

The Validity of Exploring Educational Attainment Levels and Occupational Skill and Physical Strength Demand Levels of Caregivers When Evaluating Loss of Earning Capacity in Pediatric Cases

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Vocational rehabilitation counselors engage in litigated matters to determine the loss of earning capacity for injured individuals. Forensic assessments typically include individuals with established work and educational patterns. The individuals are sometimes children with no set education or work pattern. While pediatric models focus in part on using parental education and career patterns as a basis for establishing vocational opinions, there is a lack of research regarding the validity of these factors. This study focused on the relationship of the primary caregiver's educational attainment and occupation to the adult child's educational attainment and occupation. The findings suggested there was a significant positive association between the caregiver's educational attainment and the child's educational attainment, the caregiver's occupation and the child's occupation.

Keywords: forensic pediatric vocational assessments, limited work pattern, parent child career patterns, parent child work patterns, parent child educational patterns, PEEDS-RAPEL Model

Individuals with disabilities often have impairments that impact their ability to work. Vocational rehabilitation counselors have the specialized training and knowledge needed to assist these individuals with workforce re-entry. Vocational rehabilitation counselors are often engaged to offer expert opinions related to loss of wage-earning capacity for injured individuals who have sustained physical, cognitive, or psychological impairments as a result of an incident. Because of their specialized training and knowledge in this field, the expert opinion of vocational rehabilitation counselors can be valuable to the trier of fact in deciding the damages related to loss of future earning capacity of an injured individual.

Evaluating wage-earning capacity following an injury is multifactorial (Berens & Weed, 2009; Deutsch & Sawyer, 2002). There are a number of factors involved. One factor is age. The age of the individual at the time of injury will influence the way in which a vocational rehabilitation counselor obtains information and arrives at opinions regarding the loss of earning capacity. There are four age

groupings relevant to vocational rehabilitation counselors: (a) injured in the neonatal period or at birth; (b) injured before school age; (c) injured before establishing a career identity; and (d) injured after having an established work history representative of their vocational potential (Berens & Weed, 2009; Neulicht & Berens, 2011). Factors involved in evaluating wage-earning capacity include education, vocational training, work history, transferable skills, work pattern, earnings history, limitations, restrictions, vocational test results, and vocational interests (Berens & Weed, 2009; Deutsch & Sawyer, 2002). These factors make up the individual's vocational profile. Assessing preinjury and postinjury earning capacity of individuals with an established work path is the most common method for determining earning capacity (Weed, 2009).

When there is a request for a vocational assessment involving a child, especially a child below the age of 16, the child will likely have a limited level of educational attainment and no significant work history for the vocational rehabilitation counselor to rely upon, merely due to the age of the child at the time of injury. For this reason, vocational assessments of children require an approach that is different from assessing adults. When offering expert opinions regarding an individual's earning capacity after injury, rehabilitation counselors must follow a sound methodology throughout the vocational assessment. In relations to earning capacity and pediatric cases, career development theories can offer a foundation for vocational opinions. Many career development theorists and researchers emphasize parental and family influences as primary factors in the career development of individuals (Burkhead & Wilson, 1995). Several career development theories such as those from Ginzburg, Gottfredson, Roe, and Super consider parental influences on children's career development (Zunker, 1994).

Ginzburg's career development theory suggested that occupational choice is a developmental process with three separate stages including the fantasy stage, tentative stage, and realistic stage (Ginzberg, Ginzberg, Axelrad, & Herma, 1951). Gottfredson's career development theory described how people become attracted to specific occupations (Gottfredson, 1981). Roe's theory added personality development and career choice, theorizing that early childhood experiences, such as the relationships between children and their parents, significantly influence occupational choices in adulthood (Roe & Lunneborg, 1990).

Super's theory posited that career development is a lifelong process occurring in stages throughout one's lifespan (Super, 1990). This theory focused on the development of self-concept and formalized vocational development stages including the growth stage (birth to 14 or 15 years of age); exploratory stage (15 to 24 years of age); establishment stage (25 to 44 years of age); maintenance stage (45 to 64 years of age); and decline (over 65 years of age). During the exploratory stage, vocational goals start to crystallize and can become implemented. The exploratory stage is the period in which training towards vocational goals end and employment begins (Neulicht & Berens, 2011; Super, 1990). In child cases, many require evaluations before reaching the exploratory stage and prior to the crystallization of vocational goals. This absence of information due to the lack of career development adds to the difficulty of the vocational assessment process.

