

# **An Investigation of Reasonable Workplace Accommodations for People with Psychiatric Disabilities: Quantitative Findings from a Multi-Site Study**

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**ABSTRACT:** Despite the requirement of many employers to provide accommodations in the workplace for individuals with disabilities under Section 504 of the Rehabilitation Act of 1973, the preponderance of accommodations that have been described in the literature concern physical rather than psychiatric disabilities. This study was an exploratory, descriptive, longitudinal, multi-site investigation of reasonable workplace accommodations for individuals with psychiatric disabilities involved in supported employment programs. We discuss the functional limitations and reasonable accommodations provided to 191 participants and the characteristics of 204 employers and 22 service provider organizations participating in the study. Implications for service providers and administrators in supported employment programs are discussed.

**KEY WORDS:** reasonable accommodations; psychiatric disability; vocational rehabilitation; employment; supported employment.

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## INTRODUCTION

Despite the requirement of many employers to provide accommodations in the workplace for individuals with disabilities under Section 504 of the Rehabilitation Act of 1973, the preponderance of accommodations that have been described in the literature concern physical rather than psychiatric disabilities. Prior to the implementation of the ADA, a search of the Job Accommodation Network (JAN) data banks indicated that only 1% of over 8,000 accommodations documented concerned psychiatric disabilities (Mancuso, 1990). Since the implementation of the ADA, approximately 4.3% of accommodations in the JAN database involve people with psychiatric disabilities (JAN, 2000). This demonstrates significant growth in the demand for information about accommodations for people with psychiatric disabilities. Until recently, there were few descriptions of accommodations and little empirical data to document the types of accommodations used by people who experience disabling mental illnesses.

At the core of the difficulties in studying reasonable accommodations for people with psychiatric disabilities is the lack of a standardized or consistent taxonomy for classification. It is also difficult to meta-analyze existing studies because of the use of different definitions and categories. Nonetheless, certain accommodations for persons with psychiatric disabilities do appear in several studies including:

- *the need for flexible scheduling* (EEOC, 1997; Ellison & Russinova, 1997; Granger, Baron, & Robinson, 1996; Kirchner & Makowski, 1994; Fabian, Waterworth, & Ripke, 1993; Gallup, 1992; Mancuso, 1993, 1990; Zuckerman, 1993),
- *job modification or restructuring* (Kirchner & Makowski, 1994; Fabian et al., 1993; Zuckerman, 1993; Mancuso, 1990),
- *facilitating communication on the job* (Zuckerman, 1993; Mancuso, 1990),
- *modifying employee training* (Zuckerman, 1993; Parrish, 1991; Berkeley Planning Associates, 1982),
- *providing training to staff or supervisors* (Kirchner & Makowski, 1994; Berkeley Planning Associates, 1982),
- *modifying supervision* (EEOC, 1997; Granger, Baron, & Robinson, 1996; Kirchner & Makowski, 1994),
- *making policy changes* (EEOC, 1997; Parish, 1991b),
- *modifying the physical environment or providing special equipment*

(EEOC, 1997; Kirchner & Makowski, 1994; Gallup, 1992; Mancuso, 1990),

- *changing work procedures* (Granger et al., 1996; Kirchner & Makowski, 1994; Berkeley Planning Associates, 1982).

In one of the few empirical studies of workplace accommodations, Fabian, Waterworth, and Ripke (1993) gathered data retrospectively from client records maintained by service providers on 231 job modifications for 47 jobs among 30 supported employees. In this review they found the following reasonable accommodations: modifying job tasks; modifying hours or schedules; providing orientation and training to coworkers and supervisors; modifying work rules and procedures; modifying job performance expectations; modifying the non-physical work environment by providing physical assistance at the job site; and modifying workplace social norms. The accommodation most frequently used was providing orientation and training to supervisors and coworkers. Mancuso (1993) conducted intensive case studies with 10 workers with psychiatric disabilities and their supervisors. The most frequently used accommodation by the employee was flexible scheduling, while the employer cited changes in work assignments and supervisory interventions.

