The Rehabilitation Professional 19(3), pp. 83–92

Rehabilitation Counselor Supervision in the Private Sector: A Qualitative Examination of Long Term Disability

Cherie L. King

Rehabilitation counselor supervision is essential in the private rehabilitation sector for building and maintaining professional competencies, promoting professional identity, assuring clinical accountability and service quality, and sustaining ethical rehabilitation practices based on a professional Code of Ethics. This qualitative study explored the perceptions, attitudes, and practice of supervision in one private rehabilitation setting, Long Term Disability (LTD) Insurance. Interviews with eight LTD rehabilitation counselors and six supervisors highlighted the significant influence of contextual variables of the work setting on supervision. For this private rehabilitation setting, productivity for profit influences ethical challenges, clinical accountability, professional identity, and professional development. Implications for the private rehabilitation sector include supervisor training, credentials, and qualifications, leadership issues and the impact of supervision on rehabilitation outcomes and risk management.

Keywords: rehabilitation counseling, rehabilitation counselor supervision, private rehabilitation, Long Term Disability

Supervision is one of the most essential ingredients to develop and support competent rehabilitation counselors (Schultz, 2008; Tarvydas & Leahy, 1993). The literature consistently shows that supervision is an integral component of the professionalization process by supporting on-going clinical competence, expertise, quality assurance, and professional identity, providing gate-keeping oversight, and fostering professional development (Herbert, 2004a; Herbert 2004b; Leahy, 1998; Maki & Delworth, 1995; Schultz, 2008; Stebnicki, 1998; Thielsen, 1999). Supervision is a required and integral part of rehabilitation counselor educational standards (Council on Rehabilitation Education [CORE]) and the certification process (Certified Rehabilitation Counselor [CRC]). For counseling disciplines, supervision is considered a distinct intervention and practice that requires unique training, skills, and competencies separate and different from counseling skills and techniques (Bernard & Goodyear, 2004; Haynes, Corey, & Moulton, 2003). Consequently, the viewpoint that a good counselor makes for a good supervisor does not necessarily hold true as evidenced in the literature (Bernard & Goodyear, 2004; Herbert, 2004c).

Despite the prominence of supervision for ongoing professionalization, there has been minimal interest to explore rehabilitation counselor supervision beyond pre-professional phases of practicum and internship in graduate programs. For post graduate work environments, some researchers believe supervision is not practiced in most counseling work settings (Remley, Benshoff, & Mowbray, 1987). However, there is an emerging body of research focusing on supervision of post graduate rehabilitation counselors in the public vocational rehabilitation (VR) setting (Herbert, 2004c; Herbert & Trusty, 2006; Schultz, Osokie, Fried, Nelson, & Bardos, 2002). Public VR studies have consistently revealed a significant lack of understanding, preparation, training, and time as potential reasons for infrequent and inconsistent supervision (Herbert, 2004c; Herbert & Trusty, 2006; Schultz et al, 2002; Schultz, 2008). It may be suggested that in-

adequate appreciation of supervision needs and implementation of quality practice standards results in lack of understanding of supervision requirements and parameters. Although there is no accepted definition of supervision for the rehabilitation counseling profession, as a starting point, Herbert (2004d) offered the following definition: "An evaluative relationship that extends over time by which supervisors focus on the counselor's professional and personal development so that client services provided meet organizational goals and professional standards". This definition has the potential to encompass supervision for the post- graduate rehabilitation counselor working in any setting.

In many rehabilitation counselor work settings, including the private sector, supervision is more frequently regarded as an administrative activity or task as opposed to a systematic and interactive process to enhance rehabilitation counselor development or clinical competency (Herbert & Trusty, 2006; Scott, Nolin, & Wilburn, 2006; Schultz et al., 2002). Administrative supervision functions as a tool of management (Crimando, 2004) and is agency-focused, based on caseload management, agency procedures, and productivity goals to improve efficiency of services (Herbert, 2004c). In comparison, supervision that is rehabilitation-counselor focused; based on counselor–client relationship, counseling skill development, and builds and supports counselor competencies is considered clinical (Herbert, 2004c). Examples of clinical supervision include providing feedback to counselors on improvement of counseling skills and client service, discussing ethical dilemmas, or increasing counselor awareness and development of counselor-client relationship (Herbert & Trusty, 2006).

There has been minimal research on the influence of contextual work variables on rehabilitation counselor supervision practices (Schultz, 2007; Thielsen, 1999). Only one study touched upon rehabilitation counselor supervision in the context of the private rehabilitation sector. Thielsen and Leahy's (2001) study of Certified Rehabilitation Counselors (CRCs) revealed that CRCs working in private sector settings reported practicing supervision and acknowledged the importance of supervision within their organizational context. Although this seminal study reveal the pertinence and value of supervision practices by these CRCs , it exposed that very little is known about the specific role, function, and practices of supervision and the influence of contextual variables of any specific private rehabilitation setting.

