

# **Position Paper on Vocational Rehabilitation Counselor Education Level Requirements for Providers of Transition Assessments and Career Development**

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Vocational rehabilitation services for transition students has been a focal point of the Individuals with Disability Education Act (IDEA, 2004) and further represented in the Workforce Innovation and Opportunity Act (WIOA, 2014). Special education and vocational rehabilitation literature support that appropriate assessments lead to good transition plans. There is a significant need to provide exemplary transition plans with students to facilitate their career development. Under new legislation, the proficiency of Vocational Rehabilitation Counselors (VRC) was lowered and does not meet the professional standards to address career planning and assessment for students in transition which impact and lower post-secondary outcomes. This article will (a) identify the essential role of a qualified Rehabilitation Counselor (RC), (b) distinguish the current practices in transition and vocational assessments, and (c) offer recommendations for better employment and outcomes in career planning for youth in transition.

*Keywords:* Vocational Evaluation, vocational evaluator, rehabilitation counseling, transition planning, IDEA 2004

The International Association of Rehabilitation Professionals (IARP) supports the position that Certified Rehabilitation Counselors (CRC) are the most qualified and appropriate professionals to conduct transition and vocational assessments with transition youth receiving special education services. Assessments conducted by CRCs protect the rights of special education students, and ensure public funds are used efficiently. This position paper outlines the support of this position. Studies have shown that the highest probability for prediction of employment success for persons with a disability occurs when the comprehensive vocational evaluation includes psychometric tests, work samples, and situational assessments (Montgomery, 1996; Breeding, 2005). Additionally, multiple studies found that as the rate of successful job placement of individuals with disabilities increases (Kosciulek, 1991; Sligar & Betters, 2012; Targett, Wehman, McKinley, & Young, 2005; Ward-Ross, 1985).

## **The Essential Role of a Qualified Rehabilitation Counselor (RC)**

Although hiring practices of RCs have been contested through legislation, P.L. 99-506 requires qualified individuals to deliver rehabilitation services. Previously, state VR agencies hiring practices included employing counselors with various levels of college education, a wide variety of degrees, and work experiences (Hershenson, 1988). Since 1998, the Rehabilitation Services Agency (RSA) has fo-

cused on ensuring that counselors in state-federal agencies meet the requirements of the Comprehensive System of Personnel Development. In response to the Rehabilitation Act (1992) and Workforce Investment Act (WIA, 1998), service provisions must be offered by qualified personnel: qualified providers of VR counseling services were defined as professionals able to obtain the CRC credential (Peterson & Aguiar, 2004). In 2014, the WIOA amended and downgraded the minimum education requirements for VRCs to requiring a “baccalaureate in a field of study reasonably related to vocational rehabilitation [ . . . ] such as vocational rehabilitation counseling, social work, psychology, disability studies, business administration, human resources, special education, supported employment, customized employment, and economics” (Sect. 412). The changes may result from challenges with hiring and retaining individuals with graduate training (Radtke, 2001; Sonpal-Valias, 2006). Leahy and colleagues (Leahy, Szymanski, & Linkowsky, 1993b) elaborate on the need for further research into the impact of the VRCs educational level, as a result of tremendous expansion in the field: new practice settings, emerging populations, and new knowledge applications due to legislative mandates.

The National Council on Rehabilitation Education (NCRE) has explicitly sought to document the impact of rehabilitation education on improving the quality of services offered to persons with disabilities (Bolton, 1990). Since the establishment of legislation, and more recently, the WIOA (2014), the debate on the quality of services continues. The VRCs’ education level plays a prominent role among other factors influencing successful employment outcomes. This finding has resulted in NCREs concern that the state VR department’s requirements to be an RC may not require the skills that define a rehabilitation counselor (Duncan, 2015).