### *COSTS OF ACCOMMODATIONS*

Many employers and lobbyists raised objections to the passage of the ADA by expressing concern about its costs, in particular in providing workplace accommodations. The Job Accommodation Network (1994) reported that for all accommodations in their database, 68% cost less than \$500, and since October 1992, for every dollar spent to make an accommodation, the company received \$27.48 in benefits. The Berkeley Planning Associates (1982) study reported that 81% of accommodations cost under \$500 in out-of-pocket expenses. Blanck (1996), in a study conducted with Sears, Roebuck and Company, found that 99% of accommodations (n = 71) for all employees with disabilities cost under \$500, 72% of those incurred no cost, and the average cost of accommodations for employees with behavioral disabilities (mental illness, stress, anxiety disorders) was \$0. The few studies that have reported cost data on accommodations for people with psychiatric disabilities suggest that 90% of accommodations cost less than \$100 (Granger et al., 1996) or nothing in direct costs (Fabian et al., 1993). Both of these studies do

suggest, however, that there are indirect or hidden costs of providing accommodations to people with psychiatric disabilities.

### *RELATIONSHIP OF ACCOMMODATIONS TO OTHER VARIABLES AND JOB TENURE*

While some data are available on the types, frequency and costs of reasonable accommodations for people with psychiatric disabilities, very little is known about which employee characteristics, program variables and employer characteristics are associated with specific reasonable accommodations. In addition, very little is known about the impact of accommodations on factors such as job tenure.

While several of the previously cited studies describe in general a category of disability (i.e., behavioral disability or mental disability), none details the characteristics of applicants or employees with psychiatric disabilities who receive reasonable accommodations. Berkeley Planning Associates (1982) did find that the more the prospective employee was positive and determined, the more likely the person was to get support for accommodations. In addition, higher skilled employees tended to get the most expensive accommodations, while lower skilled employees tended to receive procedural accommodations. Job type has been cited by Hendricks, Dowler and Judy (1994) as an important factor. Seventy percent of the 2,093 cases in which accommodations were provided to people with a variety of disabilities were in managerial or technical jobs where employers were concerned with maintaining employment of those considered difficult to replace.

In the retrospective study of 30 supported employees with psychiatric disabilities cited earlier, Fabian and her colleagues found that the greater the number of accommodations received, the longer the person was employed (Fabian, Waterworth & Ripke, 1993). When there was no disclosure of disability and therefore no accommodations requested or received, job tenure was only 3.6 months. Those employed 12 months had less than 5 accommodations, and those employed 24 months had more than 5 accommodations.

Recognizing the limited empirical data regarding reasonable accommodations for people with psychiatric disabilities and the lack of a consistent taxonomy for those accommodations, the Center for Psychiatric Rehabilitation conducted a study of the accommodations that are utilized in the workplace. Our primary goal was to develop empirical

knowledge about accommodation practices through prospective data collection.

## METHODOLOGY

This study was an exploratory, descriptive, longitudinal, multi-site investigation of reasonable workplace accommodations for individuals with psychiatric disabilities involved in supported employment programs. At the time of the study, the four participating agencies had a potential pool of up to 500 clients. The inclusion criteria for entering the study included: (1) having a diagnosis of serious mental illness; (2) being involved in supported employment services; (3) having obtained a job during the study period; and (4) having at least one reasonable accommodation provided by the employer. During the study period, 191 clients became eligible for and were enrolled in the study.

This study used two methods to gather and analyze data. First, data were gathered to describe the range of accommodations, functional limitations, environmental demands, and specific accommodations for each participant. In addition, the study described the characteristics of the employees, employers, and service provider agencies involved in developing reasonable accommodations. Finally, content analyses were used to analyze the categories of functional limitations and reasonable accommodations.

### *Instruments*

A number of instruments were developed for the purposes of this study and completed by the service provider, unless otherwise indicated. They were pilot tested and refined based on expert review.