Examination of contextual influences of the work setting is crucial because the practice of rehabilitation counseling and supervision is influenced by the organizational environment. Sharpnak (2005) described *context* within organizations as the knowledge, resources, and structure of the organization and the activities, processes, and behaviors of the business. Furthermore, "context also includes all the assumptions, norms, and unspoken rules of a given work culture" (Sharpnak, 2005, p.48). For private sector settings, rehabilitation counseling is performed within the world of business, where contextual variables such as controlling and reducing costs, managing the length of benefits, reducing time out of work, and generating profits are the measures of outcome success (Gilbride, Connolly, & Stensrud, 1990). In this context, McMahon (1979) suggested that supervision might only require a supervisor restricting the actions of the rehabilitation counselor to tasks that can be performed proficiently and profitably—a view congruent within the business setting.

Additionally, rehabilitation services in the private sector are frequently directed and controlled by third parties and limited in terms of availability, length, and types of services. This context creates unique issues for supervision because rehabilitation service delivery in settings such as Workers' Compensation and Long Term Disability (LTD) claims can complicate the relationship between the rehabilitation counselor and the individual with a disability (Lam & Roland, 2002; Shaw & Betters, 2004). Furthermore, in many private sector settings (e.g. forensic rehabilitation, vocational case management or disability management) supervisory hierarchies can have distinctive structures. In contrast, in case of a sole private practitioner, there is no supervisory structure which has been influenced by widespread attitudes that a private practitioner should be autonomous and self-sufficient (Matkin, 1997).

Contextual Variables Related to LTD Environment

Attention to contextual variables which impact supervision is crucial in order to understand perceptions, attitudes, importance, and how supervision is practiced within a given work setting. Rehabilitation counseling in LTD insurance is a specific setting within the private sector. LTD is an employee benefit that provides a percentage of income replacement to an employee in case of a serious illness or injury that could preclude them from working (Lui, Chan, Kwok, & Thorson, 1999). The role and function of LTD rehabilitation counselors are to operate within insurance claim organizations, either as an integrated part of claims processing, or as a specialty service support unit. Rehabilitation counseling services in the LTD environment have two purposes: 1) to assess and determine the employability (i.e., transferability of skills) and if VR services are warranted, and 2) the expedient RTW of the employee to his or her predisability occupation or to a new occupation in order to reduce financial exposure.

In LTD settings, rehabilitation counselors traditionally function by assessing and screening claimants for rehabilitation and RTW potential, developing plans, and providing and coordinating vocational rehabilitation services. Additional job duties involve the assessment and analysis of medical, psychological, and functional information and applying it to the occupational background of the claimant to determine if vocational rehabilitation services are necessary. LTD rehabilitation counselors also are responsible for counseling claimants; contracting and coordinating with vendors for various VR services, employer consultation; and overseeing and managing expenses.

During this process, the rehabilitation counselor takes into account LTD contract language, value of claim exposure, and, if applicable, any rehabilitation incentive benefits contained in the LTD contract. Decisions are made to provide rehabilitation services based on whether the expected outcome of the services will result in RTW or closure of the claim. LTD policy language dictates the continuation of a claim as well as provisions of rehabilitation services. General parameters of policies include that during the first 24 months of disability, the employee must be unable to performing the essential duties of their own occupation or "own occ". After 24 months of disability, the employee must be unable to perform the essential duties of any occupation or "any occ" for which they are able to perform based on functional capacity, education, transferable skills, training, and experience. Rehabilitation counselors frequently are utilized in the LTD claims process as specialized consultants to document employability at the own occ and/or any occ claim decision (i.e., "test change") by analysis and interpretation of vocational, functional, and medical information and by completion of transferable skills analysis and labor market surveys.

Organizational structure is another contextual variable that impacts rehabilitation counselors within LTD settings. Based on the experience of the author, rehabilitation services are an integrated and central component of claims operations where rehabilitation counselors function as part of the claim unit along with claim analysts and nurses. In these structures, rehabilitation counselors frequently report to a claim manager. For others, rehabilitation is considered a separate or "specialty" service area and exists as a separate unit to support the rehabilitation needs of the claim process and report to a rehabilitation, clinical, or specialty services manager. Supervision and evaluation of a rehabilitation counselor's performance, whether by a clinical or claim manager, is influenced by productivity and outcome metrics (e.g. number of RTWs, completed transferable skills analyses and employability assessments, and total rehabilitation savings).

Subsequently, LTD insurance presents unique contextual variables that influence supervision. Given a significant segment of rehabilitation counselors work in private sector environments, there is a critical absence of research in the literature. The examination of supervision in any specific private rehabilitation setting does not exist and any new evidence would be groundbreaking for this research topic (J. Herbert, personal correspondence, May 21, 2004).

