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Young Professionals and Leadership Development in Forensic Vocational Rehabilitation: Collaboration with Rehabilitation Counselor Education Programs

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The dynamic field of rehabilitation counseling (RC) is continuing to grow with new and expanding educational programs, opportunities for state licensure, and rewarding career paths. The recent CORE/CACREP accreditation merger has had a significant impact on RC educational programs. The need in the labor market for forensic rehabilitation experts has continued to expand. These shifts have created opportunities for those of us with professional experience in the field of RC to collaborate, share information, and provide emerging RC professionals with the education and resources they need to thrive professionally. This paper discusses CORE/CACREP merger history, current CACREP curriculum standards as they relate to RC educational programs, and recommendations for professional advocacy.

Keywords: Forensic Vocational Rehabilitation, Professional Development, CACREP, Counselor Education Accreditation, Rehabilitation Counseling

The dynamic field of rehabilitation counseling (RC) is continuing to grow with new and expanding educational programs, opportunities for state licensure, and rewarding career paths. A recent educational program accreditation merger has had a significant impact on RC educational programs in regards to the educational requirements for faculty, student to faculty ratios, and curriculum standards. The need in the labor market for forensic rehabilitation experts has continued to expand as more opportunities for vocational expert testimony in legal proceedings emerge. These shifts have created a pressing need for those of us with professional experience in the field of RC to collaborate, share information, and provide emerging RC professionals and RC education programs with the resources they require to thrive.

RC Educational Programs and the CORE/CACREP Merger

The Council on Rehabilitation Education (CORE) was established in 1972 and, for many years, was the sole organization that accredited all RC educational programs (Shaw & Kuehn, 2009). CORE no longer exists and merged with the Council on Accreditation of Counseling and Related Educational Programs (CACREP) in 2017. All RC graduate programs that were formerly accredited by CORE are now accredited by CACREP (2019a).

CACREP History

CACREP was established in 1981 and has a varied history in the counseling program specializations that have been included in CACREP accreditation over the years. The Association of Counselor Edu-

cation and Supervision (ACES) played the largest role in establishing CACREP along with the American School Counselor Association (ASCA), the American College Personnel Association (ACPA), and other divisions of the American Personnel and Guidance Association (APGA) which is now known as the American Counseling Association (ACA). Bobby (2013) described the various modifications made to the CACREP specialty areas which have changed over time with each revision of the standards. These changes have involved significant changes due to input from those in the counseling profession in the areas of counseling professional identity, numbers of units required for counselor education programs (various licensing or certification requirements), the language used to describe specialty areas, and choices made to add or delete specialty areas in each revision of the CACREP standards.

CACREP history includes some significant struggles as different counseling specializations have sought support for their unique focus and identities through the accreditation process. One controversy to note was CACREP's decision in the 1988 standard revisions to offer different specialty areas that included Community Counseling 48-semester hour programs and Mental Health Counseling 60-semester hour programs. This decision was based on varied state licensing requirements in effect at that time. Authors published several opinions on the divisions that the CACREP standards at that time created in the understanding and identity of the counseling profession as a whole (Cowger, Hinkle, DeRidder, & Erk, 1991; Hershenson & Berger, 2001; Wilcoxon, 1990). Eventually, these two specialty areas were merged into the current Clinical Mental Health Counseling 60-semester hour program specialty area. Less controversial changes have included the choice to add a marriage and family counseling specialty with modifications to the language used to describe this specialty (i.e. "therapy" to "counseling") and changes that have resulted in the decision to include college counseling programs that have a clear counseling component rather than programs that focus on other aspects of college student affairs. Gerontological counseling was added as a specialty in 1992, but was deleted in the 2001 revisions due to a lack of interest by counseling programs to utilize this specialty area (Bobby, 2013).

The original CACREP standards were established in 1981, and the ACES standards served as the first CACREP standards. The original CACREP counseling program specialty areas were first established in 1984, which included Student Personnel in Education, Mental Health Counseling: Community and Agency Settings, and School Counseling (Bobby, 2013). Section 5 of the CACREP (2016) standards address the current entry-level specialty areas of Addiction Counseling, Career Counseling, Clinical Mental Health Counseling, Clinical Rehabilitation Counseling, College Counseling and Student Affairs, Marriage, Couple, and Family Counseling, School Counseling, and Rehabilitation Counseling. Section 6 contains the section on Doctoral Standards for Counselor Education and Supervision (CACREP, 2016).

