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# Facilitating Knowledge in Rehabilitation Counseling Professionals on Caseload Management: A Pre-Test/Post-Test Evaluation

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This study was conducted to develop and deliver an evidence-based education package with a caseload management focus to professionals in public rehabilitation settings. The sample (n=283) included professionals in multiple areas of public rehabilitation. The data was collected to evaluate the knowledge, skills, and abilities of professionals to assess and plan appropriate caseload management activities for individuals with disabilities. The pre/post testing design was analyzed through frequency distributions and paired samples t tests. Findings from this study suggest rehabilitation professionals in public settings have probable knowledge and skill inadequacies in the area of caseload management. Implications are noted in the need for quality training opportunities that provide professionals an avenue to increase their individual knowledge base related to the overall principles of caseload management, thereby influencing their management abilities and future capacity for successful rehabilitation outcomes.

*Keywords:* case management, caseload management, public rehabilitation, training and development, rehabilitation outcomes

Historically, caseload management (CM) generally has been fragmented into case flow or case movement activities with an assumption that these were synonymous activities. Frequently, comprehensive instruction and training for CM were vague, with a lack of preservice training programs incorporating caseload management into curriculum (Grubbs et al., 2006). However, in the last decade there has been more emphasis on the complex, multidisciplinary area with one purpose which is to foster positive rehabilitation outcomes while supporting individuals with disabilities. Beginning in the 1980s, there was considerable change with focus on rehabilitation caseload management due to the emergence of coursework in graduate level programs, in-service training models, and continuing education. These changes stressed the importance of management skills development for rehabilitation professionals (Leahy et al., 1987; Leahy et al., 1993). Further, these changes brought the forefront the need to consider not only a counseling framework in rehabilitation curriculum and training, but also a management focus in order to support successful rehabilitation outcomes for clients and consumers in rehabilitation settings (Chan et al., 2003). As noted in the Rehabilitation Services Administration (RSA) 2015 fiscal year statistics, approximately 1 million individuals with disabilities were served by the 80 state vocational rehabilitation agencies in the United States. Of those served, 182,715 were closed successfully in employment. These rates of closure may be attributed to the services provided through effective and efficient caseload management by the approximately 12,060 counselors serving those individuals (Rehabilitation Services Administration, 2015). However, there is limited research

exploring the accuracy and validity of the impact of caseload management practice on successful rates of closure. Further, there is a lack of empirical work on the importance of management as a successful ecological framework in the field of rehabilitation. Several articles have cited the importance of roles and functions of professionals (Herbert et al., 2010; Leahy & Szymanski, 1993; Leahy et al., 2003), but lack in-depth emphasis on effective caseload management as an evidence-based practice.

## Content Knowledge Needs

Many studies both within and outside of the field of rehabilitation suggest the importance of management skills in relation to case work as substantial amounts of responsibilities and work time are spent in the effective delivery of case management services (Berven, 1979; Berven, 1984; Dunn et al., 2007; Leahy et al., 2003; Lee et al., 2005; Shirom et al., 2010). In addition to time spent on the caseload itself, the success of caseload management may vary between organizational settings and systems reflecting variations in social, cultural and organizational aspects (Williams & Cooper, 2008). This element of organizational setting is a critical one when focusing on the possible unmet needs of professionals working in a field who may have a lack of training and/or knowledge in how to effectively and efficiently manage their overall caseloads in order to achieve successful rehabilitation outcomes.

Each caseload is unique, reflecting the complex systems of which they are seen to predict variations in practice at program, professional, and client levels. Minimal research is available on the variables (personal, client, data and organizational) that contribute to the greater need for effective caseload management services, where an understanding of how to manage both the counseling and the case management functions would support a greater ability for successful rehabilitation outcomes. The rehabilitation professional is encumbered with enormous responsibilities. Therefore, it becomes crucial that the rehabilitation professional not only be able to facilitate the rehabilitation process, but to be able to manage those variables that impact high quality work. These variables are important in the caseload management process as they contribute to future outcomes based on the individual management techniques employed by professionals in the field.

