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Vocational Rehabilitation in Nigeria: Standardizing Counselor Education and Disability Service Provision

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Community-based vocational rehabilitation (CBR) is the primary means of disability service provision in Nigeria. These services are typically provided by international non-governmental organizations (NGO) or local governmental programs. Since its inception in the 1970s, the effectiveness of vocational rehabilitation services in Nigeria has varied based on resources and social perceptions. The lack of a regulating counseling body has highlighted a need for standardization in the education of rehabilitation counselors and in counselor service provision, as well as the value of evidence-based practice in counseling people with disabilities (PWD). This paper proposes an ethnographic inquiry of the suitability of the counseling education programs in two Nigerian universities for training rehabilitation professionals to work with adults with disabilities. Interviews and surveys among university faculty, disability service providers, PWDs, and their families would inform CBR programs in Nigeria and in developing countries all over the world

People with disabilities (PWDs) experience the most discrimination of any minority group in the world (Office of the High Commissioner for Human Rights, 2012). PWDs in developing countries in particular, such as Nigeria, have faced isolation, immobility, dependence, social ridicule, low-quality or a lack of education, and inadequate support services and job opportunities (Adewuya et al., 2009). In response, Community Based Vocational Rehabilitation (CBR) was established as "a strategy within general community development for the rehabilitation, equalization of opportunities, poverty-reduction and social inclusion of all people with disabilities" (Ebenso, Idah, Anyor, & Opakunmi, 2010).

In vocational rehabilitation in Nigeria, a disability is defined as a permanent or chronic condition, related to a person's physical, medical, psychological, emotional, or intellectual status. This condition can be congenital or acquired, and hinders an individual from obtaining and maintaining an optimal social, economic, educational, and vocational status (Gesinde, 2000; Oladejo & Oladejo, 2011). Participation in vocational rehabilitation programs is open to Nigerian citizens and is a free service. Practitioners and providers of vocational rehabilitation services in Nigerian community programs are expected to manage crises, counsel, coordinate vocational training, provide appropriate referral and follow-up services for supportive health care, and ensure appropriate and successful job placement and maintenance (Gesinde 2000; Lazarus, 2011).

Disability policy initiatives in support of vocational rehabilitation have historically exhibited slow growth in Nigeria. The National Policy on Special Education was established in 1977, and is commonly known as the "6-3-3-4" system of education; which refers to 6 years of primary school, 3 years of junior high school, 3 years of high school, and 4 years of college (Eleweke, 1999; Eleweke, 2002). Several highlights of this general education policy were emphases on the unique educational and transitional needs of students with special needs. For instance, article 56 of the document highlighted specific goals that needed to be met in order for federally organized vocational rehabilitation services to be initiated in Nigeria. The following are points 6 and 8 respectively:

- "Vocational institutions will be established and suitable employment opportunities will be created for individuals with disabilities," and

- "A committee on special education and a national council for rehabilitation of individuals with disabilities will be established to ensure full implementation of these programmes" (Eleweke, 1999).

These, along with several other mandates, were ultimately lofty goals because they lacked the enforcement to ensure their implementation and monitoring (Eleweke, 1999). Policy without laws to actually enforce them is of little value. Laws would not only have supported these vocational rehabilitation initiatives, but could also have helped to reduce the instances of discrimination and restricted inclusion in schools, the workplace, and the physical environment; the prevalence of under-qualified special education teachers and rehabilitation professionals; and social and attitudinal barriers (Hamzat & Seyi-Adeyemo, 2008). Ultimately, initiatives as vast as special education and vocational rehabilitation cannot find success without standardized regulation and execution. Unfortunately, disability policy has never been on the forefront of governmental concern and it is suggested that an Implementation Action Committee be organized to facilitate this process (Oladejo & Oladejo, 2011).