The CORE/CACREP Merger

Shaw and Kuehn (2009) offered a succinct history of some of the activities leading up to the CORE/CACREP merger. These authors noted the history of the establishment of the CORE commission in 1972 and the Commission on Rehabilitation Counselor Certification (CRCC) in 1974. Revisions were made to the CORE standards over the years, including the 2001-03 revisions in which section C: Curriculum Requirements, Knowledge Domains and Education Outcomes were combined in one section that more closely aligned with the CACREP standards as well as the skills and competencies required by the majority of state counselor licensing boards at the time. According to Shaw and Kuehn (2009), CORE established a task force in 2002 to develop a written memorandum of understanding between CORE and CACREP. A merger document was created by the task force which was taken back to each organization for decisions on what specific actions to pursue regarding an accreditation merger.

Patterson, McFarlane, and Sax (2005) discussed the potential challenges that the CORE/CACREP merger would bring to the rehabilitation counseling profession and the negative impact it would have on the individuals that rehabilitation counselors serve. CORE leadership was two-tiered, and the CORE Board and the Commission on Standards and Accreditation as a whole included representa-

tives from a wide variety of rehabilitation organizations including but not limited to the American Rehabilitation Counseling Association (ARCA), the National Rehabilitation Counseling Association (NRCA), the Council of State Administrators of Vocational Rehabilitation (CSAVR) as well as RC educators, consumers, and representatives from other disability related organizations in the community.

In 2007, the CORE board agreed that the merger would not be in the best interest of the rehabilitation counseling profession. The board cited that the requirement for faculty members to have only degrees from counselor education programs would have a negative impact on the quality of coursework and the numbers of instructors available to teach in RC programs. The January 2009 special issue of the *Rehabilitation Counseling Bulletin* included several articles devoted to the discussion of changes in and the identity of the RC profession and recommendations for practice (Barros-Bailey, Benshoff, & Fischer, 2009; Chan, Tarvydas, Blalock, Strauser, & Atkins, 2009; Leahy, 2009; Leahy, Muenzen, Saunders, & Strauser, 2009; McMahon, 2009; O'Brien & Graham, 2009; Patterson, 2009; Saunders, Barros-Bailey, Chapman, & Nunez, 2009; Shaw & Kuehn, 2009; Stebnicki, 2009; Tarvydas, Leahy, & Zanskas, 2009).

Despite some major objections by prominent educators and researchers in the RC field, CORE merged with CACREP in 2017. The benefits for pursuing licensure and consistency with licensure requirements nationwide was a major factor in deciding to merge and was viewed as a benefit to RC students (Shaw & Kuehn, 2009; Zanskas, 2017).

In contrast to the RC and disability service-focused leadership represented on the CORE Board and Commission on Standards and Accreditation, the CACREP Board represents the much wider practice of professional counseling as discussed previously (CACREP, 2019c). The CACREP Board is currently composed of 14 members. The majority of board members are counselor educators representing Addiction Counseling, Career Counseling, Clinical Mental Health Counseling, Clinical Rehabilitation Counseling, College Counseling and Student Affairs, and Marriage, Couple, and Family Counseling. The CACREP board also includes two counseling practitioners, and two public members who are not current or former members of the counseling profession. Although the CACREP board includes representation by rehabilitation counseling educators it does not come anywhere close to the comprehensive representation from disability-related agencies, educators, and consumers that was found in CORE leadership. This presents both an area of concern and an opportunity for advocacy (Patterson et al., 2005; Zanskas, 2017).

The practice of rehabilitation counseling is often envisioned as being more comprehensive and eclectic than other counseling specialty areas. It is one of the few professions that was created by the federal government to specifically focus on work and individuals with disabilities (Geist, 1984). Stebnicki (2009) noted that many professionals in the field of vocational rehabilitation have job titles other than rehabilitation counselor (e.g., case manager, vocational expert, substance abuse counselor), and proposed that master's level rehabilitation counseling education programs should perhaps offer three specialty areas including "(a) vocational rehabilitation services, (b) general rehabilitation counseling, and (c) substance abuse and mental health counseling" (p. 136).

