The Rehabilitation Professional, 24(2), pp. 69–74

The Current State of Specialization and Self-Identity Among Certified Rehabilitation Counselors

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This exploratory study examined how rehabilitation counseling professionals self-identify in the areas of specialty and language fluency. A total of 4,388 profiles from rehabilitation counseling professionals in six states were sampled and analyzed based on information collected from the Commission on Rehabilitation Counselor Certification's (CRCC) online website. Of those professionals listed on the website, less than 44% reported some type of specialty within the field of rehabilitation counseling. The most frequently reported specialties included vocational rehabilitation (22%), job development/placement (10%), and school, education, and career counseling (9.5%). Additionally, only 318 or 7% reported fluency in a language other than English. Based on the results, it is recommended that rehabilitation counseling professionals utilize current website opportunities to list appropriate specialty skills and client outcomes. Further research is warranted to investigate the potential impact of the website on provider promotional activities and outcomes, the development of evidence-based private practices, and sense of identity in rehabilitation counseling professionals. When private practitioners holding certification/licensure in both areas of rehabilitation and counseling list specific skills on a professional organization's website, clients will be better informed and able to self-select appropriate rehabilitation counselors based on individual needs, counselor expertise, and demonstrated counselor effectiveness.

Keywords: CRC, Counselor Specialization, Rehabilitation Counselor, Counselor Self-identity

The role and function of the counseling professional in the area of rehabilitation continues to be reviewed and refined (Muthard & Salamone, 1969; Rubin et al., 1984; Leahy, et. al, 2009; McClanahan & Sligar, 2015; Thomas, 1990). Historically, the rehabilitation counseling scope of practice incorporated a distinct set of skills and abilities, while embracing a professional philosophy that empowers clients to achieve fulfilling, meaningful, and independent lives (Stebnicki, 2009; Matkin, 1983; Leahy et al., 2009; Leahy & Szymanski, 1993). At the core, rehabilitation counseling professionals facilitate person-centered programs and services for individuals with disabilities (Hasnain & Sotnik, 2003; Taylor, 2013; Stebnicki, 2009). Thus, this area of the counseling profession incorporates the provision of psychosocial approaches in assisting individuals with disabilities to achieve the most advantageous levels of functioning within their chosen communities.

Thirty-five years ago, rehabilitation counseling was noted as one of the most progressive areas promoting professionalism through credentialing (Scofield, Berven, & Harrison, 1981). Since then, a common set of core functions and tasks associated with the required skills to effectively work with individuals with disabilities has been explored, resulting in the perceived importance of knowledge areas underlying rehabilitation counselor education and credentialing (Muthard & Salmone, 1969; Matkin, 1983; Leahy, Szymanski, & Linkowski, 1993; Stebnicki 2009; Leahy, Chan & Saunders, 2003; Chan et al., 2003). However, these studies lack reflection on the importance of counselor self-identification and professional identity. This is compounded with the knowledge that distinct tracks for rehabilitation counseling profes-

sionals, in public and private settings, are not always considered when reviewing counselor competencies, especially when seeking online information regarding professionals. Due to the diversity afforded through public and private practice opportunities, professional identity issues have plagued credentialing in the area of rehabilitation leading to consumers becoming skeptical of claims of competence in the absence of standardized professional titles and qualifications (Matkin, 1983: Emener & Cottone, 1989). Further, with the merger of CORE (Council on Rehabilitation Education) and CACREP (Council for Accreditation of Counseling and Related Programs), it becomes difficult to distinguish the qualifications of the rehabilitation counseling professional when there is a lack of a publicly supported, self-explanatory title when accessing web-based directories as demonstrated by the recent 2011 Role and Function study by CRCC in which only 40% of respondents reported the job title of rehabilitation counselor (Barros-Bailey & Saunders, 2013).