Early Vocational Rehabilitation in Nigeria

In 1979, the Nigerian government took a major step and established six residential vocational training centers. Each center was delegated to serve individuals in its own state, as well as about five neighboring states (Alade, 2004). In essence, these six centers were expected to provide vocational rehabilitation services for the entire country. Not surprisingly, these efforts proved to be unsuccessful for many reasons. Insufficient resources and staffing, limited funding, religious beliefs, poor accessibility, and attitudinal barriers were the most dominant reasons for meager participation. In addition, participants were sometimes trained using expensive equipment or were taught highly specialized trades and skills that could not be reproduced or transferred to their home communities. The residential nature of the program led to the isolation of participants; without physical, vocational, or social reintegration supports upon completion of their training.

In an attempt to address the loopholes in the Nigerian government's vocational rehabilitation initiative, the United Nations Development Programme and the International Labor Organization sponsored an improved version of the program as a 10-year pilot study. Community-Based Vocational Rehabilitation was implemented in Oyo state, Nigeria; one of the most progressive and populous states for people with disabilities. Nigeria itself is the most populated country in Black Africa and has an estimated 400,000 people with disabilities (Alade, 2004). From 1991-2001, one hundred fifty-five people with disabilities participated in CBR with diagnoses labeled as learning disabilities, mobility impairments, orthopedic impairments, visual impairments, and hearing impairments. Community centers were established that trained participants in 24 vocational areas; including soap-making, radio and television repair, hair braiding, and gold-smithing. Each center offered training specific to the viability of the trade in that locality, so as to ensure self-employability in the participant's home community. Local artisans were hired to teach participants as apprentices. CBR provided food and transportation allowances, as well as a revolving loan program to assist program graduates in initiating their own businesses.

At the end of the 10-year pilot, 90% of the participants were gainfully employed, and experienced improved self-perceptions and increased social and community inclusion. Overall, CBR was a much greater success than the vocational rehabilitation program of the 1970s. However, CBR faced several challenges and failed to address some pressing concerns common in the rehabilitation field. Most notably, 75% of the participants in the 10-year study were men, which supported the patriarchal social structure of Nigerian culture (Alade, 2004; Aluede, Adomeh, & Afen-Akpaida, 2004). Also, funding became a concern as the revolving loans were not fully reimbursed. Trainers were also asked to begin contributing their services unpaid and while the level of participation increased, the number of field workers remained the same. Another concern was inappropriate or ill-fitting vocational training, where participants were expected to work in trades that were not functionally appropriate.

Despite such challenges, various international non-profit and non-governmental organizations have established CBR programs throughout Nigeria and several other developing nations. Some of these programs are faith-based and some specialize in the serving of specific disabilities (AfriCAN, 2011; Gesinde, 2000). However there exist many barriers to participation and the full realization of the programs' potential.

The Social Dynamic of Disability in Nigeria

Many factors play a role in the shaping of disparities in expectations and the treatment of PWDs. Patriarchy, as a social theory, is pervasive among African countries, communities, households, and cultural practices (Braimoh, Lekoko, & Alade, 2004; Rhine, 2009). Able-bodied men are seen as leaders and decision-makers in all social settings; including politics, the home, and the workplace. The concept of being "seen and not heard" and the experience of a "social death" on the part of the female manifest themselves as an emotional repression and a loss of dignity and self-worth (Braimoh et al., 2004). Generally, menial jobs for those viewed as lesser in society are considered sufficient, even without the use of vocational, in-

tellectual, or functional assessments; which would equip service providers with an overview of each participant's overall capacity for work. Women in particular who have disabilities are perceived as less capable than men with disabilities. The degrees to which patriarchal mentalities exist across the African continent vary, mainly dependent upon political and social advancements, and religious underpinnings particular to that region. However, it is evident that Nigerian perceptions of PWDs, especially women, are presently influenced by patriarchal views (Alade, 2004).

Societal views have directly impacted the employability of PWD in Nigeria. In regard to epilepsy, for example, Nuhu, Fawole, Babalola, Ayilara, and Sulaiman (2010) reported that 45% of their study participants experienced hearing negative remarks about their diagnosis, including in situations where they were applying for jobs or promotion. Persons with epilepsy who were employed reported earning a lesser income than their non-epileptic colleagues.

