

Module Eight

Work in the Lives of People Living with HIV Disease: Roles for Psychologists

Module Overview

The introduction of new treatments has dramatically improved the health and quality of life for many people with HIV/AIDS. As a result, some have started to consider the possibility that they might enter the workforce. However, obstacles to workforce entry exist for many people with HIV/AIDS, including concerns over uncertain future health, possible loss of benefits, out-of-date job skills, discrimination and disclosure, and accommodation of disability. Current disability law such the Americans with Disabilities Act and the Ticket to Work and Work Incentives Improvement Act may mitigate some of these concerns by prohibiting disability-based discrimination, by requiring reasonable accommodation of disability, by extending certain disability benefits (such as income and healthcare benefits) during efforts to rejoin the workforce, and by improving access to rehabilitative services for people with disabilities. Although these legal provisions may be of assistance to many people with HIV/AIDS, some may experience greater difficulty using them because of employer ignorance and failure to comply and certain lack of enforcement of the Americans with Disabilities Act.

Psychologists may be called upon to assist persons with HIV navigate the complex decision-making process of whether to make changes in their work life. This process typically requires a careful benefit to risk analysis to ascertain the feasibility of making changes, and if changes are to be made, which changes are in the client's the best interest. This analysis must take into account both individual medical, vocational, financial/legal, and psychosocial factors, as well as, an appraisal of the current state of medical opinion regarding long term effectiveness of medical treatments. Given the highly charged nature of the issues involved, psychologists must be aware of their own values and beliefs about work and HIV in order to provide a balanced and thoughtful approach to this endeavor.

This module is designed to assist psychologists develop the knowledge, skills, and attitudes necessary to provide psychological services to clients with HIV who are considering making work related changes. It is written to:

- point out why psychologists should be aware of these issues
- highlight concerns that people with HIV/AIDS may have about working,
- provide an overview of the Americans with Disabilities Act and the Ticket to Work and Work Incentives Improvement Act, and their implications for people with HIV/AIDS contemplating workforce entry
- outline a *client-focused* decision-making process that may help people with HIV/AIDS in their efforts to determine whether and what kind of employment is right for them and to support them in their efforts should they decide to (re)enter the workforce.
- discuss specific roles psychologists may play in the decision-making process.

- *assist psychologists clarify their own values and beliefs related to HIV and work and the medical outlook for persons with HIV.*

Preparing to Provide HIV and Work Psychological Services

Providing psychotherapeutic services to clients with work related concerns is not new for most psychologists. Helping clients make choices related to finding and sustaining meaningful, satisfying, or lucrative employment is often a goal in psychotherapy. In a broader sense, the ability to work—according to Freud—was the second major task of a healthy person: lieben and arbeiten (love and work).

On the other hand, the circumstances surrounding HIV and work may pose new challenges to psychologists' understanding of work issues, even those clinicians with a great deal of experience working with HIV clients. These challenges include: development of knowledge and skills specifically related to HIV and work, understanding one's own work related values, awareness of one's beliefs about the current and future status of the HIV epidemic.

Challenge I: Development of Knowledge and Skills related to HIV and Work

For many psychologists considering entering the milieu of HIV and work requires new knowledge and skills related to the impact of HIV on a client's physical and mental capacity to sustain a level of employment and the nature of employment services available to assist HIV clients. Some of these challenges are:

- *Understanding the interplay of medical symptoms, medication side effects, involvement in medical system, and immune system indicators in making informed work related decisions.*
- *Understanding current financial and legal issues related to HIV and disability.*
- *Understanding the array of employment and benefits services needed by persons with HIV considering work related changes, including grassroots HIV and employment services.*
- *Understanding the complexities in defining the nature of success in the consideration of work process, including--at times-- identifying successful outcomes that either defer or exclude return to paid employment.*

Challenge II: Clarification of One's Own Work Values.

Psychologists' own work values may bias their objectivity in helping HIV clients appraise the balance between the realistic risks and benefits of making work-related changes. These changes may include whether to continue to work, go to work for the first time, stop working to benefit one's health, or return to work after a period of on disability benefits. Often psychologists ask, "What would I do in this situation." Understanding one's work values and the potential for values conflict with their HIV clients is an essential starting point in preparing to provide psychological services related to HIV and work..

Challenge III: Awareness of One's Own Beliefs about the Current and Future Status of the HIV Epidemic.

Making decisions regarding whether to continue to work or to return to work require individuals to make educated guesses regarding the stability of their own health and the continued effectiveness of their HIV medications. This is especially problematic for individuals who may jeopardize long-term disability benefits because their policies will not be renewed if their return-to-work efforts do not succeed. Individuals—both clients and counselors—have personal views regarding their prediction of the future of HIV epidemic. Understanding one's optimism or pessimism related to the future of HIV can help inform the types of work related decisions that one will make for themselves or encourage others to make.

Knowledge and Skills Related to HIV and Work

1. Why is the issue of "work" current and important in the lives of people living with HIV disease and to psychologists?

- a. The introduction of new multiple-drug antiretroviral treatments has resulted in dramatic health improvement among many people with HIV/AIDS
- b. Concurrent with these improvements in health, many people with HIV/AIDS have experienced improvement in quality of life
- c. These improvements in health and quality of life have led many people with HIV/AIDS to at least consider the possibility they might want to go back to work
- d. An additional group of individuals who have never worked and who do not meet eligibility criteria for disability may face employment requirements as their unemployment and welfare benefits are terminated
- e. Changes in employment legislation and vocational services may positively affect the ability of people with HIV to return to work with fewer disincentives, such as loss of certain public entitlements.

2. **Critical Issues.** Certain factors appear important in steering through the process:

Redefining Success

Psychologists may need to understand, and help their patients understand, that standard definitions of employment may need to be expanded. To accommodate the activity limitations imposed by HIV and earnings limitations imposed by benefit systems, *people with HIV may not be able to choose an immediate return to work, while wanting and needing to be actively engaged in approaching work. Psychologists can explore their own and their clients' values, expanding the range of acceptable activities related to employment.*

In addition to the traditional definition of employment as full-time paid work, appropriate employment and pre/employment-related activities can include

- attending school, classes, tutoring or courses or any other skill acquisition method
- working with or without pay as an intern, extern, volunteer or trainee
- home or online study, alone or with a mentor/tutor
- self-employment
- part-time, casual or temporary employment
- independent contracting or project-based employment

- home-based employment

Other employment-related activities might include

- attending substance abuse or emotional support groups
- basic job retention skills training
- job seeking skills training
- job search clubs.