Self-Identification and the Rehabilitation Counselor

Clarity of a professional identity and self-identification play an important role when finding a qualified counselor (Milsom & Akos, 2005). Whereas public rehabilitation agencies assign counselors to individuals with disabilities seeking services, private sector counselors rely on referrals and various marketing strategies to attract and secure new clients. For individuals seeking services, selection of a service provider may start with a basic online search of relevant credentials and corresponding directory of credentialed professionals in the appropriate geographic area (Cromity, 2009; Morahan-Martin, 2004). Currently, advertisement and self-identification methods for rehabilitation professional selection have received little attention in the research literature, especially as it pertains to the impact of web-based directories in the area of rehabilitation counseling. The most widely accessed systems utilized by professionals in the field of rehabilitation counseling, in addition to new initiatives designed to engage employers and individuals searching for qualified professionals, is the Commission on Rehabilitation Counselor Certification (CRCC) online directory. Through this directory, professionals are afforded the opportunity to list areas of expertise not only in a single specialty but in multiple dimensions of professional practice.

Language

An additional dimension of rehabilitation practice is providing culturally appropriate services. A key component to meeting the needs of culturally diverse clients is the availability of professionals who speak the client's language (Softas-Nall, Cardona, & Barritt, 2015; Ramos-Sanchez, Atkinson, & Fraga, 1999). Often, bilingual/multilingual individuals may come to rehabilitation professionals in diverse settings with limited ways in which to express their experiences of their past and needs for their present daily lives in the English language (Perez-Foster, 1998). Unfortunately, the importance and influence of language in the rehabilitation experience is often overlooked when considering the role of the rehabilitation provider in the counseling process, especially when focusing on the needs of practitioners to have clear and concise communication with their clients in order to provide services that will hopefully lead to successful rehabilitation outcomes in the future (Torres-Rivera, West-Olatunji, Conwill, Garrett, & Phan, 2008).

When listed, specialty and language proficiency information provides an opportunity to direct potential clients to appropriate services and professionals who have training and expertise in specified fields. In an effort to explore the utilization of CRCC's website for practitioner specialty/skill self-identification, this study explored how rehabilitation counselors self-identified in the areas of counseling specialty and language in the CRCC online directory.

Method

The sample for this pilot study included profiles of Certified Rehabilitation Counselors (CRC) in six states (California, Florida, New York, Ohio, Texas and Wisconsin) through the CRCC website's "Locate a Professional" search function. In each state, all profiles sorted by CRC were included in the study. This distinct online website was among several available to individuals seeking diverse counseling services but provided the most comprehensive listing of available professionals in varied specializations related to rehabilitation counseling. The total sample involved 4,388 CRC profiles. Profiles were not collected for other professionals (Certified Career Assessment Associate, Canadian Certified Rehabilitation Counselors, Certified Vocational Evaluation Specialist, and Certified Work Adjustment Specialist), listed on the website as the CRC, is considered the primary credential for rehabilitation counseling professionals within the profession (Saunders, Barros-Bailey, Chapman, & Nunez, 2009). However, some of those professionals may be included in this sample due to dual credentialing.

The Commission on Rehabilitation Counselor Certification (CRCC) online professional profile consists of categories (pre-determined areas) in which the counseling professional may self-identify. This study focused on two categories self-reported through the online professional profiles of CRCs, including specialty and language. The first domain included in this study

was specialty area for which there were 16 options. Although designed to illustrate varying areas of competence or practice, this online platform provides no opportunity to report quantitative outcomes or subjective satisfaction data. In addition, the second domain which analyzed languages consisted of several items in which the rehabilitation counseling professional was asked to select a primary language, but also to report additional languages utilized in professional practice.

