Raising Disability Awareness and Self-Efficacy of One-Stop Workforce Center Staff Serving
Job Seekers with Disabilities

Richard Johnson, Daryl Mellard, & Thomas Krieshok
University of Kansas

Abstract: Under the Workforce Investment Act of 1998 (WIA) access to employment services for all job seekers, including those with disabilities, is available partly through a system of One-Stop Workforce Centers (Storen & Dixon, 1999; U.S. Department of Labor, 2001). However, early studies of WIA implementation found that One-Stops had limited outreach to and lacked accessibility for people with disabilities. This article describes a training program designed to raise disability awareness and self-efficacy of One-Stop staff serving people with disabilities, and to contribute to a unified culture of sensitivity toward, and an ability to work with, job seekers with disabilities.

Key Words: disability awareness, internet training, workforce centers

Prior to the Workforce Investment Act of 1998 (WIA) implementation, many job seekers with disabilities received services from multiple government agencies to meet their employment needs (Timmons & Fesko, 2002; Timmons, Schuster, Hamner, & Bose, 2002). Others, who might have benefited from multiple agency services, did not access those services because they found navigating differing agency requirements too difficult (Timmons, Whitney-Thomas, McIntyre, Butterworth, & Allen, 2004). Thus, the U.S. Congress enacted WIA, intending to create seamless access to employment services for all job seekers, including those with disabilities, in part through a system of One-Stop Workforce Centers (Storen & Dixon, 1999; U.S. Department of Labor, 2001).

Although Vocational Rehabilitation (VR) agencies, which provide for the career development, skills training, and employment needs of job seekers with disabilities, are mandated partners in WIA's One-Stop system, many policy analysts and disability advocates expressed concerns that people with disabilities might not receive the specialized services they need in a system that is integrated with the general population of job seekers (e.g., Cohen, Timmons & Fesko, 2005; Consortium for Citizens with Disabilities, 2003; Holcomb & Barnow, 2004; National Council on Disability, 2002). Concerns ranged from the possibility that One-Stop staff may attempt to offer basic services without making appropriate accommodations for individual with disabilities to the possibility that staff might automatically refer job seekers with disabilities to VR for intensive services without offering any basic services at all. These concerns, in fact, have some degree of merit.

Early studies of WIA implementation (Funaro & Dixon, 2002; Timmons, Schuster, Hamner, & Bose, 2002) found that One-Stops had limited outreach to and lacked accessibility for people with disabilities. Furthermore, these evaluation studies noted that One-Stops had no performance measures related to disability, had issues with agency culture from the blending of multiple programs, and had a lack of coordination between services for people with disabilities. More recent studies of One-Stop services for individuals with disabilities (Cohen, Timmons, & Fesko, 2005; Hall & Parker, 2005; Holcomb & Barnow, 2004; U.S. Government Accounting Office, 2004), although noting improvements in physical accessibility, found ambiguity and conflict existed between staff of different agencies with respect to service delivery methods, goals, staff roles, and funding mechanisms. Furthermore, One-Stop consumers indicated that

improvement was needed in staff knowledge about disabilities and disability etiquette, staff interactions with people with disabilities, physical and programmatic accessibility, and marketing both to consumers and employers.

To address such issues, the U.S. Department of Labor (2002) sponsored a project with the Kansas Department of Human Resources and Kansas Commission on Disability Concerns to enhance One-Stop services to job seekers with disabilities. As participants in this project, our goal was to develop a training program that would raise disability awareness and self-efficacy of One-Stop staff serving people with disabilities. This increase in awareness and self-efficacy would eventually contribute to a unified culture of sensitivity toward, and an ability to work with, job seekers with disabilities.