Although defining employment may seem rather straightforward, in fact there are many different ways to characterize participation in the workforce. For example, volunteering may be considered by some to be “gainful and productive” activity, as well as result in positive psychosocial outcomes. Other definitions, however, include more stringent criteria, such as the amount of money earned (i.e., above minimum wage), or whether a person is working at a location considered to be integrated (i.e., among others with, as well as without, disabilities). [For a more in-depth discussion of these types of criteria among a different groups with psychiatric disabilities, see Cook & Razzano, 2000]. It is important to identify the types of employment or return to work goals that people have so that you can more appropriately support them.

Helping clients with HIV expand their ideas about work-related activity can open up possibilities. Clients often approach the return to work process with the idea that they must be fully able-bodied and need no accommodations to work in competitive employment. Helping clients, and sometimes their programs, widen this thinking will permit them to keep the goal of employment while allowing realistic activities in preparation for work.

- Deciding whether or not to attempt workforce entry:** Employment may not be the right choice for everyone. Individuals need to determine for themselves whether or not to attempt to go back to work.
- Need for coordination of care and resources:** Efforts to return to work require concentrated efforts at increased collaboration/cooperation with one’s physicians, therapists, other service providers and navigation of the disability and rehabilitation systems (which are frequently at odds with each other), and coordination of all efforts.
- Lack of support for workforce-entry efforts:** Peers may suggest that such efforts are inappropriate and/or stupid. Rehabilitation staff, on seeing an apparently healthy client, may not believe a person with HIV/AIDS needs assistance.
- Increased pressure to go to work and lack of support for remaining unemployed.** “How come a healthy person like you isn’t working?”
- Fear and ambivalence.** Working toward a more productive life may evoke fears of loss of financial and other supports.
- Lack of goals.** After an extended period of disability/unemployment, little employment experience or only negative employment experiences, people with HIV/AIDS may experience difficulty setting goals for themselves.
- Changes in routine/schedule.** Efforts to return to work require imposing a daily structure different from routine associated with disability.
- Readiness Skills.** Training, résumé preparation, interviewing, etc., are all hard work.

- i. **Health changes:** People with HIV/AIDS can face precipitous changes in their health or in their healthcare needs.
- j. **Need for reasonable accommodations and acclimatization upon re-entry.** People with HIV may need modifications at work, such as flexibility in scheduling, assignments, physical demands or other factors. They will need help in asking for them, support in maintaining employer acceptance and time to acclimatize to new time demands. *See Asking for Accommodations, in Reference Section.*

3. **Why this issue is of interest to psychologists**

a. **Private-sector psychologists:**

- (1) Private sector psychologists may see people with HIV who have histories of employment, and for whom HIV-related disability represents a significant source of demoralization. The well-established link between unemployment and depression, coupled with findings that psychological well being (purpose in life), hopefulness about the future, and hardiness all exert salutary effects on mood, physical well being, and quality of life all suggest that for many people with HIV/AIDS, returning to work may be an important factor in their overall well being.
- (2) Psychologists and other mental health professionals may meet clients for whom HIV/AIDS produces major changes in attitudes toward work, as well as other psychological factors that affect their ability to function at work. The impact of living with HIV disease may change their work values, employment and life priorities, feelings of self-worth, and communication styles. Psychotherapy may be an essential component in assisting people make healthful decisions about work.
- (3) The experience of a positive diagnosis for HIV can evoke, exacerbate or reawaken psychological issues that patients may have not dealt with, ignored or thought were completed. HIV can affect family relationships, self-esteem, issues of independence and dependence, trust, openness and self-revelation or substance use. An HIV diagnosis and the subsequent experience of HIV can create the impetus to address these issues that may previously have been managed or suppressed through work or other means.

b. **Public-sector psychologists:**

- (1) In addition to the foregoing observations, public sector psychologists may be confronted with clients with HIV/AIDS with histories of multiple problems, of which HIV/AIDS is only one. For many of these individuals, the decision to attempt workforce entry, as well as the follow-through, may represent a more difficult course with more numerous and greater obstacles than might be faced by people with histories of higher functioning.
- (2) An HIV diagnosis may change the psychological profile of some clients. The intensely supportive medical and psychological care available to some people living with HIV may help them address long-standing issues. The threat of a major disease and the onset of opportunistic infections may prompt patients with multiple diagnoses (substance abuse, addiction and/or psychological disorders) to attempt behavior changes in order to reduce the impact of these disorders on his/her overall health and lifestyle, allowing the possibility of work for the first time. Simply put, an HIV diagnosis and its related illnesses may prompt (or force) a reduction in substance use and/or changes in family and social relationships. For this population, working may

mean a major change in lifestyle, personal interactions, and self-exploration in which psychotherapy may be an essential element for success.

- (3) Though many individuals receiving an HIV/AIDS diagnosis will take significant steps to improve the quality of their lives by addressing other, unhealthy pre-existing conditions, it is important to note that for some, the diagnosis will serve to exacerbate the pre-existing behaviors which may be seen, by the client, as coping mechanisms.

4. Why people with HIV/AIDS might want to work. People with HIV/AIDS who are currently disabled/unemployed have a number of reasons to consider workforce entry.

- a. **Increased income.** For most disabled/unemployed people with HIV/AIDS, as well as other disabled populations, disability income (e.g. SSDI, SSI) represents a fraction of their pre-disability income. Living on disability resources alone represents an ongoing challenge for many, if not most, disabled/unemployed people with HIV/AIDS.
- b. **Increased personal meaning.** Many people derive a substantial amount of self worth from their jobs: their self images are closely tied to the work they do. This sense of agency may be seriously undermined by disability and unemployment. Workforce entry may, therefore, help to restore a sense of personal worth and meaning for many disabled/unemployed people with HIV/AIDS.
- c. **Control and efficacy.** Employment is a setting in which many people express and gain competence, receive positive feedback, expand abilities and experience a sense of control and achievement. This may be a uniquely important anchor while dealing with a disease in which control is hard to effect.
- d. **Reduction of family financial burden.** Related to the need for increased income and personal financial stability, many people with HIV/AIDS and other disabilities feel they have become financial burdens to their families because of the financial support their families provide. Employment could help reduce this burden.
- e. **Increased social interaction.** Employment is a major source of social interaction, in contrast to the isolation experienced by many people with HIV/AIDS disabled by their disease. Employment could help reduce this isolation.
- f. **Contributions to society.** For many people with HIV/AIDS, their diagnosis has spawned a desire to leave a legacy, to make a positive contribution they can leave behind when they die. Finding a job that meaningfully allows such a contribution could help address this need.
- g. **Reduction of the Role of HIV.** *Going back to work can add an important and absorbing set of activities that provide a balance to the often overwhelming considerations that living with HIV imposes on a life. Working can help relegate HIV to the status of a medical problem, rather than a lifestyle.*

5. Why people with HIV/AIDS might not want or be afraid to work. People with HIV/AIDS face a number of obstacles that can interfere with their workforce entry efforts. Some of these obstacles can result in significant feelings of anxiety.