- The *Client Demographic Questionnaire* was completed when employees entered the study. Data included information about the age, gender, marital status, educational status, living status, diagnosis, hospitalization history, health problems and employment status of each participant.
- The *Reasonable Accommodation Form* was completed each time a reasonable accommodation was made and captured functional limitations, type of accommodation, cost, when the accommodation was identified, and who was involved in the development and implementation of the accommodation.
- The *Employer Information Form* was completed at the start of each new job. It included information about each employer, such as company size, size of worksite and type of company.
- The *Client Demographic Quarterly Update* was completed every three months after the client entered the study and included a subset of the information contained in the Demographic Questionnaire.
- The *Site Description Form* was completed by the program director at the start of data collection to describe the supported employment program. It included information about educational levels of staff, amount of supervision provided, program activities, and the amount of time spent by staff in these activities.

### *Procedures*

Twenty-two sites nested within four agencies provided data on 191 employees with psychiatric disabilities who obtained jobs with one or more accommodations between October 1994 and December 1995. Clients on whom data were collected received the

services normally provided by each site: no intervention or service was changed for the purposes of this study. Data were collected at baseline, which was defined as the point at which the employee with a psychiatric disability obtained a job with one or more reasonable accommodations. Ongoing status assessments were completed for each study participant by service providers every three months for the next twelve months, or until the end of the study, whichever came first.

## RESULTS

### *Service Provider Characteristics*

Data were collected on twenty-two participating supported employment (SE) agencies. Results suggested that agencies had an average of 2.1 full time SE staff with a range of approximately 1–4. These staff had an average of 6 years experience working with people with psychiatric disability, 2.7 years working as a supported employment provider, and 2.8 years working in their present SE program. These programs were located in a range of geographic settings, including small city (50%), rural area (46%), small town (36%), and large town (32%). Large cities (9%) and inner city areas (18%) were served by fewer of the SE programs. (Note that these percentages add to more than 100 because they were not mutually exclusive.) The average staff-to-client ratio was reported as 1:18, with ratios ranging from 1:7 to 1:44. Seventy-three percent of SE staff were generalists (performing all SE functions), while 14% were specialists (different roles and functions were defined for individual providers).

### *Client Characteristics*

*Demographic Characteristics.* More than two-thirds of the sample (69%) was male, with ages ranging from 18 to 65 years, and an average age of 35 years (SD = 9). The participants were predominantly white (81%) and single (78%). In terms of education, 24% of the sample was reported as having less than a high school education, 36% had a high school diploma, 29% had at least some college or other post-high school education, 7% held a Bachelor's degree, and 2% had more than a Bachelor's degree. (Two percent of educational status data were unknown.) In terms of benefits received, about half were receiving SSI and half were receiving SSDI (some had both). Nine percent had other sources of income.

*Clinical Characteristics.* Thirty-nine percent of the group had a primary chart diagnosis of schizophrenia or other psychotic disorder, 23% had an affective disorder (including bipolar and depressive disorders), 19% schizoaffective disorder, 16% other (anxiety disorders, personality disorders or miscellaneous), and 3% of diagnoses were missing. At baseline, 23% of the sample was reported to have a substance abuse problem. We collected information on co-occurring medical conditions and found that, at baseline, more than half (57%) of the group was reported to have a co-occurring condition, some having more than one. The most frequently reported conditions were physical problems, learning disability, and mental retardation. Most participants in the study (87%) were taking psychotropic medications.

Data were also collected on hospitalization history. The mean number of months since the most recent discharge from a psychiatric facility was 36 (Mdn = 24, range 0 to 216). The median number of weeks of the most recent hospitalization was 3 (mean = 16 weeks) and participants had an average of 5 hospitalizations with a mean of 12 and a median number of 3 months spent in an inpatient facility in their lifetime. Seventeen percent of the sample was reported to have some involvement with the criminal justice system. Thirty-nine percent lived in supported or supervised housing, while 61% were in private housing (including living with family members).

