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Mental Health and Business Professionals' Employment-Related Perceptions of Individuals with Psychological Disorders

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Abstract

Mental health and business professionals' employment-related perceptions of 6 psychological disorders (i.e. alcoholism, insomnia, major depression, social phobia, post- traumatic stress disorder, obesity) were examined. The 33 professionals (n = 18 mental health; n = 15 business) evaluated each disorder on 18 employment-related dimensions (e.g. employability, productivity, trainability). Specifically, they evaluated the perceived likelihood of each of the 18 employment -related dimensions being associated with each of the 6 psychological disorders (1 = not likely; 5 = highly likely). Perceptions of the 33 mental health and business professionals were compared with the perceptions of college students (n = 106) obtained in prior research (LeGrow, Boster, Mock, & Wood, 2003). It was hypothesized that the mental health and business professionals would display: (a) more positive employment-related perceptions and (b) a factor structure explaining a greater amount of variance in employment-related perceptions than the college students. The results of the investigation provided partial support for hypothesis (a) and strong support for hypothesis (b).

TABLE OF CONTENTS

LIST OF TABLES

Mental Health and Business Professionals' Employment-related Perceptions of Individuals with Psychological Disorders

The most significant legislation for people with disabilities has been the Americans with Disabilities Act (ADA). Since its introduction in 1990, steady progress has been made to make the workforce more accessible to people with a wide range of disabilities. However, biased and negative perceptions of people with specific physical and psychological disabilities still exist in society including our places of employment. These biased and negative perceptions have been allowed to persist in our places of employment for a variety of reasons.

First, organizations may not understand the symptoms and limitations of various physical and psychological disabilities/disorders and may assume that the accommodation costs would be too considerable. Biased and negative perceptions may also be reinforced by various organizational representatives put in charge of hiring and promotion decisions. Finally, there may be a lack of training in organizations focusing on the employment potential of individuals living with specific physical and psychological disabilities/disorders. The end result of these biased and negative perceptions of individuals with disabilities may be the use of discriminatory hiring practices by organizations and/or a lack of inclusion of individuals with disabilities in the workforce. Such consequences demonstrate the importance of examining the degree of negativity and bias associated with perceptions of individuals with disabilities.

Research on Disabilities in the Workplace

An examination of the disabilities literature reveals several trends within past research on disabilities in the workplace. Early studies of disabilities in the workplace focused on vocational potential (Murphy & Athanasou, 1994), assistive technology (O'Korn & Wheaton, 1995), and vocational considerations for individuals with specific disabilities (Thomas, 1995). Later

research focused on investigations of specific physical disabilities with employment-related comparisons between a disability group and a non-disabled reference group as the main focus of the investigation (Millington, Rosenthal, & Lott, 1997; Rimmerman, 1998). Other research efforts examined specific disabilities in an attempt to evaluate employability potential and accommodation strategies available to businesses. This research covered such disabilities as head injuries (Fabiano, Crewe, & Goran, 1995), spinal cord injuries (Murphy & Athanasou, 1994), visual impairments (O'Korn & Wheaton, 1995), cancers (Conti, 1995) and arthritis (Allaire, Anderson, & Meenan, 1997). Little effort, however, has been devoted to examining psychological disorders which are also likely to be present within the workplace.

Research has been conducted on mood disorders (Blanck, Andersen, Wallach, & Tenney, 1994; Coles, 1996), obsessive-compulsive disorder (Miranda & Rollins, 1997), and alcoholism (Shaw, MacGillis, & Dvorchik, 1994). Mental disabilities/disorders have also been grouped into broad categories such as "psychiatric disabilities/disorders" (Diksa & Rogers, 1996) and "intellectual disability" by researchers examining employment-related perceptions of disabilities (Rimmerman, 1998).

More recently, researchers have begun to incorporate both physical and mental disabilities/disorders into their investigations of employment-related perceptions of individuals with disabilities. For example, Premeaux (2001) investigated college business students' hiring decisions and ratings of employability for hypothetical applicants who were either non-disabled or living with either a physical or mental disability/disorder. Chism and Satcher (1997) investigated human resource management students' employment-related perceptions of blindness, retardation, epilepsy, mental illness, spinal cord injury, and cardiovascular disease. Bricout and Bentley (2000) examined employer perceptions of the employability of a non-

disabled applicant versus an applicant with a brain injury or schizophrenia. The major shortcoming of existing research that has included an examination of perceptions of psychological disorders is that it has failed to examine employment-related perceptions for even a small sample of the hundreds of diagnosable psychological and psychiatric disorders found within society and within the workplace.

In addition to the limited research attention paid to employment-related perceptions of psychological and psychiatric disorders, another problem with the existing research has been the assumption on the part of researchers and scale developers that perceptions of individuals with disabilities are "unidimensional" in nature. A result of this assumption is a belief on the part of researchers that vastly different physical and/or psychological disabilities (e.g., depression vs. mental retardation) are perceived equally by the non-disabled. This unidimensional perspective of disability perceptions has served as a foundation for the development of measurement scales used by disability researchers including the Interaction with Disabled Persons Scale (Gething, 1994) and the Attitudes Towards Disabled Persons Scale (Yuker, Block, Young, 1966). These scales typically measure a general affective reaction towards individuals with disabilities and often use global scores and/or scale totals to assess global attitudes towards disabilities (Thomas, 2001). Given the limited attention paid to psychological and psychiatric disorders in previous research and the reliance on a "unidimensional" perspective of disability perceptions, research expanding the number and categories of psychological disorders examined and investigating the "multidimensional" nature of disability perceptions was needed to advance disabilities research.

Multidimensional Nature of Disability Perceptions

Thomas (2001) conducted one of the most extensive studies of the "multidimensional" nature of perceptions of disabilities to date. Thomas (2001) examined the factor structure

underlying college students' general and employment-related perceptions of 12 physical (i.e., amputee, AIDS, blindness, cancer, deafness, diabetes, epilepsy, heart disease, learning disorder, leprosy, paraplegia, tuberculosis) and 3 psychological disabilities/disorders (alcoholism, schizophrenia, mania). Participants rated each of the 15 disabilities on 16 disability-related dimensions (i.e. aesthetics, causality, concealability, contagiousness, curability, controllability, distractiveness, novelty, preferential treatment, need for assistance, peril, oversensitivity, response to stress, work longevity, severity, stability) and 9 employment-related dimensions (i.e. effect on working relationships, effect on hiring decision, promotability, willingness to work with individual with the disability, absenteeism, tardiness, trainability, work motivation, productivity). Participants evaluated the extent to which each of the 16 disability-related dimensions and 9 employment-related dimensions were perceived to be associated with each of the 3 psychological and 12 physical disabilities/disorders (1 = not associated; 5 = highly associated). A factor analysis of perceptions of the 16 disability-related dimensions revealed a 3 factor solution (i.e. risk associated with the disability, overtness of the disability, response of the individual with the disability to his/her environment). Factor scores were then used in an attempt to predict participants' employment- related perceptions. The 3 factors explained between 23-36% of the variance across perceptions of the 9 employment-related dimensions. The results clearly demonstrated disability/disorder perceptions are "multidimensional" in nature in that more than one factor determines how individuals with disabilities/disorders are perceived. The Thomas (2001) study did, however, have some limitations that needed to be addressed to continue to advance our understanding of employment-related disability perceptions.

In an effort to further explore the multidimensional nature of perceptions of disabilities, LeGrow, Boster, Mock, and Wood (2003) conducted a study that attempted to build upon the

foundation provided by the Thomas (2001) study. The LeGrow, et. al. (2003) study attempted to expand upon the Thomas (2001) study in four meaningful ways. First, the study expanded both the range and number of psychological disorders being investigated by examining employment-related perceptions for 48 psychological disorders (Diagnostic and Statistical Manual IV-TR, 2000) across several categories of mental illness (i.e. eating disorders, body image disorders, mood disorders, personality disorders, anxiety disorders, dissociative disorders, sleep disorders, impulse control disorders, addictions, schizophrenia, somatoform disorders).

Second, participants were provided with information (e.g. symptoms, prognosis, employment potential) about each of the psychological disorders in the form of DSM-IV diagnosis criteria and research. This information was provided so that participants would be basing their perceptual judgments on scientific information rather than on personal stereotypes and/or limited personal experiences with individuals with psychological disorders. By contrast, participants in the Thomas (2001) study were provided with only the name of each physical or psychological disability/disorder to be evaluated.

The third meaningful change found in the LeGrow, et. al. (2003) study was the addition of 5 additional disability-related dimensions to be evaluated by participants (i.e. dangerousness, emotionality, disruptiveness, accommodation required (structural vs. therapeutic), exposure). These 5 additional disability-related dimensions were added in an effort to measure some of the characteristic of psychological disorders not commonly associated with physical disabilities (e.g. dangerousness, disruptiveness, need for therapeutic assistance) and to assess the amount of exposure to specific psychological disorders individuals have had (e.g. exposure) as well as their emotional reaction to individuals with psychological disorders (e.g. emotionality).

The fourth meaningful change was the inclusion of an additional 9 employment-related dimensions to be evaluated by participants (i.e. employability range, loss of customers/clients due to the presence of an individual with the disability/disorder, accommodation cost, work commitment, influence of the disability/disorder on performance expectations, acceptance by coworkers, inclusion in social activities, use of the individual with the disability/disorder as a target of jokes/inappropriate humor, need for educational workshops to prepare employees to work with a disabled individual). The 9 additional employment-related dimensions were added to better capture the range of dimensions of an individual's "employment experience".

When the factor analysis of disability-related perceptions were compared across the Thomas (2001) study that focused primarily on physical disabilities and the LeGrow, et. al. (2003) study that focused solely on psychological disabilities/disorders, the results revealed that the factors of "overtness" and "response to one's environment" appear to be common to perceptions of both physical and psychological disorders. Clearly, individual's perceptions of both physical and psychological disabilities/disorders are influenced by the extent to which the individual with the disability is perceived to be capable of handling the demands of his/her environment. Three new factors labeled "origin of illness", "treatability", and "disruptive influence" also emerged from the factor analysis of the LeGrow, et. al. (2003) data. It appears from these results that perceptions of psychological disorders, when compared to perceptions of physical disorders, are influenced more by the extent to which: (1) the psychological disorder and its effects on behavior are perceived as able to be eliminated or controlled; (2) the psychological disorder is perceived to be caused by an individual's own actions/choices and result in negative effects on one's public appearance/behavior and (3) the psychological disorder

is perceived to have a negative influence on the cohesiveness, morale and comfort among coworkers.