- a. **Uncertain health.** Even with the new antiretroviral treatments, people with HIV/AIDS face great uncertainty over their future health. As a result of living with severely compromised health, experiencing numerous hospitalizations, and potentially near-death experiences, some clients are afraid to hope that their improved health will continue.

- b. **Potential loss of benefits.** Most disabled/unemployed people with HIV/AIDS receive public disability and medical benefits. Because these benefits generally are "means tested," (i.e., means testing is the use of applicants' income and assets to determine eligibility for service or assistance from certain social-service agencies), people with HIV/AIDS contemplating workforce entry fear the loss of these benefits should they go to work. Even if these public entitlements are replaced with greater income from employment and healthcare benefits (i.e., health insurance), future health failure could compromise any financial security and health coverage stemming from employment.
- c. **Lack of job skills.** Because of their protracted disability/unemployment, many people with HIV/AIDS have job skills that are out of date and/or deficient. Others may have deficient job skills because of poor employment histories.
- d. **Fear of HIV/AIDS-related discrimination.** Despite protections such as the Americans with Disabilities Act, people with HIV/AIDS may fear facing HIV/AIDS-related discrimination in the hiring process, as well as in the workforce.
- e. **Healthcare needs.** Many people with HIV/AIDS worry that they will not be able to attend to their healthcare needs (e.g., take medication as prescribed, take time off to see their physicians) if they go to work.
- f. **Disclosing HIV Status On-The-Job.** Typically, it is not immediately apparent that an individual is living with HIV and/or any mental health concerns, yet both are highly stigmatized conditions in American society. As a consequence, the issue of disclosure is very significant. Thus, many people coping with HIV/AIDS worry about a wide variety of communication issues around their HIV status at work and may need assistance in talking about issues of disclosure. *Some of these issues include* being open and out, and deciding when, how and to whom to disclose their status. By disclosing their HIV status, people risk losing friendships, family support, and jobs. Disclosure may alter relationships with associates, provoke negative reactions, including job loss, from employers and co-workers, and threaten opportunities for professional (and potentially personal) advancement.

For a more complete discussion of disclosure issues to help psychologists and their patients think about disclosure, see TALKING ABOUT YOUR DISABILITY IN JOB INTERVIEWS by Betty Kohlenberg, M.S., C.R.C., ABOVE, available at <http://www.bkohlenberg.com/BKadvice.htm#talkingabout>

- g. **Lack of reasonable accommodations in the workplace.** People with HIV/AIDS may fear that appropriate accommodation of their disabilities (e.g., time to see physician, flexible work hours, avoidance of exposure to other illnesses) may be unavailable should they go to work.
- h. **Fear of stress.** Stress has been identified as a contributor to health declines among people living with HIV/AIDS. People with HIV/AIDS often perceive work as a source of uncontrollable pressures and stressors, and may not see a way to limit stress while functioning adequately in the workplace.
- i. **Fear of failure.** Many people with HIV/AIDS have lost confidence in their ability to predict their physical and psychological capacities. As a result, many may fear that

- they will cause themselves embarrassment, further disappointment or increase their distrust of themselves, or inconvenience their co-workers or employers.
- j. **Loss of social support.** Some people living with HIV/AIDS experience considerable social service agency support and live in communities where unemployment (or underemployment) is high. Returning to work could mean the loss of a supportive community, perhaps even a first experience of this, and entry into the work world where more personal support is unavailable.
 - k. **Habituation to a disability lifestyle.** In common with many other people living with disabilities who rely on income support, some people with HIV/AIDS have lost the skills for juggling multiple responsibilities and may have difficulty imagining the management of the disease with the time and attention demands of employment.

6. Related/Relevant Legislation

New federal programs and initiatives have been developed to protect against workplace discrimination, as well as to reduce some of the financial and health insurance disincentives which affect employment among people with disabilities. In addition to existing legislation such as the Americans with Disabilities Act, which mandates fair hiring practices and reasonable accommodations for workers with disabilities, the formation of the President's Task Force on Employment of Adults with Disabilities and passage of the Ticket-to-Work and Work Incentives Improvement Act (TWWIIA), point to the value our society now is placing on employment of its citizens with disabilities. TWWIIA, for example, not only seeks to reduce employment disincentives among people with disabilities, but also to expand the array of employment-related services available to them by providing vouchers with which clients can select and directly purchase vocational services from rehabilitation providers.

- a. **Americans with Disabilities Act (ADA; U.S. Department of Justice, 1998).** Passed in 1990, the Americans with Disabilities Act (ADA) provides for equal employment opportunity for people with disabilities. *[See endnote for a list of conditions and conduct excluded under the ADA¹]* Although no specific diseases are explicitly recognized as disabling under the ADA, HIV-related cases were among the first to be litigated and to develop case law. Sufficient case law therefore exists to suggest that the ADA should apply to people with HIV-related disabilities. Discrimination on the basis of HIV/AIDS in recruitment, hiring, retraining, compensation, benefits, or any other terms of employment is therefore not permitted under the ADA. Of particular interest to people with HIV/AIDS is the fact that employers must offer the same health insurance benefits to people with HIV/AIDS as they do for their other employees. Employer inquiries about past experience of disability also are prohibited, and limits are placed on medical examinations. Employees with HIV/AIDS also are entitled to reasonable accommodations in their work settings if it is required for effective performance of their duties. For people with HIV/AIDS, such workplace accommodations might include flexible scheduling to attend physician appointments or additional unpaid leave if they experience lapses in their health. Employers may not ask applicants or employees if they have HIV/AIDS or any related illness to determine whether they are disabled or to ascertain the extent of their disabilities.

They may not require that applicants or employees undergo medical tests (including HIV antibody testing) except under certain limited circumstances.

In order to be entitled to reasonable accommodations at work, the ADA requires that people disclose information about the existence of a disability to their employers. The employer is not required to accommodate an employee until and unless the employee asks for accommodations under the ADA. Because the employer may not ask about disabilities, ADA protections for being a disabled person are not available until the disability status is revealed. Individuals who want accommodations must disclose their status as persons with a covered disability that interferes with a major life activity, such as working, to qualify for ADA coverage. In addition, the type of reasonable accommodation requested must be specified. However, neither the employee nor the physician needs to specify the particular diagnosis. In fact, in some cases, it might be recommended that they do not. In the case of HIV, for example, one strategy might be for people to disclose the need to accommodate gastrointestinal problems, fatigue, pain or mobility impairments, rather than disclose that they are living with HIV. (For additional information, see Kohlenberg, B. (2001) "Asking for Accommodations.")

