

THE REHABILITATION COUNSELOR: PROVIDER OF SERVICE

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Vocational rehabilitation is a growth-oriented, integrated process. Other professions tend to be problem-oriented and to deal with only an isolated component of the client. The rehabilitation counselor, however, must integrate and coordinate services in a timely manner so that the *whole* rehabilitated client is functionally better than the *sum* of the rehabilitated parts. Thus, the vocational rehabilitation counselor is the key professional in the rehabilitation of disabled and disadvantaged persons. He is the critical link between the client and all community resources and vocational rehabilitation services available to facilitate the client's attainment of an optimal level of physical, psychological, social, economic, and vocational adjustment.

Vocational rehabilitation services offered through basic federal-state programs are defined as any goods and services necessary to render a handicapped individual fit to engage in gainful occupation. Services are offered on an individualized basis to disabled persons who meet the eligibility criteria.

The agency and its objectives are personified in the counselor, through whom the client gains a perception of vocational rehabilitation. The counselor's ability to create and maintain a positive relationship with the client often underlies the successful rehabilitation accomplished through coordinated services. Through his counseling and coordination skills, the professional counselor translates the basic rehabilitation concepts of individual worth, human dignity and agency policies to the client.

The counselor, as the key professional in the rehabilitation process, must attain and maintain competence if he is to integrate the various roles and functions expected of him. This article will describe the roles and functions performed by rehabilitation counselors. Then, we will present our view of formal pre-service preparation and

in-service training required for competent performance.

Role

The role of a rehabilitation counselor has evolved, and is still changing. Jacques has discussed the evolution of the rehabilitation counselor's role from the earliest vocational agent, trainer, or worker model, through the vocational counselor and/or coordinator of services model, to the more recent psychotherapeutic counselor and community-centered team counselor models.¹ Models have moved from an authoritarian counselor-client relationship with the single goal of job placement to a broader, horizontal, egalitarian relationship with the more general and complex goal of highest possible client functioning in all areas. In recent years, the adjective "vocational" has been dropped from the rehabilitation counselor's title, reflecting the adoption of broader program goals.

The most recent model is that of rehabilitation clinician. Whitehouse emphasizes the synthesizing aspects of the role, which sum and integrate all earlier roles.² He calls the rehabilitation counselor a clinician because of the high levels of intelligence, knowledge, logical analysis, critical judgment, creativity, clinical intuition, compassion, and soundness of philosophy needed to assist each client to become a whole person again. The clinician is a highly qualified individual who focuses primarily upon close, interpersonal services in practicing the "art" of his profession.

The counselor vs. coordinator controversy has long been one of rehabilitation's straw men. Much of the debate stems from disagreement regarding which role should be the focus of university training, with the universities favoring the counselor role, and the agencies, the coordinator. It should not be argued which role is more

important, but rather what is the optimum balance of the two. Each model has inherent dangers if followed too rigidly. The danger inherent in the coordinator model is possible loss of perception of each client as a unique individual. In the counselor model, emphasis may be on psychological counseling to the detriment of other necessary aspects of the rehabilitation process. To perform his role adequately, the rehabilitation counselor must be aware of these possible dangers. He must be willing and able to both counsel and coordinates services, and to tailor his approach to meet the needs of each client.

Factors besides choice of role balance affect counselor performance. Among these are caseload size and makeup, agency policies, and counselor abilities, experiences, and interests. For example, the actual role of "counselor" in a state agency, like Hawaii Vocational Rehabilitation and Services for the Blind Division, is a synthesis of all models presented. The uniqueness of the rehabilitation counselor's work, as differentiated from other helping professions, is that his final goal is always a synthesis and integration of services to achieve the *vocational* rehabilitation of the handicapped person.

Interdisciplinary and interagency relationships are vital to maximize contributions of all specialists involved, for benefit of the client. The counselor must be able to facilitate such relationships in his provision and coordination of services.

Finally, the role of the rehabilitation counselor is to assist in the effort to expand knowledge needed to serve handicapped persons with increasing effectiveness. Therefore, he should cooperate in research efforts, whenever possible, without jeopardizing his primary obligation to his client and agency.

Functions

Rehabilitation counseling is the basic process underlying the total range of services offered to handicapped individuals by public and private rehabilitation agencies. Rehabilitation counseling is concerned with all areas of adjustment of disabled persons. Therefore, the rehabilitation counselor, in performing his job, needs to possess a broad range of knowledge and skills.

The rehabilitation counselor functions as client evaluator, provider of services, placement specialist and follow-up counselor. He must understand human growth and development, anatomy, and physical and psychological pathology. He must appreciate the interaction of aptitudes, skills, interests, and experiences as they impinge upon vocational decisionmaking by disabled clients. He must be able to use appropriate methods and techniques of individual case study, recording, evaluation, and reporting. The counselor must be able to establish and employ a counseling relationship with clients and to use counseling techniques to help each client plan and prepare for his vocational future. He must be able to understand community organization and to use available community resources to meet client needs.

Coordination of services is another basic function of the counselor. To assist client movement through the rehabilitation process at an appropriate rate, he must plan and provide services where and when needed. Case management, caseload management and organization of counselor time are coordination functions superimposed on the counseling function.

Case management skills combine knowledge of the rehabilitation process and counseling skills. Throughout the rehabilitation process, the counselor is required to make appropriate decisions with the client. The counselor also needs to be able to utilize other resources, such as the treating physician, and other social agencies to obtain accurate client assessment on which to base these decisions.

Another essential coordination function is caseload management. The counselor must be aware of all clients for which he is responsible and must be able to organize and use a system to allow him to devote equitable attention to all his clients. The counselor must be able to work with more than one case at a time. He needs to know how to prioritize cases in order to meet objectives for himself, his clients, and the agency.