The results of the LeGrow, et. al. (2003) investigation also revealed major differences in employment-related perceptions across specific disabilities/disorders and specific categories of disabilities. Personality disorders, mood disorders, impulse control disorders, factitious disorder, dissociative identity disorder, alcoholism and drug addiction received negative perceptual evaluations across the majority of the 18 employment-related dimensions. In contrast, eating disorders, body image disorders and anxiety disorders received positive perceptual evaluations across a majority of the 18 employment-related dimensions. The participants also indicated that: (a) they would not be comfortable and/or willing to work for an individual living with nearly half of the psychological disorders examined (b) they perceived individuals living with nearly half of the psychological disorders to be likely targets of jokes/inappropriate humor and (c) the nature and severity of the psychological disorder would play a significant role in personnel decisions involving individuals living with 35 of the 48 psychological disorders examined. On a more positive note, only 9 out of 48 psychological disorders were perceived as expensive for an organization to accommodate relative to the costs associated with employing a non-disabled employee. Clearly, participants did not perceive accommodation costs as a viable and defensible barrier to employment for individuals living with the majority of psychological disorders evaluated in the study.

While the Thomas (2001) study had conducted a factor analysis on only the disability-related dimensions, the LeGrow, et. al. (2003) study also conducted a factor analysis on the 18 employment-related dimensions evaluated by participants. A 3 factor solution emerged from the factor analysis of the 18 employment-related dimensions. The 3 factors emerging were labeled

"acceptance", "work performance", and "personnel procedures". An analysis of the 3 factors indicated that employment-related perceptions of individuals with psychological disorders are influenced by the extent to which: (a) the individual with the psychological disorder would be accepted by coworkers and would not be a disruptive influence within the organization (b) the individual with the psychological disorder would be able to perform the job or be able to exhibit employment potential and (c) the nature and/or severity of an individual's psychological disorder would influence personnel decisions, require modification of current organizational performance expectations, and/or require an organization to conduct disability-related educational workshops for current members of the organization.

While the Thomas (2001) and LeGrow, et. al. (2003) studies advanced our understanding of disability-related employment perceptions, both studies focused on the perceptions of college students. While informative, an important question to answer is whether the employment-related perceptions of college students with minimal employment experience generalize to those of organizational professionals who work on a day-to-day basis with individuals with disabilities/disorders. The answer to this question will serve as the primary focus of the present investigation.

The Present Investigation

The present investigation looks to continue to expand our knowledge of employment-related perceptions of psychological disabilities/disorders by investigating the employment-related perceptions of an applied sample of mental health and business professionals who interact with and/or work with individuals living with psychological disabilities/disorders on a day-to-day basis.

Given that an organization's willingness to hire and employ individuals with disabilities/disorders may be influenced by the perceptions held by its organizational personnel responsible for the selection of applicants and/or the training and supervision of employees, it is important to examine the perceptions of business professional responsible for day-to-day personnel decisions and the perceptions of mental health professionals responsible for providing employment assistance (e.g. training, referrals, assisted employment) to individuals with psychological disorders. If negative or biased employment-related perceptions are present among these organizational professionals, the result will be continued exclusion of individuals with disabilities form the workforce.

Two hypotheses will be examined in the present investigation. First, it is predicted that the mental health and business professionals will display more positive employment-related perceptions for 6 common psychological disorders (i.e. alcoholism, insomnia, major depression, social phobia, post-traumatic stress disorder, obesity) in comparison to the college students who provided employment-related perceptions for the same 6 psychological disorders in the LeGrow, et. al. (2003) investigation.

Research evidence exists to support such an expectation of positive employment-related perceptions on the part of business and mental health professionals. For instance, Unger (2002) conducted a meta-analysis of research literature on employers' attitudes towards persons with disabilities. Results of the meta-analysis indicated that employers expressed the greatest concern about hiring individuals with severe disabilities, yet show little concern over other factors such as coworker acceptance or the ability of the disabled person to interact with coworkers. The Unger (2002) study also revealed employers were willing to make additional accommodations for individuals with disabilities above their legal requirements. In addition, Rimmerman (1998)

found in a survey of top Israeli executives, favorable reviews of those with mental disabilities for hiring decisions. In fact, these reviews became more favorable as organizational size increased.

Research has also shown those mental health practitioners and other professionals who work closely with the mentally disabled view them as both capable and employable (Honey, 2000; Latimer, 2001). Latimer (2001) revealed that supported employment programs, which are clearly defined models for mental health professionals to provide assistance to people with severe mental illness to find and retain employment, allow individuals with mental disabilities to be positive and productive workers. The success of such supported employment programs acts to reinforce the employability perceptions for individuals with psychological disabilities/disorders among mental health professionals who provide vocational assistance as well as employers with whom clients of supportive employment programs are ultimately employed.

In support of an expectation of negative employment-related perceptions on the part of college students, research examining student perceptions have often shown more negative reactions to disabilities (Meyer, Gouvier, Duke, & Advokat, 2001; Premaux, 2001). Premeaux (2001) found that a sample of college students were more likely to rate applicants with mental disabilities/disorders as employable, as long as they had no contact with the rest of the workforce. Meyer, et. al. (2001) found college students held negative views towards the disabled if they completed the Attitudes Toward Disabled Persons Scale in the presence of another non-disabled person. As evidence of a social desirability bias among college students, student ratings of the disabled rose considerably if they were required to complete the survey in the presence of a disabled person. Additional research has revealed that the nature and severity of a disability also has a significant negative influence on student perceptions (Chism & Satcher, 1997;

Millington, Rosenthal, & Lott, 1997). Finally, the LeGrow, et. al. (2003) study revealed that students would not be comfortable or willing to work with individuals living with nearly half of the 48 psychological disorders examined in the study.

Second, it is predicted that the factor structure underlying business and mental health professionals' disability-related employment perceptions will be more complex and account for a greater percentage of variance in comparison to the factor structure underlying the employment-related perceptions of college students evaluated in the LeGrow, et. al. (2003) study.

In support of this prediction, the advanced levels of exposure, experience, knowledge and disability-related education (e.g. ADA training) possessed by both mental health and business professionals in comparison to college students, should translate into differences in underlying perceptions of the "employment experience" for individuals with psychological disabilities/disorders. The day-to-day experiences with individuals with psychological disabilities/disabilities (often in an employment-related context) should result in a more complex factor structure underlying these professionals' employment-related perceptions, while the college students' factor structure should be less complex due to lower exposure, experience, knowledge and education concerning the employment potential of individuals with psychological disabilities/disorders.

Method

Participants

Thirty-three business and mental health professionals participated in the current study. The 18 mental health professionals (M_{age} = 39.94; SD = 10.60) were currently employed in clinical, counseling, or social work positions in Appalachia. The 15 business professionals (M_{age} = 45.36; SD = 12.27) were currently employed in HR/personnel, administrative, or managerial

positions in Appalachia. All of the professionals were employed in positions requiring contact with individuals with physical and psychological disabilities.

A comparison of the professional groups indicated the business professionals (M_{exp} = 18.73; SD = 11.63) reported significantly more years of work experience (t(30) = -2.799, p = .009) than the mental health professionals (M_{exp} = 11.99; SD = 9.43). There was, however, no significant difference (t(31) = -.495, p = .624) in the amount of job-related experience working with individuals with psychological disabilities between the business (M_{exp} = 4.07, SD = 1.10) and mental health professionals (M_{exp} = 3.89, SD = .963). The business professionals reported significantly more contact with individuals with psychological disabilities than the mental health professionals in the areas of hiring ($X^2(1) = 11.483$, p = .001), training and development ($X^2(1)$ = 6.639, p = .010) and as a coworker ($X^2(1) = 9.528$, p = .002). The mental health professionals reported significantly more contact with individuals with psychological disabilities/disorders than the business professionals in the role of client service provider ($X^2(1) = 13.268$, p = .000). Finally, the business professionals reported significantly more job-related contact with individuals with physical disabilities/disorders than the mental health professionals ($X^2(2)$ = 6.063, p = .048).

The employment-related perceptions of the 18 mental health professionals and the 15 business professionals who participated in the current investigation were compared to the employment-related perceptions of 106 college students (M_{age} = 22.34, SD = 6.97) who served as participants in the LeGrow, et. al. (2003) study.

Procedure

Experimental materials were distributed by the principal investigator to participants through the mail and at meetings of local mental health and business organizations. Mental

health professionals were recruited primarily from local community mental health agencies while business professionals were recruited primarily through the local chapter of the Society for Human Resource Management (SHRM). All participants were required to be 18 years of age or older to participate in the study.

Participants were first instructed to read the Anonymous Survey Consent form and to keep the form for their personal records (See Appendix A). Participants were then instructed to respond to a series of questions (See Appendix B) designed to measure participant demographic information (i.e. gender, age, job title/profession, years of work experience in current profession, amount of job- related experience working with individuals with psychological disabilities/disorders, the nature of the job- related contact with individuals with psychological disabilities/disorders (e.g. coworker, hiring, recruitment, client service), and types of disabilities/disorders (i.e. physical, psychological, both) they have had contact with in the workplace).

Participants were then asked to provide their employment-related perceptions of 6 psychological disorders selected by the principal investigator from the DSM-IV and from a larger pool of 48 psychological disorders used in prior research on disabilities in the workplace (LeGrow, et. al, 2003). The six psychological disorders evaluated by the participants were as follows: social phobia, post-traumatic stress disorder, insomnia, major depression, alcoholism, and obesity. These six psychological disorders were selected for the study for 2 reasons. First, upon review of the research (National Institute of Mental Health, 2006), 5 of these 6 disorders rank among the most commonly occurring disorders in the workplace among the original 48 psychological disorders examined in the LeGrow, et. al. (2003) study. Obesity was carried over from the LeGrow, et. al. (2003) study due to the growing prevalence of obesity in society and in

the workplace. Second, the number of psychological disorders examined was reduced in an effort to create experimental materials that could be completed within the busy work schedules of both the mental health professionals and business professionals.