The ADA does not require that *all* supervisory staff or co-workers be aware of a person's disability status and it generally is a good idea that people with HIV limit the disclosure of their status, to maintain as much confidentiality as possible. An individual should discuss health concerns and accommodation needs with an appropriate member(s) of the employment organization. This might include staff in Human Resources, an upper level manager, or someone with *the authority to implement changes*. Reasonable accommodations can be discussed, implemented, and adjusted, as well as kept confidential. In some cases, it may be necessary for a person's direct supervisor to be aware of the accommodation, but disclosure of this information should be considered carefully by both the employee, as well as the aforementioned management personnel, *and employer representatives should be reminded that the information must be kept confidential.*

It also is important to note that the ADA is not self-executing, i.e., enforcement relies heavily on civil litigation in the absence of employer compliance. Therefore, it requires grassroots advocacy, effective administrative agency (EEOC) action, and active involvement of public and private lawyers who provide access to federal courts for discrimination victims. In a disturbing series of studies of Title I cases under the ADA in which there was a judicial case outcome, the American Bar Association's Commission on Mental and Physical Disability found that, of the cases in which one party or the other prevailed, 92 to 94 percent were decided in favor of the defendant (employer) compared to 58% of *all* civil cases in which the plaintiff prevailed. In his discussion of these findings, Rulli (2000) suggested that in most such litigation, the disabled poor are underrepresented because of their relative lack of access to the legal system. Although certain (even most) employers may voluntarily comply with the provisions of the ADA, others may not, and the prospect of facing lengthy litigation may be more than many people with HIV/AIDS are willing to bear.

- b. **Ticket to the Work and Work Incentives Improvement Act (TWWIIA, Public Law 106-170, 1999).** The Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA) contains two broad provisions important to unemployed/disabled people with HIV/AIDS contemplating returning to work:
- i. **Improved access to employment training and placement services for people with disabilities who want to work:** Currently states are mandated to provide training and placement assistance to people with disabilities who wish to enter the workforce, usually through the State Departments of Rehabilitation. Under TWWIIA, disabled SSI and SSDI beneficiaries seeking employment assistance will be able to obtain services from an employment network, consisting of approved providers among private, community-based and governmental agencies. This process will help in meeting the job placement, skills training, and job training services identified by people living with HIV/AIDS in the study. The increased choice afforded to people living with HIV/AIDS through this new arrangement should enable them to better tailor employment, education, and rehabilitation services to their individual needs. Under TWWIIA, use of employment services may not prompt a continuing disability review of SSI or SSDI eligibility. Effective January 1, 2002, if a Social Security Disability beneficiary has received benefits for at least two years, his or her employment may not be used as the basis for conducting a disability review, although substantial earnings may result in termination of income benefits. In addition, individuals whose prior entitlement to disability income and healthcare benefits has been terminated as a result of work may request reinstatement of benefits without filing new applications should their illness recur.
 - ii. **Increased opportunities for states to provide access to healthcare coverage under Medicare and Medicaid.** The TWWIIA allows each state the option of eliminating income, asset, and resource limitations for workers with disabilities buying into Medicaid. TWWIIA created two new Medicaid eligibility groups that can be utilized by unemployed people with HIV/AIDS who are seeking employment. The first, the Basic Coverage Group, was established to make Medicaid benefits available to working people, who, except for their income and resource levels, are eligible to receive Supplemental Security Income (SSI). The second, the Medical Improvement Group, consists of people whose health or disability improves while working and who would thus become ineligible for Medicaid because they no longer meet SSI criteria for disability. States offering Medicaid coverage to this group must offer it to them first, and they may impose premiums for either or both groups on sliding scales based on income. TWWIIA also extends the premium-free Medicare Part A to 8½ years for Social Security Disability Insurance (SSDI) beneficiaries who lose income assistance because they return to work. Both the Medicaid expansion and Medicare extension address a significant barrier for people with HIV/AIDS contemplating going to work. In one study (Brooks, Ortiz, Veniegas, & Martin, 1999), 55% of respondents reported receiving Medicaid or Medicaid/Medicare and would, therefore, benefit from this expansion of Medicaid.

- iii. TWWIA has been in the process of being phased in across the country since 2000 with a three-year time line. Its implementation therefore differs from state to state. Current participating states include Arizona, Colorado, Delaware, Florida, Illinois, Iowa, Massachusetts, New York, Oklahoma, Oregon, South Carolina, Vermont, and Wisconsin. As of 11/21/01, the second-phase states had not yet been announced.

7. Social Security Administration Work Incentives Programs

a. Social Security Disability Insurance (SSDI)

- i. *Trial Work Period:* The Trial Work Period is a nine-month period (not necessarily sequential) within three years to attempt workforce entry. It provides for continuation of Social Security benefits while working, regardless of earnings. After the Trial Work Period ends, for three years, if a beneficiary's monthly earnings fall below "substantial gainful employment" (SGA: About \$700/month), Social Security will pay benefits for each such time frame (month), regardless of income for the rest of the year.

b. Supplemental Security Income (SSI)

- i. *Earned Income Exclusion:* If a recipient returns to work, SSI benefits are reduced gradually. The first \$65/month is excluded from reduction. After this \$65/month, for each \$2/month a recipient earns, \$1/month is subtracted from the benefit (see example). Medicaid coverage continues, even with earnings too high for SSI payments.

Example	
James attempt to return to work, and earns \$800 in his first month of working:	
SSI Check:	\$ 765
- Earned Income Exclusion:	\$ 65
	\$ 700
- Earnings) 2:	<u>400</u>
SSI Check:\$	300 \$ 300
+ Total Earnings:\$	800 \$ 800
Total Monthly Income:	\$ 1,165

- ii. *Program to Achieve Self Sufficiency (PASS).* Allows participant to set aside resources and income for education/training toward a specific work goal.

8. Special Needs Populations. Many people with HIV/AIDS also have concurrent issues that may increase the difficulty of workforce entry.

- a. **Substance Abuse Disorder.** Substance abuse is associated with HIV/AIDS through its role in transmission through injection drug use, its recreational role in sexual risk-taking behavior, and through unprotected sex work to pay for drug habits. Active substance abuse is known to exert a negative impact on treatment adherence among people with HIV/AIDS. It also is a negative predictor of workforce entry among the unemployed.

- i. It is important to note that Social Security does *not* define substance abuse disorder as an eligible disability. And the Americans with Disabilities Act specifically rules out substance abuse disorder as the basis for disability.