Method

Since our primary purpose was to increase the disability awareness and self-efficacy of all One-Stop staff in a particular region, we used a quasi-experimental design. We administered pre and post-tests to each participant in order to evaluate the effects of training on beliefs about their ability (or self-efficacy) to effectively serve job seekers with disabilities. We chose to measure self-efficacy because as self-efficacy theory holds, psychological and behavioral change processes operate partly by altering the individual's sense of personal mastery or self-efficacy (Bandura, 1986; Goddard, Hoy, & Hoy, 2004; Lent & Maddux, 1997). Research shows that self-efficacy is a predictor of an individual's choice of behaviors, effort expended, persistence despite obstacles, and actual performance (Bandura, 1977).

Setting

A private, non-profit business located in Northeast Kansas administers five One-Stops serving a population of over 530,000 in seventeen counties in both urban and rural settings. The One-Stop partners vary from center to center with each including community-based organizations (e.g., Goodwill, local mental health centers, Kansas Legal Services) and government-sponsored agencies (e.g., Kansas Social and Rehabilitation Services, Kansas Department of Human Resources, federally funded Job Corps programs).

Participants

All 36 staff members serving in the five One-Stops participated in the training and evaluation of self-efficacy for tasks related to assisting job seekers with disabilities. The regional One-Stop administrator compelled each staff member to participate through automated limitation of computer access until the staff person completed the self-assessments and training program.

Participants' mean age was 49 years and 70% were female. Of those who identified their race and ethnicity: 55% identified themselves as White, Non-Hispanic; 12% as Hispanic; another 12% as African-American, and 6% as Native American. Participants' self-reported highest level of educational attainment varied widely: 24% of participants had attended some graduate school; 30% of participants had earned bachelor's degrees; 36% of participants had attended some college or earned an associate's degree, and 9% of participants completed high school or its

equivalency. The participants averaged 14 years of experience in the field of employment assistance.

Training Program

The specific objectives of this training program, as determined by the project sponsors, were to increase each One-Stop staff's self-efficacy in: (1) Ticket to Work-Workforce Investment Act and WIA benefits and services; (2) legal issues (e.g., American with Disabilities Act, Individuals with Disabilities in Education Act, Section 504); (3) disability conditions; (4) accessibility and accommodations, and (5) educational opportunities. Bandura (1982) indicates that self-efficacy develops through success experiences, vicarious learning, verbal persuasion, and physical state/reactions thus, we designed the training program to rely upon the first three of these elements.

In order to determine the specific content of the training, we conducted focus group interviews with staff members of the five One-Stops, held meetings with independent living and mental health center staff in each community, and contacted relevant government agencies (e.g., National Center on Workforce and Disability, National Council on Disability, Employment and Training Administration, Southeastern Disability and Business Technical Assistance Center). During focus group interviews, we learned that time for face-to-face, group training of each One-Stop staff is very limited. Therefore, we chose to develop an Internet-based training program, which staff could access individually at times most convenient for them. This delivery system had the added benefit of immediate availability to future staff members who might also need to learn the content and skills important for assisting people with disabilities.

The focus group interviews with the One-Stop staff members showed that their role in the One-Stop was more like that of a librarian rather than that of a case manager. They were expected to be adept at directing job seekers to the wide range of resources available at the One-Stop. Included in those resources were disability-related information, which either they or a job seeker could access on an as-needed basis.

Therefore, we organized the Internet-based training curriculum into ten modules, which could provide opportunities for verbal persuasion as well as serve as future reference material. The modules address:

- Defining disability
- Basics of working with people with disabilities
- Disability policy and benefits
- Issues related to specific disabling conditions
- Features and use of an accessible workstation
- Career guidance
- Resource checklist
- Learning disability screening
- An interactive database of community resources
- Information for employers

We conducted five face-to-face training sessions at each One-Stop to "jump start" the use of the Internet-based training, giving One-Stop staffs opportunities for vicarious learning from project staff. Additionally, project staff facilitated hands-on training and success experiences with assistive technology.

Defining Disability Module

Considering that legal definitions of disability vary considerably, this training module addresses differing definitions and relates them to One-Stop services. For example, a person may be considered disabled under ADA but not by their state's VR agency, which relies on the definition provided by the Rehabilitation Act. Under WIA regulations, disability status is determined using the ADA definition. On a practical level, this means that some people who utilize One-Stop services and are considered to have a disability will not meet the more restrictive definition under the Rehabilitation Act. Therefore, they will not be eligible for intensive services from VR.