Prior to providing their employment-related perceptions, participants were instructed to read a definition and DSM-IV symptom profile for each of the 6 psychological disorders to be evaluated (See Appendix C). Participants were instructed to use a 5-point scale (1 = not likely; 5 = highly likely) to evaluate the extent to which each of 18 employment-related dimensions were likely to be associated with each of the 6 psychological disorders being investigated. The 18 employment-related dimensions evaluated by participants were as follows: (1) work motivation (2) trainability (3) tardiness/absenteeism (4) willingness to work for an individual with the psychological disorder (5) promotability (6) effect of the psychological disorder on personnel decisions (7) influence of an individual with the psychological disorder on the workgroup (8) coworker acceptance (9) employability (10) accommodation cost (11) social inclusion (12) willingness to work with an individual with the psychological disorder (13) customer/client loss due the presence of the individual with the psychological disorder in the organization (14) work commitment (15) influence of the psychological disorder on performance expectations (16) use of the individual with the psychological disorder as a target of jokes (17) productivity and (18) need for educational workshops for current organizational employees to ease the entrance of the individual with the psychological disability into the workforce.

After completing the demographic information form and providing their employment-related perceptions for each of the 6 psychological disorders, participants were provided with contact information should they have any questions about the study and were thanked for their

participation. A postage-paid envelope was provided to all participants in which to return their anonymous experimental materials to the principle investigator.

Results

Hypothesis #1

MANOVA analyses were used to test hypothesis #1 that the mental health professionals and business professionals would display more positive employment-related perceptions than the college students for each of the 6 psychological disorders examined (i.e. alcoholism, insomnia, major depression, social phobia, post-traumatic stress disorder, obesity). Group membership (i.e. mental health professionals, business professionals, college students) served as the independent variable in the MANOVA analyses while the ratings of the 18 employment-related dimensions served as the dependent variables. A separate MANOVA analysis was conducted for each of the 6 psychological disorders examined. Group mean differences across each of the 18 employment-related dimensions were then examined. Prior to conducting the MANOVA analyses, participant ratings for 8 of the 18 employment-related dimensions were reverse scored. These ratings were reverse scored so that a higher rating on each of the 18 dimensions was indicative of a positive employment-related perception.

Alcoholism. A significant multivariate test ($F(36,234) = 2.522$, $p < .001$) emerged from an analysis of employment-related perceptions of alcoholism. An analysis of the univariate tests revealed, in support of hypothesis #1, that mental health and business professionals were more positive about the ability of individuals with alcoholism to meet existing performance standards within an organization ($F(2,134) = 13.769$, $p < .001$) and perceived it to be more beneficial for an organization to devote training time/resources to individuals with alcoholism ($F(2,134) = 6.427$, $p = .002$) than college students. In partial support of hypothesis #1, mental health professionals

perceived individuals with alcoholism to be more promotable ($F(2,134) = 6.281$, $p = .002$) than college students. Contrary to hypothesis #1, business professionals perceived individuals with alcoholism as more expensive to employ compared to non-disabled individuals ($F(2,134) = 7.253$, $p = .001$) than college students (See Table 1).

Insomnia. A significant multivariate test ($F(36,234) = 1.508$, $p = .039$) emerged from an analysis of the employment-related perceptions of insomnia. An analysis of the univariate tests revealed, in support of hypothesis #1, that mental health and business professionals were more positive about the ability of individuals with insomnia to meet existing performance standards within an organization ($F(2,134) = 6.277$, $p = .002$). In partial support of hypothesis #1, mental health professionals perceived individuals with insomnia as more motivated ($F(2,134) = 6.629$, $p = .002$), more promotable ($F(2,134) = 4.854$, $p = .009$) and less likely to have a disruptive effect on the workforce ($F(2,134) = 4.409$, $p = .014$) than college students. In addition, mental health professionals were more positive about working with ($F(2,134) = 3.704$, $p = .027$) and working for individuals with insomnia ($F(2,134) = 5.452$, $p = .005$), and felt it was more beneficial for an organization to devote training time/resources to individuals with insomnia ($F(2,134) = 6.427$, $p = .002$) than college students (See Table 2).

Major Depression. A significant multivariate test ($F(36,236) = 2.365$, $p < .001$) emerged from an analysis of the employment-related perceptions of major depression. An analysis of the univariate tests revealed, in support of hypothesis #1, mental health and business professionals were more positive about the ability of individuals with major depression to meet the existing performance standards within an organization ($F(2,135) = 3.796$, $p = .025$). In partial support of hypothesis #1, mental health professionals perceived it as less likely the presence of individuals with major depression in a workplace would result in a loss of clients and/or customers ($F(2,135)$

= 3.479, p = .034) than college students. Contrary to hypothesis #1, mental health professionals perceived individuals with major depression as more motivated ($F(2,135) = 4.462$, $p = .013$) and less likely to be the target of jokes and/or inappropriate humor ($F(2,135) = 3.621$, $p = .029$) than business professionals. Also contrary to hypothesis #1, mental health professionals were more positive about working with individuals with major depression ($F(2,135) = 17.132$, $p < .001$), working for individuals with major depression ($F(2,135) = 17.646$, $p < .001$) and perceived it to be more beneficial for an organization to devote training time and resources to individuals with major depression ($F(2,134) = 9.011$, $p < .001$) than both the business professionals and college students. In addition, the mental health professionals felt individuals with major depression were more promotable ($F(2,135) = 7.008$, $p = .001$), more employable ($F(2,135) = 10.708$, $p < .001$), more likely to be accepted by coworkers ($F(2,135) = 6.979$, $p = .001$), more likely to be included in coworkers' social activities ($F(2,135) = 7.257$, $p = .001$), less likely to have a disruptive effect on the workforce ($F(2,135) = 6.855$, $p = .001$) and more committed to work ($F(2,135) = 6.136$, $p = .003$) than both business professionals and college students. Finally, in contrast to hypothesis #1, mental health professionals and college students perceived individuals with major depression as more productive ($F(2,135) = 5.472$, $p = .005$), less expensive to employ ($F(2,135) = 9.137$, $p < .001$), and less likely to have a tardiness/absenteeism problem ($F(2,135) = 6.547$, $p = .002$) than business professionals (See Table 3).

Social Phobia. A significant multivariate test ($F(36,232) = 1.940$, $p = .002$) emerged from an analysis of the employment-related perceptions of social phobia. An analysis of the univariate tests revealed, in support of hypothesis #1, mental health and business professionals were more positive about the ability of individuals with a social phobia to meet the existing performance standards within an organization ($F(2,133) = 8.285$, $p < .001$) than college students.

In partial support of hypothesis #1, mental health professionals felt more positive about working with individuals with a social phobia ($F(2,133) = 10.171$, $p < .001$), working for individuals with a social phobia ($F(2,133) = 8.953$, $p < .001$) and perceived it to be more beneficial for companies to devote training time/resources to individuals with a social phobia ($F(2,133) = 8.302$, $p < .001$) than college students. In addition, the mental health professionals felt individuals with a social phobia were more likely to be accepted by coworkers ($F(2,133) = 7.179$, $p = .001$), more likely to be included in coworkers' social activities ($F(2,133) = 10.708$, $p < .001$), and more committed to their work ($F(2,133) = 7.385$, $p = .001$) than college students. Also in partial support of hypothesis #1, the business professionals perceived individuals with a social phobia as more motivated at work ($F(2,133) = 5.688$, $p = .004$) than college students (See Table 4).

Post-Traumatic Stress Disorder. A significant multivariate test ($F(36,236) = 1.538$, $p = .032$) emerged from an analysis of the employment-related perceptions of PTSD. An analysis of the univariate tests revealed, in partial support of hypothesis #1, the mental health professionals perceived individuals with PTSD as more motivated at work ($F(2,135) = 5.633$, $p = .004$), more promotable ($F(2,135) = 3.276$, $p = .041$), more committed to their work ($F(2,135) = 4.482$, $p = .013$), and more likely to be included in coworkers' social activities ($F(2,135) = 4.069$, $p = .019$) than college students. In addition, the mental health professionals were more positive about the ability of individuals with PTSD to meet existing performance standards within an organization ($F(2,135) = 7.245$, $p = .001$), and perceived it to be more beneficial for an organization to devote training time and resources to individuals with PTSD ($F(2,135) = 6.835$, $p = .001$) than college students. Contrary to hypothesis #1, the mental health professionals felt more positive about working with individuals with PTSD ($F(2,135) = 12.857$, $p < .001$) and working for individuals

with PTSD ($F(2,135) = 8.095$, $p < .001$) than both business professionals and college students (See Table 5).

Obesity. A significant multivariate test ($F(36,234) = 1.966$, $p = .002$) emerged from an analysis of the employment-related perceptions of obesity. An analysis of the univariate tests revealed, in support of hypothesis #1, the mental health and business professionals were more positive about the ability of obese individuals to meet the existing performance standards within an organization ($F(2,134) = 9.840$, $p < .001$) and perceived it as more beneficial for companies to devote training time/resources to obese individuals ($F(2,134) = 6.427$, $p = .002$) than college students. In partial support of hypothesis #1, mental health professionals perceived individuals who are obese as more productive ($F(2,134) = 6.114$, $p = .003$), more committed to their work ($F(2,134) = 8.517$, $p < .001$), less likely to have a disruptive effect on a workforce ($F(2,134) = 4.552$, $p = .012$), and less likely to have a tardiness/absenteeism problem ($F(2,134) = 4.226$, $p = .017$) than college students. In addition, mental health professionals felt more positive about working with individuals who are obese ($F(2,134) = 6.669$, $p = .002$) and working for individuals who are obese ($F(2,134) = 4.759$, $p = .010$). Also in partial support of hypothesis #1, business professionals perceived individuals who are obese as more likely to be included in coworkers' social activities ($F(2,134) = 5.827$, $p = .004$) than college students. Contrary to hypothesis #1, mental health professionals perceived individuals who are obese as less expensive to employ compared to a non-disabled employee ($F(2,134) = 3.692$, $p = .027$) than business professionals (See Table 6).