A consistent issue of success of caseload management depends on the skills, abilities, and experiences of the case manager (Henke, Connolly, & Cox, 1975). As the field of rehabilitation counseling continues to shift away from traditionally focused general rehabilitation counseling toward a an emphasis on clinical rehabilitation and clinical mental health counseling as noted with The Council on Accreditation of Counseling and Related Educational Programs (CACREP) and The National Council on Rehabilitation Education (CORE) affiliation (Bowles, 2009; CORE, 2016; Dunn et al., 2007), providers of vocational rehabilitation services are less likely to be trained in this area. Presently, many academic programs in the field of rehabilitation are specialty programs, and as such may not share a commonality in development and implementation of curriculum (e.g., counseling theories, assessment, and case/caseload management). Therefore, changes in techniques by much of the rehabilitation field brings to the forefront a possible lack of focus on important management skills required to be productive and efficient in order to maximize successful rehabilitation outcomes. Notably, rehabilitation professionals may fail to identify themselves as managers, and may not be adequately trained in multifarious variables that must be managed, controlled or kept within some realistic boundary in the overall caseload management process. It has been suggested that critical caseload management training needs to be across all primary practice settings, where aspects of caseload management are provided in order to strengthen the basic building blocks toward rehabilitation success (Chan et al., 2003).

## Administration and Caseload Management Training

Rehabilitation professionals in the field have no systematic model for describing or explaining their array of activities. From a theoretical perspective, patterns for performing caseload management responsibilities cannot exist without the counselor-manager being conceptually aware of the systematic process. This perspective establishes two main concepts: (1) professionals must operate from a model or system in order

to achieve consistency, and (2) caseload management activities have beginning and ending phases that must be hierarchically and systematically arranged. The hierarchical arrangement of the process allows for development from a base into interpersonal relationships, formalized evaluations, and finally professional judgments or decisions (Grubbs et al., 2006). This viewpoint is fundamental as rehabilitation professionals must perform balanced dual roles involving both counselor functions and managerial duties in order to achieve successful rehabilitation outcomes. However, professionals often enter employment with a lack of knowledge as both a counselor and/or manager. Further, there are few guideposts providing keys to success for managing all aspects of the caseload available which may lead to confused and frustrated worker performance. Therefore, critical training opportunities across all primary practice settings, with emphasis in principles of caseload management, are necessary in order to strengthen the basic building blocks toward rehabilitation success.

### Project Aim and Objectives

The purpose of this study was to evaluate the efficacy of an evidence-based education package with a caseload management focus delivered to professionals in public rehabilitation settings. It sought to evaluate the knowledge, skills and abilities of professionals to assess and plan appropriate caseload management activities for individuals with disabilities. Further, the goal was to comprehend the scope of CM practices among rehabilitation professionals and determine their overall use of management models in professional practice.

## Method

### Participants and Recruitment

Participants (N=283) were recruited through advertising regionally and e-mails directly to rehabilitation service providers (n=24) in the public sector in eight states for the 3-day training workshop which was provided four times. Purposive sampling was utilized where the target participants were public sector rehabilitation professionals who had access to the workshop as part of ongoing professional development established by state plans for comprehensive system of personnel development. The workshop was among several opportunities offered which were elected by individual participants to fulfill annual continuing education/training requirements.

For this study, a total of 238 rehabilitation counseling professionals completed the caseload training program and evaluation measures between four training sites. The participants represented two large states in the southern region. Within participants, 66.5% of individuals reported being Caucasian, 25.5 % African American, .4% Pacific Islander, 5.4% Latino, and 1.7% Asian American. Looking at age ranges, 10.5% of participants reported an age of 30 years old or younger, 31.4% were between 31–39, 38.5%, between 40–49, 17.6% in the 50–59 range, and 1.7% above 65 years of age. Educational background included, 11.7% of participants reported a bachelor's degree, 9.6% were in a master's level program, 72% already had a master's degree, 1.3% reported other certification, 4.6% had more than a master's degree, and .4% reported other.

### Training Structure

A three-day training workshop was chosen as the mode of delivery for the training package. These have the bonus of giving the rehabilitation professional 'protected time' to attend to their educational and training needs in the area of caseload management in contrast to purely reading comprehensive book-based alternatives (Cassell & Mulkey, 1985; Gablasova, 2014; Grubbs, Cassell, & Mulkey, 2006; Scudder, 2007) or incorporation of online platforms such as social media, collaboration, gaming for learning and other e-learning alternatives (Garrity, 2010).

## Content

Topic selection was based on an analysis of identified topics of interest by clinicians in the field. Feedback was generated by human resource development (HRD) professionals who sought the opinions of rehabilitation professionals working in the public sector. In addition, practical considerations such as the availability of experts to facilitate the workshops were taken into account. Another part of the decision of what to include was a literature search that supported the importance of the identified areas for professionals to improve their knowledge and skills in the area of caseload management. Further, topics were defined by the HRD based on the overall state plan and topical areas highlighted in the need's analysis. The educational content was developed by academic and practitioner experts in each topic and sub-topical area and included time management, understanding personal control positions as they related to the caseload, proactive/reactive positions, and case recording/documentation.