Stigma, disability adjustment, shame, depression, pain, and post-traumatic stress disorder (PTSD) are a few of the emotional experiences of PWDs in Nigeria. A PWD cannot be expected to consistently perform the functions of his or her job at a desired level if he or she is experiencing chronic and untreated emotional distress. It is important to note that PTSD, for example, is not solely a result of one traumatic episode, but can also be experienced as a result of the diagnosis of a life-threatening or chronic illness; fear of social perceptions; as well as the actual experiences of the social stigma (Adewuya et al., 2009). Co-morbidity and dual-diagnoses are common in the disability community.

Disability stigma in Nigeria has greatly influenced perceptions of what people with disabilities are allowed to do, and subsequently the extent to which they are able to support themselves economically. Some communities and families have a difficult time rationalizing the expenditure of resources on their children with disabilities (Hamzat, 2008). Some parents feel that it is a waste of money that can be spent on their able-bodied children instead. A lack of knowledge or false knowledge about a particular diagnosis can influence the way a person is perceived and treated by their families, peers, and community (Nuhu et al., 2010; Hamzat, 2008; Abang, 1988). For instance, some Nigerians have a general misunderstanding that epilepsy is contagious and that the saliva of a person with epilepsy is contaminating. Family may not even share plates or utensils with their relatives who are epileptic. Nigerian students with epilepsy avoid going to school, rather than risk experiencing a seizure in the presence of their classmates, while some have even been expelled because of their diagnosis. Some Nigerians view disability as a punishment from God for past wrongdoings (Hamzat, 2008). Also, in polygamist areas of Nigeria, some WWD may be married off by their families to much older men, because it is believed that this would be the only way for them to be taken care of in their adult years (Alade, 2004). It is the responsibility of researchers, clinicians, and educators to disseminate information and provide services that could help to thwart many of these damaging beliefs.

Rehabilitation Counselor Training and Education

Service providers in Nigerian CBR programs have historically been undertrained (Gesinde, 2000; Oladejo & Oladejo, 2011). There is no mandate for professionals to receive any specialized education or certification related to disability studies or vocational counseling in Nigeria. Internationally funded programs will typically have staff that is trained according to the guidelines of the country from which they originate (Aluede et al., 2004).

There are universities in Nigeria; such as the Universities of Ibadan, Jos, and Calabar that have undergraduate and graduate degree programs in Special Education, but not Rehabilitation Counseling (Oladejo & Oladejo, 2011). There is an understanding for the need to train professionals to teach children with special needs, but there is a gap in the graduate curriculum where the training of transition professionals and vocational rehabilitation professionals should be. More profoundly, there is also a need for specialized training in more specific areas related to disability type, such as deaf and blind studies (Eleweke, 2002). There is little research that investigates the potential disparities in the services that disability professionals ultimately provide, in Nigeria, as compared with disability professionals who were more formally trained in vocational rehabilitation and transition (Aluede et al., 2004).

There is a need for transition services in Nigeria because they provide valuable resources to students with special needs who are approaching the end of their secondary education experiences (Lazarus, 2011). Very often, this is the time where services terminate for students and they are not properly equipped to enter the world of work or post-secondary education. As a remedy, it has been suggested that guidance counselors in Nigeria should provide vocational counseling services for transitioning students (Lazarus, 2011). Guidance counselors typically take part in service planning meetings for students with special needs and also provide a degree of career counseling for all students (Aluede et al., 2004). However, the role of the Rehabilitation Counselor is much more involved than just providing career counseling. As stated earlier, a rehabilitation counselor is specifically trained to be knowledgeable of various types of developmental, physical, and emotional impairments; directly liaise with the clients' families and support

staff; provide vocational assessment and training services; arrange for vocational supports such as assistive technology and numerous other activities (Gesinde, 2000). One of the key differences between the guidance counselor and the rehabilitation counselor is the potential longevity of the rehabilitation counselor/client relationship; whereas the guidance counseling relationship can only last the duration of the student's high school career. In many secondary schools in Nigeria, guidance counselors are also expected to teach and adopt other supplementary duties (Aluede et al., 2004). Having a guidance counselor wear so many hats can be problematic, although it seems as though Lazarus (2011) made this suggestion as a response to the apparent service need, while also trying to make efficient use of the resources presently available.