Hypothesis #2

Principal components factor analyses with verimax rotations were used to test hypothesis #2 that the factor structure underlying the employment-related perceptions of mental health and

business professionals would be more complex and account for a greater percentage of variance than the factor structure underlying the employment-related perceptions of college students. A factor analysis was conducted on participant ratings for the 18 employment-related dimensions across the 6 psychological disorders examined. Separate factor analyses were conducted for the college students, mental health professionals, and business professionals. The number of factors that emerged from these analyses and the percentage of variance accounted for by these factors were then examined.

College Students. A factor analysis of college students' employment-related perceptions generated a 4 factor solution. The first factor contained 6 employment-related dimensions and explained 30.41% of the variance in college student perceptions. The 6 dimensions contained in Factor #1 were: (1) comfort working for individuals with psychological disorders (2) coworker acceptance of individuals with psychological disorders (3) comfort working with individuals with psychological disorders (4) inclusion of individuals with psychological disorders in social activities of their coworkers (5) employability of individuals with psychological disorders and (6) promotability of individuals with psychological disorders. Since the 6 dimensions contained within Factor #1 all address the extent to which individuals with psychological disorders are perceived to have the potential to be productive and accepted members of the workforce, Factor #1 was labeled "Workforce Acceptance".

The second factor contained 4 employment-related dimensions and explained 9.74% of the variance in college student perceptions. The 4 dimensions contained in Factor #2 were: (1) disruptive influence of individuals with psychological disorders on a workforce (2) tardiness/ absenteeism problem for individuals with psychological disorders (3) loss of clients/customers due the presence of individuals with psychological disorders in organizations and (4) the extent

to which the nature and severity of the psychological disorder plays a significant role in hiring/ personnel decisions. Since the 4 dimensions contained within Factor #2 all address the extent to which individuals' psychological disorders would have a negative impact on a workforce, their job performance, the profitability of an organization, and personnel decisions made about them, Factor #2 was labeled "Negative Impact".

The third factor contained 5 employment-related dimensions and explained 6.72% of the variance in college student perceptions. The 5 dimensions contained in Factor #3 were: (1) work motivation of individuals with psychological disorders (2) likelihood that inappropriate humor would be targeted at individuals with psychological disorders (3) commitment of individuals with psychological disorders to their work (4) productivity of individuals with psychological disorders and (5) the perceived benefit to organizations of devoting training time/resources to individuals with psychological disorders. Since the 5 dimensions contained within Factor #3 all address the extent to which individuals with psychological disorders would be committed to their work and be motivated to perform their job well, Factor #3 was labeled "Work Performance".

The fourth factor contained 3 employment-related dimensions and explained 5.91% of the variance in college student perceptions. The 3 dimensions contained in Factor #4 were: (1) the need for organizations to conduct educational workshops for current employees on working with individuals with psychological disorders (2) the expense of employing individuals with psychological disorders in comparison to non-disabled individuals and (3) the extent to which the nature and severity of individuals' psychological disorders will effect their ability to meet existing performance standards within an organization. Since the 3 dimensions contained in Factor #4 all address issues an organization would have to consider when deciding whether it could accommodate and/or employ an individual with a psychological disorder, Factor #4 was

labeled “Accommodation Issues”. Collectively, the four factors solution, (i.e. Workforce Acceptance, Negative Impact, Work Performance, Accommodation Issues) accounted for a total of 52.78% of the variance in college students’ perceptions (See Table 7).

Mental Health Professionals. A factor analysis of the mental health professionals’ employment-related perceptions generated a 5 factor solution. The first factor contained 4 employment-related dimensions and explained 38.64% of the total variance in mental health professional perceptions. The 4 dimensions contained in Factor #1 were: (1) disruptive influence of individuals with psychological disorders on a workforce (2) loss of clients/customers due the presence of individuals with psychological disorders in organizations (3) tardiness/ absenteeism problem for individuals with psychological disorders and (4) expense of employing individuals with psychological disorders in comparison to non-disabled individuals. Since the 4 dimensions contained within Factor #1 all address the extent to which individuals’ psychological disorders would have a negative impact on a workforce, their job performance, and the profitability of an organization (i.e. client loss; payroll costs), Factor #1 was labeled “Negative Impact”. While not identical, 3 of the 4 dimensions in Factor #1 for the mental health professionals are consistent with the dimensions in Factor #2 from the factor analysis of college student perceptions (also labeled “Negative Impact”).

The second factor contained 4 employment-related dimensions and explained 15.90% of the variance in mental health professional perceptions. The 4 dimensions contained in Factor #2 were: (1) work motivation of individuals with psychological disorders (2) the employability of individuals with psychological disorders (3) commitment of individuals with psychological disorders to their work and (4) productivity of individuals with psychological disorders. Since

the 4 dimensions contained within Factor #2 all address the extent to which individuals with psychological disorders would be committed to their work and be motivated to perform their job well, Factor #2 was labeled “Work Performance”. While not identical, 3 of the 4 dimensions in Factor #2 for the mental health professionals are consistent with the dimensions in Factor #3 from the factor analysis of college student perceptions (also labeled “Work Performance”).

The third factor contained 4 employment-related dimensions and explained 13.36% of the variance in mental health professional perceptions. The 4 dimensions contained in Factor #3 were: (1) comfort working for individuals with psychological disorders (2) comfort working with individuals with psychological disorders (3) promotability of individuals with psychological disorders and (4) the extent to which the nature/severity of individuals’ psychological disorders will effect their ability to meet existing performance standards within an organization. Since the 4 dimensions contained in Factor #3 concern the extent to which individuals with psychological disorders are perceived to have the potential to be productive and accepted members of the workforce, Factor #3 was labeled “Workforce Acceptance”. While not identical, 3 of the 4 dimensions in Factor #3 for the mental health professionals are consistent with the dimensions in Factor #1 from the factor analysis of college student perceptions (also labeled “Workforce Acceptance”).

The fourth factor contained 3 employment-related dimensions and explained 8.46% of the variance in mental health professional perceptions. The 3 dimensions contained in Factor #4 were: (1) likelihood inappropriate humor would be targeted at individuals with psychological disorders (2) inclusion of individuals with psychological disorders in social activities of their coworkers and (3) coworker acceptance of individuals with psychological disorders. Since

the 3 dimensions contained in Factor #4 all address whether individuals with psychological disorders will be accepted without ridicule into the social network of their coworkers, Factor #4 was labeled “Coworker Acceptance”.

The fifth factor contained 3 employment-related dimensions and explained 6.05% of the variance in mental health professional perceptions. The 3 dimensions contained in Factor #5 were: (1) the need for organizations to conduct educational workshops for current employees on working with individuals with psychological disorders (2) the extent to which the nature and severity of the psychological disorder would play a significant role in hiring/personnel decisions and (3) the perceived benefit to organizations of devoting training time/resources to individuals with psychological disorders. Since the 3 dimensions contained in Factor #5 address the use of employee training or education to help individuals with psychological disorders succeed on the job by giving them, or their coworkers, the necessary training, Factor #5 was labeled “Education/ Training”. Collectively, the five factor solution, (i.e. Negative Impact, Work Performance, Workforce Acceptance, Coworker Acceptance, Education/Training) accounted for a total of 82.42% of the variance in mental health professionals’ perceptions (See Table 8).

Business Professionals. A factor analysis of business professionals’ employment-related perceptions generated a 4 factor solution. The first factor contained 5 employment-related dimensions and explained 49.34% of the variance in business professional perceptions. The 5 dimensions contained in Factor #1 were: (1) productivity of individuals with psychological disorders (2) commitment of individuals with psychological disorders to their work (3) work motivation of individuals with psychological disorders (4) promotability of individuals with psychological disorders and (5) the employability of individuals with psychological disorders.

Since the 5 dimensions contained within Factor #1 all address the extent to which individuals with psychological disorders would be committed to their work and be motivated to perform their job well, Factor #1 was labeled “Work Performance”. While not identical, 3 of the 5 dimensions in Factor #1 for the business professionals are consistent with the dimensions in Factor #3 from the factor analysis of the college student perceptions (also labeled “Work Performance:”). Also, 4 of the 5 dimensions in Factor #1 for the business professionals are consistent with the dimensions in Factor #2 from the factor analysis of the mental health professional perceptions (also labeled “Work Performance”).

The second factor contained 6 employment-related dimensions and explained 16.36% of the variance in business professional perceptions. The 6 dimensions contained in Factor #2 were: (1) comfort working with individuals with psychological disorders (2) loss of clients/ customers due the presence of individuals with psychological disorders in organizations (3) coworker acceptance of individuals with psychological disorders (4) inclusion of individuals with psychological disorders in social activities of their coworkers (5) disruptive influence of individuals with psychological disorders on a workforce and (6) the extent to which the nature and severity of the psychological disorder would play a significant role in hiring/personnel decisions. Since the 6 dimensions contained within Factor #2 addressed a wide variety of issues that would effect organizations (e.g. workforce cohesiveness, clients/customers, HR/personnel activities), Factor #2 was labeled “Organizational Impact”.

The third factor contained 5 employment-related dimensions and explained 11.14% of the variance in business professional perceptions. The 5 dimensions contained in Factor #3 were: (1) the extent to which the nature/severity of individuals’ psychological disorders will effect their ability to meet existing performance standards within organizations (2) likelihood inappropriate

humor would be targeted at individuals with psychological disorders (3) comfort working for individuals with psychological disorders (4) expense associated with employing individuals with psychological disorders in comparison to non-disabled individuals and (5) tardiness/ absenteeism problem for individuals with psychological disorders. Since the 5 dimensions contained within Factor #3 all concern employee and/or organizational issues and/or conflicts an HR or business professional would have to address during the course of his/her job, Factor #3 was labeled "HR Concerns").