In the field of vocational rehabilitation counseling, one generally accepted model for assessing pediatric earning capacity is the PEEDS-RAPEL© Model (Neulicht & Berens, 2005). The PEEDS portion of this model addresses pediatric vocational assessments by evaluating parental and familial occupations and educational attainment, as these factors are thought to be part of a preinjury predictor of educational attainment and career choice of the adult child. Due to disability, the child may never be able to achieve the projected level of education or the intended career path. For this reason, the vocational rehabilitation counselor's expert opinion is necessary to unravel the differences in the child's preinjury and postinjury vocational outlook as well as the likelihood and the extent of future diminished earning capacity. The expert opinions of vocational rehabilitation counselors can be valuable in deciding the special damages for loss of future earning capacity in a child. Before being admitted as an expert, the court examines the counselor's education, training, experience, and credentials. The expert must also follow a reliable methodology. Without a reliable methodology, the expert's testimony may be limited or excluded from a case (Field, 2014; Havranek, 1997).

Standards for Expert Testimony

The court acts as the gatekeeper to ensure that the expert's testimony is based on a reliable foundation that is relevant to the case. The judge ultimately decides whether the evidence passes the test of reliability. There have been several court rulings regarding expert opinions and standards of methodology including *Frye v. the United States* 293, F 1013 (D.C., Cir 1923), *Daubert v. Merrell Dow Pharmaceuticals*, 509 U.S. 579 (1993), and *Kumho Tire v. Patrick Carmichael*, 526 U.S 137 (1999). The vocational rehabilitation counselor's expert opinion can be extremely valuable in the courtroom. To pass the requirements maintained by the court, the vocational rehabilitation counselor must possess the relevant education, training, certifications, and licenses needed to be recognized as an expert in the field. As an expert, following generally accepted methodology that is peer reviewed and published is critical, and therefore, the vocational rehabilitation counselor should always follow an accepted methodology, assuring that there is adequate foundation for vocational opinions (Deutsch & Sawyer, 2002). Current and ongoing field research can prove to be invaluable in a forensic matter.

Although the PEEDS-RAPEL© Model is a generally accepted model in the field of vocational rehabilitation, there is a lack of information in the literature addressing the factors that are related to vocational prognoses and earning capacity of children. Peer-reviewed research focusing on the relationship between primary caregivers' educational attainment and their adult child's educational attainment as well as the primary caregivers' occupational choice and their adult child's occupational choice will enhance the field of vocational rehabilitation, particularly when conducting vocational assessments of children.

The PEEDS-RAPEL© Model suggests that parental and familial occupations and educational attainment are thought to be part of a preinjury predictor of educational attainment and career choice of the adult child. This paper focused on the validity of exploring educational attainment levels and occupational skill and physical strength demand levels of caregivers when evaluating the loss of earning capacity in pediatric cases, as addressed in part in the PEEDS-RAPEL© Model. Although this study does not specifically look at the general population statistical trends in the levels of educational attainment that occur over time, educational trends can be important to recognize when evaluating vocational issues in pediatric cases. According to the United States Department of Education, Office of Educational Research and Improvement, *120 Years of American Education: A Statistical Portrait*, 1993 National Center for Education Statistics there was a steady rise in proportions of adults completing high school and college since 1940 (Snyder, 1993).

Likewise, as published by the United States Census Bureau, Current Population Reports, the average educational attainment for the entire population continued to rise. In 2003, over four-fifths (85 percent) of all adults 25 years or older reported they had completed at least high school; over one in four adults (27 percent) had attained at least a bachelor's degree; both measures were all time highs. In 2007 more than four out of five (84 percent) adults aged 25 and over reported having at least a high school diploma or its equivalent, while over one in four (27 percent) reported a bachelor's degree or higher. This reflects more than a three-fold increase in high school attainment and more than a five-fold increase in college attainment since the Census Bureau first collected educational attainment data in 1940. In 2015, almost nine out of 10 adults (88 percent) had at least a high school diploma or GED, while nearly one in three adults (33 percent) held a bachelor's or higher degree.

When evaluating an individual's preinjury and postinjury vocational and educational potential, the vocational counselor must also examine specific individual variables such as motivational and behavioral factors of the individual that cannot be found in any probability table (Toppino, 2002). This paper does not address other potential contributing factors that could influence educational attainment and occupational choice, such as but not limited to influential factors including socioeconomic, geographic, and environmental factors, as well as biological, cultural, social, motivational and behavioral factors. These factors can also be important to weigh when conducting pediatric vocational assessments.

