

The Development of Profession of Rehabilitation Counseling in the United States

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Abstract: This article describes the development of the rehabilitation counseling profession in the United States. Early roles as a government agent providing simple vocational advice and guidance to individuals with physical injuries grew into a complex professional role. That role now demands knowledge of occupations, disability issues, psychological testing and evaluation, legal issues related to employment as well as personal counseling skills. Specialized university educational programs at the masters degree level now prepare individuals for this profession. While early employment tended to be exclusively with public and government agencies, current rehabilitation counselors work in a variety of public, community, and private rehabilitation agencies as well as in educational and school settings. While a uniquely American profession in development, the skills and training of this profession may have application to other cultures as well.

Key words: rehabilitation counseling; profession; education

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[摘要] 本文概述康复咨询职业在美国的发展。它最早在政府部门扮演一个为身体伤残人提供简单的职业建议和指导的角色。今天它已经发展成为一个复杂的行业, 要求从业者具备职业和残疾的知识、心理测试和评定、就业相关的法律知识, 当然还包括咨询技巧。专业化的硕士学位课程将为从业者提供相关知识和技能的学习。早期的就业机会主要局限在公共和政府机构, 现在已经扩展到公共、社区和私营康复机构, 以及教育和学术机构。尽管这一职业的发展带有美国特色, 但它的职业技能和训练方法也能为其他文化所利用。

[关键词] 康复咨询; 职业; 教育

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1 Historical Development

To understand how the profession of rehabilitation counseling and programs to provide services to people with disabilities developed, one must have a basic understanding of the structure of government in the United States (US). Originally, there were and continue to be a number of service organizations in local communities providing services to people with disabilities which are supported by charity and are not associated with government. A current example is the Shriners, an organization that raises money from voluntary contributions to support a children's hospital located in Charlotte, North Carolina. Charitable organizations continue to be a significant support for people with disabilities in the US. Government agencies have, however, increasingly become responsible for social and rehabilitation programs. The level of government closest to the people is city or county governments, the next level is state government and the third level is the federal (national) government.

Originally, these levels of government had relatively clear and separate governmental responsibilities. Local governments were responsible for policing crime, social programs, schools, safety regulations, etc. They collected taxes primarily from taxes on privately owned property. State government was responsible for roads, laws and regulations affecting larger areas and

collected taxes from commercial activities (including sales taxes). The federal government was responsible for national and international policy, interstate regulations and commerce; and collected taxes from excise taxes (taxes on trade). As time passed, these divisions have become blurred, with a general trend for the federal and state governments to assume greater power, authority and responsibility. State governments gradually took over primary responsibility for schools and most health programs.

As might be expected, this gradual shifting of responsibility from one level to another, with some programs affected and others not, has resulted in a very fragmented and chaotic service system in the US. As time passed and problems became too large or too difficult for local governments to solve, the state and later the federal government assumed greater responsibility for developing and funding social programs. Often, these efforts were not coordinated with previous efforts and newly created programs would often operate independently. This approach resulted in a complex and chaotic array of services provided from a variety of agencies, which may or may not cooperate with (or even be aware of) each other. The programs developed to provide services to people with disabilities are an example of both governmental cooperation and fragmentation. In one way, they developed as cooperative ventures involving primarily the federal and state government programs. In other ways, programs serving people with certain disabilities (i.e.; people with vision problems) were often separate agencies and provided different

services than those serving persons with other disabilities. While the cost of services to people with disabilities are typically paid for by state and federal government agencies, the actual services are typically local training or rehabilitation schools or organizations. This rather chaotic and fragmented system creates a demand for a professional who has the specialized knowledge of all the services and programs available. The need for a person familiar with all available services created a demand for a professional who could advise people with disabilities on needed and available services as well as to serve as a coordinator of those services.

The profession began to emerge with the industrialization that occurred in the late 19th and early 20th centuries in the US. Prior to this time rehabilitation and assistance for persons with disabilities were the responsibility of the local communities and charity organizations. Neither national, state nor local government in the US at that time considered individual citizens' problems their responsibility and efforts to assist individuals with disabilities (or any other problems) were the responsibility of the family or dependent on the spirit of charity of the local area.