The module also addresses practical issues with the definition of disability. For example, not all disabilities are visibly evident (e.g., learning disabilities, multiple sclerosis, epilepsy) and thus, One-Stop staffs are advised to never assume that a job seeker does not have a disability just because one is not readily apparent. Conversely, not all visible conditions meet the specific criteria for disability (e.g., not all people who wear glasses have a disabling visual impairment) or a condition may be controlled through medication (e.g., depression) and thus, is only a minor factor in employment decisions.

Basics of Working with People with Disabilities Module

This module presents guidelines for interacting respectfully with people with disabilities. One-Stop staff can learn basic information about disability etiquette, disclosure and confidentiality, accommodations, and self-advocacy. For example, the module teaches staff to always use person-first language (i.e. "person with a disability" not "the disabled", or "person who is blind" not "a blind person"). Staff are reminded that people with disabilities, like all people, are experts on themselves; they know what they like, what they do not like, and what they can and cannot do. Staff interactions with job seekers with disabilities demands respectful, polite communication as with any other job seeker.

The module addresses issues related to disability disclosure and confidentiality from the job seeker's point of view. One-Stop staffs learn that a job seeker may choose whether and when to tell an employer that he or she has a disability, the advantages and disadvantages of disclosure, and how a job seeker might go about disclosing a disability to a potential employer. Under the ADA, a person with a disability can choose to disclose at any time and is not required to disclose at all unless he or she wants to request an accommodation or wants other protections under the law.

Staff learn about the reasonable accommodations job seekers may request from employers, that is, any change in the work environment or in the way things are usually done in order to provide an equal employment opportunity for a person with a disability. The type of accommodation depends on the person's abilities and limitations and many individuals with a disability will not need any accommodation. Employers must provide reasonable accommodation unless the accommodation will cause an undue hardship (i.e., an action that is too difficult or costs too much money in relation to the size of the business).

Some job seekers with disabilities may lack the self-advocacy skills required to disclose a disability and request an accommodation. Staff learn to assist such individuals in becoming more comfortable with disclosure by providing information and role-playing. To assist the job seeker to successfully self-advocate, an individual needs to know the following: His or her rights under

the law; Facts about his or her disability; Essential and marginal job functions of jobs he or she is interested in; Potential accommodations that would allow performance of the essential functions of the job, and ways to approach employers that will encourage positive rapport.

Disability Policy and Benefits Module

Perhaps the most difficult topic in the training program addresses government benefits available to people with disabilities. In particular, staff learn how a successful job search and employment affects program benefits. Program benefits explained in this module include Social Security Disability Programs, Ticket to Work, Medicare, and Medicaid. Staffs learn about benefits planning, assistance, and outreach. In addition, the module guides them through disability-related topics such as protection and advocacy issues, continuing disability reviews (CDRs), expedited reinstatement of benefits, trial work period, substantial gainful activity (SGA), and student earned income exclusion.

Issues Related to Specific Disabling Conditions Module

The possible challenges for people with specific disabilities in the workplace and possible accommodations for these individuals are presented in this training module. Detailed information on approximately 40 disabling conditions, common limitations connected with them, useful questions to consider, and accommodation possibilities are available through Internet links to the Job Accommodations Network Website (www.jan.wvu.edu). The information provided by this module may have its greatest value as a reference tool for staff when actually serving a job seeker with a specific disability.

Accessible Workstation Module

Adaptive equipment or assistive technology devices available in the accessible workstations in the five One-Stop locations for use by job seekers with disabilities are explained in this module. For each device the module provides answers to the questions: (a) what is it? (b) who uses it? (c) how do you use it? and (d) where to get more help? The staff members can look up devices by equipment type (e.g., computer, telephone, printed materials) or by special need category (e.g., blind/low vision, deaf/hard of hearing, limited hand use, learning disability).