The training package consisted of a 'facilitator' for the rehabilitation professional to use to obtain the knowledge needed in this area for practice. The workshops were up to 7.5 hours per day for three days with a mixture of lecture (PowerPoint), interactive content (class discussion, DVDs) and simulated practice. Participants in the workshop had the opportunity to apply techniques for differing scenarios to their current caseloads and to ask the facilitator about adapting information presented to support specialty and individual caseloads overall.

## Research Design

A pre-test/post-test design was implemented as the overall research design. The basic premise behind the use of a pretest–posttest design involved obtaining a pretest measure of the outcome of knowledge, skills and abilities related to caseload management prior to administering the training to professionals in the field of rehabilitation, followed by a posttest on the same measure upon training completion (Bell, 2010). The survey was designed to collect quantitative data through standardized measures and open-ended qualitative satisfaction responses, respectively.

## Data Collection

At each workshop, participants were asked to complete a pre-workshop questionnaire prior to the start of training on Day 1 regarding their current knowledge and confidence in the area of rehabilitation caseload management using short answer and multiple-choice formats. The questionnaire was re-administered at the completion of the workshop on Day 3 along with a post evaluation of the workshop content, materials and delivery that used Likert-style (scored from 1 = least to 5 = most, or 1 = least to 4 = most, depending on the section) items and spaces for open-ended comments. This article reports both the statistical findings of the pre and post-test questionnaires and quantitative results of the participant evaluations.

## Data Analysis

All quantitative data was analyzed using SPSS (version 22) for Mac. Data was summarized descriptively and a paired-samples t-test was conducted to compare pre- and post-test scores of participants. Averages were calculated for Likert scale evaluation results. Qualitative data was gathered to be utilized in future study. A qualitative data analysis package (NVivo) was used to store and will allow for further refinement of coded data due to the impact of the methodological implications of the need to include attention to participants' experiences and how these experiences impact participants.

# Results

Through the four training sessions, a total of 97% of participants elected to complete the pre-test and post-test knowledge assessments and participant evaluations of the workshops that were then avail-

able for analysis. Of the remaining 3%, some individuals elected not to complete the information due to personal preference and time constraints.

## Pre-Test and Post-Test Results

The workshop pre- and post-test questionnaires were developed, implemented and scored by the workshop facilitator; thus, all the content scoring was the same. There was a significant difference in the scores for the pre-test (M = 4.71, SD = 1.849) and post-test scores (M = 13.31, SD = 1.513); t (237) = 68.502, p = 0.000. These results suggest that the training provided did improve participant knowledge of caseload management concepts.

## Evaluation of Workshop

After each three-day training session, participants were provided an opportunity to evaluate the sessions. Based on the four training sessions, all participant evaluation ratings demonstrated high participant satisfaction with the training and a high positive impact from the training on professional knowledge, skills and abilities (KSA), their agencies, and the clients served by vocational rehabilitation as reported in Table 1. The training session evaluations are based on a 5-point Likert scale (5 being high and 1 being low). The impact of training evaluations was on a 4-point Likert scale (4 being high and 1 being not at all).

*Table 1*

**Participant Evaluation Averages by Training Session**

| | Training 1 | Training 2 | Training 3 | Training 4 |
|---|---|---|---|---|
| **Training Session Evaluations** | | | | |
| Trainer was effective | 4.78 | 4.97 | 4.86 | 4.87 |
| Participants had opportunity to participate | 4.63 | 4.95 | 4.86 | 4.86 |
| Presentations were well organized | 4.85 | 5.00 | 4.84 | 4.87 |
| Program content was relevant | 4.59 | 4.95 | 4.70 | 4.87 |
| Length and pace were appropriate | 4.74 | 4.84 | 4.63 | 4.81 |
| Training objectives were met | 4.62 | 4.97 | 4.82 | 4.81 |
| Overall quality of training | 4.85 | 4.97 | 4.86 | 4.54 |
| **Impact of Training Evaluations** | | | | |
| Positive effect on KSA | 3.70 | 3.86 | 3.72 | 3.79 |
| Positive effect on agency | 3.83 | 3.76 | 3.70 | 3.81 |
| Positive effect on clients served | 3.78 | 3.86 | 3.72 | 3.73 |

# Discussion

Based on the analysis, it appears that rehabilitation professionals in public rehabilitation settings continue to have ongoing training needs in the area of caseload management. Further, our findings of statistical significance and the impact of the training on improving participant knowledge of caseload management concepts support suggestions in the literature of the need for further enhancement of knowledge, skills and abilities of professionals in caseload management (Chan et al., 2003; Dunn,