The purpose of this study was to determine whether a relationship exists between (a) the primary caregivers' level of education and their adult child's level of educational attainment, (b) the primary

caregivers' primary occupation skill level and their adult child's primary occupation skill level and, (c) the primary caregivers' occupation physical strength demand level and their adult child's primary occupation physical strength demand level. According to the pediatric vocational assessment models typically relied upon by vocational experts, parental and familial occupations and educational attainment are thought to be in part preinjury predictors of educational attainment and career choice of the adult child. Knowing whether there is a relationship between the primary caregivers' and the adult child's level of educational attainment, and whether there is a relationship between occupational factors such as the primary caregivers' and the adult child's occupational skill level and occupational physical strength demand level can assist the forensic vocational expert in establishing the necessary foundation for their opinions when evaluating pediatric cases. The following research questions helped guide the current study:

1. To what extent does the primary caregiver's level of educational attainment associate with the adult child's level of educational attainment?
2. To what extent does the primary caregiver's occupational skill level associate with the adult child's occupational skill level?
3. To what extent does the primary caregiver's occupational level of physical strength demand associate with the adult child's occupational physical strength demand?

Method

The primary purpose of this study was to determine whether a relationship exists between the primary caregivers' level of education and their adult child's level of educational attainment and between the primary caregivers' primary occupation and their adult child's primary occupation.

Participants

The population used in this study were adults who acquired impairments and later were evaluated in a private vocational rehabilitation counseling practice and underwent a vocational assessment conducted by a Louisiana Licensed Vocational Rehabilitation Counselor. The primary author had access to files containing records of injured adults who had undergone a vocational rehabilitation assessment within their own private practice. The files from past clients in this study ($N = 102$) had acquired physical, cognitive, or psychological impairments resulting in subsequent limitations allegedly caused by an incident for which a lawsuit was filed claiming damages for loss of future wage-earning capacity. The type of incidents causing impairments included incidents such as work-related accidents, motor vehicle accidents, and slip and falls. The individuals in the study were not identified, as each file was assigned a number. The files were systematically selected from total of over 800 files created in the years 2016 through 2018. Assuming a medium effect size and $P = .8$, at $\alpha = .05$, a minimum of 102 files were necessary for the full survey (Cohen, 1992). The ages of the individuals ranged from 22 to 80 years, with a mean age of 41.42 ($SD = 12.03$), and a median age of 41. Participant demographic information is presented in Table 1.

Instrumentation

A rubric was used to collect the relevant data from each file. The occupational skill level and physical strength demand for each occupation was recorded and used as defined by the Dictionary of Occupational Titles (1991). The level of educational attainment was assigned a number 1 = less than high school, 2 = high school degree including GED, 3 = some college no degree, 4 = Associates Degree, 5 = Bachelor's degree, and 6 = graduate degree or higher. The skill level was assigned a number 1 = unskilled, 2 = semiskilled, 3 = skilled, and 4 = highly skilled. The physical strength demand was also assigned a number 1 = sedentary, 2 = light, 3 = medium, 4 = heavy, and 5 = very heavy. The gender, age, race, and injury type of individuals in the study were also recorded as demographic data.

Table 1
Demographic Information of Study Participants

	n (%)
Gender	
Male	42 (41.2%)
Female	60 (58.8%)
Race	
African American	54 (52.9%)
White	44 (43.1%)
Hispanic	4 (3.9%)
Injury Type	
Neck & Back	54 (52.9%)
Neck only	20 (19.6%)
Back only	12 (11.8%)
Upper Extremity	5 (4.9%)
Brain Injury	5 (4.9%)
Lower Extremity	3 (2.9%)
Spinal Cord Injury	1 (1.0%)
Burn & Psychological	2 (1.9%)
Parents	
Mothers	49 (48%)
Fathers	49 (48%)

Procedures

The current research study examined existing data obtained during forensic vocational rehabilitation assessments at a private vocational rehabilitation counseling practice in South Louisiana. This type of research study that utilizes existing data is sometimes referred to as a *file pulling* or *existing data* research study. Files of adults with an established career path at the time of their injury were systematically selected and used to obtain relevant information regarding the variables being studied. The level of education attainment, primary occupational skill level, and occupational physical strength demand of the injured adult (client) were used as the dependent variables for this study. The level of education attainment, primary occupational skill level, and occupational physical strength demand of the caregiver for each injured adult were used as the independent variables for this study.