*Employment Status at Study Entry.* Employees had worked an average of 14 months (Mdn = 6) in the five years prior to the study. Eighty-seven percent of participants were unemployed when they first came to the agency for assistance. Baseline data revealed that employees in the study were working an average of 18 hours (SD = 10.13) per week with a range of 2–40 hours per week. Among those that were employed, average reported earnings were \$109 (SD = \$70.04) and a range of \$4 to \$320 a week. Participants spent an average of 6.7 months (Mdn = 2) in Supported Employment (SE) services before obtaining the job with accommodations which made them eligible for the study.

#### *Employment Status Update*

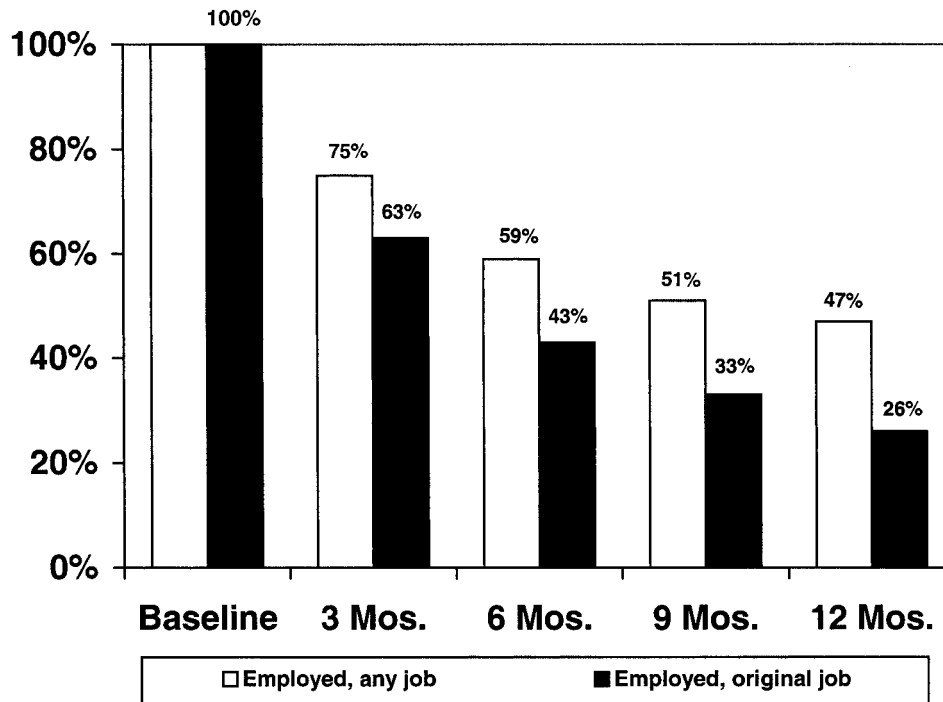
Quarterly updates were completed every three months for up to 12 months by the supported employment staff working with the employee. Twelve months of data are available for 81% of the sample. The remaining sample includes data that were collected for 6–9 months, because those participants entered the study at a later date.

Three months post-baseline, 63% of the sample was still employed in the original job. After 6 months, this number dropped to 43%, then to 33% at 9 months. At one year, 26% of the employees were still employed in their original job. However, many of these participants obtained other employment after leaving their original job. When we look at the overall employment status regardless of whether it was in the original job, 75% of the sample was employed at 3 months, and these rates declined over the observation period to 47% at 12 months (see Figure 1).

In comparing these employees with psychiatric disabilities who also had a substance abuse disorder (27% at some time during the study) to those who did not, we found no significant differences between groups

**FIGURE 1**

**Percent of Study Participants Employed at Each Observation Point in Any Job Compared to Percentage of Study Participants Employed in Original Job**





on employment tenure or job tenure. Twenty-five percent of those with a substance abuse disorder held their original job at the 12 month assessment, while 25% of those without substance abuse kept their original job (Fisher's exact test,  $p = .51$ ). In addition, 48% of the participants without substance abuse were employed in any job at 12 months, while 44% of those with substance abuse were employed, a non-significant difference (Fisher's exact test,  $p = .40$ ).