As industrialization increased, the problem of workers not having needed vocational skills, as well as being displaced or injured, began to receive national attention. It was obvious that local communities would not be able to properly deal with these issues. In the early 20th century, the federal government in the US passed legislation to include vocational education in the public education system. This legislation in 1917 (Smith-Hughes Act) established a federal board of vocational education and provided funding for states to encourage vocational education in state school systems^[1]. This represented the first national effort to assist citizens with vocational problems.

With the end of World War I, many soldiers returned from the war with significant disabilities that interfered with their ability to return to work. While it was sometimes unclear what organization or level of government might have responsibility for civilian injuries, veterans returning from the war were obviously a federal government responsibility. This led to the first federal program for vocational rehabilitation of persons with disabilities, the Soldier's Rehabilitation Act of 1918^[1]. The purpose of the act was to assist returning soldiers with disabilities to return to work.

It was recognized by many at the time that accidents and industrial injuries to civilians were an even greater problem; however a perhaps uniquely American tradition of decentralized government hampered this effort. The attitude in the US Congress was that this was primarily a state government responsibility and Congress was, therefore, reluctant to set up a federal program for civilians. A compromise was reached with the passage of the Smith-Fess Act of 1920^[1]. This act established a joint state-federal program designed to assist civilians with disabilities return to work. The support included funding by both states and the federal government; though the actual agencies set up to carry out the programs were organized and run by the state governments. The responsibilities of these agencies were to assist people with physical disabilities to return to work. This was accomplished primarily by providing retraining for the individual into an occupation that could be accomplished with the disability or by placing the individual into an appropriate occupation consistent with the limitations imposed by the disability. The vocational advisors that worked in these early programs were the first "rehabilitation counselors".

Initially, the process of matching persons' abilities and limitations with an appropriate occupation was a rather simple process, essentially using "common knowledge" to guide persons with disabilities into appropriate jobs. Over time, this process became more sophisticated, with rehabilitation advisors using aptitude tests and other measures to improve the selection and decision process. The process became even more demanding in 1943 when the Barder-Lafollette Act allowed vocational rehabilitation services to be provided to persons with mental disorders^[1]. World War II created a tremendous shortage of labor and every effort was being made to bring people with disabilities into the work force. The responsibility to work with mental as well as physical disorders created the need for better trained and educated professionals in the field.

The Vocational Rehabilitation Act of 1954 (Public Law 565) is historic in the profession of rehabilitation counseling. This act officially recognized the need for rehabilitation workers to be professionally trained as counselors by providing funds to colleges and universities for the training of rehabilitation counselors^[1]. Previously, rehabilitation professionals were recruited from a variety of human service disciplines, including public health nursing, social work, and school counseling. Although educational programs began to appear in the 1940s, it was not until the availability of federal funding for rehabilitation counseling programs in 1954 that the profession began to grow and establish its own identity. Many public agencies continued to employ bachelor's level service providers, however this act established that the expectation was that professional counseling skills were to be available to clients of the public rehabilitation system.

2 Professional Role

The professional role of the rehabilitation counselor involves working directly with an individual with a disability as a coordinator of needed services (case manager) and a counselor. The rehabilitation counselor provides counseling and guidance to determine and coordinate services needed to assist people with disabilities in moving from psychological and economic dependence to independence. In the US, the professional role of the rehabilitation counselor varies significantly by the setting in which s/he works. In the public state rehabilitation agencies (the largest single employer), the rehabilitation counselor is typically expected to function as both a case manager and coordinator of needed services as well as providing personal counseling and guidance to the client as needed.

This dual role and responsibility (functioning as both a counselor and coordinator) has created significant ethical conflict within the rehabilitation counseling profession as in the US, as counselors do not typically have a dual role. The potential for significant role conflict is present. A case manager not only advises clients, but typically approves funding to pay for needed services such as education or training programs as well as some medical or assistive technology. The professional counseling role is typically a role that does not include other personal or professional relationships with the client that could serve to bias the suggestions or advice given. The combining of the counselor and case manager roles had been a dilemma for the profession and one that has received significant attention in the literature. The rehabilitation counselor role is somewhat unique however, as the rehabilitation counselor has to possess special knowledge of the various agencies and services available in order to provide appropriate advice on treatment or training. Also, individuals with disabilities frequently experience significant per-

sonal adjustment issues as they face not only vocational barriers, but also personal issues related to often unique barriers socially and to social stigma. Therefore, the historic tradition of having a single agent provide counseling and guidance services to clients as well as function as a case manager and coordinator has resulted in a continuation of this dual responsibility in virtually all public rehabilitation programs.