- b. **Women.** Women with HIV/AIDS may face a number of problems unrelated to their diagnoses. They may have childcare needs that may, in turn, be compounded by their children's HIV disease. Their work histories also may be more limited than those of men with similar backgrounds. Furthermore, since HIV disproportionately affects women of color, ethnic minority women, who often experience poverty and have limited education, may have difficult issues to resolve in their employment efforts.

- c. **Communities of Color.** As HIV/AIDS demographics change, communities of color are increasingly over-represented. Members of these communities frequently have accompanying backgrounds of poor education, long-term unemployment, poverty, and substance abuse, all of which are negatively associated with workforce entry among the unemployed and disabled.
 - d. **People with Mental Illness.** Many people with HIV/AIDS also experience symptoms of other mental disorders, including Axis I disorders such as schizophrenia, PTSD, and bipolar disorders, as well as personality disorders. Major depression is one of the most common diagnoses among people with HIV/AIDS. Overall, people who experience any of these symptoms will have concerns regarding workforce entry, as well as issues related to maintaining employment.
 - e. **Any neurological illnesses related to HIV or disease progression to AIDS** should be assessed and addressed if necessary. All of these mental health concerns carry negative implications for workforce entry and maintenance of employment.
9. **The process of returning to work.** People with HIV/AIDS may undergo a process that entails initial decision making, commitment, and sustained effort. The process is fluid and may not be linear.
- a. The process of considering work for PLWHA has been described by Kohlenberg and Goldblum in their Client-Focused Model of Considering Work
 - i. Philosophical stance of Client-Focused Model
 - the success of the considering work process should entirely be identified with improvement in life circumstances of a person with HIV
 - the goals of lessening dependence on public benefits or reducing demands on government are not primary for Client-focused Considering Work programs.
 - The process of considering work for PLWHA is not linear because of the nature of HIV disease, and should allow reconsideration of prior work-related decisions to accommodate the disease process.
 - ii. How considering work for persons with HIV compares with:
 - 1. Welfare to Work (WTW)
 - Return to Work (RTW) services are often offered by the same agency, or those contracted by the one, that controls participants' income funding in WTW structures, with explicit compulsory elements attached to services.
 - Participation in RTW services through WTW may be mandatory
 - Timing and duration of RTW services through WTW may be pre-set by agency or funder's goals, rather than to meet client needs
 - The consequences of non-participation may be income loss
 - The range of available job options may be limited by the program's structure.
 - Opportunities to reconsider decisions to participate, to take breaks in services or to be eligible for open re-entry into programs, may not be available.
 - Welfare clients are assumed to be able-bodied.
 - 2. Other disabilities
 - Clients with non-HIV disabilities are assumed to be permanent and stable, allowing for accurate predictions of workforce participation levels and exertion levels. PLWHA often confront abilities that vary during the day, weeks and years, making predictions of physical capacity difficult.

- Other disabilities may be more visible, creating differing issues regarding disclosure
 - Other disabilities often carry no or different types of social stigmas, creating more openness, willingness to help, and less moral weight to disclosure and work issues. HIV's association with sexual activity, non-heterosexual activity, and substance use makes discussion of one's status and need for support problematic in some settings.
 - Other disabilities may occur differently in clients' life cycles. A congenital disability, for example, may be one the client has learned how to handle well before confronting work decisions. Disabilities related to other diseases may occur later in life, allowing clients to have built up work histories and work-related skills. HIV very often occurs in youth who have had little or no time to acquire work habits or experience, and in clients who are in their prime years of building work histories and earning capacity.
3. Prochaska model of stages of change
- The client-focused model identifies four specific factors (medical, financial/legal, psychosocial, and vocational) that affect the considering work process, sources not only of pressures to make work related changes, but also of barriers to making changes.
- The client-focused model of Considering Work does not include a pre-contemplative phase because not working is not a habit that needs to be brought to one's awareness,
 - The final phase in the client-focused model is termed "resolution" rather than "maintenance". This emphasizes the decisional aspect of the process rather than maintaining a positive habit, indicating that the determination that the original pressure has been reduced, and a successful resolution reached, is made by the client. The client may decide that employment is not in itself a positive outcome, allowing the resolution of the original pressure without a resulting work status.
 - The client-focused model includes a series of successful outcomes other than returning to work, including deciding that it is not feasible to return to work or that work needs to be deferred. An emphasis in the client-focused model is on an informed decision whether to return to work that incorporates a multifactorial assessment (medical, financial/legal, psychosocial, vocational).
 - Similar to the Prochaska model of stages of change, the client-focused model also assists clients put decisions into action.
 - Similar to the Prochaska model of stages of change, the client-focus model is nonlinear. The client-focused model describes this non-linearity by the term "reconsideration."

Assessment of Inter-related factors for considering work

i) Medical [SO where do we stand on this paragraph? -- Chris]

- Determine whether clients have adequate information on which to base their work-related decisions. If not, advise and perhaps assist them in obtaining information
- Help clients to evaluate the impact of HIV-related and other medical symptoms, as well as medication side effects, on their physical capacity to work
- Taking into account the type of work that clients are considering, assess physical capacities, including endurance, strength, flexibility, dexterity, sensory acuity, *and psychological capacities, such as* interpersonal fitness for work, mood, affect, memory, and concentration.
- Assess clients' understanding of the barriers placed on going to work through [perhaps *by or from?*] their involvement with the medical system, such as frequent medical appointments, time and other pressures of the medication regimes. Or restated: Assess clients' understanding of the barriers that their involvement with the medical systems places/imposes on going to work, such as frequent medical appointments, time and other pressures of the medication regimes.
- Assess treatment adherence issues and potential need for work accommodations in schedule, responsibilities or physical demands to accommodate side effects.
- Help clients assess their prospects for sustained good health, including review of current and historical medical indicators such as T-cell count, viral load measures, and other serologic markers.
- Take into consideration individual differences related to work values, tolerance of risk, and willingness to work while ill.

ii) Psychosocial

- Assess overall psychological functioning, motivation, and social support systems relevant to clients' ability to work
- Assess for co-existing, disabling psychiatric disorders such as schizophrenia or bipolar disorder
- Assess other concurrent mental health concerns (e.g., substance abuse, depression, anxiety) which may have a deleterious effect on clients' physical health or poor adherence to treatment regimens
- Assess psychological barriers to work, for example, fear, low self-esteem or self efficacy, depression, anxiety

- Help clients to assess the potential demands (stressors) of specific work environments and determine whether they have the psychological and social resources to cope with these demands.
- Help clients to develop behavioral programs that will facilitate successful work entry, for example, incremental increases [work hardening] in work or work-related activities to improve their resilience to stress.
- Help clients identify and monitor stress related symptoms and develop stress management programs.
- Assess for positive and negative sources of social support: personal involvement that will help or hinder making an informed decision and taking steps for successful work entry. This should include identifying sources of emotional and practical support, personal conflict, and persons who are encouraging (and discouraging) of work efforts.