We also found that the majority of employees stayed active in the supported employment program during the life of the study. At 3 months, 91% were still actively receiving services, 84% at 6 months, 75% at 9 months and 65% continued to receive services after one year. Hospitalization data indicate that 10% of the sample had at least one psychiatric hospitalization over the 12 month follow-up period.

### *Employer Characteristics*

Several employees obtained more than one job with an accommodation during the study; therefore the employer sample is 204, slightly larger than the number of employees ( $n = 191$ ). Companies who employed the study participants were categorized using a Department of Labor classification scheme. Jobs were held primarily in services (58%) and retail industries (33%—including food, furniture, restaurants, clothing, merchandise). The remainder (7%) were in wholesale trade (2%); manufacturing (2%); transportation (2%); insurance, finance, or real estate (1%); public administration (1.5%); or agriculture (0.5%). Information was also collected about the size of the worksite, as well as the size of the company where the person was employed to determine if company size or size of the worksite was related to the number and/or types of accommodations. The vast majority of work sites (93%) had less than 100 employees, (nearly half reported 15 or less and only 2.5% had over 250 employees). Company size was a bit more varied in which about one-third had 500 or more employees and one-third ranged between 25 and 249 employees.

Eighty-seven percent of these companies were reported to be aware of the ADA and 76% had hired persons with disability prior to this study. Personnel and policies to address the needs of people with disabilities were reported to be in place at 73% of the companies, and 24% had an Employee Assistance Program. Supported Employment staff were asked to rate the supportiveness of the work culture of each employer vis-à-vis hiring persons with psychiatric disability: 61% of the employers

were rated as very supportive, 39% were rated somewhat supportive, and only 1 employer was rated as not at all supportive.

### *Reasonable Accommodations Information*

The 191 subjects in the study received a total of 322 accommodations during the data collection period. Ninety-one percent of the employees held one job during the study, 7% held 2 jobs, and 2% held 3 jobs. The majority of people (55%) had one accommodation on their first job, while 36% received two accommodations, 9% had 3 or more accommodations. Service providers were asked to classify accommodations in terms of what the employer needed to modify to provide the accommodation. The majority of accommodations involved changes in Personnel (62%), defined as changes involving people who assist the employee with a disability, changes in the relationship to the employee, changes in the way other people interact/intervene with the employee, or specific training activities that help people do things differently in relation to the employee with the disability. Many changes were also reported to occur in Company Procedures (52%), defined as the procedures that are carried out or implemented for an individual, i.e., exceptions made, extraordinary circumstances accommodated, activities, operations, or changes in how the job customarily gets done.

We also categorized the data in terms of *when* the accommodation was identified and implemented. Most of the time, accommodations were identified during the hiring process (63%) or once the employee was on the job (47%). Only 3% were reported to occur while accessing the benefits and privileges of employment (i.e., access to health insurance, social activities). Some of the accommodations were categorized as being identified in more than one phase. Of those identified while the employee was on the job, 53% were identified during the first 2 months of employment. In terms of *what* was accommodated, accommodations were made to the hiring process 23% of the time (e.g., allowing the job coach to attend the interview, providing assistance with the application or testing process) and to the working on-the-job activities (e.g., additional training, extra supervision) 77% of the time.

### *Costs of Reasonable Accommodations*

In an effort to learn about the employer costs and burden, service providers were asked about the direct and indirect cost of the accommodations.

