[ Please stand by for realtime captions. ]

>> Good afternoon and welcome to Employer Attitudes Toward Individuals with Disabilities. This is a one hour webinar. Once it is completed, it will be available in our on-demand system for those who wish to view it. My name is Freda and I'm at the University of North Texas Workplace Inclusion and Sustainable Employment, also known as UNTWISE. We are part of the College of Health Public Service located within the Department of Rehabilitation and Health Services. For all of us at joining us using the Internet today, please notice that webinar control panel on the right side of your screen, about halfway down you will see a question box. Go ahead and say hello to me, give me a smiley face to let me know that you are with us today, and that you can hear us, and that everything is going well. Please do that now. Thank you so much. I always worry that no one will say anything. I appreciate your responses. If you have questions, or need clarification on anything from our presenter, please use that question box, write out your question, and at the end our presenter will answer the questions. Also, right below there, look at the handout section. That is where you can download the PDF version of the slides. Please capture that if you wish to review with us. Or just use your screen. Also, if you are calling them by phone please make sure you email me so that you receive credit today for your participation. At the end of the session I will tell you how you will receive credit for today.

Right now I want to introduce you to our speaker. The presenter is Dr. Wei-Mo Tu. He is the assistant professor in the Department of Rehabilitation & Health Services at the University of North Texas. He completed his Masters degree in rehabilitation counseling, from the national Chung what University at education in Taiwan. He earned his PhD in rehabilitation psychology from the University of Wisconsin in Madison. He was an employment specialist, a vocational evaluator. He also has experiences in the area of community support specialist, neuropsychological evaluator, and mental health counselor. His areas of research interest include motivation, psychosocial assets -- aspects of disability, transition, vocational rehabilitation, positive psychology and applications at the international application of functioning health and disability, also known as ICS in rehabilitation. Dr. Tu, we are so pleased to have you today. I appreciate your time. Extended bio, I would worry that you don't have a lot of time based on what you do. So, the floor is yours.

>> Thank you. Hi everyone. Good afternoon. I am glad to be here. Thank you all for joining today. I have the pleasure of having my first webinar with everyone here. So what this webinar is about, it is basically to help get a basic understanding of what stigma is and how a negative attitude towards disability affects behavior for our clients. And how employer attitudes may vary toward different types of disabilities, and how employers -- employees culture background -- in achieving this objective, this webinar will cover the following details, what is the attitude, what is the stigma, and how is the stigma and attitude formed question we hear the term stigma, it typically refers to public stigma. With such perceived public stigma is internalized by the individual, it becomes an internalized stigma. We will also talk about the stigma and how perceived the public stigma becomes a stigma. After we get an idea of both proceeds, the public stigma and self stigma, some questions may pop up in our mind like, well one stigma adversely affect people with disabilities, and how many employees stigma attitude very toward people with disabilities and chronic health conditions. How may employees culture background will associate the area concerned about hiring people with disabilities? Of both, employer attitude toward disabilities has been a kind of significant barrier for employment for people with disabilities. Not only employers perceive workers with disabilities in a negative manner. We will also talk about employee's positive experience in hiring people with disabilities. All of these issues will be included in this presentation. We also will touch upon strategies to reduce the stigma and attitudes.

>> Historically, the diagnosis of disability or a chronic health condition has become a factor affecting community including participation in a competitive employment setting. To some extent, it is true that in disability can lead to functional communications for a person. It can be reduced or eliminated through interventions or training, enhancing a person's capacity to performing behavior. Person's level of functioning is highly contingent on factors, personal characteristics and environmental factors. The interaction of a person's personal characteristics, and the person's surrounding environment will further affect the level of participation. The importance of environmental factors in rehab emphasizes these in 1958. It has gained attention in this field. Basically, environmental factors can be divided into categories including physical environment and attitude environments. Each can be conceptualized as a barrier, or a facilitator. One of the most intellectual factors involving environmental factors is attitude toward disabilities. For example, in school settings, teachers supposed as attitude toward disabilities can have a profound impact on participation of students with disabilities. In the employment setting, employer attitudes toward disabilities can have a profound impact on participation of those with disabilities toward work. In addition to employer attitudes with disabilities, coworker attitudes toward disabilities is critical to inclusion of workers with disabilities. In both inclusion in the workplace and job satisfaction is critical to job retention for workers with disabilities.