For each file, data from the primary caregiver was used. The primary caregiver was identified by using a hierarchical decision-making model noted below. All three independent variables had to be known for each caregiver to be considered in this hierarchical decision making model or else, the caregiver with all three known independent variables were automatically chosen.

1. The primary caregiver with the highest level of education was selected for the study; however, if both caregivers' level of education were equal then;
2. The caregiver with the highest occupational skill level was selected. If both caregivers had the same educational attainment and primary occupational skill level, then;
3. The caregiver with the highest occupational physical strength demand level was chosen. If all three dependent variables were the same, then;
4. Both caregiver's data were used, since all three dependent variables were the same.

After reviewing each case file and collecting information related to the variables of interest and demographic variables, all information was entered into Statistical Package for the Social Sciences (SPSS) for statistical analysis.

Results

Research Question 1

The first research question for this study was to what extent does the primary caregiver's level of educational attainment associate with the adult child's level of educational attainment? Data entered in SPSS included the primary caregiver's and the injured adult's level of education. SPSS calculated the correlations. Cohen's guidelines for size of correlation are as follows: .10 = small, .30 = moderate, .50 = large. The average educational attainment for the primary caregivers was some college no degree (mean = 3.02; SD = 1.55). The average educational attainment for the adult children was some college no degree (mean = 3.40; SD = 1.41).

There was a significant correlation between the primary caregiver's level of education and the adult child's level of educational attainment. The results are displayed in Table 2 below.

There was a positive association between the primary caregiver's level of educational attainment and the adult child's level of educational attainment.

Table 2

Findings from Pearson Product Moment Correlational Analysis for Educational Level

		Primary Caregiver	Adult Child
Primary Caregiver	Pearson Correlation	1.00	.450*
	Sig. (2-tailed)		.000
	N	102	102
Adult Child	Pearson Correlation	.450*	1.00
	Sig (2-tailed)	.000	
	N	102	102

Note. * Correlation is significant at the .001 level (2-tailed).

Research Question 2

The second research question in the study was to what extent does the primary caregiver's occupational skill level associate with the adult child's occupational skill level? Data entered in SPSS included the primary caregiver's and the injured adult child's occupational skill level. SPSS calculated the correlations. The average skill level for primary caregivers was skilled work (mean = 2.81 SD = 0.70). The average skill level for the adult children was skilled work (mean = 2.83; SD = 0.66). There was a significant correlation between the primary caregiver's occupational skill level and the adult child's occupational skill level. Results are displayed in Table 3 below.

There was a positive association between the primary caregiver's occupational skill level and the adult child's occupational skill level.

Table 3*Findings from Pearson Product Moment Correlational Analysis for Skill Level*

		Primary Caregiver	Adult Child
Primary Caregiver	Pearson Correlation	1.00	.467*
	Sig. (2-tailed)		.000
	N	102	102
Adult Child	Pearson Correlation	.467*	1.00
	Sig (2-tailed)	.000	
	N	102	102

Note. * Correlation is significant at the .001 level (2-tailed).

Research Question 3

The third and final research question in the study was to what extent does the primary caregiver's occupational level of physical strength demand associate with the adult child's occupational physical strength demand? Data entered in SPSS included the primary caregiver's and the injured adult child's occupational physical strength demand level, and SPSS calculated the correlations. The average physical strength demand level for the primary caregivers was light work (mean = 2.42 SD = 0.86). The average physical strength demand level for the adult children was light work (mean = 2.28; SD = 0.93). There was a significant correlation between the primary caregiver's occupational physical strength demand level and the adult child's occupational physical strength demand level. Table 4 results are displayed below.

There was a positive association between the primary caregiver's occupational physical strength demand level and the adult child's occupational physical strength demand level.

Table 4*Findings from Pearson Product Moment Correlational Analysis for Physical Strength Demand*

		Primary Caregiver	Adult Child PSD
Primary Caregiver	Pearson Correlation	1.00	.221*
	Sig. (2-tailed)		.026
	N	102	102
Adult Child	Pearson Correlation	.221*	1.00
	Sig (2-tailed)	.026	
	N	102	102

Note. * Correlation is significant at the .001 level (2-tailed). PSD=Physical Strength Demand.