As the oldest counselor credentialing body, The Commission on Rehabilitation Counselor Certification (CRCC) sets the standard of professionalism when working with consumers who have a disability and chronic illness. The highest level of knowledge, skills, and ethical standards are at the foundation of such a standard. The CRCC code of ethics requires that RC use evaluation methods that respect personal and cultural preferences. The RC has an ethical duty to prevent others from misusing obsolete assessment instruments and inaccurate interpretation of data. CRCC asserts that this obligation extends to the appropriate use of new tests/instruments within one year of publication, use multiple sources of data, and administer said tests/instruments according to publisher standard conditions (2017). Deviations from standardized testing procedures are noted and interpreted appropriately to maintain testing validity (Commission on Rehabilitation Counselor Certification, 2017).

Graduate-level counseling programs undergo an extensive accreditation process by the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016). The RC has an ethical duty to provide high quality, efficient, and competent services to clients (McCarthy and Leirer, 2001). The master’s level RC receives training to ethically address the complex needs of individuals who live with disabilities and they will have a better understanding of how to prioritize the employment goals of the client while upholding ethical standards of practice. Ethical decision making and practices are paramount to securing client trust and must be woven throughout the time services are provided to clients (Colling & Davis, 2005). The RC empowers clients to achieve self-directed goals through a variety of counseling techniques learned in master programs. Theories, models, and interventions related to rehabilitation counseling are the foundation for graduate-level rehabilitation counseling programs (CACREP, 2016).

Clinicians who undergo master’s level education are exposed to sound mental health counseling practices. Previously, the counselor was charged with assisting people with physical disabilities to gain employment. However, the workforce has become more inclusive, causing the responsibilities of an RC to evolve. RCs work collaboratively with individuals with disabilities, their support systems, and their environments to achieve their personal, social, psychological, and vocational goals (CACREP, 2016). The RC assists individuals with intellectual, developmental, emotional, mental illness, and addiction disabilities to become self-sufficient (Leahy & Szymanski, 1995). The increasing number of persons with mental health complexities require various holistic counseling approaches to maximize an individual’s autonomy and make informed and appropriate-career decisions (Galles, Lenz, Peterson, & Sampson, 2019). RCs who possess the CRC designation are ethically inclined to operate according to the CRCC code of ethics. The reduced WIOA standard of an undergraduate or non-related

degree may not understand or possess an awareness of the CRCC code of ethics and have no requirement to follow them. The RC who becomes certified has demonstrated the ability, knowledge, and skill to serve clients efficiently and ethically and risks losing their certification if they do not.

The complementary role of vocational evaluation and transition assessment has been discussed in a literature review assessing different domains of the same framework (Torres, Wittel, Doren-Elyse, & Beauduy, 2018). In this review, the authors recommend those interested in becoming vocational evaluators possess appropriate educational level of a master's degree in counseling; research rehabilitation counseling education programs; connect with the CRCC, which maintains the Certified Vocational Evaluation (CVE) Specialist designation, and look for the requirements to become a CRC, obtain supervision from a senior counselor to gain needed experience and skills; follow the CRCC Ethical Codes; and understand vocational rehabilitation services and their clients.

### **Distinguishing the Current Practices in Vocational Assessments**

An extensive body of knowledge in the job functions of rehabilitation practitioners has been acquired through various research methods (e.g., Beveridge et al., 2015; Froehlich & Linkowski, 2002; Joseph, Osmanu, & Moss, 2017; Leahy et al., 1993b, Leahy, Chan, & Saunders, 2003, Leahy, Saunders, & Strauser, 2009, & Leahy, 2012). The longstanding emphasis on specific competencies and job functions has been crucial to the RC identity and professional development. The required knowledge and skills to become a qualified RC have also proven to confirm the scope of practice and specialty from other counseling professional practices. The process of becoming a qualified rehabilitation provider entails completing graduate training in rehabilitation counseling or a closely related program, hold national certification, and acquire state licensure.