>> What is an attitude? Before we move on, let's take a look at what an attitude is. Basically, an attitude can be related to a person, an object or an event. Sunshine and evaluating statement can be variable or unbearable. If you look at the concept of attitude more closely, attitudes are composed of three components including affective components, -- components and behavior components. The affective component is about feelings. Such as what a person feels about a person, object or event. The cognitive component is about beliefs, such as what a person thinks of a person, object or event. Behavioral component is about actions, such as what a person actually does to a person, object or event. Concept related to attitudes including stereotype, prejudice and discrimination. Stereotype refers to an exaggerated belief associated with a category. -- Emerge from the mark or a signal. For example, some people may consider an Asian or Indian. Some people consider Asians are very good in math, even though I am not really good in math. This is an example of stereotype held by some people. And the belief that Asians and Indians are good in math is a stereotype about this group. A stereotype is not an identical concept to prejudice. Prejudiced is an adversative or a friendly attitude toward a person just because a person belongs to that group. In other words, prejudiced maybe directed to a group as a whole, or to a person, because the person is a member of that group. Discrimination on the other hand, refers to negative actions that a person does to a target, simply based on the person's prejudice toward the target. So discrimination is the behavior result of prejudice. Such as excluding people with psychiatric disabilities from employment, residential housing and education are examples of discrimination. This cognitive behavior process has been used to conceptualize information of public stigma.

>> The term stigma basically refers to problems of knowledge, attitude and behavior. So public stigma represents what the public does to people who are marked with a disability, or a chronic health condition like a serious mental illness. This mark can be either obvious or not. We can see that obvious cues include psychotic behavior and additional appearance that may distinguish a person that is odd or bizarre, and therefore mentally ill. Mental illness may also be described in terms of hidden stigma. For example, if an individual has a history of serious mental illness, and decided not to disclose his or her symptoms at work. Our workers aware of the conditions? If the individual decided to be open about the illness, the label of mental illness can potentially signal stereotypes and prejudice. So stigma is kind of behavioral chain that starts from the -- which are stereotype and prejudice, and result in discrimination that is an open harm for individual with disabilities. Although public stigma is -- some individuals with disabilities may experience less impact of public stigma than the others. This is because not the individual with disabilities such public stigma. So what is self stigma? Some individuals internalize public stigma, harming themselves both cognitively and behaviorally as a result. This is a process for individuals with disabilities to experience the stigma from perceived public stigma. First, individuals with disabilities are aware that there is a link between the mark of disabilities and their corresponding --. Once they are aware of the stereotype they may agree with it but at this point stereotype has not yet been internalized, and therefore the individual with disabilities has not yet experienced the effect of self stigma. Once the individual with disabilities are aware of the stereotype and agree with it, and then further apply the stereotypes to themselves, they will become self stigmatized. The adverse impact of self stigma. For example, individuals with disabilities who are self stigmatized are likely -- apply the stereotype to themselves, and then further conclude that, okay, I have disabilities so I must be to blame for my disabilities. This is the process how perceived public stigma becomes a stigma.

>> What are some other detrimental effects of self stigma? We can see that the process from proceeding public stigma to becoming self stigma and then go pursuing behaviors to the far height -- right. As I mentioned in the previous slide, when the individual with disabilities are aware of the stereotypes about disabilities, agree with the stereotype, and then apply the stereotype to themselves, there will be a profound negative impact on their self-esteem. Individuals with disabilities who are under this affect will experience a low level of self-esteem, and low level of low confidence. Often times what individuals with disabilities perceive the low level of self-esteem and low level of self efficacy, they are less likely to demonstrate their commitment to perform a go pursuing behavior, such as looking for a job, living independently, and developing meaningful relationships or display low level of treatment adherence. This may also explain why some people with mental illness are unwilling to seek help from professional mental health services. In other words, self stigma collectively affects go perceive and behaviors when individuals with disabilities are reducing their level of self-esteem, and perceive the -- some people may not be familiar with the terms self advocacy. I would like to explain what self advocacy means. The term itself advocacy refers to a belief a person has in performing the behavior. So stealth -- self stigma negatively affects go pursuing behaviors by reducing their level of self-esteem, and their level of confidence in performing go pursuing behaviors. This negative affect of self stigma and self-esteem can be alleviated by empowerment. In fact, increasing levels of self-esteem is a critical component for reducing the effect of self stigma.

