

Guest Editorial

Emerging Disabilities

Sociopolitical changes in our contemporary global society, environmental conditions that compromise health, and rapid advances in medical technology have resulted in the emergence of new patterns of disabling conditions that present unique challenges to rehabilitation consumers and professionals alike [7]. These conditions are referred to in the rehabilitation and health care literature as emerging disabilities. Emerging disabilities result from “newly recognized causes or diseases or expanded disability definitions” [3, p. 329]. Emerging disabilities have either newly appeared in a population or have previously existed but are rapidly increasing in incidence or geographical range [2]. Examples of emerging disabilities include chronic fatigue syndrome; Lyme disease; multiple chemical sensitivity; repetitive motion syndromes; Asperger syndrome; HIV/AIDS; polytrauma resulting from natural disasters, warfare, and terrorism; and psychosocial and behavioral conditions related to poverty and violence [2–4,6].

Research has demonstrated that people with emerging disabilities share many of the same vocational concerns as individuals with “traditional” disabilities [3, 6]. However, emerging disabilities are often misunderstood and/or highly stigmatized by medical and health care professionals, rehabilitation professionals, disability service providers, employers, and society at large [3]. In comparison to “traditional disabilities,” emerging disabilities are often less obvious, more difficult to diagnose, more likely to be associated with chronic pain, and more perplexing in terms of vocational rehabilitation planning [3].

Research comparing the demographic characteristics of individuals with emerging disabilities to individuals with traditional disabilities has demonstrated that those with emerging disabilities are less educated, less likely to be employed, have a lower income, are less likely to be adequately insured, experience greater difficulties with activities of daily living, and require

more frequent medical care [3,6]. Because of these unique characteristics, the vocational adjustment process for individuals with emerging disabilities is often even more complicated than it is for individuals with other disabling conditions. In addition, the uncertainty that often characterizes emerging disabilities necessitates changes in vocational rehabilitation policy and service delivery if rehabilitation professionals are to adequately address the needs of this rapidly growing population of consumers [4,7].

The purpose of this special issue is to examine emerging disabilities with regard to the unique vocational challenges and considerations for rehabilitation planning that they present. Of course, the articles in this issue represent only a sampling of emerging disability populations that are likely to be increasingly encountered by vocational rehabilitation professionals. However, they do represent those conditions that appear to be among the most rapidly growing, yet most incompletely misunderstood.

We begin the special issue with an article by Conyers and Datti that examines the unique vocational rehabilitation needs of the growing population of American women with HIV/AIDS. The authors of this article note that women with HIV/AIDS account for over one quarter of all new diagnoses and encounter many obstacles to employment. Using data from an employment needs survey, they describe the demographic, economic, health, and employment characteristics of a sample of 122 females with HIV/AIDS. They offer an in-depth analysis of the vocational development needs of this emerging population and discuss their research findings within the context of services that rehabilitation professionals can provide to improve the employment outcomes for women with HIV/AIDS. They conclude their article with suggestions for future research.

Because the diagnosis of autism spectrum disorders (ASDs) has substantially increased in recent years [1], this issue includes two articles on this particular group-

ing of emerging disabilities. Higgins, Koch, Boughfman, and Vierstra focus on the vocational implications of Asperger syndrome (AS), one of the disorders on the higher functioning end of the continuum of ASDs. They examine factors associated with the school-to-work transition of adolescents and young adults with AS. In addition to describing the diagnostic characteristics of AS and exploring its psychosocial impact on the individual, the authors examine the specific work-related challenges associated with AS and conclude their article with recommendations for transition planning. Van Wieren, Reid, and McMahon report the findings from their investigation of the employment discrimination experiences of Americans with ASDs. Their study profiles the characteristics of individuals with autism who have filed discrimination charges against their employers with the Equal Employment Opportunities Commission under the Americans with Disabilities Act. This profile includes empirical data regarding demographic characteristics of the charging parties; the industry designation, location, and size of employers against whom complaints are filed; the nature of discrimination (i.e., type of complaint) alleged to occur; and the legal outcome or resolution of these complaints. In the investigation, the researchers also compare and contrast these key dimensions of workplace discrimination involving individuals with ASDs and persons with other disabling conditions.

This issue also includes two articles that address the independent living and employment needs of individuals with polytrauma. Due to changes in the contemporary global political climate, Americans have witnessed a dramatic increase in severe injuries to both soldiers and civilians resulting from warfare and terrorism [5]. The term "polytrauma" is used to describe these injuries that are often associated with high power explosive blasts that result in damage to multiple organs [8].