Career Guidance Module

This module provides information on job hunting and career decision making for all job seekers, not just those with disabilities. Topics include: Job Search 101; Recipe for Successfully Choosing Work; Overcoming Barriers to the Job Hunt and Employment; The What, Where, and How of the Job Hunt; The Role of Career Testing; Further Training; Resumés, and Job Interviews. The module also provides examples of successful workers with disabilities and additional Web resources. Embedded into each of the training texts are Internet links to Web sites that provide additional information and up-to-date resources.

Resource Checklist Module

One-Stop staff learn and teach job seekers to use a checklist identifying potential resources the job seeker may need. Job seekers answer a series of "Yes" or "No" questions, such as, "I have good reading skills", "I have concerns about childcare", "I would have problems with transportation to and from work", or "I am the main caregiver for an elderly person." After the job seeker answers these questions, the Web site selects and displays a personalized list of up to 20 community resource category links that may be helpful to the job seeker (e.g., abuse and assault, child care, counseling/mental health, credit/financial counseling, disability services, education). Job seekers are encouraged to use this checklist with the One-Stop staffs as a means of discussing their particular issues and needs regarding the job search process.

Learning Disability Screening Module

The Adult Learning Disabilities Screening (ALDS) is a short set of questions used to decide whether a person ought to be fully tested for a learning disability. In basic terms, a learning disability is defined as a disorder in understanding or in using language, spoken or written, which may appear as an imperfect ability to listen, think, speak, write, spell, or to do mathematical calculations.

Persons with learning disabilities have average to above-average intelligence, but may have difficulty in school and later in other activities like keeping a job or meeting obligations. Therefore, One-Stop staff may suggest job seekers complete the ALDS questions about daily activities at work, home, and in the community (e.g., "I like to read" and "I have a hard time getting along with others") using a Likert scale and a self-administered inventory with "Yes" or "No" questions about health, family, and education (e.g., "Have you ever had difficulties with attention or concentration?" and "Have you ever received special education services or been placed in remedial classes?"). If a job seeker's ALDS results so indicate, One-Stop staffs may arrange for additional assessments for cognitive disabilities and job accommodations.

Community Resources Module

In this training module, One-Stop staffs become familiar with a searchable community resource directory for the Northeast Kansas region. Resources listed in the Community Resource Directory are only those located in the seventeen counties served by the five area One-Stops. Staffs and job seekers alike can search this directory in different ways, such as zip code to find agencies in one area only, the name or part of the name of an agency or organization, all the agencies and organizations that might help with one of the categories (i.e., abuse and assault, child care, counseling/mental health, credit/financial counseling, disability services, and education), or a user-determined keyword.

For the Employer Module

One-Stop staffs learn reasons why an employer should hire someone with a disability. For example, several industry surveys show that employees with disabilities have low turnover rates, low absenteeism, and high productivity. Furthermore, employers may receive tax credits and incentives from state and federal governments. For each tax incentive, the module explains what it is, who is eligible, the amount available, which expenses are covered and which are not, how the incentive can be claimed, minimum requirements and limitations, and where to obtain

additional information. Federal tax incentives for employers who hire people with disabilities included in this training module are: (a) Small Business Tax Credit: IRS Code Section 44, Disabled Access Credit; (b) Architectural / Transportation Tax Deduction: IRS Code Section 190, Barrier Removal, and (c) Work Opportunity Tax Credit (WOTC). State of Kansas Disabled Access Credit for small businesses that make their businesses accessible to persons with disabilities is also explained in the module.

In addition to the reasons why an employer should hire people with disabilities, this module explains the reasonable accommodations they can make when hiring people with disabilities. Staff learn about modifications or adjustments (a) to a job application process that enable qualified applicants with disabilities to be considered for available positions, (b) to the work environment that enable a qualified individual with a disability to perform the essential functions of that position, and (c) that enable an employee with a disability to enjoy equal benefits and privileges of employment as are enjoyed by similarly situated employees without disabilities.