>> In recent findings, self stigma has a profound negative impact on general functioning and self esteem. When we are looking at the impact of self stigma on all these relevant Elliott -- areas, only self esteem has a negative correlation with self stigma. What is the implication for these recent findings? The implication is that the level of self-esteem may be the most important factors preventing the individual of disabilities from experiencing the level of quality of life. As a matter of fact, empirical studies indicated that the level of self-esteem can alleviate the negative impact of self stigma. Like hopeful thinking for the individual with mental illness. Such hopeful thinking in turn, can increase their quality of life through promotion of self-esteem. So once we know health -- how self stigma affects people with disabilities, we can come up with a better strategy to decrease the impact of self stigma on the individual with disabilities.

>> So far we have been able to talk about what public stigma is and how public stigma becomes self stigma, as well as how self stigma may have impact on go pursuing behaviors and quality of life for people with disabilities. Starting from this slide, we are going to place our focus of attitude toward disabilities in the context of workplace. Negative attitudes of disabilities has long been an issue and often times we only, people in the workplace such as employer, hiring managers and coworkers are holding negative attitudes toward disabilities. What we don't know is that what stereotype, or mixed perceptions those people may have toward individuals with disabilities. Now we know that stigma is resulting from stereotypes. At this point we may have some questions in our mind, for example, our employer's stereotyping towards different disabilities the same? If not all the same, how are they different? How do they differ from each other? With employers from Eastern cultures have different stereotype toward disabilities as compared to employers from Western culture. Let's take a look at each of these questions.

>> Basically, employers play different attitudes toward different types of disabilities. Some disabilities are rated more positively. Even mental health condition. Also, this study has shown that there are cultural differences in employer's area of concerns of hiring people with different types of disabilities. For example, concerns about productivity and communication skills have been mentioned by employers on hiring people with disorders. Employers from Eastern culture expressing more concerns about communication fields. Employers from Western culture expressing more concerns about job performance and productivity. These are differences within cultures. What about the other type of disabilities, such as people with HIV? Recently it is shown by employers from Eastern cultures express more concerns about biological and social contingents on hiring people with HIV as compared to employers from Western culture. Especially those employers from Eastern culture had a belief that people with HIV could socially corrupt the people around them, and could disrupt the harmony in a workplace. Another example is cancer survivors. There is a finding from companies in the United States that have found managers expressed concerns about lacking of understanding regarding cancer. And how cancer may affect work performance. They also expressed limited awareness as to how company resources can be leveraged to support the retention and hiring of cancer survivors. X specially managers were concerned about and whether cancer survivors are able to fit into the workplace cultures. The managers consider cancers survivors made -- these are perceptions about people with disabilities in the work settings, and they can vary from disability to disability. In addition, employers also are hesitant and hiring long turn -- term employers -- employees with disabilities. They are concerned about the employees losing skills. Somehow the major reason for employers not hiring people with disabilities also include lack of awareness of disability and accommodation issues, and concerns of the cause and fear of legal liability and so forth. In fact, concerns about liability and productivity of people with disabilities negative attitude of coworkers and supervisors, as well as a lack of supply of qualified workers with disabilities have been frequently mentioned by employers as a major barrier to hiring and retaining people with disabilities. It looks like unemployment issue of people with disabilities are not completely due to employers stereotypes about the disabilities. But also, partially due to lack of knowledge about issues regarding conditions and related regulations. All of these findings mentioned previously indicate that employers have a persuasive -- pervasive lack of knowledge concerning disabilities and chronic health conditions. This in turn may lead to a second barrier for people with disabilities to lead successful employment. A study conducted to explore employers -- to people with disabilities in the workplace, and to determine the impact of stigma of employees having intentions of their actual hiring behaviors. All of the employers participate in the study were from Eastern culture. The speaker was generated based on employer's rating of different work-related issues, or type of disability. Those work-related issues include whether employers considered people with disabilities needed extra time to get things done, whether they need accommodations to perform their jobs, whether they may have trouble getting work done. And whether they would call in sick more often than others, and whether they may have trouble getting along with coworkers and if the coworkers would be uncomfortable working with people with disabilities. I asked all of the participants to put their ratings on all of these issues. Based on the ratings, employers differentiated disabilities. Number one represent disabilities versus no disabilities. In number two, present chronic illness versus disability. Let's look at only at the dimension number one. At the dimension number one, intellectual disability, mental health problems, epilepsy, visual impairment, spinal cord injuries, HIV and substance abuse disorders are considered a disability by employers. This is basically pretty consistent with how the general public typically views this group of disabilities. People who speak limited Chinese, high school students, older adults, and people who are from single-parent families are considered with disabilities by employers. This is basically not a surprise and makes sense, because people who speak little Chinese, high school students and older adults, and people who are from single-parent families are not living with disabilities. What is interesting is that, chronic pain and cancers are not considered disabilities by employers in this study. The passport explanation for chronic pain not being considered a disability maybe because chronic pain hasn't been one of the most common occupational injuries and Taiwan. Most of the people with chronic pain in Taiwan still work on a regular basis, even if they received no treatment for their pain. Even a high prevalence of chronic pain in regular work attendance, even if chronic pain is likely to interfere work functioning of people with chronic pain. In addition to chronic pain, cancer is not considered a disability by employers, either. Cancer has been a leading cause of death since 19 80 something. Probably this high prevalence rate, people may have higher likelihood have come in contact with people who have a diagnosis of cancer. Especially in this study. Nearly half of employers reported that they have family members, or close friends, with either cancer or chronic pain. This may also explain why both chronic pain and cancer are not considered a disability by employers in this study. In fact, having constant contact with people with disabilities can reduce stereotypes for disabilities. Some of those employers who have contact experiences with people who have chronic pain, or a diagnosis of cancer, may have more accurate understandings about chronic pain and cancer, as compared to other disabilities.