Discussion

The purpose of this study was to determine whether a relationship exists between (a) the primary caregivers' level of education and their adult child's level of educational attainment, (b) the primary caregivers' primary occupation skill level and their adult child's primary occupation skill level and, (c) the primary caregivers' occupation physical strength demand level and their adult child's primary occupation physical strength demand level. The results of this study will contribute to the literature and practices of vocational rehabilitation counselors when conducting forensic vocational rehabilitation assessments of participants with limited or no work experience.

The relationship between the parent's educational attainment level was compared to the adult child's level of educational attainment. There was a positive association that was significant at the .01 level between the primary caregiver's level of educational attainment and the adult child's level of educational attainment. The hypothesis that the primary caregiver's level of educational attainment will positively associate with the adult child's level of education was confirmed.

The relationship of the primary caregiver's occupational skill level was then compared to the adult child's occupational skill level. There was a positive association that was significant at the .01 level between the primary caregiver's occupational skill level and the adult child's occupational skill level. The hypothesis that the primary caregiver's occupational skill level will positively associate with the adult child's occupational skill level was confirmed.

The relationship of the primary caregiver's occupational physical strength demand level was compared to the adult child's occupational physical strength demand level. There was a positive association that was significant at the .05 level between the primary caregiver's occupational physical strength demand level and the adult child's occupational physical strength demand level. The hypothesis that the primary caregiver's occupational level of physical strength demand will positively associate with the adult child's occupation physical strength demand was confirmed.

The findings of this study support the pediatric vocational assessment model, the PEEDS-RAPEL© Model. If vocational experts are in the position of making recommendations related to caregivers, such as in the vocational assessment of a child, they should consider factors such as the caregivers' educational level, occupational skill level and occupational physical strength demand level. These educational and occupational factors can assist the vocational expert in developing the foundation for their vocational opinions in these types of cases.

Limitations

This study was conducted by pulling existing documented file information obtained from individuals while undergoing a vocational rehabilitation evaluation. No one interviewed the primary caregivers in the collection of data. Thus, the data regarding each primary caregiver came exclusively from the injured adult child's knowledge of the primary caregivers' levels of education and primary occupation. In some cases, there may have been limitations associated with the injured adults' understanding of their primary caregivers' levels of education and primary occupations.

Another limitation of this study was that there could have been slight variations of an individual's skill level and physical strength demand level of their specific job as compared to how the United States Department of Labor defines the occupation. The physical strength demand and skill level of each occupation as defined by the *Dictionary of Occupational Titles* (1991) published by the United States Department of Labor was used to control for these variations that may occur across specific jobs. In some files, there was information about only one primary caregiver's educational attainment and occupation. Limited information about a caregiver was typically due to the adult child having limited knowledge of one of their primary caregivers, the adult child having only one primary caregiver or, one of the primary caregivers never worked in the open labor market. The latter would be the case when a primary caregiver was a homemaker. To control for this limitation a hierarchical decision-making model was used accordingly.

Implications for Vocational Rehabilitation Counselors

Vocational rehabilitation counselors often provide expert opinions regarding an individual's rehabilitation potential, employability, and preinjury vs. postinjury wage-earning capacity for both adults and children. The court requires that experts use sound methodology when providing expert opinions. For this reason, it is critical that vocational rehabilitation counselors rely on peer-reviewed literature and follow an accepted method when establishing expert opinions in legal cases.

Due to the differences as a result of having limited factors for pediatric cases, in the field of vocational rehabilitation counseling, the PEEDS-RAPEL© Model is a generally accepted methodology in the assessment of children. This model recommends that vocational rehabilitation counselors rely on in part the parental background, including educational attainment and occupational choice, for the foundation of their vocational opinions in these cases involving children. This study focused on the relationship of parental educational attainment, occupational skill level and occupational physical strength demand level to the adult child's level of educational attainment, occupational skill level, and occupational physical strength demand level. The research findings of this study support the underlying concepts of the PEEDS-RAPEL© Model and will assist vocational rehabilitation counselors in establishing a foundation for their expert opinions in pediatric earning capacity cases.

Implications for Future Research

This study utilized existing data from a private rehabilitation counseling practice selected from existing files of individuals who participated in a vocational assessment. The same variables could be studied across the general population. This type of study would allow for access to a broader population sample adding to the validity and reliability of the outcome of this study.

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