Method

This exploratory study utilized a qualitative research approach, interviewing, to examine rehabilitation counselor and supervisor attitudes and perceptions about supervision and how contextual variables affected the role and function, and practices of supervision in the LTD setting. Qualitative approaches are increasingly being used to explore rehabilitation and disability issues (Chan & Rosenthal, 2006). Similar to survey research, qualitative research is used to describe how individuals perceive their own experiences, behaviors, emotions, attitudes, and/or feelings within a specific context (Portney & Watkins, 2000; Strauss & Corbin, 1998). Interviewing, a common method of qualitative research, allows the researcher to utilize the voices and stories of the participants to provide in depth perspectives with rich detail beyond quantitative data generated by a survey or questionnaire (Hanley-Maxwell, Al Hano, & Skivington, 2007; Patton, 2002; Strauss & Corbin, 1998).

Participants

Nonprobability sampling was chosen for this study as it is commonly used in qualitative research to increase the credibility of the findings with a small participant group (Patton, 2002; Portney & Watkins, 2000). For many qualitative research projects, eight respondents are sufficient because it is more essential to work with a few participants than cursorily with many (McCracken, 1988). This methodology allows for a more thorough examination of the complexity of the individual, organization, and/or culture (McCracken, 1988).

The author accessed organizations such as the International Association of Rehabilitation Professionals (IARP) membership, LTD Roundtable participants, and professional contacts to identify participants for the sample. Individual interviews were conducted with a total of eight with rehabilitation counselors and six supervisors working in LTD settings. The rehabilitation counselor participants were six females and two males with at least Master degrees with CRC and/or Certified Disability Management Specialist (CDMS)/Certified Case Manager CCM) credential. Supervisors included five females and one male. These supervisors had professional backgrounds in

rehabilitation, medical/nursing, or insurance/claim and performed rehabilitation counselor supervision tasks. Three held the CRC credential and three held the CCM and/or CDMS credential.

Procedures

Interview questions focused on collecting information about participants' perceptions and attitudes regarding the role, function, practice and contextual variables related to rehabilitation counselor supervision in the LTD setting. Interview questions are found in Appendix A. Digital recordings of individual interviews were transcribed. Content analysis was conducted on transcripts and focused on identifying, coding, and labeling primary themes related to attitudes, contextual variables, and perceptions of the rehabilitation counselors and supervisors regarding supervision in the LTD setting. Open coding as identified by Strauss and Corbin (1998) is defined as "the analytic process through which concepts are identified and their properties and dimensions are discovered in data" (p. 101). Open coding procedures helped to organize and describe the narrative data and also assisted to build a base for the interpretative phase of analysis as a way to find meaning and make comparisons within the data (Patton, 2002). The author utilized qualitative research software to organize the narrative data and coding of the transcripts. After coding process, identified themes were shared via email with interview participants as a check of the author's accuracy of the themes identified.

Results

The content analysis of the interviews with rehabilitation counselors and supervisor revealed several consistent themes related to their attitudes, perceptions, and the practice of supervision given the contextual variables within the LTD environment. These included Productivity for Profit, Ethical Rehabilitation Practice Standards and Conflicts, Supervisory Roles and Relationships in the LTD Setting, and Perceptions and Attitudes about Supervision.

Productivity for Profit Context

LTD rehabilitation counselors and supervisors interviewed for this study explained that supervision is extensively influenced by the for-profit business environment within claim organization's business priorities and goals. According to participants, rehabilitation service outcomes are measured within the context of claim productivity standards and specific outcome metrics determined by the claim organization. (e.g., number of rehab reviews, number of employability assessments or transferable skills analyses performed, number of rehabilitation plans, number of claim resolutions or number of claimants who RTW after rehabilitation intervention /services, and claim review turnaround times).

These outcome metrics are a prime focus of rehabilitation counselors' work and a focal point for their supervision. In this production context, one rehabilitation counselor describes an electronic work queue and her supervisor has "reports on me . . . based on the number of tasks I perform each day . . . and in an average week . . . it is much more tied into the corporate focus of management." As one rehabilitation counselor stated, "Well, it's production-based . . . as long as you're pumping out what they need you to do, then they'll leave you alone." Another rehabilitation counselor explained that in her experience management cares about productivity "They want to see . . . everything go up . . . your numbers. If you got a ton of return-to-works last year, they want a ton plus one this year . . . that's basically what they're looking for is production."

Echoing this theme, four out the six supervisors described that their main objective for supervision is to ensure that rehabilitation counselors performed their tasks and meet metrics and quality standards set forth by the claim organization. One rehabilitation counselor framed it as "we are here to serve the needs of the business first, then the claimants."