The CBR initiative, unlike vocational rehabilitation in the U.S., does not include formal post-secondary education as an option for vocational training for individuals with disabilities (Alade, 2004). Oladejo & Oladejo (2011) suggested the installment of a federal scholarship for individuals with disabilities who desire to go to college. In support of this recommendation, there would need to be increased implementation of accessible learning options, such as distance learning methods at the university-level (Lagoke, Komolafe, Ige, and Oladejo, 2010). At the National Open University of Nigeria, a completely on-line university, special student support services such as sign language interpreters and speech therapists are not offered. Again, this would require the specialized training of rehabilitation professionals and educators, as well as further developed research.

Vocational rehabilitation counseling in the United States typically models a person-centered approach and empowerment model of counseling (Sales, 2007). While this framework is seen as appropriate for western culture, it is important to remember the importance of the social context and cultural relevancy in service design and provision (Aluede et al., 2004). In Nigeria, the family, community, and individual interact and make decisions collectively. For this reason, any development or restructuring of the design of informal or formalized rehabilitation counselor training curriculum in Nigeria should consider focusing on a family-centered framework. There has not been research to qualitatively investigate Nigerian academic programs in disability studies and their level of adequacy in the preparation of rehabilitation professionals.

Professionalization and Standardization of Practice

Guidance counselor training in most Nigerian universities includes an internship that is 6 weeks long, which does not compare to the minimum of 100 hours required of rehabilitation counselor master's students in the United States, under the Council on Rehabilitation Education (CORE), the national accrediting body for rehabilitation counselor programs (Aluede et al., 2004; CORE, 2011). In addition, the Counselor Association of Nigeria (CASSON) has no set code of ethics or certification/licensure standards. Coursework across universities vary, and there is a lack of standardized assessment materials and even Nigerian textbooks (Aluede et al., 2004). Most educational programs use American teaching materials.

As it stands, most vocational rehabilitation services in Nigeria are being provided by NGOs and international programs, such as Christian Blind Mission International (CBMI), Sight Savers International, and the German Leprosy and TB Relief Association (AfriCAN, 2011). The Nigerian federal government has a responsibility to play a much larger role in the implementation of these services. First and foremost, there should be a national or state-wide ministry or office of disability affairs (Oladejo & Oladejo, 2011). This partnership is most critical for the advancement and the legitimization of the rehabilitation counseling field in Nigeria.

It is evident that there is a need for improvements in policy and legislation regarding the human and civil rights of individuals with disabilities, particularly in developing countries. International initiatives are in place, yet somewhere in the development and planning process, there needs to be specific references to the training and education of the persons who will be providing the services that will ultimately be mandated by law. This process can be informed by developed nations that have established these standardized systems of education and practice. Many countries around the world have not and their citizens with disabilities face a wide variety of injustices and discrimination related to education, freedom, independence, health, and overall quality of life. Many countries have not yet acknowledged the gap in the provision of rights for their citizens, while others are not equipped with the experience or resources to improve conditions for PWDs (USICD, 2012).

Research Rationale

Although there has been some dialogue on Nigerian disability initiatives, there has been no previous research that has qualitatively assessed CBR's clinical impact, vocational rehabilitation participant experiences, or the perceptions and experiences of families of PWDs. For the purposes of expanding the literature in the international disability arena, specifically in regard to community-based vocational rehabilitation, this paper proposes a research study that would 1) qualitatively explore how family and culture influence disability service provision and participation in Nigeria; 2) investigate the training and education prac-

tices and requirements currently in place for rehabilitation professionals working with adults with disabilities in Nigeria; and 3) evaluate whether these training and education practices and requirements adequately prepare rehabilitation professionals to provide vocational rehabilitation services for adults with disabilities in Nigeria. CBR programs exist in various countries around the world, and are operated by some of the same international organizations (AfriCAN, 2011). Inquiry into the disability research, educational, and clinical practices present in Nigeria could inform these same practices in many other developing countries around the world (Braimoh, Ekoko & Alade, 2004 and Gesinde, 2000).

