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INFUSING DISABILITY ISSUES INTO THE PSYCHOLOGY CURRICULUM

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Disability is a part of ordinary human experience—a characteristic much like race or gender, which may subject individuals to stigma, prejudice, and discrimination. Yet research and teaching within psychology have paid relatively little attention to the issues of people with disabilities, even though disability will impinge on virtually everyone's life. Although clinical, counseling, and rehabilitation psychology do provide help with physical, cognitive, and emotional impairments, there is little understanding of the experiences of people with disabilities in a society that does not always accept them and, indeed, is unaware of the systemic nature of its discrimination.

In incorporating disability issues into their courses, instructors can help students shift from thinking of disabilities as flaws to be rehabilitated to viewing people with disabilities as a minority group with civil rights (Americans

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with Disabilities Act [ADA] of 1990; Fine & Asch, 1988a). Instructors can also identify and challenge psychological barriers, which are as obstructive as physical barriers, to full equality and participation for people with disabilities (Bickenbach, 1993). In addition, the study of disability issues can offer insights into a wide range of more general psychological phenomena, such as attribution processes, stereotyping, and identity formation (Fine & Asch, 1988a). In this chapter, we introduce key themes in recent literature on people with disabilities. We offer ideas for integrating this material into psychology courses; suggest exercises to increase awareness and sensitivity; and provide resources for helping students and their teachers delve more deeply into the wealth of literature on disability from a social, as opposed to a clinical or medical, perspective.

WHO IS DISABLED, AND WHAT IS DISABILITY?

The continuing challenges and controversies in the mere attempt to define *disability* and to measure its prevalence underscore that disability is a social construct (Roth, 1983). In 1995, nearly 54 million people—20.6% of the total population of noninstitutionalized Americans—reported having a disability (McNeil, 1997). In reality, these data may underestimate the size of the disabled population, because national surveys ask about conditions that limit or prevent a person from fulfilling a major social role—such as attending school, maintaining a home, or working at a job (Haber & McNeil, 1983); people who do not view their impairments as preventing them from carrying out such roles may, therefore, not describe themselves as having a disability. Although people often think of the disabled population as those who are deaf, blind, orthopedically impaired, or mentally retarded, many relatively hidden conditions, such as arthritis, diabetes, heart disease, back problems, cancer, bipolar disorder, schizophrenia, HIV/AIDS, and chronic fatigue syndrome, are also covered by the legal definitions (ADA, 1990). In addition, people with treatment records from past conditions that are in remission or that are otherwise no longer experienced (e.g., cancer, epilepsy, learning disability) are also included in the definition, even though they currently have no functional limitation. Some people, such as those who are cosmetically disfigured or obese, may not have any physical characteristics that affect their performance of tasks, but they are protected by antidiscrimination laws such as the ADA because they are regarded as disabled by others.

Contemporary discussions of disability reserve the word *impairment* to refer to an organic deviation or defect in an individual; use the term *disability* to talk about the functional limitation that results; and use the term *handicap* for the social phenomena of stigma, discrimination, and problems in interacting with the physical and social environment. A 9-year-old girl with fused or missing fingers has a biological impairment; and her difficulty in grasping a pen or in turning the pages of a book is a functional limitation or disability; yet with the proper alternatives, such as using her other hand or using an adapted computer and page-turner, she has no handicap to her educational progress. If, however, teachers expect little from her, or other classmates exclude her from their play because of this characteristic, her biological condition becomes an occasion for stigma, discrimination, and such possible psychological consequences as lowered self-esteem, shame, and depression (Beuf, 1990).

The chief tenet of the social or minority-group perspective on disability is that it is the attitudes and institutions of the nondisabled, even more than the biological characteristics of those who have disabilities, that turn impairments into handicaps. Although atypical biology or difficulties in meeting societal expectations for cognitive or emotional functioning do matter, the social–minority-group perspective stresses that how and when they matter, and what facets of life they affect, depend on the physical and social environment. According to this view, there is no inherent reason why a biological characteristic such as deafness or a heart condition must limit earnings, social participation, or employment. If these consequences occur, as they often do, they are a result of social responses to the characteristic, and not necessarily of the characteristic itself. Employers' fears keep out of the workforce people who are deaf and might require accommodations such as sign language interpreters or written communication; uncertain health coverage for people with pre-existing disabilities such as heart conditions causes people themselves to refrain from seeking postdisability employment. Although the knowledge that someone has a physical impairment should not lead to assumptions about roles and relationships, it often does—in ways that may bear little actual connection to the individual but that may become part of that person's psychic and social reality.