Ethical Rehabilitation Practice Standards and Conflicts

Another common theme reported by the rehabilitation counselors was the ethical challenges created by their decisions or vocational opinions which could results in claim termination. Many of the LTD rehabilitation counselors described ethical challenges brought about by conflicting demands between client advocacy, LTD contract language, and how their analyses and vocational opinion may negatively influence the continuation of a claimant's disability benefit. It was felt that there is a potential risk to a claimant's financial stability, health insurance coverage, and/or employment status by terminating benefits. Pressure to watch the "bottom line" in terms of claim costs has the potential to compromise professional judgment and result in unintentional decisions. Rehabilitation counselors reported it is common to want to seek supervision to resolve these types of dilemmas.

Supervisory Relationships and Roles in the LTD Setting

Speaking the same language of a shared professional identity. The value of having a supervisor who is a CRC was another theme identified in the analysis of the interviews with both counselors and supervisors who held the certification. When describing the ideal supervisor, LTD rehabilitation counselors consistently reported wanting to have a supervisor who was a professional role model with rehabilitation counseling knowledge and skills. A related theme de-

scribed the "ideal" rehabilitation supervisor as someone who they could openly communicate with and who spoke the same language. As one rehabilitation counselor stated:

> *I think one of the reasons that I feel it's very important within the LTD environment for there to be a voc (rehab) department with a CRC supervisor that has a voc background is because of the pressure for closure (claim). It can be a tremendous pressure as the claims people have varying degrees of knowledge and experience . . . often they don't understand the whole [rehab] process and what it means*

One CRC supervisor echoed the need for common understanding between supervisors and rehabilitation counselors and utilized a supervisory approach to facilitate continued rehabilitation counseling knowledge and skill development among his supervisees. Another CRC supervisor explained a supervision technique she uses to teach rehabilitation counselors to be "chameleon-like" by maintaining their rehabilitation mind-set but also integrate an awareness of the organizational business goals into their role and functions.

LTD rehabilitation counselors and supervisors who were CRC shared an important collective professional identity that they felt was essential within the supervisory relationship. One rehabilitation counselor provided a summary of the overall theme

> *I don't think that (supervision) would occur if we didn't have the voc rehab person as our supervisor. Someone else might not think your idea is useful, but as a group we have that professional identity, we have a set of colleagues that we can share ideas with and then we have a supervisor that speaks the same language*

In addition, half of the rehabilitation counselors reported their present supervisor was a nurse, and also reported receiving supervision in the past from an occupational or physical therapist, Social Security specialists, or claim unit managers/directors without a vocational rehabilitation background nor the CRC credential. There was an overall attitude that these supervisors could not provide quality supervision due to their lack of rehabilitation knowledge and approached supervision from a different frame of reference (e.g., nursing, allied health, or business). In many cases, rehabilitation counselors reported seeking supervision/consultation from peers instead of supervisors. Peer supervision/consultation was a frequent practice reported by rehabilitation counselors with non-CRC supervisors. One rehabilitation counselor reported if she had clinical questions or needed guidance, she sought out other rehabilitation staff. She did not go to her supervisor because her peers were more available.

Serve as a buffer and mediator. A consistent theme related to the roles of the supervisor was described as a "buffer" and/or "mediator" with the claim organization. As an example, one rehabilitation counselor explained that her supervisor is an intermediary support person or mediator to help her understand the LTD environment. Another theme reported by the majority of rehabilitation counselors focused on reliance on their supervisors to back up their decisions when claims staff is pressuring for a different outcome. The supervisors who were CRCs saw themselves as "advocates" for the rehabilitation counselors. In "the advocate" role, supervisors delivered the "rehab message" to claims staff. Rehabilitation counselors suggested that the "buffer" role was more easily assumed when supervisors are CRCs as opposed to non-CRC.

Practice of supervision. Attention to supervision in LTD setting varied. Experienced rehabilitation counselors (i.e. more than 2 years on the job) described not seeking supervision because they know their jobs well and if their supervisor did not initiate supervision, they did not seek regular meetings devoted to clinical issues. Less experienced rehabilitation counselors felt they needed more frequent supervision and reported the regularity of supervision was a shared responsibility with their supervisor.

The structure of LTD claim operations required more creative methods of supervision especially for supervisors who were not in the same location as their supervisees. Telephonic or e-supervision was very common. However, these supervisors were challenged by the distance and described their dependence on rehabilitation counseling staff to bring clinical issues to them so they could provide proactive rather than reactive supervision. One supervisor explained her experience with reactive supervision:

> *At one point, I supervised 13 counselors across the country. . . . I was really dependent on them to bring issues to my attention. I was relying on them to tell me everything about the case so that I was giving appropriate guidance versus I didn't have time to dig into the clam file and it was reactive, like I said. . . . So, it was a firefighting approach.*

When asked about what they thought was "ideal" supervision, a common theme from rehabilitation counselors was an opportunity "to brainstorm on a claim" or "to get a larger perspective on the case." Good supervision in their words supported the quality of rehabilitation services, clinical work related to claimants' recovery, and professional development. Examples of good clinical supervision reported by rehabilitation counselor were gaining a clearer perspective on a claimant's disability and residual limitations or building self-awareness around personal reactions to a difficult claimant or coworker. Conversely, they described supervision focused on administrative issues

and tasks (i.e. productivity workflow measures, quality assurance reviews or productivity standards) as inadequate or unhelpful to them.