RC Reactions to the Merger

Authors prominent in the field of rehabilitation counseling have addressed some relevant concerns and changes in the field as a result of the recent CORE/CACREP accreditation merger (Beveridge & DiNardo, 2017; Huber, Walker, Dunlap, Russell, & Richardson, 2018; Strauser, 2017; Zanskas, 2017). Beveridge and DiNardo (2017) reported reactions to the accreditation merger by members of the International Association of Rehabilitation Professionals (IARP), many of whom were rehabilitation professionals working in forensic and expert witness positions. One third of the participants indicated that they had "not heard a lot or anything about the merger" (Beveridge & DiNardo, 2017, p. 91). However, many shared their "worry about the dissolution of the specialty area of rehabilitation counseling" (Beveridge & DiNardo, 2017, p. 92).

Huber et al. (2018) shared reactions to the merger by members of the ARCA who responded to a recent survey. The authors stated that the most common questions from the participants were "'What is the future of licensure and certification for clinical rehabilitation counselors' and 'How will the merger impact the field of rehabilitation counseling?'" (Huber et al., 2018, p. 6) These survey respondents were mainly faculty members in RC graduate education programs and professionals working in private practice, community rehabilitation programs, or state-federal vocational rehabilitation (VR) agencies.

Strauser (2017) opined on the merger, and urged RC professionals to work to maintain a professional identity and to offer students in the field information about alternative opportunities in VR settings such as work in forensic rehabilitation and disability management. A common theme in all documented reactions to the merger is a concern with professional identity as RCs. Editors Huber and Oswald (2017) recently compiled a special edition of the *Journal of Applied Rehabilitation Counseling (JARC)* devoted to articles addressing the recent accreditation merger and emerging opportunities in the field of RC. In the *JARC* special edition, Zanskas (2017) specifically addressed the merger and offered recommendations for RC professionals to seek opportunities to contribute to the counseling profession as a whole and to promote licensure of RCs. One of the reasons cited by Zanskas for avoiding separation as a counseling specialization is to promote inclusion of people with disabilities in general counseling services and to educate peers in other counseling specializations about disability-specific counselor competencies (Zanskas, 2017).

Combatting the segregation of people with disabilities has been a long-standing principle and goal of RC counseling, RC education, and service provision for students with disabilities in higher education settings (Aune & Kroeger, 1997). RC scholars and educators have an established history of educating the public about the social construct of disability, the history of disability rights advocacy, ableism in our society, and of combatting a medical model approach to the experience of disability (Kelsey & Smart, 2012; Schur, Kruse, & Blanck, 2013; Shaw & Kuehn, 2009; Tarvydas & Hartley, 2017). RC educators are now tasked with educating CACREP about the specialty area of RC as well as advocating for disability-related counseling competencies for the counseling profession as a whole.

The Purpose and Significance of Accreditation

Accreditation ensures that higher education institutions are offering quality programs and that students have access to financial aid. In order for students to receive federal student aid from the U.S. Department of Education for postsecondary study, an institution must be accredited by a nationally recognized accrediting agency, be authorized by the state in which the institution is located, and receive approval from the Department of Education (U. S. Department of Education, 2020). In order for counselor education programs to be accredited, the institution must be accredited (CACREP, 2020). CACREP accredits counseling programs at both the master's and doctoral levels, and CACREP's accreditation standards are designed to ensure that master's in counseling program graduates are prepared for professional licensure and/or certification in their field of practice (OnlineEducation, 2020). Over 100 RC education programs throughout the country are now CACREP accredited (CACREP, 2019a).

Graduation from a CACREP-accredited RC education program is now the most streamlined way to meet educational requirements for certification and state licensure as an RC. Graduation from a CACREP-accredited program is now the category 1 eligibility criteria required to pursue RC certification (CRCC, 2019). Many RCs also pursue national counselor certification (NCC) which is administered through the National Board for Certified Counselors (NBCC). Graduation from a CACREP-accredited program fulfills the educational requirement for the NCC (NCC, 2019). RCs also have the opportunity to obtain licensure as mental health counselors (e.g., LPC, LCPC, LPCC, LMHC) in all 50 states. Most state license boards require completion of an educational program that closely parallels the CACREP curriculum standards and a passing score on either the National Counselor Exam (NCE) or the National Clinical Mental Health Counseling Examination (NCMHCE). Both the NCE and NCMHCE are administered by the NBCC (NBCC, 2019). Counselors who pass either the NCE or

NCMHCE exam and meet the NCC educational requirements are eligible for the NCC certification, so many counselors pursue this dual state license and certification option.