Disability is often seen only within a frame of dependency and inability and without disentangling the biological impairment and functional disability from the social handicap. For example, in the 2000 U.S. census, respondents were asked, "Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any difficulty in doing any of the following activities: a. Learning, remembering, or concentrating?, b. Dressing, bathing, or getting around outside the home?" (U.S. Bureau of the Census 2000). In fact, the inability to get around outside might stem from the lack of a wheelchair or accessible transportation for someone with multiple sclerosis or arthritis, or it might arise because someone with deteriorating vision has not been taught how to use a cane or guide dog.

People with disabilities participate in the labor force far less than those who are nondisabled (Trupin, Sebesta, Yelin, & LaPlante, 1997). Based on a model of disability as individual pathology, these low levels of employment routinely get explained simply as the inability of people with physical, sensory, or mental impairments to hold jobs. However, recent surveys of Americans with disabilities have shown that of the two thirds of them between the ages of 16 and 64 who were out of work, more than three quarters wanted to be employed, and almost half considered themselves employable, if given the opportunity (LaPlante, Kennedy, Kaye, & Wenger, 1996). This report also documents that people with disabilities are much more likely than nondisabled people to live at or below the poverty level. Although having more education substantially narrows the income gap between individuals with and without disabilities, people with disabilities at all educational levels still experience lower incomes and lower rates of workforce participation than their nondisabled counterparts, with effects being most severe for African American women (Asch, Rousso, & Jefferies, 2001). This latter fact illustrates that the ways that disability impinges on individuals and families are influenced by a host of other social and psychological characteristics.

INTEGRATING DISABILITY ISSUES INTO MAINSTREAM COURSES

Disability issues can be integrated into all psychology courses, with appropriate examples to fit the specific content. People who have disabilities should not be presented in a separate section on "abnormal" or "exceptional" people, because such placement perpetuates myths and stereotypes. Rather, instructors should include disability as a fact of many lives or an aspect of diversity, for example, including data on disabilities in population statistics where race, gender, or other distinctions are provided. Instructors can also help students understand the broad range of conditions that fall within the purview of disability and encourage them to apply this knowledge to their families, their friends, and themselves (e.g., a grandparent who has had a stroke, a classmate with diabetes or epilepsy). We now describe some specific ways to integrate disability issues into a variety of courses.

Cultural Psychology

An excellent way to examine the social–minority model of disability is to discuss how that minority status resembles and differs from other groups that have been powerless and stigmatized. Although many people who have disabilities have difficulties in claiming that portion of their identity (Scotch, 1988), approximately half of those responding to a survey by the National Organization on Disability (2001) did perceive disability as a minority status and affirmed a connection with others who had the same or different impairments. The disability-rights movement is, in fact, significant in many people's lives, contributing to their increased psychological well-being and to impressive social change (Fine & Asch, 1988a; Scotch, 1988).

Some people with impairments, like many people of color, can be readily identified, whereas others cannot. Questions of creating identity, "passing," disclosing, and combating prejudice and discrimination all apply to the disabled minority. Unlike racial and ethnic minority status, however, disability can occur at any point in life and usually is not part of family lineage. Thus, disability shares characteristics with sexual orientation as an invisible, nongenerationally transmitted, and changeable status. Hahn (1988) discussed how others' responses to disability are affected by its visibility and considered how differences in visibility influence people with disabilities in developing a sense of identification with the group.

Courses focusing on cultural minorities can look at how their members with disabilities fare in life and how cultural views of health, family, and community influence the way people experience disability (Belgrave, 1998; National Council on Disability, 1999; Zea, Belgrave, Townsend, Jarama, & Banks, 1996). In addition, such courses can consider the challenges involved in incorporating multiple identities into one's self-understanding (Brewer, 1991; Deaux, 1993; Gainer, 1992).