Related International Efforts

The International Labor Organization has been involved in initiatives to promote the inclusion of individuals with disabilities in workforces around the world, where they typically are not welcome. They have recognized the need for legislative change to influence this type of transformation. The ILO project "Promoting the Employability and Employment of People with Disabilities through Effective Legislation" was implemented in eight African countries and four Asian countries in 2005; with the purpose of facilitating the development of policies that support the education and employment of people with disabilities in their respective countries (International Labor Office, 2005).

The UN Partnership to Promote the Rights of Persons with Disabilities Fund was established in 2011 to support interactions between organizations that serve individuals with disabilities and countries that are in need of revamping or developing disability policies (United Nations Development Programme, 2011). International development and international disability populations are interconnected in a way that presents the potential for them to be mutually beneficial and productive. The fund seeks participation and donations from UN member countries.

Lastly, the Convention on the Rights of Persons with Disabilities is an international treaty that was adopted by the UN in December of 2006 (UN Enable, 2011). The fifty article document was developed as the first comprehensive human rights treaty of the twenty-first century and is legally binding, addressing issues such as standard of living, health, education, and employment of people with disabilities worldwide. The purpose of the convention is to "elaborate in detail the rights of persons with disabilities and set out a code of implementation" (UN Enable, 2011). The impact for any country that ratifies the Convention could be seen in the development or modification of legislation, increased and improved social interactions among people with disabilities and their communities, increased education and awareness about disabilities, and simply the value in recognizing the need for dialogue concerning the rights of individuals with disabilities (Stein & Lord, 2009). Nigeria ratified the Convention in September of 2010.

From an international standpoint, there are medical, social, economic, and educational implications for governmental involvement in the development and sustenance of rehabilitation and disability services. Vocational rehabilitation, medical rehabilitation, physical and emotional therapy, special education, and environmental accessibility are just a few of the types of services that are typically available in developed countries to help protect the human rights of individuals with disabilities. Community-based service provision in developing countries is preferred because of improved accessibility and cultural-appropriateness. But a legislative, top-down approach would provide the governance necessary to ensure effectiveness and the efficient use of such resources (World Health Organization, 2011).

Summary

Disability service provision in Nigeria is in need of standardization and professionalization. The field of rehabilitation counseling, as it has developed in the United States, is comprised of a unique field of professionals that are trained to provide the specialized consortium of services needed for prime vocational placement, optimal quality of life, and overall success. Nigerian community based rehabilitation could benefit greatly from an infusion of trained professionals such as these, who are also knowledgeable of appropriate frameworks from which to comprehend the complex biopsychosocial interactions of their culturally diverse clients. Nigeria ratified the Convention on Persons with Disabilities in 2010, which is an international treaty designed to hold its international participants to a higher standard in regard to disability service provision. It is in the best interest of Nigerian PWDs, as well as foreigners with disabilities dwelling in Nigeria, to be encouraged to professionalize and improve vocational rehabilitation services (UN, 2012).

The lofty goal of influencing policy, education, and service provision will best be supported by research and anecdotal data. Rehabilitation research among Nigerian faculty, surrounding disability service staff, individuals with disabilities and their families, can support educational and community-based initiatives across Nigeria and potentially other developing nations with community based vocational rehabilitation programs.

The quality of life for a person with a disability in Nigeria is greatly dependent upon many factors; such as the services available in his or her community, the individual's knowledge or awareness of these services, accessibility to these services, and the quality of the services (Hamzat, 2008; Nuhu et al., 2010). In addi-

tion, individual and societal attitudes and perceptions of disability will play a large role in how disability services are received, approached, and provided.

