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Educational Preparation for Private Sector Rehabilitation Practitioners

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This is a descriptive study of private sector rehabilitation practitioners' opinions about rehabilitation counseling preparation, including distance education delivery. An electronic survey created at SurveyMonkey.com was distributed anonymously to members of the International Association of Rehabilitation Professionals (IARP), which is the professional organization representing private sector practitioners in rehabilitation. Fifty-six members responded to the survey. Respondents identified master's level training in rehabilitation counseling or a related discipline as necessary preparation for practice in the private sector, but generally viewed master's level graduate readiness for entry into the private sector as insufficient. Of respondent-suggested essential topics, business law, business management and human resources, disability management, non-profit management, forensic statistics, and forensic rehabilitation are not adequately covered in current program instruction. A majority of respondents viewed the Certified Rehabilitation Counselor (CRC) credential as essential.

Keywords: Private sector rehabilitation, rehabilitation counselor education

Traditionally, most rehabilitation counselor education master's degree graduates obtained employment in the public sector, primarily at the state level (O'Brien & Graham, 2009). Today, it is estimated that 30% or fewer are accepting employment in these settings upon graduation (Etheridge, Rodgers, & Fabian, 2007; Zanskas & Strohmer, 2011). The scope of practice of rehabilitation counselors has steadily expanded both within and outside of traditional rehabilitation settings, creating new roles and opportunities for graduates in settings such as social work, human resources, schools, and hospitals (Etheridge et al., 2007).

Within private sector rehabilitation, employment opportunities have expanded to consulting, forensic rehabilitation, and disability management (Zanskas & Strohmer, 2011). However, few university-level rehabilitation education courses are available to address specific skills needed by private practitioners (Etheridge et al., 2007; O'Brien & Graham, 2009; Zanskas & Strohmer, 2011). The following research questions were presented to private sector rehabilitation practitioners to assist with evaluating existing online rehabilitation counselor education coursework and planning for curricular adjustments:

1) What educational preparation is essential for entry into private sector rehabilitation?
2) Which credentials are essential for private sector rehabilitation practitioners?
3) Is there interest in mentoring graduate student interns among private sector rehabilitation practitioners?
4) What is the interest and confidence level among private sector rehabilitation practitioners for use of eLearning and online instructional technologies?

Literature Review

Rehabilitation counseling is a counseling specialty which originated in the public sector as government-managed vocational rehabilitation (VR) before moving into increasingly diverse practice settings (Chan, Chronister, Allen, Catalano, & Lee, 2004; Etheridge et al., 2007). As the needs of persons with disabilities (PWD) became better understood by providers, rehabilitation counselors' scope of practice and employment settings grew broader (Chan et al., 2004). Rehabilitation service delivery models continue to evolve today (Barros-Bailey, Benshoff, & Fischer, 2007; Leahy, Muenzen, Saunders & Strauser, 2008).

In the 1970s, rising costs associated with workers compensation claims created a demand for VR services from insurance providers (Shaw, McMahon, Chan, Taylor, & Wood, 1997). Around the same time, VR was charged with prioritizing services to persons with the most severe disabilities, causing persons with mild disabilities to seek solutions in the private sector (Shaw et al., 1997). These events contributed to the emergence of private sector rehabilitation, and by 1991 private practitioners across the nation began to organize professionally.

The Commission on Case Manager Certification (CCMC) was established in 1995; within two years, over 19,000 professionals had voluntarily acquired professional certification from the organization. Initial resistance to private sector rehabilitation centered on ethical objections to earning a profit for service provision to PWD (McMahon, 2011), as well as concerns about overmuch focus on the medical model. Both public and private rehabilitation practitioners are guided by ethical and professional principles such as consumer empowerment and quality of life (Chan et al., 2004).