The counselor's third basic coordination function is organization and management of his own time and efforts. The counselor must articulate and clarify his own goals. With this information, he is able to select and prioritize

necessary activities for himself and other resources. The counselor should also be able to evaluate his activities in order to identify what he does most effectively and to determine steps he can take to become more effective and efficient.

Rehabilitation Counselor Preparation and Continuing Education

Quality training is needed to attain the high level of professional expertise required to assume all rehabilitation counselor roles and to perform all functions. We are concerned here with two types of professional education: pre-service graduate training; and in-service continuing education.

Pre-service Graduate Education

The Vocational Rehabilitation Act of 1954 provided encouragement and support to develop graduate training programs in rehabilitation counseling. This Act reflected the need for specially trained rehabilitation counselors to work with handicapped persons.

Preparation of professional rehabilitation counselors includes training in both counseling and coordinating skills. Students should have, or develop, foundation knowledge of behavior dynamics, personality development, individual and group counseling theory and technique. Another necessary area of study is disability and its impacts on all aspects of self-image and functioning — psychological, physical, social, economic, and vocational. Familiarity with reactions to disability of family, relatives, friends, and the community is also essential. Thorough understanding of the rehabilitation process is mandatory. What does the client experience from the onset of disability to his appearance at a rehabilitation agency? What are the crucial steps between that moment and the client's achievement of optimum self-realization?

Counseling is the core of the rehabilitation counseling profession. A trusting, open relationship with the client is a necessary first step to enable progress. This relationship includes a discussion of services, responsibilities, expectations, and limitations on the part of the counselor, the client, and the agency. University pre-service preparation of counselors should include the development of the abilities to analyze and synthesize client data, and to exercise sound

judgment within a framework of social responsibility and ethical obligations. A counselor must separate his own needs, attitudes, feelings, and expectations from those of his client. He should communicate empathy, genuineness and acceptance. Solid counseling skills and a close horizontal client-counselor relationship provide a foundation for development of coordination skills.

To become adept at coordination, a rehabilitation counseling student needs to acquire a body of knowledge essential to client study, eligibility determination, and the development, integration, and implementation of a rehabilitation plan. He needs to learn which data are appropriate to collect for a particular client. He must become familiar with tests and inventories, useful to assess the client's mental functioning, aptitudes, interests, and personality as they relate to vocational choice. The student should be acquainted with research and statistics and keep abreast of the literature and implement its findings. To help clients find and keep satisfying work, students should know and use occupational information, career development theories, job analysis techniques, and local labor market and community resources. Information concerning current legal and regulatory requirements such as unions, apprenticeships, and federal employment guidelines are essential.

When a basic body of knowledge and skills has been developed, placement in a rehabilitation agency provides the student with supervised work with clients and support facilities. Total commitment and cooperation between the university and participating community agency determines the success of the experience. The agency provides a structure of general policies and procedures for client evaluation, eligibility determination, use of consultants, relationships with community agencies and the use of forms, client recording and other office procedures. Day-to-day issues such as caseload management, case management, and time and resource management are supervised by agency personnel, as are counseling and interviewing skills. The university supervisor provides weekly supervision of counseling techniques through analysis of audio tapes and daily client dictations. Through supervision, the counselor-in-training develops

confidence in his work with handicapped individuals and in his own ability to learn from experience.

Through well-supervised experience, the student learns to integrate his basic knowledge with coordination and counseling skills. University training and agency practice establish a basis for the continued professional growth, creativity, imagination, flexibility, adaptability, initiative, and resourcefulness needed to become a true professional.

Continued Growth Through In-service Training

A basic professional value is continued personal growth. The employing agency has a basic responsibility to encourage continued counselor development as well as to reward continuing counseling skill development. Differential pay schedules and promotion opportunities could provide agency incentives for continuing professional development. The University of Hawaii Pacific Rehabilitation Continuing Education Program (PRCEP) provides opportunities for practicing counselors to upgrade their skills. PRCEP has the responsibility to design programs to meet the training needs of counselors assigned to the Hawaii Vocational Rehabilitation and Services to the Blind Division. HVRSD has the responsibility to promote, recognize and reward continued counselor development.

The counselor supervisors are responsible to encourage development of his staff by encouraging skills development. The supervisor realizes that the counselor who continues to improve his skills will be better able to serve his clients.

It is the rehabilitation counselor's responsibility to use the many opportunities available for continued growth. Through university programs, he can partake of regular courses and short-term training provided by university staff to meet specific agency needs. Active participation in professional groups such as the National Rehabilitation Association assures awareness of trends and developments in the field. The rehabilitation counselor has the responsibility to efficiently and effectively use staff consultants and the agency's Rehabilitation Planning Specialists to help him provide more effective services. The

counselor should work with his peers and supervisor to design learning situations with feedback and evaluation for continued improvement of skills. The agency should be able to establish caseloads appropriate in size and difficulty to each counselor. The agency should promote certification of counselors and recognition of rehabilitation counseling as a profession by the State civil service system. The agency must strive to evaluate counselor effectiveness through meaningful methods applicable to the rehabilitation counselor's work performance. Only with full agency support policy and cooperation can continued effective services to handicapped individuals in the community be assured.

Footnotes

¹Jacques, M. E. *Rehabilitation Counseling: Scope and Services*. Boston: Houghton Mifflin, Co., 1970, p. 17.

²Whitehouse, F. A. "The Rehabilitation Clinician: An Emerging Role," *Journal of Rehabilitation*, Vol. 41, No. 3, May-June 1975, pp. 24-26.

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