Attitudes and Perceptions about Supervision

There was a common attitude from both LTD rehabilitation counselors and supervisors that experience equals independence equals "no supervision needed". Rehabilitation counselors repeatedly reported that there were underlying cultural expectations within the LTD setting for independence and autonomy. The more experienced rehabilitation counselors considered themselves "self-managed" and felt they did not need supervision. One seasoned rehabilitation counselor (with 15 years' experience in LTD) described working "under the radar" in regard to supervision. While another rehabilitation counselor with more than 20 years of experience stated that she seeks supervision for administrative issue but not clinical issues. Sharing this similar perspective, one supervisor said "when you have some people who are independent enough that they don't need you to micromanage them, that's the ideal (supervision) situation."

Discussion

The findings from the qualitative interviews with LTD rehabilitation counselors and supervisors revealed many perspectives, attitudes, and contextual variables related to supervision. These include productivity environment, ethical practices and accountability, supervisory roles, role of the CRC in supervision, attitudes and understanding of supervision, and issues related to supervision training, experience, and credentials.

Productivity for Profit

The focus on profit driven productivity metrics, outcome expectations, and LTD contract language were identified as important processes of the LTD work environment that influence how rehabilitation counselor supervision was perceived and practiced. LTD rehabilitation counselors and supervisors agreed that within this setting, their primary purpose was to serve the needs of the claim organization and to achieve outcomes that benefited the organization. Although, claimants with disabilities and rehabilitation goals are a clinical focus, most supervision activities were based on achieving claim goals and productivity expectations (i.e., claim resolutions or RTWs).

It is encouraging that LTD rehabilitation counselors and most supervisors understood the practice of supervision and importance of clinical concerns; however, the profit-driven productivity environment of LTD shapes the extent to which supervision is relevant to the organization. The lack of attention and administrative focus of supervision in LTD settings is disconcerting because there is potential for weakening, diluting, or loss of rehabilitation counseling clinical skills (Herbert, 2004b). Supervision with limited to no clinical emphasis presents significant barriers for rehabilitation counselors to carry out this vital responsibility in the claims environment. In addition, it can compromise the accountability and professional development of LTD rehabilitation counselors. Organizational support for increased time and frequency of supervision with a clinical focus may create a proactive as opposed to reactive supervision environment.

Ethical Practices and Accountability

Adhering to the Code of Professional Ethics for Rehabilitation Counselors (CRCC, 2010) was a common supervision issue for many LTD rehabilitation counselors and CRC supervisors. Many rehabilitation counselors discussed frequent challenges making decisions which could potentially harm the claimant, such as determining that a claimant has transferable skills and is employable in other occupations although the claimant may need rehabilitation services to find employment. These decisions commonly result in benefits termination. Rehabilitation counselors described resolving their feelings about these types of ethical dilemmas by using a CRC supervisor or peer to review the CRC Code of Professional Ethics. Rehabilitation counselors described the process to resolve their feelings and ethical responsibilities and coming to understand that the intent of the LTD contract is not to hurt claimants but that it is, in fact, a contract and not an entitlement benefit. Conversely, other rehabilitation counselors with more of a pro-consumer attitude usually do not continue working in the LTD setting. Sometimes, as one supervisor concluded, ethical dilemmas consistently presented in supervision actually boil down to the rehabilitation counselor's suitability and comfort level with the job's role and functions.

The Code of Professional Ethics for Rehabilitation Counselors now defines and differentiates a "client" and an "evaluee" (CRCC, 2010). The "evaluee" is the subject of an objective and unbiased vocational evaluation and not a recipient or "client" of rehabilitation counseling services. This delineation within the Code of Professional Ethics provides a clear guideline for the supervision of LTD rehabilitation counselors when considering claim tasks of employability assessments and/or transferable skills analyses and rehabilitation service tasks.

Supervisory Roles

Supervisors saw the role as a "buffer" or "mediator" as a crucial part of their supervisory role to help rehabilitation counselors but also to serve their primary customer, the claim organization. Rehabilitation counselors frequently approach supervisors for support to ensure that their opinion is communicated clearly in the claim management process. Supervisors com-

monly interpret or mediate differences between rehabilitation counselors and claim staff regarding issues such as vocational functioning influencing a claimant's RTW and employability potential.

The Role of Certified Rehabilitation Counselors in Supervision

LTD rehabilitation counselors and many supervisors emphasized the critical value of the CRC as an important common ground in knowledge, skills, and speaking the same language necessary for effective supervision. Many rehabilitation counselors and supervisors who were CRC said that other claim personnel in LTD do understand rehabilitation counseling processes or speak the same language.