The role of rehabilitation counselors in the public and private sectors is similar (Chan et al., 2004; Sales, 1979), however, their functions are based upon the settings in which they practice (Chan et al., 2004; Leahy, 2008). Early studies of the necessary knowledge base of private rehabilitation counselors identified seven essential domains, with case management as the most important (Shaw et al., 1997). The other six domains identified were vocational assessment and planning, expert witness testimony, employment and disability legislation, community resources, psychosocial and functional aspects of disability, and job analysis and modification (Shaw et al., 1997). Later studies increased these knowledge domains to twelve for rehabilitation counselors in general, with importance and frequency of use of each domain determined by practice setting (Leahy et al., 2008). The two most important and frequently used knowledge domains were medical, functional, and environmental aspects of disabilities, and case and caseload management (Leahy et al., 2008).

Reliance on knowledge of case management in service provision by public and private sector practitioners remains higher than in other rehabilitation-related settings (Leahy et al., 2008). The most extensive knowledge domain identified by the Council on Rehabilitation Education (CORE) accreditation standards is case management (Section C.10, CORE Standards, 2013). Prominent practice areas in the private sector are disability management; forensic rehabilitation; life care planning; and, licensed practitioner (Barros-Bailey, Benshoff, & Fischer, 2007; Etheridge et al., 2007).

Universities with rehabilitation counselor education programs across the nation have recognized the need to prepare private sector practitioners (Barros-Bailey, Benshoff, & Fischer, 2007; Shaw et al., 1997). Rehabilitation practitioners have expressed concern that students are not receiving sufficient instruction in areas critical to private sector practice, and especially in case management (Barros-Bailey, Benshoff, & Fischer, 2007; Shaw et al., 1997; Zanskas & Strohmer, 2011). Practitioners entering the private sector may benefit from specialized training in vocational evaluation, labor market analysis, provision of expert testimony, and solution-focused counseling (Etheridge et al., 2007). Recruiting rehabilitation counselor education students with business or labor relations experience is suggested by some researchers to optimize the person-work environment fit for private sector practitioners (Zanskas & Strohmer, 2011).

Early advocates for inclusion of training for private sector practitioners proposed infusing existing rehabilitation counselor education curricula with principles of business management and insurance rehabilitation (Sales, 1979; Zanskas & Strohmer, 2011). In the 1990s, these recommendations ex-

panded to include organizational development, program evaluation, and benefits systems. In addition to the fundamental rehabilitation counselor education (RCE) curriculum that is similar for public and private rehabilitation students, specialty preparations encompass mental health, addictions, worker's compensation, and disability management (Etheridge et al., 2007).

Method

This descriptive study examines private sector rehabilitation practitioners' opinions about rehabilitation counseling preparation, including distance education delivery. An electronic survey created at SurveyMonkey.com was distributed anonymously to members of the International Association of Rehabilitation Professionals (IARP), the professional organization representing private sector practitioners in rehabilitation. The survey included an informed consent statement and demographic questions regarding: age, gender, sexual orientation, ethnicity, and disability; educational preparation; professional credentialing; employment settings, and position titles. Likert-type questions based on current course offerings at Emporia State University (ESU) addressed IARP member opinions about essential rehabilitation education levels and coursework, necessary credentials, and aspects of online education. Prior to distribution the survey was reviewed for feedback and revision by a local IARP chapter representative. The data collection method was pre-approved by the ESU Internal Review Board. The survey link was distributed to IARP members four times over a month-long data collection period, via the IARP Member Forum. Two faculty researchers independently reviewed the data for accuracy.

Study Limitations

The IARP membership is comprised of about 2,600 rehabilitation professionals (C.W., personal communication, 2015). Fifty-six members responded to all or part of the survey, which is insufficient for a representative sample of the membership's demographics and professional opinions. However, the response rate gives an indication of the IARP membership's level of interest in rehabilitation counselor preparation. In tandem with the existing literature, information provided by respondents may be useful to ESU university faculty in the process of updating and developing more inclusive rehabilitation program offerings.