Social Psychology

The psychological literature on disability has perpetuated many erroneous assumptions (Fine & Asch, 1988a) that instructors should avoid passing on. It is often assumed that the disabled person is a "victim," that when a disabled person faces problems, it is the impairment that caused them, and that having a disability is synonymous with needing help and social support. Furthermore, it is generally assumed that disability is central to the disabled person's self-concept, self-definition, social comparisons, and reference groups. In addition, because it is often assumed that disability is located solely in biology, it is accepted uncritically as an independent variable in research. With these assumptions in mind, instructors could ask their class to consider more recent perspectives on disability when they explore some of the following topics.

Stereotypes

Why are stereotypes of people with disabilities predominantly negative? Where do they come from, how can they be changed, and are the issues similar to or different from those faced by people of other social categories? Makas (1988) and Wright (1988) have offered useful discussions of attitudes toward people with disabilities as well as some proposals for attitude change. Class exercises or papers could compare media portrayals in film and television with findings from social science or personal accounts of people with disabilities.

Prejudice, discrimination, and stigma

Ever since the work of Goffman (1963), stigma has been a key concept in explaining the social situation of people described as differing from the majority. Katz (1981) found experimental support for this concept in the lives of people with disabilities; on the other hand, Susman (1994) argued that the concept explains much, but not all, of the story. It is also worth noting that stigma attends people who voluntarily associate with people who have disabilities—as Goldstein and Johnson (1997) found regarding college students' perceptions of nondisabled dating partners of people with disabilities. Fine and Asch (1988a) and Scotch (1988) have argued that the emergence of the disability-rights movement, like the formation of other social movements, brings in a spirit of social activism to combat stigma and discrimination. Instructors can invite comparisons and contrasts with other minority groups, particularly with respect to sources of negative attitudes, their effects on the groups themselves, and the success of strategies for attitude and social change.

"Blaming the victim"

Nondisabled people may on some level blame individuals with a disability for their condition, for example, regarding a disability as punishment for sins of the past. Attributions rooted in a *Just world* psychology (Lerner, 1980), in which people end up blaming victims of rape, accidents, or illnesses for their misfortunes, are often applied to individuals with disabilities (Rubin & Peplau, 1975); these kinds of attributions may serve as a mechanism for people to distance themselves from an awareness of their own weakness or the possibility of becoming disabled themselves (Asch & Rousso, 1985). Instructors can use an examination of these attitudes as a way to help students understand attitude formation in a broader sense (Makas, 1988; Wright, 1988). They can engage students in discussions about tendencies to attribute social and economic disadvantages experienced by people with disabilities to an inferred biological inferiority and draw parallels to attributions about racial minorities and women.

Social interaction

Studies of the behavior of nondisabled people toward people with disabilities demonstrate a variety of responses that, at the very least, hinder ordinary social interaction. These interaction problems include the avoidance of social contact; distorted verbal behavior; and nonverbal behaviors such as turning away, avoiding eye contact, and ignoring a person's presence (Fine & Asch, 1988a; Gliedman & Roth, 1980; Wright, 1983). In an experimental study, Houser (1997) found that disability overwhelmed all other characteristics, so that the disabled individual was perceived as less influential than others in group tasks, despite others' attributions of competence to the disabled group member. In addition, certain impairments can prevent people who have them from using expected communication cues such as articulation, eye contact, or hand movements. Students might consider how those impairments might affect others' perceptions of the individuals who have them, as well as their interactions with them. It is also useful to point out that in real life, people with disabilities may find ways to minimize the problems evidenced in brief encounters in experimental settings (Fine & Asch, 1988a). Despite increased participation of people with disabilities in school, college, work, and recreation, the literature still tells little about coworker or intimate relationships between people with and without disabilities, or between people with disabilities.

Developmental Psychology

Issues related to disability are relevant to many areas of developmental psychology and can be integrated effectively through discussion and debate into various topic areas, as described below.

Developmental stages

Most of what is known about developmental theory has evolved from studies of nondisabled children. Thus, much can be learned about both developmental stages and disability, by examining how major stage theories apply or do not apply to the lives of children with disabilities (Gliedman & Roth, 1980). Students can be invited to consider how particular biological characteristics (impairments) interact with the familial, physical, and social environments to influence the acquisition of cognitive, motor, communication, or relationship skills. They can also discuss what factors might help development proceed positively and smoothly for a person who manages a disability.