Due to rapid advances that have been made in emergency medicine, the survival rate for individuals with polytrauma is greater than ever before; however, survivors of polytraumatic injuries are likely to encounter complex and demanding challenges to daily living [5]. Successful community integration and re-entry to employment of individuals with polytrauma are likely to require a long-term, interdisciplinary treatment approach. Because injury to the brain is the most commonly occurring injury in polytrauma [8], Kissinger focuses primarily on the vocational implications of traumatic brain injury (TBI) and introduces the working alliance as a framework for delivering individualized and

comprehensive vocational rehabilitation service delivery to individuals with TBI. Pomeranz, Shaw, Yu, and Moorhouse advocate for the use of the life care plan as a tool to facilitate comprehensive assessment and planning to address the life-long independent living and vocational rehabilitation needs of individuals who have sustained polytrauma. To underscore the benefits of the life care plan as an assessment and case management tool, they provide a case study to illustrate its use with a soldier who sustained a blast-related injury that resulted in damage to multiple systems and an array of physical and cognitive deficits.

Rather than highlighting specific disabling conditions, two of the articles in this issue examine (a) a population that is at risk of sustaining disabling conditions and (b) a population that is experiencing an increase in the incidence of disability. Faith, Malcolm, and Newgent introduce a model to target peer victimization in elementary schools. They advocate the need for early prevention/intervention models such as this one to prevent future psychological disability that can interfere with occupational functioning when victimized children become adults. The focus of the article written by Kampfe, Wadsworth, Mamboleo, and Schonbrun is the emerging vocational rehabilitation clientele of aging individuals. They note that with the graying of the American populace, larger numbers of people will be living longer than ever before and delaying retirement for economic or personal reasons to remain in the workforce. At the same time, these individuals will experience a higher incidence of disabling conditions than does the younger population. These disabling conditions will necessitate a wide range of medical, allied health, social, and vocational services from rehabilitation practitioners. In their article, Kampfe et al. identify the barriers to employment that exist for older individuals with disabilities and recommend various employment supports to enable them to remain active and vital participants in the workforce.

In keeping with the notion that emerging disabilities will necessitate changes in service delivery systems to adequately address the needs of this population, we conclude this issue with an article by Lewis that advocates the need for vocational rehabilitation professionals to individually and collectively embrace change. In the article, he examines the historical development of the state-federal vocational rehabilitation system in the United States. He then explores lessons learned since this system was initially established. As an impetus to prepare rehabilitation professionals for the future, he devotes a large portion of the article to describing the

specific skills that they will need to acquire in order to manage change in a way that enables them to adequately meet the needs of emerging vocational rehabilitation clientele.

We would like to thank *WORK's* Editor, Dr. Karen Jacobs, for the opportunity to undertake this project. We also wish to gratefully acknowledge the innovative scholars from across the United States who contributed articles to this issue: Erica Boughfman, Liza Conyers, Paul Datti, Melissa Faith, Kristin Higgins, Charlene Kampfe, Daniel Kissinger, Allen Lewis, Kenya Malcolm, George Mamboleo, Brian McMahon, Michael Moorhouse, Rebecca Newgent, Jamie Pomeranz, Christine Reid, Phillip Rumrill, Staci Schonbrun, Linda Shaw, Darlene Unger, Todd Van Wieren, Courtney Vierstra, John Wadsworth, and Nami Yu.

Lynn Koch and Mary Hennessey

Guest Editors

University of Arkansas

College of Education and Health Professions

Department of Human Resources and Communication

Disorders

106 Graduate Education Building

Fayetteville, AR 72701, USA

Tel.: +1 479 575 5824; Fax: +1 479 575 5824;

E-mail: lkoch@uark.edu

References

- [1] Centers for Disease Control and Prevention (2008). *Autism information center*. Retrieved on January 3, 2008 from <http://www.cdc.gov/ncbddd/dd/ddautism.htm>.
- [2] L.M. Conyers, HIV/AIDS as an emergent disability: The response of vocational rehabilitation, *Journal of Vocational Rehabilitation* **22** (2005), 67–73.
- [3] M.H. Fox and K. Kim, Understanding emerging disabilities *Disability and Society* **19**(4) (2004), 323–337.
- [4] K. Kim and M.H. Fox, Knocking on the door: The integration of emerging disability groups into independent living, *Journal of Vocational Rehabilitation* **20** (2004), 91–98.
- [5] H.L. Lew, Rehabilitation needs of an increasing population of patients: Traumatic brain injury, polytrauma, and blast-related injuries, *Journal of Rehabilitation Research and Development* **42**(4) (2005), xiii–xv.
- [6] D.E. Nary, G.W. White, J.F. Budde and H.Y. Vo, Identifying the employment and vocational rehabilitation concerns of people with traditional and emerging disabilities, *Journal of Vocational Rehabilitation* **20** (2004), 71–77.
- [7] R.L. Schalock, The emerging disability paradigm and its implications for policy and practice, *Journal of Disability Policy Studies* **14**(4) (2004), 204–215.
- [8] United States Department of Veteran Affairs (2008). Polytrauma and blast-related injuries. Retrieved on January 4, 2008 from <http://www.hsrd.minneapolis.med.va.gov/PTqueri>.