CRCs supervising CRCs is built into the professionalization process, supports a strong professional identity, and gives depth to clinical supervision process that is not found in administrative supervision provided by other professionals. Many experienced LTD rehabilitation counselors do not seek supervision because they believed their non-CRC supervisors do not have the necessary rehabilitation counseling knowledge and skills. However, this gap has been remedied by development of informal supervision resources with their CRC peers to discuss clinical and ethical concerns. Peer supervision offers many benefits such as non-hierarchical and evaluative interactions, peers as models, and increased independence (Powell, 1996; Remley, Benshoff, & Mowbray, 1987). However, reliance on peer supervision/consultation can pose potential disadvantages such as minimization of the rehabilitation counselor and supervisor relationship, communication omissions, and circumventing of supervisor authority.

Attitudes and Understanding of Rehabilitation Counselor Supervision

The popular belief that experienced rehabilitation counselors in private rehabilitation settings do not need clinical supervision is misguided. Many LTD rehabilitation counselors do not believe they need supervision because there is a high expectation of independence and autonomy. The combination of independence and "no supervision" attitude creates an environment in which clinical supervision is not a priority. In addition, in real world practice, rehabilitation counselors and some supervisors believed clinical supervision is a combined with administrative supervision or they believed it does not fit into the LTD setting. Moreover, the lack of clinical supervision can lead to deterioration or loss of rehabilitation counseling skills (Herbert, 2004b; Herbert, 2004c) and ultimately can have negative consequences (i.e., erroneous vocational decisions) for the claimant and LTD carrier.

Furthermore, rehabilitation counselors and supervisors who worked in LTD for many years described frequent change in organizational structure and management and lack of leadership which resulted in pessimistic attitudes about supervision and their supervisors. As an example, one rehabilitation counselor reported that she had four different supervisors in a period of the last six years. Schultz et al. (2002) asserted that effective supervision is based on building a strong working alliance. Frequent changes in the LTD organizational structure and leadership can negatively influence the ability to develop supervisory relationships. Although troubling, it is no wonder that rehabilitation counselors seek out their peers to fill the supervisory void.

Making the Case for Rehabilitation Counselor Supervision in the Private Sector

The findings from this study have generated several implications for the private rehabilitation sector related to supervision, leadership, rehabilitation outcomes, and risk management.

Training, Experience, and Credentials

Supervision is a distinct practice within the rehabilitation counseling profession (Herbert, 2004c; Maki & Delworth, 1995; Schultz et al., 2002) and establishing practice standards, training, and certification for rehabilitation counselor supervisors is indicated. The introduction of supervision principles and practices to Masters-level rehabilitation students has a powerful influence as they move into employment and eventually supervisory roles. However, there is a lack of standards and limited models for supervisory training in Masters-level programs (Allen, Stebnicki, & Lynch, 1995; Herbert & Bieschke, 2000; Scott et al., 2006). The recently revised CORE standards now include counselor supervision knowledge and student learning outcomes which reinforce that supervision requires distinct skills along with rehabilitation counseling competencies (Maki & Delworth, 1995; Thielsen & Leahy, 2001). Exposing graduate rehabilitation counseling students to counselor supervision techniques and skills is necessary for professional competence as rehabilitation counselors move into supervisory roles.

For post graduate work settings, formal training guidelines or clinical supervision course or workshops are needed to meet the needs of the private rehabilitation sector workforce. Organizations such as professional associations (e.g., International Association of Rehabilitation Professionals [IARP]) and continuing education programs can contribute to the development of standards and the implementation of supervision training and preparation programs for professionals. As an example, a recent pre-conference training at the IARP Forensic conference focused on integrating supervision and peer consultation to sup-

port ethical forensic rehabilitation practices (Bourgeois, Decoteau, & King, 2010).

In addition to training, the CRC credential supports the importance and unifies the role of the CRC in the supervision as it differentiates them from other professionals in claim, medical management, and business. Despite some movement toward recognizing supervision as a specialization within rehabilitation counseling, the CRC–Clinical Supervisor (CS) designation was discontinued by the CRCC. Although CRCC believed in the need for certified supervisors, the decision to discontinue was difficult and based on lack of interest from the profession coupled with the cost to sustain a certification process for a small pool of applicants (C. Chapman, personal correspondence, September 30, 2010). Ultimately, to emphasize the value and importance of rehabilitation counselor supervision and support the unique role of supervisors, revitalization of the CRC-CS credential is needed. Such an effort would clearly define the supervisor role as a specialized practice in rehabilitation counseling and designate specific supervisory competencies, experience, education, and training.