>> Let's take a look at this table. This table was generated based on the same study. It was based on employer stereotypes about work performance toward the disability groups we mentioned in the previous slide. Those employers distinguish disabilities and chronic health conditions in clusters. Cluster A includes visual impairments, spinal cord injury, mental health problems and developmental disabilities. They were rated as having the highest level of work performance problems and followed by the cluster B and C. As compared to class B, C, and D, those in class A typically experience typical immobility and cognitive functioning. Therefore some accommodation may be requested more frequently by those individuals in order to function independently in the workplace, and complete job demands. It has been indicated that employers are concerned about providing reasonable job accommodations in the workplace, due to perceived increase cost. Employers in this study may potentially assume that those in their cluster A will perform poorly without job accommodations, and have trouble getting along with coworkers in the workplace. Of those, cluster A was rated at having the highest level of work performance problems. Employers indicated that they had the lowest intention to hire people from the cluster B, like people with HIV and substance abuse disorders come in then followed by cluster A, C, and D. This is interesting because people with HIV or substance abuse disorders were not rated as having the highest level of work performance problems. So the lowest intention to hire people with HIV or substance abuse disorders may be actuated to attitude, rather than concerns about work performance problems. In fact, HIV has been considered the most stigmatized disease in Taiwan, because a lot of Taiwanese people assume that HIV is highly contagious. In the Asian society people would consider having HIV -- this phenomenon might help explain why employers from this culture expressed high level of concerns about hiring people with HIV. Besides, substance abuse disorders has been frequently found having association with crying in Taiwan for years. Especially among those drug use. It also indicates that those with substance abuse typically have low level of education. Due to this complex relationship between substance abuse disorders and crime, stereotypes about work performance and low level of education attendance is likely that employers have no intention to hire people with substance abuse disorders.

>> Let's take a look at the hiring behavior. Cluster C received the highest ratings in this regard, followed by cluster letter a and B. This indicated that 24% of the employers had hired at least 1 employee who is from cluster C. Although cluster C received the highest rating and employers hiring, the percentage was less than 25%. So if further looking at employer ratings and their hiring attention, it is indicated that employers are somewhat willing to hire people from the cluster C. There is an inconsistent between hiring intention and actual hiring tactics. What are the reasons leading to this inconsistency. It is not clear. This needs to be further investigated. In brief, this research findings just gives us an overview about cultural differences in terms of employer attitude toward disabilities. This sample is primarily composed of employers who have experienced hiring people with disabilities. So this may not reflect the truth, however, this example gives us an idea of how employers stereotype about disabilities in different cultures.