Social learning

One of the tenets of social learning theory maintains that young people learn adult roles by observing the models around them. However, most youngsters with disabilities have very limited opportunities to observe, in person or even in the media, how adults manage a disability, physically and socially. Some contend that young people with disabilities need contact with role models or mentors who also have disabilities, in order to develop healthy self-esteem and high aspirations (Rousso, 2001). By discussing the value of disability, race, or gender similarity in role models, students can consider what qualities may be essential for modeling to take place. Students might reflect on people who have served as role models for them and explore reasons they have appreciated specific mentors.

Adolescence

During the adolescent years, substance abuse, athletic injury, traffic accidents, street violence, unsafe sex, and eating disorders are all more likely to occur, and along with them comes an increase in the numbers of people with lifelong physical and psychological impairments. Instructors can ask students to consider how any disability might complicate the search for a comfortable body image, sexual identity, and peer group, which are key aspects of adolescent development, and to discuss what factors might promote or impede the social, psychological, and cognitive development of youth with disabilities.

Life span development

Although approximately 10% of people under age 21 may have impairments, most disability occurs during adulthood. As psychology professionals increase their research and teaching of adult life issues, it is appropriate to incorporate discussions of disability into the treatment of such major topics as work, family, adult friendships, and aging. Often the discussion of disability in adult life mistakenly focuses only on people with newly acquired impairments through illness, injury, or the aging process and frames discussions in terms of role loss for the person acquiring a disability and burdens of adjustment and caregiving for nondisabled family members. Although the literature on stress and coping, adaptation, and rehabilitation (e.g., Brodwin, Tellez, & Brodwin, 2002; Rolland, 1994) give important insights into these experiences, it is crucial to look also at personal accounts and the disability-rights literature to learn how people live with disability as workers, parents, spouses, and citizens after rehabilitation. We strongly urge instructors to become familiar with the literature that demonstrates the satisfactions that people of all ages who have disabilities take in their lives as well as the disbelief of medical and psychological professionals in these findings (Albrecht & DeVlieger, 1999). Recommended resources include Brightman (1984) and Couser (1997) for autobiographies written by people with a range of conditions; Fine and Asch (1988b) for material on the lives of women with disabilities; Vash and McCarthy (1995) for perspectives on the nexus between spirituality and disability; and Shakespeare, Gillespie-Sells, and Davies (1996) for discussions of disability and sexuality.

Family psychology

For any courses on family life, it would be valuable to incorporate material on parenting with a disability (Barker & Maralani, 1997; Wates, 1997; Wates & Jade, 1999), parenting children with disabilities (Ferguson, Gartner, & Lipsky, 2000; Seligman, 1999), sibling relationships (Stoneman & Berman, 1993), and intimate relationships (gay and lesbian as well as heterosexual) of people with disabilities (Brownworth & Raffo, 1999; Fries, 1997; Shakespeare et al., 1996). Instructors can raise questions about role expectations that may make it difficult to imagine people with disabilities as partners and caretakers of others, or as satisfying children to their parents, or as siblings to their nondisabled sisters and brothers. Students can be asked to write a paper about family members' experiences with disability—in their own family or in a family they know—interviewing two or three people about how they view their lives as affected by another's impairment and how they think the family member who has the disability views her or his life.

Personality, Clinical, and Abnormal Psychology

Personality, clinical, and abnormal psychology have suffered from two erroneous assumptions about people with disabilities: (a) that physical disabilities create psychological disorders and (b) that people with disabilities are psychologically "abnormal." Instructors can encourage students to examine both the misperceptions and the actual data (or absence of data) relating to disability and psychopathology. People with disabilities have been viewed, particularly in the psychoanalytic literature, as having a variety of problems, including excessive guilt, unmastered and undischarged aggression, and strong primitive defense mechanisms. Asch and Rousso (1985) and Gliedman and Roth (1980) have described psychoanalytic arguments that a defective body leads to a defective body ego and that a distorted self-image leads to a distorted image of the world. Students need to be made aware that these beliefs are based on small numbers of distressed patients, without a corresponding examination of individuals with disabilities who have not sought help. Providing data on the actual incidence of psychological disorders among the disabled population helps dispel the myth that disability causes psychopathology (Olkin, 1999). It would also be useful for future practitioners to read about clients' perceptions of the lack of awareness and insensitivity reflected in some of the common practices of well-meaning helping professionals (e.g., Buchanan, 1999; McCarthy, 2002; Walsh, 1999).