Results

The sample included profiles from six states. Frequencies gathered included: 728 profiles from California (17% of total profiles), 834 profiles from Florida (19%), 1092 profiles from New York (25%), 640 profiles from Ohio (14.5%), 761 profiles from Texas (17%), and 333 profiles from Wisconsin (7.5%). No other demographic information is provided within the current publicly available system. The below tables demonstrate the frequencies calculated for the two domains (specialties in Table 1 and languages in Table 2) for CRCs by state as well as the total frequencies for all states combined. Of those listed on the website, less than 44% reported some type of specialty within the 16 available options. The most frequent specialties included vocational rehabilitation (22%), job development/placement (10%), and school, education, and career counseling (9.5%). Discrepancies in specialties between states based on representative comparisons were noted. New York demonstrated higher representation in the specialties of mental health (33%) and substance abuse (41%), yet lower in school, education and career counseling (12%); veterans (17%); and workers compensation (11%). California was also lower for mental health (11%). Whereas Texas was higher in school, education and career counseling (32%) than expected. Ohio was lower in substance abuse (7%) while higher in workers compensation (22%). In addition, only 318 or 7% reported fluency in a language other than English, with Spanish and American Sign Language being the most reported non-English language representing 46% and 21.5% respectively.

Discussion

Specialties and Self-Identification

Results from the study suggest that over 56% of the sample did not self-identify any areas of specialty within the umbrella of rehabilitation. Less than 24% reported a specialty in vocational rehabilitation, the hallmark of rehabilitation counseling. These finding illustrate two possible explanations. First, it may be possible that there is a lack of CRCC website usage by professionals and lack of self-identity. As publicly employed CRCs have no need to seek new consumers or referral sources, there may be no recognizable benefit to maintaining information on the CRC websites for this population. Second, it is also quite possible there

Table 1
Frequencies of Specialties for CRCs by State and Total

Specialties	CA	FL	NY	OH	TX	WI	Total
Academia/education	53	52	71	44	61	18	299
Corrections	15	9	19	7	11	2	65
Employee Assistance Program	15	23	17	13	22	1	91
Job Development/Placement	76	88	95	72	102	34	467
Life Care Planning	11	23	15	10	20	5	84
Marriage and Family Counseling	16	23	10	7	13	2	71
Mental Health Counseling	45	72	132	56	69	24	398
Organizational Consulting	17	9	9	12	24	5	76
Return to work	59	58	50	56	80	21	324
School, Ed and Career Counseling	89	83	116	59	79	25	451
Substance Abuse Counseling	32	47	106	18	46	9	258
Veterans	48	50	40	27	47	15	227
Vocational evaluation	67	74	86	61	43	22	353
Vocational expert	67	61	42	27	45	19	261
Vocational rehabilitation	173	190	236	165	208	71	1043
Workers compensation	50	66	32	65	52	21	286
Nothing listed	278	485	671	408	407	216	2465

Table 2
Frequencies of Languages for CRCs by State and Total

Languages	CA	FL	NY	OH	TX	WI	Total
English	193	212	294	96	287	68	1150
Spanish	46	28	4	4	63	2	147
ASL	23	11	0	11	21	3	69
Tagalog	2	0	0	0	0	0	2
French	1	4	1	2	2	2	12
Cantonese	2	1	0	0	0	2	5
Korean	0	1	0	0	1	0	2
Hindi	1	2	6	1	2	0	12
Arabic	0	1	2	2	2	0	7
Portuguese	1	1	0	1	0	0	3
Vietnamese	1	0	1	0	1	0	3
Russian	2	0	2	0	0	0	4
Bengali	1	0	2	0	0	0	3
Mandarin	4	0	3	2	1	0	10
Polish	0	0	2	0	0	0	2
Italian	2	0	2	0	0	0	4
German	1	1	0	0	1	0	4

is a lack of awareness or confidence in the usability of the directory in referral generation for private practitioners, resulting in little effort of practitioners in keeping specialty/skills information robust and up-to-date. Another possible interpretation may support the perception of rehabilitation counseling subsisting as a profession or a specialty area of counseling, as many professionals have come into the field playing the dual role of both counselor and manager of services (Jenkins & Strauser, 1999; Leahy, Chan, & Saunders, 2003; Patterson, 2009; Mellin, Hunt & Nichols, 2011). This has become an even more crucial concern within the context of the merger of the Council on Rehabilitation Education (CORE) and the Council on Accreditation of Counseling and Related Programs (CACREP). The impact of accreditation standards that may in the future dilute the emphasis placed on rehabilitation coursework will impede the ability of practitioners to establish a distinct professional identity as key experts in working with individuals with disabilities. Ongoing confusion regarding roles and responsibilities lends support to the need to address professional issues of self-identification for rehabilitation counselors (Leahy, Chan, & Saunders, 2003). If the primary resource for locating rehabilitation counseling professionals is not utilized on a consistent basis, the threat to identity posed by a lack of unified message on professionalism and unique skillsets to the public and potential consumer base will be magnified.