>> We have been able to touch upon employer attitude toward different types of disabilities and cultural differences in this regard. Let's look at employer attitudes toward hiring people with disabilities from an organizational level. Different companies may have different attitudes toward hiring people with disabilities. The content on this slide is from a focus group study conducted in 2010 in the United States. The study findings indicated that companies in different size concerned -- in this study a small company was defined as having 30-100 employees. Having 100-100 employees. Large company as having more than 500 employees. From this slide you can see that small companies had the widest range of concerns, including difficulty in contacting rehab agencies, and fear of losing revenue, fears of potential litigation, and difficulties in providing modifications for physical barriers in the workplace. For the midsize companies, employers from this level expressed more concerns about perceived pressure of managers and coworkers. They are uncomfortable working with people with disabilities. Employers at this level also expressed a lack of qualified -- disabilities. They are concerned that those less qualified candidates with disabilities may not be able to meet the job demands. As to large companies, employers of this level expressed concerns about efficiency and effectiveness of -- rehab agencies. Employees at this level seem to prefer that both rehab agencies should have a team for marketing to educate these companies, and to outreach services. This approach seems to be quite common in large companies come as they are used to dealing with well polished marketing teams. Also, it is interesting that large companies seem to have less concerns about loss of revenues and liabilities and things like that. The lack of visibility of both rehab agencies as -- point of contact seem to be major concerns about employers. Although we have been talking about employer's concerns with hiring with people with disabilities, many companies are beginning to share their success in hiring with people with disabilities. Some companies say hiring people with disabilities can improve the process and retention rate. They also consider employees with disabilities have a high level of riot -- reliability, punctuality, and loyalty. These employers also recognize there is a benefit of workplace accommodation, because that improves camaraderie and retention rates. Therefore they don't have to rehire or retrain new employees. The employers also noticed that when they hired people with disabilities, more and more customers with disabilities began shopping at their stores. Employees with disabilities would interact with them. This seemed to make the customers more diverse, and increased customer loyalty and satisfaction. Another beneficial outcome of hiring people with disabilities expressed by employers was inclusive and diverse work with culture. Some employers started providing disability awareness to create a more inclusive workplace culture,. While getting more and more employers are beginning to share their success in hiring people with disabilities. Attitudes are remaining such a huge Behringer of hiring people with disabilities. We have talked about factors affecting stigmatizing attitudes toward disabilities, and we view sound cultural differences in employer's attitude toward disabilities as well as employers area of concerns about hiring people with disabilities.

>> Although attitude toward disabilities are prone to be kind of complex, unstable and very resistant to change. Some strategies such as content, education and impression management. Basically, context refers to a kind of face to face mutual interaction between the person with disabilities and the general public. It has long been considered an effective strategy for reducing prejudice about a group such as people with disabilities. Contact, or we call it exposure, can be divided into two categories. The first one is structure direct contact with disabilities. The second one is structure content with disabilities. Different from unstructured direct contact, the structured contact typically is carefully designed and controlled with a structure presentation, such as contact through media. Such a structure content can also be a positive real life experience, interacting with people with disabilities. There are several conditions for achieving a successful contact integration. For example, when both people with and without disabilities, with a equal hierarchal status, and pursuing a common goal, such contact is more likely to achieve positive attitude change. Also, when a contact is -- and not produce competition, such contact is also likely to produce more positive attitude change. Education refers to the provision of factual information of people with disabilities, or who have a condition. Studies have -- regarding ideology, characteristics, treatment and problems experienced by the individual with disabilities. A provision of such actual -- accurate is relevant because when people cannot find factual answers to their questions, they have the tendency to make up answers and distort information to enforce an attitude that they have already established.

>> Research finding has been able to demonstrate the positive effect of education with attitude toward disabilities. Such education is better provided in the form -- formal matter and work copperheads of instructional information. As to impression management, and impression management techniques refers to techniques to protect and promote their self image. And to influence how they are perceived by others. Impression management techniques have been frequently used in job interviews to influence the interviewers evaluation, by regulating and controlling information during the interaction, in order to achieve the desired outcome by obtaining the job offer. Impression management techniques can be in two categories including research -- research impression management are utilized to obtain and promote favorable impressions. This type of technique consists of getting a negotiation and promotion. Self-promotion is more commonly used in practice. Self-promotion is a bit different from negotiation because self-promotion are behaviors that are intended to invoke retribution of confidence, rather than attractiveness. By using self-promotion techniques, the job candidate can promote perception through the use of specific self-promoting statements, and convince the interviewers what positive qualities they have two attain the demands. Management are to promote a person's self image. Effective impression management are to protect or repair a person's self image. There are three major, including justification and apologies. Excuses refers to claims that a person is not responsible for a negative outcome or negative behavior. Justification refers to acceptance of disability or negative outcomes, suggesting that it is not as bad as it seems to be. Apologies refers to accepting responsibility for a negative outcome, or a behavior, along with the acknowledgment that certain actions were unacceptable and should be punished. Among those impression management techniques, self-promotion has been found to demonstrate more positive effects than the other type of impression management techniques.