Results

Demographics

Most respondents (45%) were between the ages of 55-64; 4% were between 35-44 years of age; and, 27% were between 45-54 years old. Women practitioners made up 61% of respondents. Twenty-four percent of respondents reported having a disability. Ninety-four percent of respondents identified as White, 4% as Black or African American, and 2% as Hispanic or Latino. Four percent of respondents identified as lesbian, gay, bisexual or transgender (LGBT).

Educational Preparation

Fifteen percent of respondents had obtained a terminal degree in rehabilitation counseling. Most were representative of master's level education; 68% of respondents had a degree in rehabilitation counseling; 38% in human services; 36% in psychology; 29% in public policy; 20% in disability policy and law; 17% each in vocational evaluation, social work, and nursing; and, 15% in addictions. Other master's level degrees listed by respondents included speech language pathology, and guidance and counseling. The disciplines of sociology, psychology, and social work were prominent at the bachelor's degree level. Fifty percent of respondents had obtained an A.A.S. degree in Nursing.

Over half of respondents identified on-the-job training as the avenue by which they learned topics such as vocational evaluation (76%), disability policy and law (66%), service approaches to addiction (69%), and public policy (57%).

Professional Credentialing

Ninety-seven percent of respondents were Certified Rehabilitation Counselors (CRC) and 24% had American Board of Vocational Experts (ABVE) credentials at the Fellow or Diplomate levels. Forty-two percent were licensed counselors; 2% were licensed addictions counselors; and, 7% were Nationally Certified Counselors (NCC).

Thirty-two percent of respondents were certified as a Certified Disability Management Specialist (CDMS) or as a Certified Professional in Disability Management (CPDM). Certified Case Managers (CCM) made up 17% of respondents, and 15% were Certified Life Care Planners (CLCP). Other certifications reported include vocational evaluator, disability analyst, legal nurse consultant, and qualified rehabilitation professional.

Practice Settings

Most respondents identified as self-employed in rehabilitation settings (76%) or as working for a private rehabilitation company (17%). Close to 7% were working in community and/or public sector settings. Educational settings comprised the remainder, with 13% employed by colleges or universities, and 2% working in K-12 schools.

Position Title

A majority of respondents selected rehabilitation counselor (63%) and forensic specialist (63%) as at least one of their position titles. Thirty-seven percent were titled as life care planners, 30% as case managers, 28% as social security vocational experts, 21% as rehabilitation and disability case managers, 19% as career counselors, and 14% as disability management specialists.

Fourteen percent of titles listed by respondents encompassed the following: vocational consultant, rehabilitation consultant, vocational expert, rehabilitation specialist, and vocational rehabilitation consultant. Other job titles as written in were assistant and associate professor, mental health counselor, accommodations services representative, vocational services manager, workforce development IT support, and owner/president.

Populations Served

Injured workers comprised the largest population reported by respondents, at 34%. Specific disability populations served by respondents included persons with traumatic brain injury; spinal cord injury; catastrophic injury; amputation; orthopedic injury; stroke; heart attack; HIV; hearing loss; visual impairment; autism spectrum disorders; intellectual, cognitive, and developmental disabilities; physical disabilities; and, psychiatric or mental health disorders.

Other service populations listed were nontraditional college students; college students with disabilities; special education students; veterans; persons who are incarcerated; retirees; Spanish-speaking consumers; people of color; LGBT; persons in the process of divorce; railroad workers; and survivors of car accidents (37%). Approximately 16% of respondents indicated that they do not specialize in any particular population.

Essential educational preparation for practitioners in private sector rehabilitation. Approximately 87% of respondents indicated that a master's degree in rehabilitation counseling or a related discipline is necessary to become a competent practitioner in private rehabilitation settings. Seventy-five percent of respondents believed that rehabilitation counseling graduates are insufficiently prepared for entry into the private sector.

The foundational rehabilitation topics most often rated as essential for entry into the private sector were psychosocial aspects of disability (95%), medical aspects of disability (95%), vocational assessment (95%), and, job placement and development (93%). Career counseling (87%), skills development (81%), case management (80%), counseling theory (75%), disability policy (77%), and history of the profession (70%) were also frequently recommended, with fewer recommendations for research methods (64%) and group counseling (43%; Item 35).