Only one of the 322 accommodations reported involved a direct expenditure of money amounting to \$25 for a job performance test. Over one third of the accommodations involved a reallocation of coworker or supervisor time, hours or job duties and other indirect expenditures. Twelve percent of the accommodations required extra hours to be expended by coworkers; of those 12%, a range of 1–48 hours a month and an average of 9 hours of extra time was expended per month. Extra supervisory hours were also reported to be involved in 28% of the accommodations with a range of 1–36 hours per month, an average of 5 hours per month of additional supervision time. It is important to note that many of these accommodations involved additional training in the early periods of the job and the supports were often reduced or eliminated as time passed. In addition, reduced productivity from the employee was reported for 15% of the provided accommodations.

#### *Type of Functional Deficits*

Supported Employment personnel were asked to record the type of functional deficit or limitation that led to the need for reasonable accommodation. Programs were provided with training and operational definitions so that they could accurately capture these data. In an extensive process to ensure proper classification of functional deficits, 3 research staff at the Center independently categorized functional limitations. When agreement among the three raters did not exist, a consensus process was used to make the final classification. Table 1 contains the frequency of those functional limitations. As can be seen from the table, the most common functional deficits identified in this sample were interacting with others, learning the job tasks, and maintaining work stamina.

#### *Classification of Reasonable Accommodations*

The reasonable accommodation was theoretically to flow from the identification of the functional deficit. A similar process of classification was conducted as described above for functional limitations. As can be seen in Table 2, the majority of reasonable accommodations (60%) involved the presence of a job coach, either on the job or in the hiring process. Flexible scheduling (21%) occurred frequently as well. Less common accommodations included changes in training and supervision and modified job duties.

TABLE 1

**Frequency of Types of Functional Limitations**

<i>Type of Functional Limitation</i>	<i>Frequency</i>	<i>Percentage</i>
Interacting with Others (e.g., Interviewing, Conversing, Interpreting Social & Work Culture Cues)	93	23
Learning the Job Tasks (e.g., Remembering Routine/Following Instructions, Concentrating)	86	21
Maintaining Work Stamina/Pace	45	11
Managing Symptoms/Tolerating Stress	37	9
Working Independently (e.g., Solving Problems/Organizing Work, Initiating New Tasks)	35	9
Modifying Work Performance (e.g., Assessing Work Performance, Responding to Feedback)	30	7
Following Schedule/Attending Work	26	6
Using Basic Literacy/Language Skills	22	5
Adjusting to Work/Changes	14	3
Miscellaneous (including Physical Limitations, Lack of Transportation)	19	5
Total	407	100

*DISCUSSION*

This study represents one of the first to collect prospective, longitudinal data on reasonable accommodations for people with psychiatric disabilities. A methodology for collecting information on various details of the accommodation process and its components was developed and refined.

Results suggest, not surprisingly, that individuals obtaining employment through the supported employment programs studied here were working largely in the service and retail industries, in relatively low level jobs for entry level pay. In terms of job tenure, while all individuals were employed at entry into the study, less than half had the same job at the 6-month observation point. These data suggest that the job tenure

**TABLE 2**  
**Frequency of Types of Accommodations**

<i>Type of Accommodation</i>	<i>Frequency</i>	<i>Percentage</i>
Job Coach Involvement on the Job (e.g., General Job Coach Support, Job Coach Training Assistance, Job Coach Providing Supervision)	118	37
Job Coach Assistance in Hiring (e.g., Job Development, Job Coach Interview Assistance)	74	23
Flexible Scheduling	70	21
Changes in Training and Supervision (not involving job coach) (e.g., Extra or Modified Supervision, Extended Training on Job)	26	8
Modified Job Duties	18	6
Miscellaneous (e.g., Accommodations Unrelated to Psych. Disability, Transportation Assistance, Modified Work Environment, Tolerance of Behavior)	16	5
<b>Total</b>	<b>322</b>	<b>100</b>