The One-Stop staffs learn about practical issues faced by employers. They are prepared to advise employers about what makes an accommodation reasonable or an undue hardship. They learn about what an employer can request as documentation when an accommodation is sought, whether they may require an individual to accept an accommodation that he or she did not request, and who pays for the accommodation. The module explains ways to identify reasonable accommodations for specific disabling conditions and provides many examples of situations an employer may encounter and possible solutions.

Assessment Instrument

Self-efficacy is a task-specific construct necessitating a task-specific rather than standardized assessment instrument. To measure a One-Stop staff's self-efficacy with regard to their knowledge of and ability to work with adults with disabilities, we developed a context-specific self-assessment instrument. Project staff created the assessment items based on the focus group interviews and prior knowledge. One-Stop administrators reviewed and edited them for relevancy and readability.

The instrument presents three scenarios with nine questions each (see Figure 1), along with five sets of topical questions addressing legal issues, disability etiquette, accessibility issues, general questions, and other resources a One-Stop staff person may access while assisting job seekers with disabilities. The fifty-one-item assessment utilizes an eight-point Likert-like scale for indicating the participants' level of confidence, with zero representing "almost no confidence" and eight representing "almost complete confidence." Coefficient alpha, a measure of the reliability of the fifty-one items summed to form a scale, was .97.

Procedures

Pre-test

During a two-week period in 2003, 36 participants completed the Internet-based self-assessment of their knowledge and self-efficacy for tasks related to assisting job seekers with disabilities. Results were compiled by project staff and held for later analysis.

Training

Project staff conducted a total of five face-to-face training sessions at each One-Stop site to introduce the on-line training tools and the disability awareness self-assessment survey. The onsite training included two visits to each site to cover training on specific equipment (e.g., TTY, Braille printer, computer software, hardware for persons with visual disabilities). In addition, one session at each site covered the basics of career counseling and how to use the Web site resources in that role. Finally, two sessions at each site focused on assessing and dealing with job seekers with disabilities and in general disability services.

Post-test

About a year later, the same participants completed the same self-assessment. The second self-assessment provided us with an overview of how confident staff members were at the two different times in dealing with those issues, allowing some sense of how much their confidence might have changed as a result of the training program as well as other experiences during the intervening year.

Data Analysis

Project staff tabulated pre and post-test results for the 36 participants. Researchers performed statistical analysis of the results, including factor analysis as well as t-tests and correlations.

Results

Given that this study was a quasi-experimental design, there is no way to know with certainty how much, if any, change in self-efficacy from pre to post-test was due to this specific training or other variables such as other training received or personal experiences on or off the job. Nonetheless, at least some of the changes from pre- to post-test were likely effects of the training.

A principal components analysis utilizing a varimax rotation failed to yield any solution other than a single factor solution. An oblimin rotation did no better, again yielding a single factor structure. We found no significant correlations between self-efficacy and several other variables collected from the staff, including age, years of experience, years of education, and gender.

The mean score on the pre-test was 267.9 ($SD = 64.8$). On the post-test, the mean was 274.2 ($SD = 57.7$). A one-tailed paired samples t-test, which compared staff members' pre-test scores to their post-test scores, was significant at the .05 level, signifying a small but statistically significant increase in self-efficacy from pre-test to post-test.

A paired samples correlation of pre-test scores and post-test scores was .80, showing an expectedly strong relationship between a person's score at pre-test and their score at post-test. In other words, staff members who were confident in their abilities to handle various disability-related situations at pre-test continued to be confident at post-test, with modest improvements across most staff. Of the 36 staff members, seven showed minor decreases in confidence from pre to post-test, one showed no change, and 28 showed increases in confidence.