The fourth factor contained 2 employment-related dimensions and explained 9.36% of the variance in business professional perceptions. The 2 dimensions contained in Factor #4 were: (1) the need for organizations to conduct educational workshops for current employees on working with individuals with psychological disorders and (2) the perceived benefits to organizations of devoting training time/resources to individuals with psychological disorders. Since the 2 dimensions contained in Factor #4 address the use of employee training or education to help individuals with psychological disorders succeed on the job by giving them, or their coworkers, the necessary training, Factor #4 was labeled "Education/ Training". While not identical, the 2 dimensions contained in Factor #4 for the business professionals are consistent with the dimensions in Factor #5 from the factor analysis of the mental health professional perceptions (also labeled "Education/Training). Collectively, the four factor solution, (i.e. Work Performance, Organizational Impact, HR Concerns, Education/Training) accounted for a total of 86.19% of the variance in mental business professionals' perceptions (See Table 9).

Discussion

Hypothesis #1

In support of hypothesis #1, mental health and business professionals both felt it was more beneficial than college students for organizations to devote training time and resources to individuals who are obese or living with alcoholism. Also, both groups of professionals were more positive about the ability of individuals with 5 of the 6 psychological disorders examined (i.e. alcoholism, insomnia, major depression, social phobia, and obesity) to meet the existing performance standards within an organization. In total, both professional groups were more positive than college students on only 7 of 108 possible comparisons (18 employment-related dimensions x 6 psychological disorders). Therefore, with the exception of the "performance standards" dimension, hypothesis #1 failed to receive support from the data.

In partial support of hypothesis #1, one of the professional groups had more positive perceptions of individuals with psychological disorders than college students on 43 of 108 possible comparisons (18 employment-related dimensions x 6 psychological disorders). The mental health professionals had more positive perceptions than college students on 37 of the 39 significant comparisons. Specifically, the mental health professionals perceived individuals with: (1) alcoholism as more promotable (2) insomnia as more motivated, promotable, worthy of training time and resources, comfortable to work with and for, and less likely to have a disruptive influence on a workforce (3) major depression as more promotable, employable, accepted by coworkers, included in coworkers' social activities, committed to their work, comfortable to work with and for, and worthy of training time and resources and less likely to be a disruptive influence on a workforce or cause an organization to lose customers/clients (4) individuals with social phobia as more comfortable to work with and for, accepted by coworkers, included in

coworkers' social activities, committed to their work and worthy of training time/resources from an organization (5) individuals with PTSD as more motivated, promotable, committed to their work, able to meet organizational performance standards, comfortable to work with and for, included in coworkers' social activities, and worthy of training time and resources from an organization and (6) individuals with obesity as more productive, more comfortable to work with and for, more committed to their work, and less likely to have an absenteeism problem or be a disruptive influence on a workforce. Business professionals had more positive perceptions than college students on 2 of the 39 significant comparisons. Specifically, the business professionals perceived individuals with: (1) social phobia as more motivated and (2) individuals with obesity as more likely to be included in coworkers' social activities. Clearly, when the data provided partial support for hypothesis #1, it was the employment-related perceptions of mental health professionals that were more likely to differ from those of college students.

One can speculate that the reason for the more positive employment-related perceptions of mental health professionals is that the mental health professionals have had more exposure, training, knowledge, and education on psychological disorders than the college students. This greater "exposure and knowledge" translates into more positive perceptions of individuals with psychological disorders. The mere exposure theory (Zajonc, 1968) provides support for this speculation. According to the mere exposure theory, as the amount of exposure to a stimulus increases, ratings of liking for the stimulus also increase. In support of the theory, Zajonc (2001) found that a benign experience of repetition can in and of itself enhance positive affect, and that such affect can become attached not only to stimuli that one has been exposed but also to similar stimuli that one has not been previously exposed to, and to totally distinct stimuli as well. Thus, the more repeated exposure mental health professionals have with individuals with psychological

disorders, the more likely these mental health professionals would be to provide positive ratings for individuals with these psychological disorders, as well for other psychological disorders.

Contrary to hypothesis #1, the college students held more positive perceptions than the business professionals on 4 of 108 possible comparisons and the mental health professionals held more positive perceptions than the business professionals on 17 of 108 possible comparisons (18 employment-related dimensions x 6 psychological disabilities). Specifically, the college students perceived individuals with: (1) alcoholism as less expensive to employ and (2) major depression to be more productive, less expensive to employ, and less likely to have a tardiness/absenteeism problem. The mental health professionals perceived individuals with: (1) major depression to be more productive, motivated, promotable, employable, accepted by coworkers, included in the social activities of coworkers, committed to their work, comfortable to work with and for, and worthy of training time and resources, and less likely to have a tardiness/absenteeism problem, be a disruptive influence on a workforce or the target of inappropriate humor (2) individuals with PTSD as more comfortable to work with and for and (3) individuals with obesity as being less expensive to employ.

While it is not surprising that there were some employment-related dimensions for which the data did not support hypothesis #1, of interest are the specific dimensions for which business professionals provided more negative ratings than the college students or the mental health professionals. These employment-related dimensions included: expense to employ, tardiness/ absenteeism problem, disruptive influence on workforce, work commitment, productivity, and benefit of an organization providing training time/resources to individuals with psychological disorders. These results clearly indicated that while they generally held positive perceptions for most employment-related dimension x disability combinations, the business professionals were

concerned with the expense associated with the employment of individuals with alcoholism, major depression, and obesity. In addition, business professionals expressed serious concern about the employability and acceptance of individuals with major depression and their effect on organizations' work environment and HR/personnel activities. These results may be a reflection of business professionals' job experienced-based knowledge of the financial and HR/personnel-related consequences associated with the employment and retention of individuals with specific psychological disorders.

In summary, the employment-related perceptions of the mental health professionals appear to demonstrate that the development of positive employment-related perceptions of individuals with psychological disorders may be a product of repeated exposure and training concerning individuals with psychological disorders. The employment-related perceptions of the business professionals appear to indicate that employment-related perceptions of individuals with disabilities are not unidimensional (i.e. all positive or all negative), but rather are developed on the basis of the organizational outcomes salient to the evaluator that are associated with various disability x employment-related dimension combinations .

Hypothesis #2

As predicted, the factor solutions of the mental health professionals (82.42%) and the business professionals (86.19%) accounted for a higher percentage of variance in employment-related perceptions than the factor solution of the college students (52.78%). These results were as expected and are believed to be a reflection of the mental health and business professionals' greater knowledge of the "employment experience" for individuals with psychological disorders obtained through their repeated job-related exposure to individuals with psychological disorders in the workplace.

As predicted, the factor solution of the mental health professionals' employment-related perceptions was more complex (i.e. 5 factors) than the factor solution of the college students (i.e. 4 factors). Contrary to hypothesis #2, the factor solution of business professionals' employment-related perceptions was similar in complexity (i.e. 4 factors) to the factor solution of the college students (i.e. 4 factors). In comparing the factor analysis results across the 3 participant groups, the factor solutions for all 3 groups contained a factor labeled "Work Performance". Clearly, employment-related perceptions of all 3 groups were dependent upon perceptions of whether individuals with psychological disorders would: (1) generate productivity rates equal to those of non- disabled coworkers and (2) display motivation and commitment to their jobs equal to that of non-disabled coworkers.

The factor solutions of the mental health professionals and the college students had 2 other factors in common. These factors (i.e. "Negative Impact" and "Workforce Acceptance") indicated that the employment-related perceptions of the college students and mental health professionals were dependent upon perceptions of whether individuals with psychological disorders would: (1) be tardy or absent more than non-disabled coworkers (2) cause a loss of customers/clients for an organization (3) have a disruptive effect on a workforce (4) be accepted by coworkers and (5) be included in the social activities of coworkers.

The factor solutions of the mental health professionals and the business professionals had 1 other factor in common. This factor (i.e. "Education/Training") indicated that employment-related perceptions of mental health professionals and business professionals were dependent upon perceptions of whether education and/or training would be necessary for current employees of the organization in order to make the "employment experience" more positive for individuals with psychological disorders.

Factor solutions for each of the 3 participant groups also revealed factors that were unique to the factor solution of each group. For example, the factor labeled "Accommodation Issues" emerged from the factor solution of college students' employment-related perceptions. This indicated the college students' employment-related perceptions were also dependent upon perceptions of the issues an organization would have to consider when deciding whether it could accommodate and/or employ an individual with a psychological disorder. For mental health professionals, a factor labeled "Coworker Acceptance" emerged. This indicated that mental health professionals' employment-related perceptions were also dependent upon perceptions of whether individuals with psychological disorders will be accepted without ridicule into the social network of coworkers. Finally, for the business professionals, 2 factors labeled "Organizational Impact" and "HR Concerns" emerged. This indicated that business professionals' employment-related perceptions were also dependent upon perceptions of employee and organizational issues and/or conflicts an HR or business professional address during the course of his/her job. Once, again, the data provides evidence that employment-related perceptions of business professionals were influenced by their job-related knowledge of the organizational and HR/personnel-related aspects of the "employment experience" for individuals with psychological disorders.

The results of these factor analyses must, however, be interpreted with caution and considered exploratory in nature due to the small sample sizes associated with the mental health and business professional participant groups. Larger sample sizes would provide better evidence of the number of factors and the stability of the factor structure underlying the employment-related perceptions of the two professional groups. Continued research exploring employment-related perceptions among professionals who work with individuals with psychological disorders is needed to examine the accuracy, stability, and generalizability of the factor analysis results

obtained from the limited number of mental health and business professionals obtained in the present investigation.

Future Direction

While this study showed support for the two hypotheses that were tested, it showed weaknesses in the following areas. The first problem is that there were too few participants in the professional groups. The student group had a sample size of 106, while combined the two professional groups consisted of 33 participants. The result of this is a lack of consistency, stability and power in the results that were returned by the two professional groups. Increased sample size would provide more power to the results that were significant as well as make significant many variables which failed in the present study. To highlight this point, the two professional groups were significantly more positive than college students on only 7 of 108 possible comparisons, yet the data showed that the two groups were actually more positive on 76 of the 108 comparisons but 69 of these comparisons were not significant. By increasing the sample size of the two professional groups, more of these findings will meet significance. Secondly, the focus the present research was too narrow. While the results of the study clearly showed that employment-related perceptions of individuals with disabilities are multidimensional, it only focuses on six of hundreds of psychological disabilities present in society and the workplace. This limits the generalizability of the results to other specific disabilities or categories of disabilities.