Researchers have presented data that highlight significant inconsistencies in vocational rehabilitation and disability service provision for individuals with disabilities in Nigeria; from secondary school age through adulthood (Lazarus, 2011). In order to implement necessary improvements in community-based vocational rehabilitation in Nigeria, researchers, clinicians, and educators should work to standardize post-secondary educational initiatives for the betterment and professionalization of the field as a whole. As it stands, there are no universities in Nigeria that house degree programs in rehabilitation counseling or an equivalent type of program. Standardized education will theoretically lead to improved outcomes for participants in rehabilitation programs (DeFur & Taymans, 1995).

Unlike the United States, a person-centered or individualistic approach to disability service provision would likely be inappropriate in many Nigerian communities (Grech, 2009). This argument can be made for minority groups in general; who are within themselves quite diverse. In Nigerian culture, the family is the central unit of decision-making and implementation of cultural practice and standards, with the father-figure as the patriarchal head of household (Alade, 2004). Also, extended family members, close family friends, and members of small communities all play a role in the rearing of children and care-giving of the elderly and those with disabilities. Therefore, whether or not a person with a disability chooses to, or is allowed to, participate in vocational rehabilitation (VR) services will to some degree be dependent upon the family and the community's input. Social capital is defined as the "features of social life - networks, norms and trust - that enable participants to act together more effectively to pursue shared objectives" (Grech, 2009). The nature of these social relationships is critical for the acceptance and access of the underprivileged to community resources. For this reason, as rehabilitation counselor education is discussed and developed in Nigeria, it would best be informed by a familistic or family-centered approach; where the social dynamic of the family, its members, and their community are regarded in decision-making processes (Adewuya et al., 2009; Hamzat, 2008; Nuhu et al., 2010).

Research Inquiry

Proposed Research Questions:

1. How does higher education in Nigerian universities participate with and/or contribute to community-based vocational rehabilitation and disability service provision for Nigerians with disabilities and their families?
2. Which theory(ies) of practice inform disability service provision in Nigeria and why?

Theoretical Framework

According to Doherty (1991), the most important aspect of all family theories is that everyone exists within a social context. People are born into families and are raised by them. And even those who were socially isolated are described in terms of a lack of familial supports. The "therapeutic triangle" describes the dynamic between an individual, their family, and the health care provider (Doherty, 1991). This relationship is quite common in Nigerian culture (Alade, 2004). Symbolic interactionism in family theory is described as meanings and roles being created and acted out through interaction with society and family members (Doherty, 1991). These interactions can be positive or negative, and can result in accurate or inaccurate perceptions of reality. An individual's views are symbiotic with and shaped by the views of those who are closest to them, both physically and relationally. This is especially the case with information about health and disability, as inaccurate perceptions seem to prevail.

Theory is created to inform practice, however there can be a disconnect, and this phenomenon is present in many fields; such as teaching, medicine, and social work. A lack of communication between theory, research, and practice can have negative effects on the overall quality and outcomes related to a particular field. This Theory-Practice Gap, which can be political, practical, or philosophical, may not ever be completely closed but its acknowledgement can provoke discussion that can lead to some resolution and improved service (Rafferty, Allcock, & Lathlean, 1996). There exists a gap between disability research and practice in Nigerian CBR.

Proposed Methods

A researcher would visit Nigeria for an extended period of time, approximately two to three months. It would be beneficial to hire one or two Nigerian research assistants, who have experience assisting with and analyzing qualitative and quantitative research. Due to the various numbers of tribes and languages spoken in Nigeria, it would be best to have an assistant that speaks English/Yoruba and another one that speaks English/Ibo, which are the two most commonly spoken dialects in Nigeria.

