Disability and rehabilitation*. 2010;32(3):223-229.
24. Hill DA, Belcher L, Brigman HE, Renner S, Stephens B. The Apple iPad as an innovative employment support for young adults with autism spectrum disorder and other developmental disabilities. *J Appl Rehabil Counsel*. 2013;44(1):28-37.
25. Boeltzig H, Timmons JC, Butterworth J. Gender differences in employment outcomes of individuals with developmental disabilities. *J Vocat Rehabil*. 2009;31:29-38.

Copyright 2014, Section on Pediatrics, APTA. Developed by the Adolescent and Adults With Developmental Disabilities Special-Interest Group of the Section on Pediatrics, APTA, with special thanks to expert contributors Jeanne O'Neil McCoy, PT, DPT, MS, NCS, Mary E. Gannotti, PT, PhD and Joyce Maring, PT, DPT, EdD.