Leadership

There were participants in the study who believed that a lack of leadership and established rehabilitation program objectives severely affected how rehabilitation counseling and supervision was perceived in their settings. Although several LTD settings have clearly defined programs and leadership, some did not. For LTD rehabilitation counselors and supervisors with CRCs it was clear: If there was lack of leadership and stewardship for rehabilitation counselor supervision, then rehabilitation counseling expertise is at risk of being diluted and utilized as routine claim management tool that will forgo ethical practice standards. In general, rehabilitation counselors in private rehabilitation settings including LTD also have responsibility to become a larger part of organizational change and influence how the rehabilitation counseling profession and supervision is valued.

Rehabilitation Counselor Supervision, Outcomes, and Risk Management

Good clinical supervision is intended to improve rehabilitation counselor competence and as a result, positive rehabilitation outcomes for the individuals with disabilities. Although there is a need to examine of the impact of clinical supervision practices on VR outcomes has been recommended, no studies exist (Herbert, 2004b). The challenge of examining the impact of supervision on rehabilitation outcomes is the degree in which supervision impacts rehabilitation counselor competence.

An organization that does not emphasize the importance of effective supervision practice has no formalized mechanism or ability to directly assess the competences of their rehabilitation counselors or evaluate the effectiveness of the supervisors (Herbert & Trusty, 2006). There is the potential for erroneous vocational opinions that cause incorrect claim decisions. In the case of the LTD environment such decisions may cost the carrier money as evidenced by appeals and class action legal cases and also negative consequences for the claimants (i.e. benefits termination).

Supervision is an effective risk management tool to support and maintain standards of practice and ensure ethical responsibilities while balancing the goals of the organization. Integrating supervision into private sector settings also provides evidence of a shared professional responsibility and liability between the rehabilitation counselor and supervisor (Shaw & Betters, 2004). Demonstrating that a rehabilitation counselor has consulted and sought supervision to make the best and most ethical decisions serves as a safeguard against malpractice and legal predicaments.

Making the case for the importance of rehabilitation counselor supervision in any private rehabilitation setting is difficult because an effective argument must demonstrate the cost benefit of integrating it into the business model, organizational structure, and goals. A distinct shift in the perception of supervision in the contemporary workplace is occurring, resulting in emerging organizational business models and philosophies that view supervision as a powerful management tool to serve the needs of the worker so they can better serve the goals of the business (Leach, 2000; Ramsey, 2003). Consequently, there is a unique opportunity for private rehabilitation settings to view supervision as a way to concurrently serve the rehabilitation counselor, individual with the disability, and organizational goals.

References

Allen, H. A., Stebnicki, M. A., & Lynch, R. T. (1995). Training clinical supervisors in rehabilitation: A conceptual model for training doctoral-level supervisors. *Rehabilitation Counseling Bulletin, 38*(4), 307–317.

Bourgeois, P. J., Decoteau, J. P., & King, C. L. (2010, November). Filling in the gaps: An ethical framework for forensic consultation and supervision. Pre-conference workshop presented at the International Association of Rehabilitation Professionals 2010 Forensic Conference, New Orleans, LA.

Commission on Rehabilitation Counselor Certification. (2010). *Code of professional ethics for rehabilitation counselors.* Schaumburg, IL: Author.

Council on Rehabilitation Education (2010). *Standards for rehabilitation education programs.* Retrieved from http://www.core-ehab.org/PDF%20Documents/rcestand.05192011.pdf

Crimando, W. (2004). Administration, management, and supervision. In T. F. Riggar & D. R. Maki (Eds.), *Handbook of rehabilitation counseling* (pp. 305–317). New York: Springer.

Gilbride, D. D., Connolly, M., & Stensrud, R. (1990). Rehabilitation education for the private for profit sector. *Rehabilitation Education, 4*, 155–162.

Haynes, R., Corey, G., & Moulton, P. (2003). *Clinical supervision in the helping professions: A practical guide.* Pacific Grove, CA: Brooks/Cole.

Herbert, J. T. (2004a). Clinical supervision. In D. R. Maki & T. F. Riggar (Eds.), *Handbook of rehabilitation counseling* (pp. 289–304). New York: Springer

Herbert, J. T. (2004b). Clinical supervision in rehabilitation counseling settings. In F. Chan, N. L. Berven, & K. R. Thomas (Eds.), *Counseling theories and techniques for rehabilitation health professionals* (pp. 405–422). New York: Springer.

Herbert, J. T. (2004c). Qualitative analysis of clinical supervision within the public vocational rehabilitation program. *Journal of Rehabilitation Administration, 28,* 51–74.

Herbert, J. T., & Bieschke, K. J. (2000). A didactic course in clinical supervision. *Rehabilitation Education, 14*, 187–198.

Herbert, J. T., & Trusty, J. (2006). Clinical supervision practices and satisfaction within the public vocational rehabilitation program. *Rehabilitation Counseling Bulletin, 49*, 66–80.