RC Educational Programs and Preparation for Forensic VR Services

Robinson (2013) offered a succinct explanation of why students in RC educational programs are not usually encouraged to pursue work in private or forensic VR settings. Training grants offered to RC educational programs since 1954 by the Rehabilitation Services Administration (RSA) provide incentives for graduates to pursue employment in the public state-federal VR system, federally funded independent living centers, and other public non-profit agencies that serve individuals with disabilities (RSA, 2019). Students who receive these RSA training grant monies during their RC educational programs are required to work in these types of public settings in order to meet the payback requirements for the grants. Therefore, graduates often do not pursue employment in private or forensic VR settings. Regardless of the type of employment settings that graduates pursue, there is a need for all RC educational program graduates to prepare competent RCs,

> Without public sector rehabilitation programs, thousands of persons with physical and cognitive impairments would not have access to rehabilitation programs and services. Without private sector forensic vocational consultants, thousands of cases that statutorily require vocational expert input, would be adjudicated without the benefit of vocational rehabilitation experts who possess scientific, technical, or other specialized knowledge related to vocational rehabilitation assessment, analysis, and service delivery (Robinson, 2013, p. 8).

There is a pressing need for current VR experts to advocate for disability-related competencies in the CACREP curriculum standards and in RC educational programs in order to best prepare and encourage graduates to pursue employment in both public and private forensic VR settings.

Disability-Related Counseling Competencies in the CACREP Curriculum Standards

Disability inclusion is now beginning to find its way into the mainstream professional practice of counseling, and additional advocacy is needed. The American Counseling Association (ACA) recently posted disability-related counseling competencies recommended for all counselors on their website (Chapin et al., 2018). Participation in a CACREP accredited program is the new standard for graduation from an RC educational program. However, the 2016 CACREP curriculum standards need significant revisions to ensure that disability-related counseling competencies are included in the core curriculum standards and that faculty with VR expertise and experience are supported in RC educational programs. There is currently no disability specific language anywhere in the eight core curriculum standards. Language and competencies regarding the impact of disability, understanding of diagnostic systems, education and employment trends, labor market information, and resources about careers and the world of work, as they apply to individuals with disabilities is all relegated to specialty area section 5. H. Rehabilitation Counseling (CACREP, 2016).

The current CACREP learning environment standards do not fully support faculty who were trained in doctoral programs that did not specifically provide for a counselor education degree although these faculty may have extensive VR expertise and experience. According to CACREP standards, section 1 The Learning Environment:

> S. To ensure that students are taught primarily by core counselor education program faculty, for any calendar year, the combined number of course credit hours taught by non-core faculty must not exceed the number of credit hours taught by core faculty.
>
> T. For any calendar year, the ratio of full-time equivalent (FTE) students to FTE faculty should not exceed 12:1.
>
> W. Core counselor education program faculty have earned doctoral degrees in counselor education, preferably from a CACREP-accredited program, or have related doctoral degrees and have

been employed as full-time faculty members in a counselor education program for a minimum of one full academic year before July 1, 2013 (CACREP, 2016, p. 7).

Zanskas, Phillips, Tansey, and Smith (2014) have noted that there are not enough PhD graduates in the RC Education programs to meet the faculty needs in the over 100 CACREP-accredited RC programs. Currently only about ten new Ph.D. graduates from the RC programs secure employment in academia each year.