Evaluation is often referred to as a specific process intended to assess an individual within the context of his or her living, learning, or working environments. The CRCC defines evaluation as a specific process of assessing an individual in the context of his or her living, learning, or working environments, whereas assessment is an ongoing and comprehensive process to better deliver recommendations for an individualized rehabilitation plan (Commission on Rehabilitation Counselor Certification, 2017).

The U.S. Department of Education states, "Vocational Evaluators must have an understanding of a variety of physical and mental disabilities and above-average communication skills" (Division of Vocational Rehabilitation Florida Department of Education, n.d.). This ability is demonstrated by RCs who have obtained masters level training. Cotter and Singleton's (2018) review of a youth's transition plan outlined a series of errors in the selection and interpretation of tests and instruments selected by unskilled and unqualified members of a student's transition planning team; resulting in missed educational opportunities that could have resulted in better transition and employment outcomes. Sligar and Betters (2012) identified key roles and functions which encompass a masters level vocational evaluator as having the ability to conduct evaluations that are client-driven with employment outcomes and long-term career advancement, can effectively choose and maintain desired employment outcomes for client's success, knowledge of disability severity, tailor the evaluation process, offer individualized evaluations of varying lengths which provide specific client information needs and outcomes, focus on employment outcomes, and a team approach. The article also highlights the importance of a consumer-driven process, emphasizing participant involvement and decision making from other disciplines, including assistive technology, career development, and transition.

The U.S. Department of Education underscores that one must hold at least a bachelor's degree to become a Vocational Evaluator (VE); however, individuals with master's degrees in their respective specialty areas are preferred for work. It is recommended that individuals who are interested in conducting vocational evaluation hold a master's level education (Torres et al., 2018). For those who are interested in becoming VEs, it is recommended that they research rehabilitation counseling education programs, connect with the CRCC, and research the requirements to become a CRC. The CRCC maintains the Certified Vocational Evaluation (CVE) Specialist designation following CRCC Ethical Codes. VEs have the responsibility to educate and communicate with their clients and to help them set appropriate vocational goals (Breeding, 2005). Since vocational evaluation is a continuous process

that must be maintained throughout vocational rehabilitation, VEs must understand vocational rehabilitation services and their clients.

Findings have supported the contention that RCs need a master's degree level education (Beveridge & Fabian, 2007; Beveridge et al., 2015), not only to feel adequately prepared but also to carry out the essential duties of their position. To ethically provide support and assert their place in the behavioral health profession, there must be educational and professional preparation programs that embrace and integrate all the necessary elements to practice responsibly and effectively (Maki & Tarvydas, 2012).

Assessments are designed to determine the consumer's current level of functioning, the goal(s) of rehabilitation, and what services are required to achieve the goal(s) (Cox, 2007; Maki & Riggan, 2004). Here, the counselor and consumer work together to assess what resources would assist the attainment of specified outcomes, along with discussing a list of who will provide these services in an allotted period. The counselor and consumer must mutually agree to the necessary services for an outcome of gainful employment (Breeding, 2005). The RC performs four essential functions in the delivery of services: counseling and case management (i.e., while working with the individual), and consultation and advocacy (i.e., when working with their families and community) (Maki & Riggan, 2004).

The administration of vocational testing during an assessment is customarily performed in consultation with a VE, as it is a critical component in objectively measuring an individual's strengths and opportunities for growth. According to Pearson (2020), a testing publisher for standard instruments used in the field, there are specific qualifications required to purchase the testing instruments. As a leading publisher in psychological assessment materials, Psychological Assessment Resources (PAR; 2020) and Pearson (2020) is aligned with the competency-based qualification guidelines for psychological testing. Eligibility to purchase restricted materials is firmly based on training, education, and experience. The role of assessment in transition planning includes selecting, administering, and interpreting appropriate instruments that will gather necessary data as outlined by the CRCC code of ethics (2017). Master's level education and specific training related to testing, such as that required by RC training programs, will significantly increase the number of testing materials available for the evaluator to administer. RCs use a comprehensive assessment process as a part of their individualized rehabilitation counseling service. More so, RCs are familiar with assessments that are most suitable for individuals with disabilities. Furthermore, they are qualified and trained to administer and interpret the results.