Many authors overlook the impact of familial and societal treatment on the psychological development of people with disabling conditions. Hostility and rejection in social and occupational settings may eventually cause a person with a disability to internalize society's deprecating attitudes (Asch & Rousso, 1985; Smart, 2001), as can occur for members of other minority groups. Examining the effects of such social experiences on mental health promotes a shift in emphasis away from internal attributions about psychopathology.

The frightened and hostile responses many nondisabled people experience toward disability are also valid topics in the study of personality and psychopathology. These responses may be rooted in unconscious anxieties regarding wholeness, loss, and weakness (Hahn, 1988); castration anxiety; or fears about one's own destructiveness (see Asch & Rousso, 1985, and Olkin, 1999, for additional discussions).

Courses in clinical, abnormal, or personality psychology might benefit from a presentation by a panel of people with physical and mental disabilities who have used psychological services, to discuss the quality of the services, the attitudes of professionals toward their life prospects, and recommendations for improvement. Similarly, providers of psychological services who themselves have disabilities could discuss how their conditions affect their work with disabled and nondisabled clients as well as their reception by the mental health profession (Asch & Rousso, 1985). A 1994 special issue of the *American Journal of Psychotherapy* (Vol. 48, issue 2) provides data on the impact of a patient's or therapist's impairment on the therapeutic process, and Olkin (1999) authored a valuable guide for therapists on disability issues.

Psychology of Women

Fine and Asch's (1988b) edited volume, and Asch et al.'s (2001) chapter can guide instructors to much of the available scholarly and autobiographical literature on gender–disability interaction. Krotoski, Nosek, and Turk (1996) and a 1997 issue of the *Journal of Disability Policy Studies* (Vol. 8, issues 1 and 2) offer empirical data and policy recommendations relevant to the health, sexuality, education, employment, relationships, and service needs of women with disabilities.

It is sadly still true that in virtually all areas of life, women with disabilities face a harsher reality than do nondisabled women or men who have disabilities. The class could discuss questions that recent data reveal: why relatively few college-educated women with disabilities are in the workforce as compared with similarly educated men who have disabilities, and why fewer women than men with disabilities attend college—even though women outnumber men in colleges and universities today (U.S. Bureau of the Census, 1999). The class could also examine the hypothesis, advanced by Asch and Fine (1988), that women with disabilities are rejected as partners by nondisabled people because they are assumed to be unacceptable as nurturers by nondisabled men or women seeking intimate relationships.

Industrial/Organizational Psychology

Participation in the workforce is a central issue in disability studies. As mentioned earlier, people with disabilities continue to find it much harder than their nondisabled cohorts to break into the world of work, with a labor force participation rate that is about 30 percentage points lower than that of the general population (Trupin et al., 1997). Instructors can introduce practical psychological issues for discussion regarding factors that influence the motivation and decision to work. For example, some impairments are expensive to manage because of costly medications, the need for personal attendant assistance (for transportation, eating, or toileting), or the need for readers or interpreters. The federal and state systems of disability benefits, which can include health insurance coverage (usually through Medicare or Medicaid), historically have paid these costs only for people who stayed out of the workforce. Instructors and students should learn about the more flexible benefits options available through the Work Incentive Improvement Act (Social Security Legislative Bulletin, 1999) and their impact on what have been powerful disincentives to labor force participation. In addition, it is important to introduce to students the concept of *reasonable accommodation*, a fundamental principle in both ADA and rehabilitation practice, and to be aware of the multiple dimensions of accessibility. Just as any "environment" can be analyzed in terms of its physical, social, and regulatory dimensions, so too the goal of accessibility has physical, attitudinal, and programmatic aspects that need to be examined and addressed.

PROMOTING AWARENESS AND COMMITMENT TO ACCOMMODATION

Many instructors are unnecessarily fearful of having students with disabilities in their classes. Although they may know that students' rights to equal educational opportunity are protected by legislation, they may not be familiar with the parameters of the law and how to operate within the law. Section 504 of the Rehabilitation Act and Title II of the ADA, which provide official guidelines and technical assistance, should be available from the campus office for services to students with disabilities, or they can be obtained from the Association on Higher Education and Disability, the professional association for these programs and issues (visit http://www.ahead.org, or telephone 617-287-3881). Instructors and psychology departments can also consult the American Psychological Association's Board of Educational Affairs and Committee on Disability Issues in Psychology for guidance in ensuring that courses and classrooms are truly accessible to students with disabilities, and they can review the report of the American Psychological Association Task Force on Diversity Issues at the Precollege and Undergraduate Levels of Education in Psychology (1998). As a simple, proactive strategy, instructors can include a statement in the course syllabus that expresses their willingness to offer reasonable accommodation to legitimate disability-based needs. This would empower the affected students to validate and explain their situations early in the course, in anticipation of needs, and would communicate a message of inclusivity to all students in the course.