Proposed Sample

Table I provides a description of the proposed sampling method. A sequential mixed-methods ethnographic research design with purposive sam-

pling, utilizing semi-structured individual interviews is recommended (Creswell, 2009; Grech, 2009). These interviews would be audio-recorded and would be accompanied by handwritten field notes. Interviews would be conducted in English for those individuals who are fluent in English, and would be translated for those who feel more comfortable communicating in another language. All participants would be consented and provided with a written consent form in their preferred language (Glesne, 2011). Adults with permanent physical disabilities who have or are currently participating in some type of vocational or community-based rehabilitation program would be ideal interviewees. The purpose of these interviews would be to inquire about how the participants' VR experiences were influenced by their culture and their families, and what their overall impressions were of the services that they received; in regard to quality and their vocational goals. The international CBR directory available on the internet would provide contact information for CBR programs in communities near Ibadan and Calabar, two cities in southern Nigeria, in Oyo and Cross River states respectively (See Appendix A).

Two focus groups using photo-elicitation interviewing methods, and involving adult family members of participants (parents, siblings, and/or spouses) would help to provide information about cultural and social constructs from the families' perspectives (Clark-Ibanez, 2004). Each focus group will include about 8 family members. A multiple-choice survey for participants and families that would provide quantitative data about the role of culture and family in vocational decision-making around family-members with disabilities would be created.

Investigations would continue through visits to the Special Education, Psychology, and Guidance Counseling departments at the University of Ibadan (UI) and the University of Calabar (UC). These are two of only three special education programs in the entire country (Oladejo & Oladejo, 2011). Prior permission for this contact would be obtained, as is standard practice at these institutions. It is at this time that inquiries about how to recruit local research assistants would be made.

Evaluating the local disability curriculum would help contribute to the data around service implementation, social perceptions, and education standardization. Document analysis techniques would be employed to compare and contrast syllabi, course descriptions, program descriptions, and job descriptions. Faculty members at each university would be interviewed, inquiring about curriculum development, research, and disability service provision. Interviews would begin with 2-3 faculty members in Special Education degree programs, but would also include 3 faculty members from each of the related fields of Psychology, Social Work, and Guidance and Counseling. It is likely, as is so in the United States that some students in these related fields will have interests in working with adults with disabilities in some capacity as well. Prior permission to attend faculty meetings as an observer would be requested, and this entry would be obtained via contact information available on university websites, contact information available on publications referenced for this research, and through any personal or professional contacts of the researcher, who currently lives in the U.S. and is a former professor at UI. Lastly, interviews with staff members who currently work with individuals with disabilities in community-based programs would be conducted to inquire about their level of training and preparedness for the work that they do, as well as their perceptions of the dynamic of the family and how that may influence the way in which services are implemented.

Data Analysis

All interviews and focus groups would be audio-recorded and transcribed. The qualitative data coding software Atlas/ti would be used to assist in the analy-

Table 1
Proposed Sampling Method

Population	Interviews	Two Focus Groups
PWD who have participated in VR programs	n = 15 (and survey)	
Adult siblings, parents, and spouses		n = 16 total (with individual survey and photo-elicitation)
University Faculty	n = 9	
Disability service providers	n = 10	

Note. N=50

sis. Emergent coding, a priori word-based coding, linguistic and thematic analyses, and development of a codebook would be accomplished (Creswell, 2009; Stemler, 2001). Quantitative analysis would be employed to interpret and explain interview data quantitatively (Sandelowski, Voils, and Knafl, 2009). For the survey results, a -test analysis among all family members, would help to infer what their overall views are in regard to the quality and success of the services that their family member with disabilities have received. This statistical test is appropriate for comparison within one group, using categorical data (Creswell, 2009). Interview data, survey data, researcher notes, and observation data would be triangulated to develop and present a rich and in-depth representation of the PWDs' experiences, as would focus group responses and photo-elicitation interview responses, to develop a robust depiction of cultural, social, and familial perceptions of disability in Ibadan and Calabar. For the evaluation of academic programs, during faculty interviews, the root-cause analysis process would be employed to determine how and if the SE curriculum is serving program goals (Renger & Hurley, 2006). Survey data would be analyzed using a descriptive statistical analysis to discuss trends in participant responses, in regard to the research questions (Creswell, 2009). Photographs of participants could be used to assist in the organization, description, and presentation of findings. Member-checking with interviewees would be conducted to obtain feedback from informants on the accuracy of the interview findings.

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Appendix A: Map of Nigeria