iii) Financial/legal

- Identify clients' current benefits and other income sources and determine the impact that increased work activity or income will have on these benefits
- Help clients to understand the range of legal definitions of "disability" (i.e., federal, state, local, and private insurance) and the implications of these definitions for their increasing their work activities. For example, under a client's current insurance policy, is s/he permitted to experiment with returning to work without permanently jeopardizing disability coverage? Does a client risk triggering a disability review if s/he experiments with returning to work?
- Help clients conduct a risk-benefit analysis to determine the financial feasibility of increasing work activity
- Help clients to understand the potentially negative impact of physicians' statements to insurers, the ongoing need to document HIV-related symptoms in their charts, and discuss these issues with their physicians and other providers.
- Help clients to understand their legal rights under the ADA, as well as other relevant legislation, and ways to successfully apply these rights.
- Help clients deal with the emotional discrepancies of continuing to report disability issues to medical personnel and benefit sources, while focusing on abilities and positive achievements.

iv) Vocational

- Psychologists must learn to work effectively with vocational professionals in

order to coordinate care. Within the scope of their training, psychologist may include a general vocational assessment within a multi-factorial approach, or they may wish to refer clients to vocational specialists. In any case, a clear understanding of the benefits of vocational and career counseling is important in developing a coordinated treatment plan for HIV affected clients who are considering work.

- Assess clients' work-related interests and values.
 - Introduce the concepts of working within clients' interests and values, rather than solely in response to external expectations, expedience, or income needs.
 - Help clients to explore patterns of interests and identify continuing values, as well as those that may have changed as a result of their experience living with HIV.
 - It may be necessary to help clients in dealing with grief associated with the HIV-related loss of ability to continue to work in previous areas of interest.
 - Clients who have never thought about work-related values may need help to assess or to make theirs explicit and available for career guidance purposes.
- Assess the impact of clients' physical capacities on specific types of employment which are of interest to client.
 - Help clients to create an understanding of their current baseline physical capacities and explore whether it is possible to increase these capacities by improving psychological or physical health.
 - Help clients to relearn to trust their perceptions of their abilities and make predictions about their capacities.
- Assess clients' work and educational histories to determine their previous level of vocational functioning and job-related skills
 - Help clients to identify current skill levels and potential areas for vocational development.
 - Help clients to recognize employer needs in the labor market and assess their abilities to meet those needs, thus identifying potential barriers to employability and ways to reduce them.
 - *Support exploration of the work world to find new areas of interest and opportunity.*
- Assess clients' potential for learning new skills and building on existing aptitudes.
 - Help clients identify learning abilities, learning difficulties, aptitudes and achievement levels.

Decision phases for considering work

- The client-focused model identifies four phases of considering work: Contemplation, Preparation, Action, and Resolution.
- While the process is non-linear, it typically starts with a perceived pressure for change by the person with HIV. This pressure may be internal, for example, based on improved health, boredom, a desire for more income, or a wish for more meaning in life. External pressures may include increased living expenses, threats of eviction, changes in the structure of legislated benefits, or family expectations.
- In responding to pressures to change, people with HIV face a sequence of decisions, each with related activities. These decisions define the first three phases in the client-focused model.
 - Phase 1, *Contemplation*. Decision: Is any change feasible? Activity: Weigh pros and cons of changes.
 - Phase 2, *Preparation*. Decision: What kind of change is best? Activity: Set a goal and make a plan to achieve it.
 - Phase 3, *Action*. Decision: How will the goal be achieved? Activity: Implement and refine the plan.
- During Phases 2 and 3, individuals may choose to re-evaluate their decisions and return to an earlier phase of consideration. During any phase, individuals may choose to defer decisions or to opt out and not to make any changes.
- Phase 4, *Resolution*, is characterized by a reduction in any internal or external pressures that prompted the initiation of the considering work process. Possible resolving outcomes are: finding and adapting to a new work situation; deferring a decision to make a change in the work situation; deciding not to change the work situation and resolving the pressure to change through non-work means; or deciding not to change the work situation and accepting the current situation and pressures. In the case of a deferred decision or a decision for no change, a successful outcome might be to find means other than work to resolve the perceived internal or external pressures. These means may include alleviating financial pressures by reducing expenses or increasing non-work related income, for example asking family for financial assistance, or reducing psychosocial pressures such as boredom or loneliness by finding other meaningful projects or increasing social connections.

Phase-Specific Motivation

While the Client-Focused Model defines a range of successful outcomes, not all clients are successful in meeting their goal of making and implementing informed work-related decision. Many need assistance to persevere in light of frustrating obstacles. These obstacles may be external and derive from any of the interrelated factors or may stem from internal factors such as low self esteem, lack of confidence, or poor work and social skills. Internal factors may be more recent in onset or may be attributed to longer lasting personality traits.

- Counselors can use a range of motivational techniques to assist clients in moving forward. In selecting motivational techniques, it is essential to understand the unique tasks required by each phase of considering work.
- Contemplation: encourage hope; provide a cognitive map (see the Client-Focused Model decision graphic);
- Preparation: encourage self efficacy, allow reconsideration;
- Action: reinforce focused behaviors, confront maladaptive ones, coach to solve problems, allow reconsideration;
- Resolution: encourage and support resilience, allow reconsideration.

10. Implications for psychologists.

A. Formal assessment for psychiatric and neuropsychological disorders. Formal assessment of psychiatric disorders and neuropsychological deficits may assist in the decision-making process, as well as aid in planning and implementing workforce-entry efforts. For example, diagnosis of a psychiatric disorder may help to establish a direction for mental health treatment, the absence of which could act as an obstacle to workforce-entry contemplation and efforts. Similarly, neuropsychological testing can be used to identify cognitive deficits and may be helpful in developing and implementing compensatory strategies to offset identified deficits or to determine whether certain types of employment activities or settings may be inappropriate. In some cases, such evaluations also may be used to help individuals to qualify for disability compensation.

B. Determining whether or not to attempt workforce entry. Psychologists and mental health providers may be better prepared for exploration of employment (or non-employment) options for those clients with whom they work.

1. **Integration of case management into the psychotherapeutic process.** Although case management often has not been regarded as part of the psychotherapeutic process, psychologists may need to integrate certain case management activities into their work with people with HIV/AIDS who are contemplating workforce entry. People with HIV/AIDS may not know which agencies to approach or have the skills necessary to negotiate with the different agency staff at the institutions involved in the rehabilitation process. HIV/AIDS advocacy efforts primarily have centered on obtaining disability benefits -- a very different focus from efforts to get off from disability. The benefits agency staff (e.g., in the Social Security Administration) is different from staff engaged in obtaining disability, and in some cases, the agencies themselves may differ (e.g., rehabilitation). The regulations are complicated, and interpretations of the same regulation may differ depending upon the staff who interprets them.