Course Assignments on Psychosocial Aspects of Disability

Interviews

Structured interviews of two or three people with disabilities can help students gain an understanding of how those individuals view the social and psychological ramifications of their disability. Students would also see firsthand how interviewees manage certain functions affected by the disability, such as communication, mobility, or learning. Questions might focus on how the individuals' disabilities have influenced, if at all, their lives in such areas as education, work, transportation, housing, friendships, romantic relationships, and parenting. In their write-ups, students could discuss the responses in terms of whether they were surprising, why or why not they were surprising, and the implications for personal or societal change.

We recommend having students interview more than one person, to help students recognize that not everyone with a disability has the same story or responds to disability, or to life, in identical ways. If only one person is interviewed by each student, then the assignment should be followed by a group discussion so that class members can compare their experiences. The class could then discuss the differences in responses in terms of such variables as the gender, age, race, social class, and ethnicity of the interviewee; the nature of the impairment; the age at disability onset; and personality or psychosocial factors. As an alternative to conducting interviews, students could be assigned a report based on reading several narrative accounts from periodicals with insider perspectives on disability, such as *Disability Studies Quarterly* and the magazines *New Mobility: Disability Culture and Lifestyle* and *The Ragged Edge.*

Experiential assignments

We oppose disability-simulation exercises, such as students' spending a day using a wheelchair or wearing earplugs or occluding glasses. Although intended to increase awareness, these exercises end up equating the functional and emotional experience of a very newly disabled person with that of someone who has mastered coping skills. Thus, they are likely to arouse only pity and fear rather than sensitivity and understanding. Instead, we recommend that students be encouraged to spend the time engaged in an experiential assignment that lasts several weeks and that includes a variety of interactions with one or more persons with disabilities. Part of such an assignment might be reflections on prior fears or obstacles that prevented or minimized meaningful contact with people who have disabilities. In designing such experiences, two principal guidelines should be observed: (a) aim at building a relationship based on contact that is either equal status or one in which the student is the primary recipient of help; (b) include interactions that explore the person's varied interests and experiences, rather than focusing exclusively on the disability and its consequences. These parameters are likely to generate a much more meaningful and realistic basis for an outsider to capture the experience of both "the grievances and gratifications in everyday life with a disability" (Wright, 1983, p. 291). The following are two specific examples of worthwhile experiential assignments:

1. Become involved in working on a systems advocacy project that will provide you with the opportunity to: (a) learn about the origins and implications of a disability-rights issue from disability activists and advocates and (b) experience the strategies and realities of creating bureaucratic, legislative, or social change. Write a report of the substantive and experiential outcomes of your work.
2. Serve as a "buddy" or citizen advocate or personal assistant for someone with a significant disability. Record and submit a journal of reflections on the experiences, both enlightening and challenging, that the two of you had together in a variety of home, school, and community settings.

Encouraging students to identify relevant persons and issues for these assignments by networking in the community, rather than giving them prescreened contacts and topics, will further enhance their awareness of disability-related resources and concerns.

CONCLUSIONS AND CAREER OPTIONS

Experiences such as the above assignments, coupled with information provided in readings and class discussions, will not only enrich students' lives but may also provide ideas about career options in psychology. There are a number of vocational possibilities—such as case manager, rehabilitation counselor, and rehabilitation psychologist—for those with psychology training who are interested in working directly with people who have disabilities. Interested students can obtain information from several Web sites; for example: the American Psychological Association's Division of Rehabilitation Psychology (http://www.apa.org/divisions/div22), the American Rehabilitation Counseling Association (http://www.nchrtm.okstate.edu/ARCA), the National Rehabilitation Association (http://www.NationalRehab.org), the National Rehabilitation Information Center (http://www.naric.com), and the Case Management Society of America (http://www.cmsa.org).

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