of individuals in this study is relatively short. However, while less than half of participants had the same job, almost 60% were employed in some job at the 6-month point. By the end of the study, over half of the sample was unemployed and 35% had left the supported employment program. Compared to the general population working in entry level jobs, our participants' tenure in any one job is dramatically lower. For example, according to statistics from the Department of Labor Employee Tenure Summary (Bureau of Labor Statistics, Department of Labor, 1998), the median job tenure for all employees was 3.6 years in February 1998, down slightly since 1996. In the retail trade median job tenure is 1.8 years (1.2 years for sales, retail, and personal services) and workers in the service occupations had a median job tenure of 2.4 years (1.3 years for food service workers). Clearly, even when examining jobs comparable to those in this study, such as retail and service positions, participants experienced lower job tenure. In addition, given the unemployment rate among this sample (53% at the 12-month observation

point), it is clear that these participants do not enjoy the same job prospects as the general population even when workplace accommodations and job support are provided.

In terms of the functional limitation that might create the need for an accommodation, individuals with psychiatric disabilities participating in supported employment programs such as these appear to have difficulties in the interpersonal domain, specifically interacting or conversing with others, interpreting the social cues of the work environment, and the like. In addition, cognitive deficits were mentioned fairly often, including being able to concentrate and learn job tasks. Working independently, maintaining work stamina and managing symptoms and stress were also frequently mentioned limitations. These results were similar to numerous other studies which found the following to be important accommodations: a need for flexible scheduling (Fabian et al., 1993; Granger et al., 1996; Mancuso, 1993; Gallup, 1992; Zuckerman, 1993), changes in training or supervision (Kirchner & Makowski, 1994; Berkeley Planning Associates, 1982; Parrish, 1991), and job modification (Kirchner & Makowski, 1994; Fabian et al., 1993; Zuckerman, 1993; Mancuso, 1990). We found cognitive deficits and interpersonal skills to be two important types of limitations frequently requiring the accommodation of job coaches. In this sense, our categorization is somewhat different than that of other authors, once again owing to the lack of a consistent taxonomy for workplace accommodation.

Unlike many accommodations for persons with physical disabilities, accommodations for persons with psychiatric disabilities tend to involve human assistance of some kind, usually a job coach, and tend to have few if any direct or tangible costs to the employer. The costs tend to be indirect and incurred in extra supervision or training, flexible scheduling, allowing the presence of a job coach, and modifying job duties. The need for an accommodation was most often identified by the job coach or the employee him or herself. The role of the job coach in providing accommodations in this study was pivotal: job coaches were instrumental in obtaining most of the accommodations.

These results are similar to findings from studies of individuals with developmental disabilities in terms of the role of the job coach (Department of Health and Human Services, 1999). In addition, the minimal direct costs to employers of providing reasonable accommodations tend to confirm data that have been collected both anecdotally (e.g., Mancuso, 1990; Zuckerman 1993) and empirically (Parrish, 1991; Granger et al., 1996; Fabian et al., 1993). Furthermore, these data have important implications for supported employment programs and for employers.

Our experience in collecting data for this study suggests that supported employment personnel need assistance and training in conceptualizing and operationalizing the functional limitations that they may be observing in their employees. They need training to determine the best way to proceed from the limitation to the accommodation, and in how to creatively consider various accommodations that may work for various limitations. These data can also be used to guide supported employment programs in the kinds of training and education that can occur with staff and with prospective employers. For example, this study has implications for employers about the likely burdens and costs involved in employing individuals with psychiatric disabilities as well as the likely limitations that they may encounter. The next logical extension of this empirical study will be to examine the correlation between functional deficits and types of accommodations. This should provide additional guidance for supported employment programs.

This study cannot be generalized to reasonable accommodations for all persons with psychiatric disabilities. For example, the study sites used were supported employment programs in the northeast states. Accommodations for persons with psychiatric disabilities who obtain their employment and their accommodations outside the purview of a supported employment program may differ, as might accommodations in different parts of the country or in different types of jobs. Nevertheless, the information available from this study adds to the body of accumulating knowledge about the process and types of reasonable accommodations needed by individuals with psychiatric disabilities.

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