## Transition Youth

VRCs have worked to serve transition aged students and youth with disabilities following federal mandates. With the implementation of the WIOA (2014), VRCs find themselves with greater responsibilities in adequately providing services with transition aged youth. To better understand "student" and "youth" they are defined. The act states that the term "student" does not include individuals with disabilities in post-secondary education, rather refers to those young adults participating in elementary and secondary education. Adversely, a "youth" with a disability is age 14-24 regardless of attending school or not; furthermore, the legislation clarifies that all students with disabilities are youth (Joseph et al., 2017, p. 42).

To better protect transition youth, the WIOA (2014) has implemented initiatives at state and local levels to provide comprehensive job training services to adults and transition-aged youth with disabilities (Joseph et al., 2017). The aforementioned has directly connected 15 ethical codes seen as the foundation upon which the CRC Code of Ethics has been established (CRCC, 2017). Under WIOA (2014), every student with a disability has the opportunity to participate in Pre-Employment Transition Services, including sponsored career exploration, work readiness training, and work experiences.

The purpose of the Individuals with Disabilities Education Act (IDEA) is to prepare children with disabilities for further education, employment, and independent living, through a free and appropriate public education with special education and related services that meet their unique needs (Wright &

Wright, 2018). IDEA regulates that once the child reaches the appropriate age (16 or based on states statute), the Individualized Education Program (IEP) must include transition services that are based upon age-appropriate transition assessments related to training/education, employment, and independent living skills, (Wright & Wright, 2018). The WIOA (2014) indicates that vocational rehabilitation professionals should partner with schools in transition service provision (Ginn, 2015). Age-appropriate transition assessments can be formal or informal (National Technical Assistance Center on Transition Toolkit (NTACT), 2016). Transition services include acquisition of daily living skills and functional vocational evaluation when appropriate (Wright & Wright, 2018).

It is very common for high school students with disabilities to complete an interest inventory with their career assessment; however, interpretation of assessment and implementation of results remains a problem for students (Herbert, Lorenz, & Trusty, 2010). Students with disabilities need to consider how to incorporate their assets and disability-related limitations into current and future accommodation and career planning (Roessler, Hennessey, Hogan, & Savickas, 2009). Multiple findings indicate that in addition to preferences and interests, strengths and needs should be used to establish post-secondary goals and identify transition services needed (Landmark, Ju, & Zhang 2010; Migliore, Timmons, Butterworth, & Lugas 2012).

Shattuck et al. revealed that out of students with Autism Spectrum Disorders (ASD) who graduate high school, one third would pursue post-secondary education (2012). Regarding education success, evidence has shown that students placed in a post-secondary area that was recommended by a vocational evaluation showed a higher percentage of passing grades than those in an area of study not recommended (Grosser, Schmitt, & Scott, 1993). However, career assessments are often a missing essential part of post-secondary planning for students with disabilities (Roessler et al., 2009). A collaboration between rehabilitation and education has been shown to increase post-secondary outcomes, and RCs provide expertise in the IEP process (Muthumbi, 2008). Therefore, a Career/Vocational Assessment must be a component of transition planning for persons with disabilities (Stillington, & Clark, 2001). Furthermore, regarding lifespan transition planning for youths with ASD, it is particularly critical that goals are developmentally appropriate given potential developmental delays (Baker, Koch, Higgins, & Greene, 2012). A RC can provide value to the IEP team by providing specific data from the vocational evaluation and applying it directly to the students' transition goals (Moreno-Tucker, McCarthy, & Sprong, 2017).