Lam, C. L., & Roland, G. (2002). Ethics for rehabilitation counselors: A home study course. Schaumburg, IL: Commission on Rehabilitation Counselor Certification.

Leach, R. (2000). Supervision: From me to we. *Supervision*, 61(2), 8–10.

Leahy, M. J. (1998). *Practitioner accountability: Professionalism, certification and licensure.* Paper for the 23rd Mary Switzer Seminar. Retrieved from http://www.mswitzer.org/sem98/papers/leahy.html

Lui, J., Chan, F., Kwok, J., & Thorson, R. (1999). Managed care concepts in the delivery of case management services. In F. Chan & M. Leahy (Eds.), *Health Care and Disability Case Management* (pp. 91–120). Lake Zurich, IL: Vocational Consultants Press

Maki, D. R., & Delworth, U. (1995). Clinical supervision: A definition and model for the rehabilitation counseling professional. *Rehabilitation Counseling Bulletin, 38*, 282–293.

Matkin, R. E. (1997). Public and private rehabilitation counseling practices. In D. R. Maki & T. F. Riggar (Eds.), *Rehabilitation counseling: Profession and practice* (pp. 139–150). New York: Springer.

Patton, M. Q. (2002). *Qualitative research & evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.

Powell, D. (1996). A peer consultation model for clinical supervision. *The Clinical Supervisor, 14*, 163–169.

Ramsey, R. D. (2003, November). What is a servant leader? *Supervision*, 3–5.

Remley, T. P. Jr., Benshoff, J. M., & Mowbray, C. (1987). A proposed model for peer supervision. *Counselor Education and Supervision, 27*, 53–60.

Schultz, J. C. (2007). Addressing national concerns through supervision: The role of the rehabilitation agency supervisor. *Journal of Applied Rehabilitation Counseling, 38,* 11–17.

Schultz, J. (2008). The tripartite model of supervision for rehabilitation counselors. *Journal of Applied Rehabilitation Counseling, 39*, 36–41.

Schultz, J. C., Osokie, J. N., Fried, J. H., Nelson, R. E., & Bardos, A. N. (2002). Clinical supervision in public rehabilitation counseling settings. *Rehabilitation Counseling Bulletin, 45*, 213–222.

Scott, C. G., Nolin, J., & Wilburn, S. T. (2006). Barriers to effective clinical supervision for counseling students and postgraduate counselors: Implications for rehabilitation counselors. *Rehabilitation Education, 20*, 91–102.

Sharpnak, R. (2005). The power of shifting context: Becoming a contextual leader. In L. Coughlin, E. Wingard, & K. Hollihan (Eds.), *Enlightened power: How women are transforming the practice of leadership* (pp. 39–52). San Francisco, CA: Jossey-Bass.

Shaw, L. R., & Betters, C. (2004). Private sector practice. In T. F. Riggar & D. R. Maki (Eds.), *Handbook of rehabilitation counseling* (pp. 236–251). New York: Springer.

Stebnicki, M. A. (1998). Clinical supervision in rehabilitation counseling. *Rehabilitation Education, 12*, 137–159.

Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage.

Tarvydas, V., & Leahy, M. (1993). Licensure in rehabilitation counseling: A critical incident in professionalization. *Journal of Applied Rehabilitation Counseling, 24*, 16–23.

Thielsen, V. A. (1999). Rehabilitation counselor supervision: Current knowledge, skills, preparation and practices of certified rehabilitation counselors. *Dissertation Abstracts International, 61,* 1098.

Thielsen, V. A., & Leahy, M. J. (2001). Essential knowledge and skills for effective clinical supervision in rehabilitation counseling. *Rehabilitation Counseling Bulletin, 44*, 196–208.

Author Notes

Cherie L. King is an Assistant Professor in the Professional and Rehabilitation Counseling program at Central Connecticut State University in New Britain, Connecticut.

APPENDIX A—Interview Questions

1. Tell me what you think about supervision of rehabilitation counselors in the LTD setting.
2. Describe a situation or instance where you sought out supervision in the LTD setting.
3. How did you decide that the supervision helped you?
4. If it was not helpful, what would have made it more helpful to you?
5. Please describe a situation in which supervision was helpful to you.
6. Describe a situation where you provided supervision.
7. How did you determine it was helpful?
8. Can you describe a situation where you felt stuck and needed or wanted supervision and wished you had someone to discuss your situation with?
9. Describe for me the role and function of Rehabilitation Counselor Supervision in the LTD setting.
10. How does Rehabilitation Counselor Supervision work in the LTD setting?
11. What are the features of the LTD setting that you think influence the practice of Rehabilitation Counselor Supervision?
12. Describe the ideal characteristics of a rehabilitation supervisor in the LTD setting.
13. How would you describe ideal Rehabilitation Counselor Supervision in the LTD setting?
14. Describe your relationship with your supervisor.
15. How important is Rehabilitation Counselor Supervision in the LTD setting?