Lastly, the narrow focus of the current research and the low power and lack of stability due to the low sample size do not provide us with a solid picture of what different dimensions, if any, go into the perceptions of categories of disabilities (i.e. anxiety, mood, personality, and thought). While we were able to determine that the two professional groups accounted for a higher

percentage of variance in employment related perceptions and often returned more rating factors, these results were spread across substance abuse, anxiety, sleep, and mood disorders.

Future research should focus on first developing a long term data collection process which should involve multiple researchers. Ideally this would involve Master's level students completing both research and field placement/internship requirements. This research strategy would increase exposure to a greater sample of both members of the professional groups would should result in an increase in the sample size used to examine results.

Furthermore, this data collection process should be utilized with a different set of disabilities to be rated each year that a new set of students complete the necessary requirements for graduation. This would eliminate the problem of having the same person evaluate the same data two times. Likewise, this would increase the number and types of disabilities that were being rated. At this point the research could not only examine favorability in ratings and the multidimensional structures underlying these ratings for a blanket group of disabilities, but for the categories of disabilities as well. This will lead to more powerful, stable and generalizable results to the true perceptions of those with psychological disabilities

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Table 1

MANOVA Analyses for Disability = Alcoholism

Items	Students	Mental Health Professionals	Business Professionals
Trainability	**2.05** (1.09)	**2.82** (.883)*****	**2.80** (.941)*****
Promotability	**1.74** (.832)	**2.47** (1.01)******	2.20 (.941)
Expense to Employ	**3.26** (1.36)******	2.53 (1.13)	**2.07** (.961)
Work Expectations	**3.13** (1.23)	**4.23** (.903)******	**4.47** (.743)******

Note: Scale Values (1 = negative perceptions; 5 positive perceptions)
* $p < .05$, ** $p < .01$ (**Bold** indicates significant mean difference)

Table 2

MANOVA Analyses for Disability = Insomnia

Items	Students	Mental Health Professionals	Business Professionals
Work Motivation	**2.61** (1.16)	**3.65** (.996)****	3.13 (1.25)
Trainability	**2.79** (1.07)	**3.53** (1.01)*	3.20 (1.27)
Comfort Working For	**3.20** (1.20)	**4.18** (.951)****	3.60 (1.11)
Promotability	**2.63** (1.04)	**3.35** (1.06)*	3.20 (1.08)
Disruptive Influence	**3.19** (1.07)	**3.88** (.857)*	3.73 (1.10)
Comfort Working With	**3.45** (1.14)	**4.24** (.831)*	3.60 (1.18)
Work Expectations	**3.47** (1.17)	**4.24** (1.09)*	**4.33** (.976)*

Note: Scale Values (1 = negative perceptions; 5 positive perceptions)
* $p < .05$, ** $p < .01$ (**Bold** indicates significant mean difference)

Table 3

MANOVA Analyses for Disability = Major Depression

Items	Students	Mental Health Professionals	Business Professionals
Work Motivation	2.16 (1.18)	**2.77** (1.20)*****	**1.53** (.915)
Trainability	**2.43** (1.16)	**3.65** (.931)******	**2.27** (1.16)
Tardiness/Absenteeism	**2.23** (1.04)*****	**2.82** (1.08)******	**1.53** (.640)
Comfort Working For	**2.91** (1.13)	**4.35** (.786)******	**2.20** (1.08)
Promotability	**2.22** (1.06)	**3.12** (.928)******	**1.87** (.915)
Disruptive Influence	**2.72** (1.01)	**3.59** (.939)******	**2.33** (1.23)
Coworker Acceptance	**2.71** (.966)	**3.47** (.943)******	**2.27** (.799)
Employability	**2.42** (1.03)	**3.53** (1.13)******	**1.67** (.845)
Expense to Employ	**3.02** (1.24)******	**3.06** (.966)******	**1.67** (.617)
Social Inclusion	**2.22** (.995)	**3.18** (.951)******	**2.07** (1.10)
Comfort Working With	**2.82** (1.17)	**4.35** (.786)******	**2.27** (.961)
Loss of Clients	**3.08** (1.10)	**3.82** (.951)*****	3.13 (1.13)
Work Commitment	**2.43** (1.00)*****	**2.94** (1.35)******	**1.67** (.816)
Work Expectations	**3.28** (1.19)	**4.12** (1.17)*****	**3.67** (1.40)*****
Target of Jokes	3.32 (1.07)	**3.88** (.857)*****	**2.87** (1.30)
Productivity	**2.40** (1.08)*****	**2.71** (1.11)******	**1.53** (.834)

Note: Scale Values (1 = negative perceptions; 5 positive perceptions)
* $p < .05$, ** $p < .01$ (**Bold** indicates significant mean difference)

Table 4

MANOVA Analyses for Disability = Social Phobia

Items	Students	Mental Health Professionals	Business Professionals
Work Motivation	**2.68** (1.21)	3.35 (1.17)	**3.64** (1.08)*****
Trainability	**2.62** (1.16)	**3.70** (.849)******	3.29 (1.07)
Comfort Working For	**2.89** (1.16)	**4.06** (1.03)******	3.57 (1.16)
Coworker Acceptance	**2.65** (1.10)	**3.53** (.717)******	3.36 (.929)
Social Inclusion	**1.92** (1.04)	**2.76** (1.39)*****	2.71 (1.33)
Comfort Working With	**2.88** (1.18)	**4.19** (.993)******	3.64 (1.08)
Work Commitment	**2.92** (1.15)	**4.00** (.866)******	3.43 (1.16)
Work Expectations	**3.31** (1.26)	**4.30** (.686)******	**4.29** (.914)*****

Note: Scale Values (1 = negative perceptions; 5 positive perceptions)
* $p < .05$, ** $p < .01$ (**Bold** indicates significant mean difference)

Table 5

MANOVA Analyses for Disability = PTSD

Items	Students	Mental Health Professionals	Business Professionals
Work Motivation	**2.93** (1.09)	**3.88** (.928)****	3.27 (1.44)
Trainability	**2.96** (1.01)	**3.88** (.781)****	3.40 (1.12)
Comfort Working For	**3.21** (1.06)	**4.29** (.985)****	**3.33** (.900)
Promotability	**2.77** (1.05)	**3.47** (.874)***	2.93 (1.16)
Social Inclusion	**2.95** (1.12)	**3.77** (.752)***	3.20 (1.27)
Comfort Working With	**3.07** (1.08)	**4.47** (.800)****	**3.33** (1.18)
Work Commitment	**3.06** (1.09)	**3.88** (.928)***	3.40 (1.30)
Work Expectations	**3.27** (1.13)	**4.24** (1.09)****	4.00 (1.07)

Note: Scale Values (1 = negative perceptions; 5 positive perceptions)
* $p < .05$, ** $p < .01$ (**Bold** indicates significant mean difference)

Table 6

MANOVA Analyses for Disability = Obesity

Items	Students	Mental Health Professionals	Business Professionals
Trainability	**3.09** (1.28)	**4.29** (.772)****	**4.00** (.535)***
Tardiness/Absenteeism	**3.67** (1.18)	**4.41** (.870)***	4.20 (.862)
Comfort Working For	**3.89** (1.10)	**4.71** (.470)***	4.13 (.915)
Disruptive Influence	**3.71** (1.06)	**4.53** (.624)***	3.87 (1.19)
Expense to Employ	3.27 (1.22)	**3.65** (1.15)***	**2.60** (1.24)
Social Inclusion	**3.14** (1.09)	3.82 (.883)	**3.93** (1.10)***
Comfort Working With	**3.75** (1.18)	**4.77** (.437)****	4.13 (.915)
Work Commitment	**3.56** (1.14)	**4.65** (.493)****	4.07 (.799)
Work Expectations	**3.51** (1.11)	**4.53** (.943)****	**3.87** (.986)***
Productivity	**3.44** (1.09)	**4.35** (.786)****	3.87 (.990)

Note: Scale Values (1 = negative perceptions; 5 positive perceptions)
* $p < .05$, ** $p < .01$ (**Bold** indicates significant mean difference)

Table 7

Factor Loadings for Student Sample Perceptions of Disabilities

Item	Factor 1	Factor 2	Factor 3	Factor 4
Factor Label	Workforce Acceptance	Negative Impact	Work Performance	Accommodation Issues
Comfort Working With	.737			
Acceptance	.719			
Comfort Working For	.681			
Inclusion	.643			
Employability	.582			
Promotability	.554			
Disruptive Influence		.676		
Tardiness/Absenteeism		.636		
Loss of Clients		.607		
Influence Personnel Actions		.554		
Work Motivation			.651	
Target of Jokes			.618	
Work Commitment			.602	
Productivity			.597	
Trainability			.423	
Educational Workshop				.801
Expense to Employ				.502
Work Expectations				.450
% Variance Explained	30.41	9.74	6.72	5.91
Total % Variance Explained = 52.78%				

Table 8

Factor Loadings for Clinical Professional Sample Perceptions of Disabilities

Item	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
Factor Label	Negative Impact	Work Performance	Workforce Acceptance	Coworker Acceptance	Education/ Training
Disruptive Influence	.895				
Loss of Clients	.884				
Tardiness/Absenteeism	.818				
Expense to Employ	.728				
Work Motivation		.831			
Employability		.828			
Work Commitment		.784			
Productivity		.754			
Comfort Working For			.924		
Comfort Working With			.804		
Promotability			.534		
Work Expectations			.523		
Target of Jokes				.883	
Inclusion				.855	
Acceptance				.817	
Educational Workshop					-.793
Influence Personnel Actions					-.756
Trainability					.679
% Variance Explained	38.64	15.90	13.36	8.46	6.05

Total % Variance Explained = 82.42%

Table 9

Factor Loadings for HR Professional Sample Perceptions of Disabilities

Item	Factor 1	Factor 2	Factor 3	Factor 4
Factor Label	Work Performance	Organizational Impact	HR Concerns	Education/ Training
Productivity	.962			
Work Commitment	.944			
Work Motivation	.887			
Promotability	.765			
Employability	.715			
Comfort Working With		.891		
Loss of Clients		.845		
Acceptance		.772		
Inclusion		.757		
Disruptive Influence		.729		
Influence Personnel Actions		.675		
Work Expectations			.893	
Target of Jokes			.818	
Comfort Working For			.695	
Expense to Employ			.694	
Tardiness/Absenteeism			.638	
Educational Workshop				-.894
Trainability				.749
% Variance Explained	49.34	16.36	11.14	9.36

Total % Variance Explained = 86.19%

Appendix A

Invitation and Informed Consent to Participate in a Research Study

Anonymous Survey Consent

You are invited to participate in a research project entitled "Mental Health and Business Professionals' Employment-Related Perceptions of Individuals with Psychological Disorders" designed to analyze mental health and business professionals employment-related perceptions of 7 of the most common psychological disorders affecting employees in the workplace. This study is being conducted by Christopher W. LeGrow, Ph.D. and Kevan Mock from Marshall University. This research is being conducted as part of the Thesis requirements for Kevan Mock for his Masters degree in Industrial-Organizational Psychology.