### **Recommendations for Better Outcomes in Plan Development for Transition Youth With Disabilities**

According to professional associations such as the CRCC, American Rehabilitation Counseling Association (ARCA), Council on Rehabilitation Education (CORE), and National Rehabilitation Association (NRA), qualified providers of rehabilitation counseling services are those professionals who have: (a) completed graduate degree training in rehabilitation counseling or a closely related degree program (counseling) at the master's level; (b) attained national certification (CRC); and (c) acquired appropriate state licensure (e.g., Licensed Professional Counselor, Licensed Mental Health Counselor; Leahy, 2004). In addition to educational requirements and professional responsibilities, qualified providers are expected to advocate for the field through their contributions to professional associations. Van Houtte (2013) further proposed that a graduate degree may suggest better employment outcomes. Evidence also leads that employers also prefer counselors with a national designation and graduate-level education (Froehlich, Garcia, & Linkowski, 1998). Efforts are made by state VR to encourage further education. Consistently, it has been posited that an RC, as a qualified provider, needs to obtain preservice training at the graduate level in rehabilitation counseling or a closely related field to practice as a rehabilitation professional (Rocha, 2019).

It is known that RCs have specialized knowledge of disabilities and environmental factors that interact with disabilities (CACREP, 2017). Their primary goal is to help individuals regain their independence through employment or some other form of meaningful life activity (Szymanski & Parker, 2010). Therefore, knowledge of rehabilitation counseling, vocational assessment, case management, and

placement are at the core of their counselor preparation (Szymanski & Parker, 2010; CACREP, 2017). A rehabilitation professional is more sought after when their qualifications and backgrounds distinguish them apart from other practitioners. The more credentialed an evaluator is, the more responsive stakeholders and consumers become (Rocha-Duchrow & Bailey, 2018). Specifically for transition students with disabilities, this training and knowledge at a Master degree level credentials the RC to administer essential evaluation components of Transition Plans which lead to improved outcomes (Muthumbi, 2008; Sligar and Betters, 2012; Van Houtte, 2013; Evans-Thompson, 2017)

Self-efficacy plays an essential role in the counselors' capability to successfully execute their skills (Chan et al., 2011). Perceived self-efficacy can impact the individual's decision to engage in certain activities, effort exerted towards the activities, and persistence (Bandura, 1982). If RCs perceive that they have little or no efficacy in executing skills, then they may avoid situations or fail to put forth the effort to implement those skills. There may be some indication that students/counselors attending a graduate program are considered potential leaders in the field, thus reflecting a commitment of both motivation and dedication to their career can promote positive client outcomes (Evans-Thompson, 2017; Van Houtte, 2013), and enhance the development of professional identity (Radtke, 2001). Professional identity may also be developed by counselors through continuing education credits for licensed and certified counselors and coaching from guest speakers who are experts in mental and vocational fields (Torres, 2018). Since the legislation outcomes of the WIOA (2014), the minimum education requirement for VR counselors who work in state VR programs has been reduced to a bachelor's degree (McClanahan & Sligar, 2015). This decrease may result in counselors lacking understanding of disabilities and without required ethical guidelines to follow (Colling & Davis, 2005). To further encourage counselor's advancement, administrators and counselor educators should consider collaborating to provide quality in-house training programs to improve counseling skills and increased access for tuition assistance to pursue advanced degrees leading to better performance and salary rates.

RCs engage in a diverse scope of practice requiring many skills to assist individuals with disabilities to improve their quality of life. Counselors have the ultimate professional responsibility to correctly select and utilize interventions to help people with disabilities improve their quality of life. Professional identity involves more than just participation in a particular organization, but rather requires a set of behaviors that separate one profession from another. The RC is an accomplished professional with a diverse set of knowledge in counseling and case management skills. Located at the hub of this multispecialty program is the demand for coordination of many disciplines to meet the needs of people with severe disabilities. Furthering the responsibilities of RCs to acquire specific knowledge in crucial domains will assist individuals with a disability to make informed choices in vocational planning. In doing so, individuals with a disability will enjoy the rights of full inclusion and integration in the economic, political, social, cultural, and educational mainstream of American society.

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