2. **Need for patient/client advocacy.** In addition to developing a basic understanding of the system(s) and assisting clients in their own navigation, psychologists may need to intercede and advocate directly on their clients' behalf.

3. **Helping patients deal with ambivalence and inherent contradictions.** Clients with life-threatening diseases need to hold onto hope, even though predictions of future health are insecure. Maintaining benefits and adequate medical care requires attention

to dysfunction and problems, while working around a disease process toward employment involves learning to focus more on functionality and achievement.

4. **Teaching clients self-advocacy skills.** Through the integration of case management and advocacy activities in psychotherapy, psychologists may model the advocacy process. They also may incorporate training in self-advocacy through the use of rehearsal, etc. Should we add Peer Mentoring?
5. **Restoring meaning (self worth, agency, psychological well being).** Psychological and existential well being are/is? central to mastery efforts, and by implication, efforts at workforce entry. On the other hand, illness-related disabilities are frequently demoralizing. Restoring self worth and well being may be a central part of psychotherapy for people with HIV/AIDS contemplating or seeking workforce entry.
6. **Inspiring hope.** Many people with HIV/AIDS continue to experience ambivalence over becoming hopeful about the future. Overcoming this ambivalence may be a prominent aspect of psychotherapy.
7. **Helping clients manage failure.** Clients may encounter downturns in health, the economy, barriers from benefit systems, problems in acquiring skills, and discrimination while attempting workplace re-entry. Helping them manage disappointments and the impact of their disease may be major support services required from psychologists.

References

- ABA Commission on Mental and Physical Disability Law (1998). Study finds employers win most ADA Title I Judicial and Administrative Complaints. *Mental & Physical Disability Law Reports*, 22, 403-407.
- Allbright, A. L. (2001). 200 Employment Decisions Under the ADA Title I—Survey Update. *Mental & Physical Disability Law Reports*, 25, 508-510.
- Brooks, R.A., Ortiz, D.J., Veniegas, R.C., & Martin, D.J. (1999). *Employment Issues Survey: Findings from a Survey of Employment Issues Affecting Persons with HIV/AIDS in Los Angeles County. Final Report*. Report to the City of Los Angeles, Office of the AIDS Coordinator, and to Los Angeles County Department of Health Services, Office of AIDS Programs and Policy.
- Cook, J.A. & Razzano, L.A. (2000). Vocational rehabilitation for persons with schizophrenia: Recent research and implications for practice. *Schizophrenia Bulletin*, 26(1), 87-103.
- Kohlenberg, B. (YR). Asking for Accommodations. 2001. Available at http://www.bkohlenberg.com/asking_for_accommodations.htm
- Kohlenberg, Betty. Talking about Your Disability in Job Interviews, 1998. Available at <http://www.bkohlenberg.com/BKadvice.htm#talkingabout>*
- Kohlenberg, B. & Goldblum, P. Citation for Client-Focused Model of Considering Work. Goldblum, Peter and Kohlenberg, Betty, *Considering Work: A Client-Focused Model for People with HIV*, in Focus, A Guide to AIDS Research and Counseling, UCSF AIDS Health Project, November 2001, v16, n 12, pp 1-3
- Prochaska, J. O., & Norcross, J. C. (1999). *Systems of psychotherapy: A transtheoretical analysis*. Pacific Grove, CA: Brooks/Cole.
- Rulli, L. S. (2000). Employment discrimination litigation under the ADA from the perspective of the poor: Can the promise of Title I be fulfilled for low-income workers in the next decade? *Temple Political and Civil Rights Review*, 9, 345-394.
- Citation for TWWIA
Ticket To Work And Work Incentives Improvement Act Of 1999 (H.R. 1180) Summary available at http://www.ssa.gov/legislation/legis_bulletin_121799.html
- Citation for the ADA
The Americans with Disabilities Act of 1990, Titles I and V (Pub. L. 101-336) (ADA), as amended, these titles appear in volume 42 of the United States Code, beginning at section 12101. Available at <http://www.eeoc.gov/laws/ada.html>

Endnotes:

1) The following conditions/conduct are excluded from coverage under the Americans with Disabilities Act of 1990 (ADA):

- current use of alcohol or drugs.
- homosexuality and bisexuality.
- tranvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments, or other sexual behavior disorders.
- Compulsive gambling, kleptomania, or pyromania.
- Psychoactive substance use disorders resulting from current illegal use of drugs.

2) *The Positive Resource Center is a San Francisco organization offering work referrals and supportive employment services exclusively for people living with HIV. Its mission is to empower persons with HIV/AIDS to maintain their physical, mental and financial health by remaining productive members of their community through employment. Positive Resource Center integrates benefits counseling with vocational counseling and employment placement services, serving more than 2,500 clients annually. More information on the organization and its programs can be obtained directly from Positive Resource Center at 973 Market Street, 6th Floor, San Francisco, California 94103, by e-mail info@positiveresource.org or from its web site at www.positiveresource.org.*

Resources

Social Security Administration: <http://www.ssa.gov/pubs/10020.html>
U.S. Department of Justice: <http://www.usdoj.gov/ada/pubs/hivqanda.txt>
National AIDS Fund: <http://www.aidsfund.org/workplac.htm>
AIDS Project Los Angeles

US Equal Employment Opportunity Commission Resources

Since 1965, the EEOC [<http://www.eeoc.gov/>]has promoted equal opportunity in employment through administrative and judicial enforcement of the federal civil rights laws prohibiting employment discrimination.

The EEOC offers employers and employees the resources they need to navigate federal anti-job discrimination laws and other education and technical assistance. The following links contain a basic introduction to rights and responsibilities under federal equal employment opportunity law.