This survey is comprised of two parts and will take you approximately 30 minutes to complete. In Part 1, you will be asked to provide demographic information (e.g. Age, Gender, Job Title, Years of Work Experience, Job-Related Experience With Individuals with Psychological Disorders). In Part 2, you will be asked to provide your employment-related perceptions for 7 of the most common psychological disorders affecting employees in the workplace (e.g. Alcoholism, Obesity, Social Phobias, Generalized Anxiety Disorder, Insomnia, Major Depression, Post Traumatic Stress Disorder). You will be asked to evaluate each of the 7 psychological disorders on 18 employment-related dimensions (e.g. Motivation, Absenteeism, Expense to Employ, Inclusion, Productivity, Acceptance, Commitment, etc.).

Your responses will be anonymous, so do not put your name anywhere on the form. You may choose to not answer any question by simply leaving it blank. Participation is completely voluntary and if you choose to not participate in this survey, you may either return the blank survey or you may discard it. Returning the survey indicates your consent for use of the answers you supply. Surveys should be returned to (Kevan Mock, Department of Psychology, Marshall University, Huntington, W.V. 25755).

If you have questions about the study, you may contact Christopher LeGrow at (304-696-2780) or Kevan Mock at (304)-675-6449. If you have any questions concerning your rights as a research participant you may contact the Marshall University Office of Research Integrity at (304)-696-7320.

By completing this survey and returning it you are also confirming that you are **18** years of age or older.

Please keep this page for your records.

Appendix B

Demographics

Gender (Circle one) Male Female

Age _____ years

Job Title/Profession:

_____

Years of work experience in current profession? _____ years

Amount of **job-related** experience you have had with individuals (e.g. coworkers, customers, clients) with psychological disabilities/disorders? (**Check one**)

0 years of job-related experience _____

1-2 years of job-related experience _____

3-5 years of job-related experience _____

5-9 years of job-related experience _____

10+ years of job-related experience _____

What was the nature of your **job-related** contact(s) with individuals with psychological disabilities/disorders? (**Check all that apply**)

I have had no job-related contact _____
Recruitment _____
Interviewing _____
Hiring _____
Training and Development _____
Coworker _____
Supervisor _____
Customer/Client _____
Vendor (Sales, Distributors) _____

In your **job-related** contact(s) with individuals with disabilities/disorders, what type(s) of disorders/disabilities have you had experience with? (**Check one**)

Physical disabilities/disorders _____
Psychological disabilities/disorders _____
Psychological and Physical disabilities/disorders _____
I have had no job-related contact _____

Appendix C

Research Survey Questionnaire

INDIVIDUAL WITH: ALCOHOLISM

Alcoholism: is a maladaptive pattern of alcohol consumption, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12 month period: (1) tolerance, as defined by either a need for markedly increased amounts of alcohol to achieve intoxication or desired effect or markedly diminished effect with continued use of the same amount of alcohol (2) withdrawal which typically includes such symptoms as headaches, nausea, and an intense craving for alcohol (3) alcohol is often taken in larger amounts or over a longer period than was intended (4) there is a strong persistent desire or unsuccessful effort to cut down or control alcohol consumption (5) a great deal of time is spent in activities necessary to obtain the alcohol (6) important social, occupational, or recreational activities are given up or reduced because of alcohol consumption and (7) the alcohol consumption is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the alcohol. Alcohol-related health problems typically include liver deterioration/ malfunction, reduced alertness and reaction time, impaired judgment, depression of inhibitions, memory loss, significant mood swings, and impaired cognitive and motor abilities.

Not Likely				**Highly Likely**
1	**2**	**3**	**4**	**5**

_____ An individual with this disability would exhibit work motivation equivalent to that of non-disabled coworkers

_____ It would be beneficial for a company to invest the time and resources necessary to train an individual with this disability

_____ An individual with this disability would pose a significant tardiness/absenteeism problem for a company

_____ I would be comfortable, willing and motivated to work for an individual living with this disability

_____ An individual with this disability would be highly promotable and likely to rise into the upper levels of the company

_____ The nature and severity of the disability would play a significant role in hiring/personnel decisions involving the individual

_____ An individual with this disability would have a negative/disruptive influence on the working relationship of the workgroup

_____ An individual with this disability would be accepted and welcomed by coworkers, employers and clients

_____ An individual with this disability would be employable across a variety of employment settings and careers

_____ An individual with this disability would be more expensive to employ (due to structural/job/scheduling accommodations, training costs, medical and insurance costs) than a non-disabled employee

_____ An individual with this disability would be included in the social activities (i.e., after hour socializing) of coworkers

_____ I would be comfortable, willing and motivated to work with an individual living with this disability

_____ An individual with this disability would cause the organization to lose clients and customers

_____ An individual with this disability would exhibit company/work commitment equivalent to that of non-disabled employees

_____ An individual with this disability would be held to lower performance expectations/standards than non-disabled employees

_____ An individual with this disability would be a target for jokes and inappropriate comments by coworkers/employers/clients

_____ An individual with this disability would exhibit productivity rates equivalent to that of non-disabled coworkers

_____ Educational/informational workshops would be beneficial for employees to prepare/educated themselves for an individual with this disability joining the company or workgroup

Appendix C (cont.)

INDIVIDUAL WITH: OBESITY

Obesity: the term "overweight" pertains to any person whose present weight is 20% over their ideal body weight given their height, and body structure. Obesity, by comparison, is a term that pertains to any person whose present weight is 30% or more over their ideal body weight given their height and body structure. Individuals who exceed these criteria are labeled as "morbidly obese". Complications associated with obesity include heart disease, stroke, high blood pressure, clogged arteries, adult-onset diabetes, decreased flexibility and mobility, back and joint-related problems, gastrointestinal disorders, and potentially an early death. A variety of physical (e.g., genetics), psychological (e.g. stress, depression, anxiety) and environmental factors (e.g., relationship, financial, or occupational problems) serve as eating triggers and key contributors to the development of obesity. Obesity may cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Not Likely				**Highly Likely**
1	**2**	**3**	**4**	**5**

_____ An individual with this disability would exhibit work motivation equivalent to that of non-disabled coworkers

_____ It would be beneficial for a company to invest the time and resources necessary to train an individual with this disability

_____ An individual with this disability would pose a significant tardiness/absenteeism problem for a company

_____ I would be comfortable, willing and motivated to work for an individual living with this disability

_____ An individual with this disability would be highly promotable and likely to rise into the upper levels of the company

_____ The nature and severity of the disability would play a significant role in hiring/personnel decisions involving the individual

_____ An individual with this disability would have a negative/disruptive influence on the working relationship of the workgroup

_____ An individual with this disability would be accepted and welcomed by coworkers, employers and clients

_____ An individual with this disability would be employable across a variety of employment settings and careers

_____ An individual with this disability would be more expensive to employ (due to structural/job/scheduling accommodations, training costs, medical and insurance costs) than a non-disabled employee

_____ An individual with this disability would be included in the social activities (i.e., after hour socializing) of coworkers

_____ I would be comfortable, willing and motivated to work with an individual living with this disability

_____ An individual with this disability would cause the organization to lose clients and customers

_____ An individual with this disability would exhibit company/work commitment equivalent to that of non-disabled employees

_____ An individual with this disability would be held to lower performance expectations/standards than non-disabled employees

_____ An individual with this disability would be a target for jokes and inappropriate comments by coworkers/employers/clients

_____ An individual with this disability would exhibit productivity rates equivalent to that of non-disabled coworkers

_____ Educational/informational workshops would be beneficial for employees to prepare/educated themselves for an individual with this disability joining the company or workgroup

Appendix C (cont.)

INDIVIDUAL WITH: SOCIAL PHOBIAS

Social Phobias: are characterized by: (1) marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others (2) exposure to the feared social situation almost invariably provokes anxiety, which may even take the form of a situationally bound or situationally predisposed panic attack, especially when the person must remain in the situation or believes that escape is impossible (3) the person recognizes that the phobic fear is excessive or unreasonable (4) the feared social or performance situations are avoided or else is endured with intense anxiety or distress and (5) the avoidance, anxious anticipation, or distress in the feared social or performance situation(s) interferes significantly with the person's normal routine, occupational (or academic) functioning, or social activities or relationships, or there is marked distress about having the phobia. Individuals may fear public speaking because of concern that others will notice their trembling hands or voice or they may experience extreme anxiety when conversing with others because of fear that they will appear inarticulate. They may avoid eating, drinking, or writing in public because of a fear of being embarrassed by having others see their hands shake. Individuals with social phobias almost always experience symptoms of anxiety (palpitations, tremors, sweating gastrointestinal discomfort, diarrhea, muscle tension, blushing, and confusion) in the feared social situation.