The study suggests differences in self-indicators within each region and extreme lack of any self-identifiers for all regions. In consideration of each region and the corresponding states, the researchers found it interesting to note the differences in the percentages of professionals self-identifying with various specialties with the possible conclusion that rehabilitation counseling professionals identify, define, and evaluate specific competency areas important to their professional practice based on regional initiatives, agency structure, or position within the agency. Further investigation may highlight areas of professional demand or shortages based on regional need.

Currently, settings, where rehabilitation counseling services are provided, continue to undergo significant changes in the way that services are delivered to individuals with disabilities. There are multiple indicators that the shift in the foundation and practice of rehabilitation counseling has created concerns related to self-identity. Specifically, there is an advent of new knowledge and skill requirements emerging from the CORE-CACREP merger which have ongoing influence on how professionals in the field of rehabilitation counseling self-identify now and into the future. Further, this merger impacts the discernment made by colleagues in the counseling field surrounding the rehabilitation personal and professional identity with individuals in the future falling under the counselor identity with a specialization in rehabilitation. The clarity of an overall professional identity and the tenacity of professional commitment are important to

any field, and especially important given the plethora of changes in rehabilitation settings in relation to identity (Armstrong et al., 2008).

Language

As only 26% of professionals in the study reported fluency in English with a further 7% reporting a non-English language, there is a strong case for the necessity of CRCC to educate and encourage CRCs to update their profiles on the website. As the U.S. Census reports that over 20% of all Americans speak another language at home (U.S. Census Bureau, 2015), it is important that not only are there counselors with these language proficiencies but also that there is a place to report this skill.

Conclusions

A large part of professional identity and commitment to the field is evidenced by self-identification. Advancing the profession of rehabilitation counseling requires the self-identification of experts who can provide specialized, proficient and ethical services to multiple consumer groups with disabilities. At a time when future professional counselors will be coming together under a single educational umbrella, further investigation is needed into the opportunities established with a dynamic directory of rehabilitation-trained professionals. As other professional directories that offer specialty and client satisfaction/outcomes information are exceedingly valuable when trying to access trained professionals, private practitioners who hold certification/licensure in various rehabilitation and counseling areas should list specific skills and demonstrated outcomes on a professional organization's website in order to empower better informed clients to self-select appropriate rehabilitation counselors based on individual needs, counselor expertise, and demonstrated counselor effectiveness.

Based on this study, further research is warranted in several areas. Questions that remain include: How do current private practitioners outside of the traditional state-federal VR systems view their self-identity? What is the perception of CRCs on the professional locator function within CRCC's website and what was the rationale for either posting or not posting additional information such as specialties and languages? How does language matching between rehabilitation practitioner and client impact rehabilitation outcomes? What is the potential impact of an enhanced website's search engine, such as the CRCC professional locator page, on provider promotional activities and outcomes, the development of evidence-based private practices, and sense of identity in private practitioners?

Limitations to this study include the inclusion of only six states in the analysis that may limit generalizability. By using the CRCC website's publicly available data, no information on demographics could be determined. In addition, all information in the system is self-reported and, therefore, allows for no cross checks for competencies in specialties or languages.

Editorial Comments: This article offers a reality for the current profession of rehabilitation counseling, specifically Rehabilitation Counselors—our identity at present is difficult to discern. Not only has the merging of CORE and CACREP disenabled a singular identity, but moreover the ongoing loss of rehabilitation counseling educational programs makes this identity even more ambitiously ambiguous. Progressive actions have been taken by IARP, NRCA, among others to congeal the identity but the road towards solidifying the identity is not complete. I applaud this article and look forward to local and national efforts to further define the role of Rehabilitation Counselors in both forensics and also generalized counseling.

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