Employment Discrimination covers the following areas:

- Sexual Harassment
- Equal Pay and Compensation Discrimination
- Race/Color Discrimination
- Age Discrimination
- National Origin Discrimination
- Pregnancy Discrimination
- Religious Discrimination
- The Americans with Disabilities Act (ADA)

For more in-depth information, see:

EEOC Laws, Regulations and Policy Guidance
<http://www.eeoc.gov/policy/index.html>

Facts About the Americans with Disabilities Act
<http://www.eeoc.gov/facts/fs-ada.html>

The ADA: Your Employment Rights as an Individual With a Disability
<http://www.eeoc.gov/facts/ada18.html>

The ADA: Questions and Answers: Employment
<http://www.eeoc.gov/facts/adaqa1.html>

Small Employers And Reasonable Accommodation
<http://www.eeoc.gov/facts/accommodation.html>

Federal Laws Prohibiting Job Discrimination: Questions And Answers
<http://www.eeoc.gov/facts/qanda.html>

Filing a Charge with the U.S. Equal Employment Opportunity Commission
<http://www.eeoc.gov/facts/howtofil.html>

Contacting the Equal Employment Opportunity Commission
<http://www.eeoc.gov/teledir.html>

US Department of Labor
www.dol.gov

Presidential Task Force On Employment of Adults With Disabilities
www.dol.gov/_sec/programs/ptfead/main.htm

US Department of Education, National Institute on Disability & Rehabilitation Research
www.ed.gov/offices/OSERS/NIDRR

The Council for Disability Rights
www.disabilityrights.org/index.htm

Mental Health Services Research Program
The University of Illinois at Chicago
104 S. Michigan Ave., Suite 900
Chicago, IL 60647
(312) 422-8180 (Voice)
(312) 422-0740 (FAX)
(312) 422-0706 (TDD)
www.psych.uic.edu/MHSRP

Center for Psychiatric Rehabilitation
Boston University
930 Commonwealth Avenue
Boston, MA 02215
(617) 353_3550 (Voice)
www.web.bu.edu/SARPSYCH

Research & Training Center (RTC) on Vocational Rehabilitation
Matrix Research Institute/University of Pennsylvania
6008 Wayne Avenue
Philadelphia PA 19144
(215) 438_8200 (Voice)
(215) 438_1506 (TDD)
www.members.aol.com/workmri/home3

National Association of Protection and Advocacy Services
900 Second Street, Suite 211,
Washington, DC 20002

(202_408_9514)

Federal Regional Disability & Business Technical Assistance Centers
(800_949_4232 voice/TTY)

Center for Continuing Education in Rehabilitation, Western Washington University
www.ccer.org/twwiia/TWWIAconf.htm

Center for Mental Health Services, Knowledge Exchange Network
www.mentalhealth.org

Substance Abuse & Mental Health Services Administration
www.samhsa.gov/centers/cmhs/cmhs.html

Project Inform
www.projectinform.org

**Employment Project for People with HIV at the Institute for Community Inclusion
Children's Hospital, Boston, MA**
www.childrenshospital.org/ici/programs/employment/hiv.html

**Return to Work Project Report, "With Health Comes Work"
Institute for Work & Health (Canada)**
www.returntowork.org

State/Local Agencies

Most states have agencies that are responsible for enforcing equal employment law and investigating discrimination complaints within the state. The following links contain information on state laws and regulations prohibiting employment discrimination.

Alaska - Office of Equal Opportunity
OEEO@gov.state.ak.us

Arizona - Governor's Office of Equal Opportunity
www.governor.state.az.us/eop/index.html

California - Department of Fair Employment and
Housing
www.dfeh.ca.gov

Colorado - Civil Rights Commission
www.dora.state.co.us/Civil-Rights

Connecticut - Commission on Human Rights and Opportunities
www.state.ct.us/chro

Delaware - Office of Human Relations
www.state.de.us/sos/human.htm

Florida - Commission on Human Relations
fchr.state.fl.us

Georgia - Human Relations Commission
www.ganet.org/ghrc

Hawaii - Civil Rights Commission
www.state.hi.us/hrc

Idaho - Human Rights Commission
www2.state.id.us/ihr/ihrchome.htm

Illinois - Department of Human Rights
state.il.us/dhr

Indiana - Civil Rights Commission
www.in.gov/icrc

Iowa - Civil Rights Commission
www.state.ia.us/government/crc

Kansas - Human Rights Commission
www.ink.org/public/khrc

Kentucky - Human Rights Commission
www.state.ky.us/agencies2/kchr

Louisiana - Commission on Human Rights
www.gov.state.la.us/depts/lchr.htm

Maine - Human Rights Commission
www.state.me.us/mhrc/index.shtml

Maryland - Commission on Human Relations
www.mchr.state.md.us

Massachusetts - Commission Against Discrimination
www.state.ma.us/mcad

Michigan - Department of Civil Rights
www.mdcrr.state.mi.us

Minnesota - Department of Human Rights
www.humanrights.state.mn.us

Missouri - Office of Equal Opportunity
www.oea.state.mo.us/oeo

Montana - Department of Labor and Industry, Human Rights Bureau
erd.dli.state.mt.us/HumanRights/HRHome.htm

Nebraska - Equal Opportunity Commission
www.nol.org/home/NEOC

Nevada - Department of Employment, Training and
Rehabilitation, Equal Rights Commission
detr.state.nv.us/nerc/index.htm

New Hampshire - Commission for Human Rights
www.state.nh.us/hrc

New Jersey - Department of Law and Public Safety,
Division on Civil Rights
www.state.nj.us/lps/dcr

New Mexico - Department of Labor, Human Rights Division
www.dol.state.nm.us/dol_hrd.html

New York - Division of Human Rights
www.nysdhr.com

North Carolina – Employment Discrimination Bureau
www.dol.state.nc.us/edb/edb.htm

North Dakota - Department of Labor, Division of Human Rights
www.state.nd.us/labor/Division%20of%20Human%20Rights.htm

Ohio - Civil Rights Commission
www.state.oh.us/crc

Oklahoma - Human Rights Commission
www.onenet.net/~ohrc2

Oregon - Bureau of Labor and Industries, Civil Rights Division
www.boli.state.or.us/civil/index.html

Pennsylvania - Human Relations Commission
www.phrc.state.pa.us

Rhode Island - Commission for Human Rights
www.state.ri.us/manual/data/queries/stdept_.idc?id=16

South Carolina - Human Affairs Commission
www.state.sc.us/schac

South Dakota - Division of Human Rights
www.state.sd.us/dcr/hr/HR_HOM.htm

Tennessee - Human Rights Commission
www.state.tn.us/humanrights/index.html

Texas - Commission on Human Rights
tchr.state.tx.us

Utah - Antidiscrimination and Labor Division
www.labor.state.ut.us/Utah_Antidiscrimination_Labo/utah_antidiscrimination_lab.htm

Vermont - Human Rights Commission
www.hrc.state.vt.us

Virginia - Council on Human Rights
chr.vipnet.org

Washington - Human Rights Commission
www.wa.gov/hrc

West Virginia - Human Rights Commission
www.state.wv.us/wvhrc

Wisconsin - Department of Workforce Development, Equal Rights Division
www.dwd.state.wi.us/er

Wyoming - Department of Employment, Labor Standards
wydoe.state.wy.us/doe.asp?ID=3