Specific topics that respondents listed as essential to preparation for a career in the private sector included theory and practice of private rehabilitation, job analysis and analysis of transferable skills, evidence-based vocational evaluation, use of government-generated occupational and employment resources, labor market research, business and human resources, business law, non-profit management, forensic statistics, forensic rehabilitation, disability management, long- and short-term disability, worker's compensation, the Health Insurance Portability and Accountability Act (HIPAA) and Personally Identifiable Information (PII), and analysis and application of data.

Nearly all of the respondents selected technology and assistive devices as a desirable elective for students going into private sector rehabilitation (93%; Item 35; N=45). Diagnosis and treatment of mental disorders (73%), co-occurring disorders (67%), veteran's issues (64%), psychopharmacology (62%), and business management (62%) were also rated as useful courses (Item 45; N=45).

Essential Credentials for Private Sector Practitioners

Ninety-four percent of respondents agreed or strongly agreed that the Certified Rehabilitation Counselor (CRC) was essential for practitioners in private sector rehabilitation; 40% deemed state counseling licensure as essential (Item 30, 37; N=48). Certified Disability Management Specialist (CDMS), Certified Life Care Planner (CLCP), and Certified Case Manager (CCM) were written in by several respondents.

Interest in Mentoring Rehabilitation Master's Students

Approximately 66% of respondents had an interest in mentoring rehabilitation counselor education graduate students. Most (73%) disagreed or strongly disagreed with the statement that private sector rehabilitation settings are too advanced for graduate student interns. Over 50% of respondents felt confident that they could use online technology effectively in the mentoring process; 31% disagreed or strongly disagreed, and 17% were unsure.

Interest in and Comfort With Online Instruction

A majority of respondents (75-79%) felt comfortable with most eLearning and online instructional technology and 64% had taken online coursework at some point. While seventy-four percent of respondents indicated that they would take a class online, 35% would not take a skills development course in rehabilitation counseling online. Another 60-64% of respondents were of the opinion that people or communication skills cannot be effectively learned online, however, 67% indicated that online rehabilitation counselor education was an effective delivery method. Forty-four percent of respondents agreed or strongly agreed that eLearning and online instruction are only appropriate for specific types of rehabilitation coursework, with 42% disagreeing or strongly disagreeing. Overall, 70% of respondents were not interested in taking an online master's degree in rehabilitation counseling.

Discussion

Overall, survey respondents were well educated, experienced in the rehabilitation profession, and highly credentialed practitioners, predominantly ranging from middle aged to senescent. Most were self-employed, identified themselves as rehabilitation counselors or forensic specialists, and described their primary service populations as injured workers in urban areas. Respondents identified

master's level training in rehabilitation counseling or a related discipline as necessary preparation for practice in the private sector, but generally viewed master's level graduate readiness for entry into the private sector as insufficient.

With the exception of research methods and group counseling, respondents appeared to be in agreement with the educational standards identified by the CORE, which informed development of the institution's existing rehabilitation counseling curriculum. One respondent clarified that research methods were not as important to the role of private sector practitioners as the ability to analyze and apply data. While existing literature identifies case management as a critical function of private sector practitioners, survey respondents selected psychosocial aspects of disability, medical aspects of disability, vocational assessment, and job placement with greater frequency than case management.

Of respondent-suggested essential topics, business law, business management and human resources, disability management, non-profit management, forensic statistics, and forensic rehabilitation are not covered in current program instruction. The other topics that respondents suggested as essential are currently addressed within the umbrella of existing courses at the institution. For instance, students in the vocational assessment course are required to complete a labor market survey, and the use of government-generated occupational and employment resources is practiced by students in both vocational assessment and case management classes. The case management course introduces a history of public and private sector practitioner roles. Although these topics are already a part of the curriculum, the duration and depth of corresponding instruction may warrant further examination. Overwhelmingly, respondents agreed that technology and assistive devices is an important elective, presenting an impetus for establishing it as a required course even though the topic is given some treatment in the existing case management class.