Not Likely				**Highly Likely**
1	**2**	**3**	**4**	**5**

_____ An individual with this disability would exhibit work motivation equivalent to that of non-disabled coworkers

_____ It would be beneficial for a company to invest the time and resources necessary to train an individual with this disability

_____ An individual with this disability would pose a significant tardiness/absenteeism problem for a company

_____ I would be comfortable, willing and motivated to work for an individual living with this disability

_____ An individual with this disability would be highly promotable and likely to rise into the upper levels of the company

_____ The nature and severity of the disability would play a significant role in hiring/personnel decisions involving the individual

_____ An individual with this disability would have a negative/disruptive influence on the working relationship of the workgroup

_____ An individual with this disability would be accepted and welcomed by coworkers, employers and clients

_____ An individual with this disability would be employable across a variety of employment settings and careers

_____ An individual with this disability would be more expensive to employ (due to structural/job/scheduling accommodations, training costs, medical and insurance costs) than a non-disabled employee

_____ An individual with this disability would be included in the social activities (i.e., after hour socializing) of coworkers

_____ I would be comfortable, willing and motivated to work with an individual living with this disability

_____ An individual with this disability would cause the organization to lose clients and customers

_____ An individual with this disability would exhibit company/work commitment equivalent to that of non-disabled employees

_____ An individual with this disability would be held to lower performance expectations/standards than non-disabled employees

_____ An individual with this disability would be a target for jokes and inappropriate comments by coworkers/employers/clients

_____ An individual with this disability would exhibit productivity rates equivalent to that of non-disabled coworkers

_____ Educational/informational workshops would be beneficial for employees to prepare/educated themselves for an individual with this disability joining the company or workgroup

Appendix C (cont.)

INDIVIDUAL WITH: INSOMNIA

Insomnia: is a complaint of difficulty initiating or maintaining sleep or of nonrestorative sleep that lasts for at least 1 month. Insomnia occurs when an individual is not getting enough sleep despite an adequate opportunity to sleep and results in a disruption in normal sleep patterns. There are three types of insomnia: (1) transient insomnia (lasts no more than a few nights and is triggered by a change in sleep schedule, stress, or a brief illness) (2) short-term insomnia (last about 2-3 weeks and usually related to stress or medical or psychiatric illness) and (3) long-term or chronic insomnia (lasts longer than a few weeks with poor sleep every night or several nights per month). Insomnia is often associated with increased physiological and psychological arousal at nighttime and a preoccupation with and distress due to the inability to sleep. Some individuals with increased arousal and negative conditioning report that they sleep better away from their own bedrooms and their usual routines. There are many roots to chronic insomnia including physical and psychological problems. Causes of insomnia include alcohol and drug intake, noise, excessive light, breathing problems and muscle contraction disorders during sleep, arthritis, heartburn, menstruation, headaches, shift work, jet lag, depression, or stress resulting from family, job, or financial problems. Symptoms of insomnia can include sleepiness, anxiety, impaired concentration, impaired memory, and irritability.

Not Likely				**Highly Likely**
1	**2**	**3**	**4**	**5**

_____ An individual with this disability would exhibit work motivation equivalent to that of non-disabled coworkers

_____ It would be beneficial for a company to invest the time and resources necessary to train an individual with this disability

_____ An individual with this disability would pose a significant tardiness/absenteeism problem for a company

_____ I would be comfortable, willing and motivated to work for an individual living with this disability

_____ An individual with this disability would be highly promotable and likely to rise into the upper levels of the company

_____ The nature and severity of the disability would play a significant role in hiring/personnel decisions involving the individual

_____ An individual with this disability would have a negative/disruptive influence on the working relationship of the workgroup

_____ An individual with this disability would be accepted and welcomed by coworkers, employers and clients

_____ An individual with this disability would be employable across a variety of employment settings and careers

_____ An individual with this disability would be more expensive to employ (due to structural/job/scheduling accommodations, training costs, medical and insurance costs) than a non-disabled employee

_____ An individual with this disability would be included in the social activities (i.e., after hour socializing) of coworkers

_____ I would be comfortable, willing and motivated to work with an individual living with this disability

_____ An individual with this disability would cause the organization to lose clients and customers

_____ An individual with this disability would exhibit company/work commitment equivalent to that of non-disabled employees

_____ An individual with this disability would be held to lower performance expectations/standards than non-disabled employees

_____ An individual with this disability would be a target for jokes and inappropriate comments by coworkers/employers/clients

_____ An individual with this disability would exhibit productivity rates equivalent to that of non-disabled coworkers

_____ Educational/informational workshops would be beneficial for employees to prepare/educated themselves for an individual with this disability joining the company or workgroup

Appendix C (cont.)

INDIVIDUAL WITH: MAJOR DEPRESSION

Major Depression: is a depressive disorder that is characterized by one or more major depressive episodes without a history of manic, mixed, or hypomanic episodes. Major depression is also characterized by: loss of interest in almost all of life's usual activities (as evidenced by a sad, hopeless, or discouraged mood, sleep disturbances, loss of appetite, weight loss, loss of energy, inability to concentrate, feelings of unworthiness and guilt, distorted views of current life problems, and occasionally thoughts of death and suicide). Major depressive disorder is associated with high mortality rates. Up to 15% of individuals with severe major depressive disorder die by suicide. Major depressive disorder may also be associated with chronic general medical conditions. Up to 20-25% of individuals with certain general medical conditions (e.g., diabetes, myocardial infarction, carcinomas, and stroke) will develop major depressive disorder during the course of their general medical condition. Major depressive disorder may begin at any age, with an average age at onset in the mid-20's. Some people have isolated episodes that are separated by many years without any depressive symptoms, whereas others have clusters of episodes, and still others have increasingly frequent episodes, as they grow older. Episodes of major depression often follow a severe psychosocial stressor, such as the death of a loved one or divorce. Persons with major depression show no vacillation between excitement and depression as in "bipolar depression".

Not Likely				**Highly Likely**
1	**2**	**3**	**4**	**5**

_____ An individual with this disability would exhibit work motivation equivalent to that of non-disabled coworkers

_____ It would be beneficial for a company to invest the time and resources necessary to train an individual with this disability

_____ An individual with this disability would pose a significant tardiness/absenteeism problem for a company

_____ I would be comfortable, willing and motivated to work for an individual living with this disability

_____ An individual with this disability would be highly promotable and likely to rise into the upper levels of the company

_____ The nature and severity of the disability would play a significant role in hiring/personnel decisions involving the individual

_____ An individual with this disability would have a negative/disruptive influence on the working relationship of the workgroup

_____ An individual with this disability would be accepted and welcomed by coworkers, employers and clients

_____ An individual with this disability would be employable across a variety of employment settings and careers

_____ An individual with this disability would be more expensive to employ (due to structural/job/scheduling accommodations, training costs, medical and insurance costs) than a non-disabled employee

_____ An individual with this disability would be included in the social activities (i.e., after hour socializing) of coworkers

_____ I would be comfortable, willing and motivated to work with an individual living with this disability

_____ An individual with this disability would cause the organization to lose clients and customers

_____ An individual with this disability would exhibit company/work commitment equivalent to that of non-disabled employees

_____ An individual with this disability would be held to lower performance expectations/standards than non-disabled employees

_____ An individual with this disability would be a target for jokes and inappropriate comments by coworkers/employers/clients

_____ An individual with this disability would exhibit productivity rates equivalent to that of non-disabled coworkers

_____ Educational/informational workshops would be beneficial for employees to prepare/educated themselves for an individual with this disability joining the company or workgroup

Appendix C (cont.)

INDIVIDUAL WITH: POST TRAUMATIC STRESS DISORDER

Post Traumatic Stress Disorder (PTSD): is the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate. Traumatic events that are experienced directly include, but are not limited to, military combat, violent personal assault (sexual assault, physical attack, robbery mugging), being kidnapped, being taken hostage, terrorist attack, torture, incarceration as a prisoner of war, natural or manmade disasters, severe automobile accidents, or being diagnosed with a life-threatening illness. The person's response to the event must involve: (1) feelings of intense fear, helplessness, or horror (2) persistent re-experiencing of the traumatic event (3) persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness and (4) persistent symptoms of increased arousal. The full symptom picture must be present for more than 1 month and the disturbance must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. Individuals with PTSD may also develop persistent anxiety, depression, sleep disorders, difficulty concentrating, or exceptionally aggressive behaviors. Furthermore, they may come to avoid situations that resemble the traumatizing events, which may interfere with daily functioning, family interactions, and health.

Not Likely				**Highly Likely**
1	**2**	**3**	**4**	**5**

_____ An individual with this disability would exhibit work motivation equivalent to that of non-disabled coworkers

_____ It would be beneficial for a company to invest the time and resources necessary to train an individual with this disability

_____ An individual with this disability would pose a significant tardiness/absenteeism problem for a company

_____ I would be comfortable, willing and motivated to work for an individual living with this disability

_____ An individual with this disability would be highly promotable and likely to rise into the upper levels of the company

_____ The nature and severity of the disability would play a significant role in hiring/personnel decisions involving the individual

_____ An individual with this disability would have a negative/disruptive influence on the working relationship of the workgroup

_____ An individual with this disability would be accepted and welcomed by coworkers, employers and clients

_____ An individual with this disability would be employable across a variety of employment settings and careers

_____ An individual with this disability would be more expensive to employ (due to structural/job/scheduling accommodations, training costs, medical and insurance costs) than a non-disabled employee

_____ An individual with this disability would be included in the social activities (i.e., after hour socializing) of coworkers

_____ I would be comfortable, willing and motivated to work with an individual living with this disability

_____ An individual with this disability would cause the organization to lose clients and customers

_____ An individual with this disability would exhibit company/work commitment equivalent to that of non-disabled employees

_____ An individual with this disability would be held to lower performance expectations/standards than non-disabled employees

_____ An individual with this disability would be a target for jokes and inappropriate comments by coworkers/employers/clients

_____ An individual with this disability would exhibit productivity rates equivalent to that of non-disabled coworkers

_____ Educational/informational workshops would be beneficial for employees to prepare/educated themselves for an individual with this disability joining the company or workgroup