Table 1 lists the five items with the greatest increase in mean score from pre-test to post-test scores and the seventeen items with decreasing mean scores from pre-test to post. (Contact lead author for complete listing of results). For normative comparisons, any item with a mean below 4.4 is considered low and any item with a mean above 6.0 is considered high. An individual total score for all fifty-one items that is below 225 (about one standard deviation below mean) could be considered low self-efficacy, and a score above 300 (about half a standard deviation above mean due to a skewed distribution) could be considered high self-efficacy. Eighteen items (35%) in the assessment had mean post-test scores above the high threshold ($M > 6.0$). The six highest of these items represented simple tasks (e.g. directing someone to the accessible telephones) or common activities also performed for able-bodied job seekers (e.g. refer to housing agencies or childcare providers). Fourteen items (27%) had mean post-test scores below the low threshold ($M < 4.4$). All low items were solely disability-related tasks.

Figure 1 shows the pre- and post-test scores by One-Stop Workforce Center. Although all sites increased in confidence from pre to post-test, some sites demonstrated slightly more confidence than other sites (n=27, site information was not available for all participants).

Discussion and Conclusions

The task of building a culture that is sensitive to the needs of job seekers with disabilities is certainly larger than a single training program. However, staff development can be a key component to the building process. We observed that after one year of experience and a series of training activities, staffs self-efficacy for serving people with disabilities increased a statistically significant amount overall, without any correlation to age, gender, years of experience, or years of education. Further, self-efficacy increased from the pre to post-test in each One-Stop, indicating that place also was not a distinguishing factor in the changes.

Individual item analysis yielded some insights into the overall increased self-efficacy. For example, self-efficacy for the use of TTY/TDD for incoming calls increased 1.67 points, more than any other item in the assessment. Pre-test self-efficacy for this skill was low ($M = 4.33$), but after training, posttest self-efficacy was high ($M = 6.00$). One possible explanation for this large increase is use of the TTY/TDD equipment is a simple skill in which many staff had no prior training or experience. Another explanation for this particular self-efficacy increase is that a project staff member monthly tested TTY/TDD skills by placing incoming calls to each One-Stop location. This project accountability measure may have increased motivation for all staff to learn the skill and for those who answered the calls, created successful experiences.

The next three largest changes in self-efficacy were increases in: (a) explaining the ADA definition of "disability" (pre-test $M = 4.24$, post-test $M = 5.30$); (b) setting up a job coach (pre-test $M = 3.82$, post-test $M = 4.57$), and (c) helping customers use a device that magnifies printed material (pre-test $M = 3.52$, post-test $M = 4.20$). We can only speculate about why these items increased more than others. For example, self-efficacy in defining disability according to the ADA might have increased because the ADA is the standard under which One-Stops operate. Thus, staff potentially experienced repeated successes as they explained to incoming clients what it means to have a disability. Perhaps staff had similar successful experiences with the other two tasks as well. The training modules provided staff with readily accessible information that was a foundation for improving content knowledge or specific procedural knowledge.

Not all skills we assessed resulted in an increase in self-efficacy. In fact, eighteen (35%) of the fifty-one items decreased in mean score. Self-efficacy in orienting a client with a disability to the One-Stop's accessible workstation, a seemingly simple task at first blush, dropped 0.50 points from $M = 5.85$ to $M = 5.37$. Likewise, self-efficacy in helping a client with a disability determine strengths for employment and serving a client whose disability is unfamiliar to the staff person also decreased by 0.40 points. Decreases in post-test scores may be explained by the curvilinear relationship between self-efficacy and training (Sipps, Sugden & Faiver, 1988). One-Stop staff may have underestimated the complexity of these tasks thus, initially exhibited higher self-efficacy. Self-efficacy may have decreased because training or actual experiences persuaded them to see the tasks as more complex.