Grubbs, & Mulkey, 2007). Additionally, this work strengthens the historical findings by Cassell and Mulkey (1985) and Grubbs, Cassell and Mulkey (2006) which suggests, due to management functions being interwoven with counselor functions, a true competency base including ongoing training and development must conclude the role of caseload management in rehabilitation practice. This is crucial as professionals continue to report the strongest training needs in the area of caseload management due to the lack in preparation (Chan et al., 2003; Herbert et al., 2010). Clearly, theoretical implications for this work are apparent, yet practical implications emerge also when considering the traditional roles of professionals who support individuals with disabilities in the community. The base of competency in professional practice has long been centralized in the counseling function, as is apparent with the current CACREP/CORE merger. However, contrary to the perception that competency in management may not be needed in education and training, the true mainstay of the work of rehabilitation professionals lies within their management of activities and the manner in which they establish control over the demands of the caseload. Ultimately it is the professional who must perfect his or her caseload management skills in order to strengthen and support the building blocks of professional competence, while supporting clients through coordination of an array of services.

## Implications for Professional Practice

To be successful, rehabilitation professionals rely not only on their current educational attainment but must look toward future training opportunities to support ongoing growth and development in their knowledge base, skills and abilities. Findings from this study suggest rehabilitation professionals in public settings have probable knowledge and skill inadequacies in the area of caseload management. Further, a major finding places emphasis on the need for quality training opportunities that provide professionals an avenue to increase their individual knowledge base related to the overall principles of caseload management, thereby influencing their management abilities and future capacity for successful rehabilitation outcomes. These findings suggest the impact organizational elements have on management functions of rehabilitation professionals. As a profession, there must be continued attention to the "graying" of the field of rehabilitation as a whole, and the impact of future hiring as well as continuing education of future professionals. Multiple changes have occurred at national, state and local levels that will continue the challenge to administrators in agencies to consider how to tackle organizational issues, while trying to support growth of staff working in the field. Conscious attention is a necessity to the ever-changing training needs of professional staff, and in assuring that these needs (especially in the field of management) are kept to the forefront. Additionally, this study proposes a possible skill deficit in rehabilitation counselor education programs in the area of caseload management. This finding is considerable based on the wide range of educational levels noted within the demographic information provided by participants, and the variance in the pre/post scores during the training event. These findings are supported by Rawlins-Alderman and Dunn (2015), suggesting the need to consider a caseload management curriculum in rehabilitation counselor education programs. Their study suggested the need to not only incorporate skills related to counseling and case management into curriculum, but also elements found in overall caseload management including management techniques in the academic setting and educational process. This is a critical piece as educators look toward the future direction of the profession and consider the impact of both graduate and undergraduate level education on the field of rehabilitation.

Globally, case management has become the dominant process by which rehabilitation professionals provide an extensive array of services to individuals with disabilities. Further, there is recognition that caseload size impacts service provision (King, 2009). Therefore, the ability of rehabilitation professionals to manage their caseloads and be successful in the systematic processing of paperwork determines the success or failure of the case manager. Effective management of individuals with disabilities requires a systematic process of planning, organizing, coordinating, and directing which leads to effective control of the entire caseload (Grubbs et al., 2006). Even as agencies move toward "paperless" systems, there remains documentation to complete and deadlines to meet in the pursuit of generating rehabilitation outcomes (Giddings, 2015). Paperwork is a global reality in the field of rehabilitation, and advances in technology suggest that the work of caseload managers will continue to

come at faster rates. Therefore, it is a necessity that administrators, supervisors, and human resource professionals at all levels equip case managers with the knowledge and tools necessary to effectively manage the volume of paperwork encompassed in the entire caseload.

## Limitations

The results of this study provide support for further educational and training needs for professionals in varied rehabilitation settings. In addition, the results seem to be consistent with the literature and previous research indicating the need to continue to provide caseload management skills training to current and future professionals in the field. However, there were understood limitations in different areas of this research. The first limitation was noted in the area of generalizability. The participants in this study were from public rehabilitation settings in the southern region, which would not make the results generalizable to all public rehabilitation settings across the United States. In addition, the training materials and evaluation measures were developed by one of the authors who provided the training and then scored the evaluation. Given that information is provided that would support modifications in education for graduate and undergraduate programs, and continuing education/training for professionals in the field, this study could be used as pilot to explore future studies with enhanced instrument development and sampling methodology.

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