>> Those strategies previously art to reduce public stigma, or to change attitudes associated to action like doing a job interview. A change in public stigma is important. Preventing a person with a disability from being self stigmatized is equally important, because self-esteem I can undermine a person's self-esteem, and perceived confidence. If an individual with a disability was self stigmatized, the person would be less likely to engage in meaningful activities, including in participating in work rehab related activities. It is critical to increase the level of self-esteem for people with disabilities, and prevent them from being self stigmatized. One strategy to increase self-esteem. People who believe that they have control over their lives are less likely to experience low self-esteem and self stigma. There are several factors influencing this. One of them is group identification. Group identification also is the most significant one. Empirical studies have found that people who purposefully affiliate with a group, and publicly relationship are less overwhelmed by stigma and are more in control. This is in turn increasing their self-esteem. One way to promote such group identity is consumer operator service, or programs, developed by people with disabilities or people with disabilities. Such as neutral health programs, or advocacy training. Those are some examples regarding how to increase self-esteem, and to prevent self stigma.

>> In summary, the purpose of this webinar is to provide a basic understanding of attitudes toward disabilities. We have been able to talk about what an attitude is, what a stigma is, and how attitudes become self-esteem us. We also have touched upon how employer attitudes toward disabilities very on different types of disabilities, as well as how company size and different cultures may differ in perceiving disabilities. The second half of this webinar we have also talked about different types of strategies, changing public stigma, and prevention from being self stigmatized. Effectiveness on some of these strategies are encouraging, such as self-promotion techniques in operation management, to change interviewer's attitude toward interviews. And programs to increase group identity for people with disabilities in order to increase a self -- level of self empowerment. Although some strategies appeared to be more effective in reducing the impact of negative attitudes than the others, it is probably not a single strategy but a combined effort of several strategies that display promise in reducing negative attitudes toward disabilities. Both -- have a long way to go in reducing negative attitudes toward disabilities. Any questions so far?

>> Yes. We have just three and I will start with the most recent one. It is more of a scenario-based question. In dealing with an employer that has a negative experience with a person with a disability, how might you overcome this? I know you had examples but I think they are asking for more specifics of, how can you overcome someone who has already had a negative experience?

>> Well, it is really case-by-case. Even with the different type of disabilities, each individual with the same disability might behave differently. I don't really have the right answer to this question. If I were the employee specialist, I would get more detail and information as to what negative experience the employer had with the individual with disabilities. Without knowing the detail from the experience, we are less likely to increase the satisfaction for the employers.

>> I agree. The other 2 are related to the direct research you presented. One question was, in slide 15, in the cluster C, and I think it would relate to all of them, was this research done on individuals who had disclosed prior to gaining employment, or was this a research of individuals who had been hired but might not have been disclosed?

>> The participants from the study are employers or human resource managers.

>> So I would assume that there had been an disclosure to gather the data them.

>> Yes.

>> One question was related again, was this Allied -- slide 15, the older adults. That was the graph. As the older adults in being so closely related to the lower back pain of disabilities, they are curious as to why was the older adults not seen as the same with person of low back pain.

>> Actually, all of those are pretty close to the low back pain. Honestly I can collect more details from the study. One explanation might be because older adults have more functional imitation, as compared to younger adults. --

>> I agree. As I am getting older myself I can support that. [ Laughter ] those are all of the questions we have. Anything else you would like to share with us? No? Okay. As always, we enjoyed your presentation. We appreciate your time here with us today. I have learned wonderful things today, and I believe our participants have as well. We appreciate everyone being here today. As I stated earlier, we have recorded the webinar. We will post it to our UNTWISE website if you want to review it. It is available for you. You will receive an email with an evaluation link for this webinar. Please complete the survey, provide feedback to us. We appreciate it greatly. A certificate of completion will be loaded into your portal within in the next 3-5 is the states. If any of you are in need of CRC credits we always offer the form. Please email us. I think you for your attendance, participation and attention today. Dr. two, do you have any final words?

>> I just came up with a quick idea about the first question. An employer had a negative experience hiring people with disabilities. In my past experience, I typically will act like a counselor to provide my empathic understanding to the employers. This can help repair your working relationship with the employers. Something like that might be easier to go through. The quicker point is that, provide an empathic understanding to the employers. To be honest, as an employment specialist we rely on a good working reliance with the employers. So that is my suggestion.

>> Absolutely wonderful suggestion. Most of our courses we talk about the -- and those type of employer objections. So perfect idea. Thank you so much, we appreciate everyone being here today. Have an excellent day. We will see you next time. Bye-bye.

>> Bye-bye.

>> [ Event concluded ]