The three items with low pre-test self-efficacy that dropped even lower in the post-test deserve more discussion. These items: (a) helping screen customers for possible learning disabilities (pre-test $M = 3.88$, post-test $M = 3.63$); (b) helping a client with a disability obtain more information about the Ticket to Work program's Medicaid buy-in (pre-test $M = 3.97$, post-test $M = 3.87$), and (c) obtaining a sign language interpreter for customers (pre-test $M = 4.52$, post-test $M = 4.33$) directly address the objectives of the training program. In order for One-Stops to successfully serve job seekers with disabilities alongside job seekers from the general population, staff need to have basic knowledge about topics like learning disabilities screening, the Ticket to Work program, sign language interpreters, and other similar disability-related programs and activities. During the pre-test, staff knew that they did not know much about these topics and after a year of experience and training, they believed they knew even less. Although these self-efficacy decreases may be a function of staff more fully appreciating the complexity of the tasks, the absolute level of efficacy should be of concern to One-Stop administrators.

Future Directions

The fact that pre and post-test scores did not reflect large differences would suggest that training methods should be improved. For example, the training team could include one or more persons with disabilities, increasing opportunities for success experiences and vicarious learning (Bandura, 1982). Similarly, like with the TTY call-back strategy, more opportunities for hands-on successful experiences could be provided. Finally, "field testing" staffs by sending job seekers with disabilities to evaluate their responsiveness may be incorporated as an accountability measure.

Training is just one way to increase a staff efficacy in serving job seekers with disabilities. Other factors that might improve a center's ability to meet the needs of people with disabilities could include making prior knowledge of disability issues a hiring criterion, requiring more than a high school diploma, changing staff roles from that of "librarian" to that of "navigator", having supervisory staff communicate and model a moral imperative regarding services directed toward persons with disabilities, making structural changes toward accountability systems and external rewards, and implementing an overall customer service orientation. Such efforts can serve as catalysts and sustainers of change in interactions between consumers and staff. The established social structure of any organization is a critical attribute, to the degree that one can succeed in improving the self-efficacy among staff and change the social structure so that it better serves the needs of job seekers with disabilities.

Richard Johnson, Ph.D., and **Daryl Mellard**, Ph.D., are affiliated with the Division of Adult Studies at the Center for Research on Learning, University of Kansas. **Thomas Krieshok**, Ph.D., is in the Department of Psychology and Research in Education, also at the University of Kansas.

Correspondence should be addressed to Richard Johnson, University of Kansas, Center for Research on Learning, 1122 West Campus Road, Room 517, Lawrence, KS 66045-3101 or by email to drj@ku.edu.

Authors' Note

In the interest of demonstrating the bridge from research to practice, readers may want to visit the website referenced in this essay. It is currently maintained by the Kansas Commission on Disability Concerns. Our work is part of a larger website titled Kansas JobLink, and may be found at http://www.kansasjoblink.com. Through the link labeled Disability Resources you will find most of the modules discussed here. To access the complete set of modules, most notably, the Disability Awareness Tool used as the assessment instrument requires that you create a job seeker account at the website's homepage.

References

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, *84*, 191-215.

Bandura, A. (1982). Self-efficacy mechanisms in human agency. *American Psychologist*, *37*, 122-147.

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice Hall.

Bandura, A. (1997) *Self-efficacy: The exercise of control*. New York: Freeman.

Consortium for Citizens with Disabilities. (2003). *Hearing on Workforce Investment Act Employment, Safety and Training Subcommittee: Statement for the record*. Retrieved July 8, 2004, from http://www.aucd.org/legislative affairs/testimony wia.htm

Cohen, A., Timmons, J., & Fesko, S. (2005). The Workforce Investment Act: How policy conflict and policy ambiguity affect implementation, *Journal of Disability Policy Studies*, *15*(4), 221-231.

Funaro, A., & Dixon, K. (2002). *How the One-Stop system serves people with disabilities: A nationwide survey of disability agencies*. Piscataway, NJ: State University of New Jersey, John J. Heldrich Center for Workforce Development at Rutgers.

Goddard, R. D., Hoy, W. K., & Hoy, A. W. (2004). Collective self-efficacy beliefs: Theoretical developments, empirical evidence, and future directions. *Educational Researcher*, *33*(3), 3-13.