Respondents were nearly unified in identifying the CRC as an essential credential, a view which may not typically be upheld by the public sector. In a study conducted by Plotner et. al (2013), approximately 51.3% of the vocational rehabilitation counselors in the public sector had a CRC. Respondents selected the CRC much more frequently than American Board of Vocational Experts (ABVE) credentials. Professional counseling licensure at the state level was viewed as essential by 40% of respondents. This indicates that a number of private sector practitioners are likely providing direct therapy to consumers, and/or are aware of national movement towards uniformity and reciprocal state licensure requirements in order for counselors to practice.

About two-thirds of respondents were interested in mentoring rehabilitation counseling graduate students, with three-fourths eschewing the statement that the private sector is too advanced for beginners. More than half felt confident that they could mentor graduates during internship using online and distance technologies. These responses may represent potential for collaboration between rehabilitation counselor education programs and private sector rehabilitation professionals.

A majority of respondents indicated comfort using online and distance technologies, yet considerably fewer were confident that counseling skills development could be acquired adequately using instructional technologies. The prevailing opinion was that rehabilitation counseling can be effectively taught using instructional technology for specific types of courses, such as those focused on history, theory, and application of information. Application of counseling technique and development of interpersonal skills were deemed less feasible for eLearning and online instruction.

It should be noted that the survey questions about eLearning and online instruction may not have been clear, or respondents may not be fully aware of the existing and growing applications of instructional technology. Traditional classroom courses may be supported with course documents and assessments provided online; a hybrid or blended course consists of both classroom instruction and a complementary online learning component; and, distance education courses provide learning and instructional activities that are 100% web-based. Web-based courses may require students to work through material independently at their own pace (asynchronous), or to meet at a specific time onscreen for interaction with instructors and/or peers (asynchronous). In short, there are online options for instruction and clinical supervision that involve visual, interpersonal contact, using technology to facilitate these interactions.

Most respondents indicated no interest in taking an online master's degree program in rehabilitation counseling. This may reflect less awareness of the available technology for online instruction, but is likely due to the fact that respondents have already completed multiple degrees, including a master's level education in rehabilitation counseling or a related discipline.

Recommendations

The master's degree in rehabilitation counseling is considered essential by private sector practitioners, presenting support for continuing to offer it at ESU. The existing curriculum is similar to the needs described by respondents and could benefit from review. Simple changes may make the program more marketable to students interested in private sector rehabilitation. This might be approached by expanding the depth and breadth of existing rehabilitation topic coursework that is relevant to the private sector, and/or adding elective options to include courses in forensics, business and human resources, non-profit management, and disability management. Developing program concentrations in private and public rehabilitation as options for degree-seekers, could achieve a similar result. It would be beneficial to conduct a needs-assessment with potential students prior to making such changes.

As there has been interest in graduate student mentoring expressed by private sector practitioners, there may be opportunities to seek practitioner input on proposed curriculum revisions, to acquire adjunct instructors with experience in the private sector, and to pair private sector interns with experienced mentors.

The CRC credential appears to be most useful to private sector practitioners, and as such, should continue to be promoted to students. As licensure is now mandated for practicing counselors in every state, it is prudent for the distance rehabilitation counselor education program at ESU to continue meeting educational standards set forth by the state of Kansas. This requires a master's degree in counseling and 60 semester credit hours of counseling coursework from a program accredited by the Council for Accreditation of Counseling and Related Programs (CACREP). The 2017 merger of CORE and CACREP ensures that rehabilitation counselor education in Kansas meets this state standard.

The rehabilitation counselor education program at ESU is a distance program, fully web-based. Considering the rural location of ESU and the growing availability of online education nationally, continuance of the online degree format is recommended. Assessment of the online delivery system and related aspects of online education should be included in regular program evaluations. Two RCE faculty members have completed a graduate-level certificate in eLearning and Online Instruction, and all department faculty who provide distance learning are encouraged to engage in ongoing training in this area.

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