Opportunities for Employment in Forensic VR

The ever-increasing need for forensic VR services in workers compensation cases, personal injury cases, and Social Security Administration disability determination appeal hearings can be traced back to the 1950s (Robinson, 2013). The Social Security Administration Office of Hearing Operations (2019) uses Vocational Experts (VEs) to provide evidence at disability appeal hearings before an administrative law judge, and now requires that VEs possess certification through either CRCC (2019) or the American Board of Vocational Experts (ABVE, 2019). Barros-Bailey (2018) actively promotes evidence-based practices and RC educational training in private forensic VR settings. Barros-Bailey has outlined a comprehensive description of services and settings that forensic VR specialists offer their opinions and testimony in regarding vocational losses, capacities, and potential interventions for individuals who have acquired disability conditions anywhere across the life span (Tarvydas & Hartley, 2017).

Opportunities for Forensic VR Experts in RC Educational Programs

In order to meet the needs for competent VR expert testimony in forensic VR settings, current VR professionals are needed to share their experiences and resources in RC educational programs. The exposure to opportunities in private forensic VR work settings that students in RC educational programs receive varies greatly depending on the faculty, texts, and other curriculum offered in the programs. Although education in the VR process which typically includes evaluation, planning, treatment, and termination is applicable to both public and private forensic VR settings and exposure to forensic VR employment opportunities for students may be minimal (Robinson, 2013; Strauser, 2013). Advocacy is needed to fully promote forensic VR opportunities in our RC programs.

Conclusions and Recommendations

The best ways for current VR professionals to advocate for private forensic employment opportunities within RC educational programs are to participate in program curriculum design, advocate for disability-related competencies in the CACREP standards, and connect with RC professional organizations.

RC Educational Program Design

Both the National Council on Rehabilitation Education (NCRE) and CACREP maintain records of over 100 accredited RC educational programs in over 70 institutions available through their respective websites (CACREP, 2019a; NCRE, 2019). VR professionals are encouraged to connect with RC programs to offer resources, material, and literature that promote forensic VR. Some suggested texts mentioned in this paper include those by Robinson (2013), Strauser (2013), and Tarvydas & Hartley (2017). VR professionals are also encouraged to offer, to teach, or provide information through guest speakers in classes. VR professionals also have valuable experience and expertise that can be offered in curriculum design.

Advocacy in CACREP

In contrast to the RC and disability service-focused leadership represented on the CORE Board and Commission on Standards and Accreditation, the CACREP Board represents the much wider practice of professional counseling as discussed previously (CACREP, 2019c). The CACREP Board is currently composed of 14 members. The majority of board members are counselor educators representing Addiction Counseling, Career Counseling, Clinical Mental Health Counseling, Clinical Rehabilitation Counseling, College Counseling and Student Affairs, and Marriage, Couple, and Family Counseling. The CACREP board also includes two counseling practitioners, and two public members who are not current or former members of the counseling profession. Although the CACREP board includes representation by rehabilitation counseling educators it does not come anywhere close to the comprehensive representation from disability-related agencies, educators, and consumers that was found in CORE leadership. This presents both an area of concern and an opportunity for advocacy (Patterson et al., 2005; Zanskas, 2017).

Historically, CACREP revises their curriculum standards every seven years. Currently there is a committee dedicated to the upcoming 2023 standard revisions (CACREP, 2019b). RC professionals need to advocate to assure that our field is well represented in CACREP board and committee work that impacts RC educational programs.

Professional Organizations

The International Association of Rehabilitation Professionals (IARP) is the largest and most active RC organization focused on and committed to comprehensively serving the professional private rehabilitation industry. IARP has five specialty practice sections: Rehabilitation and Disability Case Management, Forensic Rehabilitation, Life Care Planning, Social Security Vocational Expert, and Vocational Rehabilitation Transition Services (IARP, 2019). IARP leadership should promote student memberships, encourage students to present at conferences, and connect with faculty in the RC educational programs to ensure that students are aware of membership benefits, activities, services to members, and current issues in the field of private forensic VR. Collaboration among all professional RC organizations including, but not limited to the IARP, the ARCA, The National Rehabilitation Association (NRA), the National Rehabilitation Counseling Association (NRCA), the Rehabilitation Counselors and Educators Association (RCEA), the National Council on Rehabilitation Education (NCRE), the American Board of Vocational Experts (ABVE), the Council of State Administrators of Vocational Rehabilitation (CSAVR), the National Association of Service Providers in Private Rehabilitation (NASPPR), and the CRCC will unify, strengthen our professional identity, and assure us political strength in advocating for RC educational programs, VR services, and individuals with disabilities.

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