Hall, J. P., & Parker, K. (2005). *One-Stop Career Centers and Job Seekers with Disabilities: Insights from Kansas*. Manuscript submitted for publication.

Holcomb, P., & Barnow, B. (2004). *Serving people with disabilities through the Workforce Investment Act's One-Stop career centers*. Washington, DC: The Urban Institute.

Lent, R., & Maddux, J. (1997). Self-efficacy: Building a sociocognitive bridge between social and counseling psychology. *Counseling Psychologist*, *25*(2), 240-255.

National Council on Disability. (2002). *National Disability Policy: A progress report: December 2000 to December 2001*. Washington, DC: Author.

Sipps, G., Sugden, G., & Favier, C. (1988). Counselor training level and verbal response type: Their relationship to efficacy and outcome expectations. *Journal of Counseling Psychology*, *35*(4), 297-401.

Storen, D., & Dixon, K. (1999). *The Workforce Investment Act of 1998: A primer for people with disabilities*. Piscataway, NJ: State University of New Jersey, John J. Heldrich Center for Workforce Development at Rutgers.

Timmons, J., & Fesko, S. (2002). Responding to employment needs: Strategies for supporting individuals with HIV/AIDS at the workplace. *Bulletin of HIV/AIDS and Social Services*, *1*(3), 7-25.

Timmons, J., Schuster, J., Hamner, D., & Bose, J. (2002). Ingredients for success: Consumers perspectives in five essential elements to service delivery. *Journal of Vocational Rehabilitation*, *17*, 1-12.

Timmons, J., Whitney-Thomas, J., McIntyre, J., Butterworth, J., & Allen, D. (2004). Managing service delivery systems and the role of parents during their children's transitions. *Journal of Rehabilitation*, *70*(2), 19-27.

U.S. Government Accountability Office. (2004). *Workforce Investment Acts: Labor has taken several actions to facilitate access to one-stops for persons with disabilities, but these efforts may not be sufficient* (GAO-05-54). Washington, DC: Author.

U.S. Department of Labor. (2001). *Workforce Investment Act of 1998: Its application to people with disabilities*. Retrieved January 28, 2005, from http://doleta.gov/usworkforce/resources/sevenkey.cfm

U.S. Department of Labor. (2002). *Ready and able: Enhancing Kansas' One-Stop system to increase the employment of people with disabilities* Award Number IG-12095-02-60. Washington, DC: Author.

Workforce Investment Act of 1998, Pub. L. 105-220.

Table 1

One-Stop Staff Self-Efficacy Greatest Increases and Decreases from Pre- to Post-test

		Pretest	Posttest	Difference
	Greatest Increasing Scores			
1.	Use the TTY/TDD to help customers who call the Workforce Center.	4.33	6.00	1.67
2.	Explain the ADA definition of "disability."	4.24	5.30	1.06
3.	Set up a job coach for Luis.	3.82	4.57	0.75
4.	Help customers use a device that magnifies printed material (i.e. Optelec Clearview).	3.52	4.20	0.68
5.	Refer customers needing on-the-job accommodations to other resources.	4.91	5.47	0.56
	Decreasing Scores			
1.	Help Luis obtain more information about the Ticket to Work program's Medicaid buy-in.	3.97	3.87	-0.10
2.	Select appropriate tools to assess Maya's vocational interests.	5.06	4.97	-0.10
3.	Explain basic Vocational Rehabilitation services to customers.	5.09	5.03	-0.10
4.	Obtain more information about Luis' specific disability.	5.79	5.67	-0.10
5.	Identify community agencies that could help Maya achieve her employment goals.	6.18	6.10	-0.10
6.	Obtain a sign language interpreter for customers.	4.52	4.33	-0.20

Figure 1
Average Pre- and Post-test Self-Efficacy Scores by One-Stop Workforce Center

	Center A n=4	Center B n=4	Center C n=4	Center D n=6	Center E n=9	Total N=27
■ Pretest	219	220	317	261	285	265
□ Posttest	221	243	333	280	294	277