Other professional responsibilities for the rehabilitation counselor include:

Evaluating an individual's potential for independent living and employment; arranging for medical and psychological services; arranging vocational assessment; arranging appropriate education or job training; and assistance with job placement.

Evaluating medical and psychological reports and conferring with physicians and psychologists about the types of work individuals can perform is a part of the rehabilitation process as well^[2].

The additional responsibilities associated with rehabilitation counselor role necessitates that the professional rehabilitation counselor must have knowledge of several professional fields, including psychology, medicine, psychiatry, sociology, education, and to some extent law. The specialized knowledge of disabilities, occupations and environmental factors that interact with disabilities, as well as specific knowledge and skills, differentiate rehabilitation counselors from other types of counselors.

This somewhat unique role has resulted in the need for specialized training for rehabilitation counselors. The professional rehabilitation counselor must not only possess the typical skills of a counselor, but also have special knowledge of medical and adjustment issues related to disability as well as occupations that allow them to recommend/coordinate appropriate services provided by other health professionals. As expected, the training programs for rehabilitation counselors differ significantly from that of other counselor training programs.

When working in the private sector, rehabilitation counselors typically do not experience this dual role. In private sector rehabilitation, the rehabilitation counselor is typically working with industrially injured workers. They function as case managers and assist with vocational guidance and job placement, but are not expected to provide personal counseling. The goal in the private rehabilitation setting is to assist an injured person to return to an appropriate job. The professional role in this setting is essentially that of a coordinator of services and assistance with finding an appropriate job. While there is a strong emphasis on appropriate guidance regarding appropriate services, jobs or training programs, the expectation of personal counseling is not typically associated with work in the private sector.

In general, the role of the rehabilitation counselor is to assist people with physical, mental, or emotional disabilities to become or remain self-sufficient, productive citizens. They do this through counseling to assist with adjustment or personal issues, psychological testing and vocational evaluation to assist with vocational decisions, arranging appropriate services or training, and assisting with finding the appropriate job. Rehabilitation counselors help individuals with disabilities deal with societal and personal problems, function more independently, plan careers, and find and keep satisfying jobs. They also may work with individuals, professional organizations, and advocacy groups to address the environmental and social barriers that create obstacles for people with disabilities. The rehabilitation counselor builds bridges between the often isolated world of

people with disabilities and their families, communities, and work environments^[3-4].

3 Academic Preparation for Rehabilitation Counselors

The Department of Rehabilitation Studies at East Carolina University (ECU) is an academic program that prepares graduates to work in a variety of personal service occupations. Administratively, the department is within the College of Allied Health Sciences at East Carolina University. Faculty offices, counseling and vocational evaluation labs are located in the same building with the other allied health professions in the college. The programs in the Department of Rehabilitation Studies are somewhat different from other departments in the College of Allied Health Sciences in that the model for assisting patients is a psychological model of helping rather than the medical model used by most other programs in this college. The method of being helpful to patients is by providing counseling to assist with personal issues and concerns, psychological and vocational aptitude/preference testing as well as personal support and advocacy. While counseling is a profession that developed primarily in western culture, it has been gaining acceptance in Asian cultures in recent years, often with modifications to include recognition of the greater emphasis on family relationships typical of Asian cultures.

Academically, rehabilitation counselor education programs are masters degree level education programs. Although no specific undergraduate degree is required to enter rehabilitation counseling masters degree programs, most rehabilitation counseling graduate students have undergraduate degrees in rehabilitation services, psychology, sociology, or other human services-related fields. The role of the rehabilitation counselor includes not only counseling, but also coordination of needed services, assistance with job placement and educational planning. The curriculum, therefore, includes not only courses in counseling theory and practicum, but also information based coursework to support the additional responsibilities.

Rehabilitation counselor education programs include counseling theory, skills, and techniques; individual, group, and environmental assessment; psychosocial and medical aspects of disability, human growth and development; principles of psychiatric rehabilitation; case management and rehabilitation planning; issues and ethics in rehabilitation service delivery; technological adaptation; vocational evaluation and work adjustment; career counseling; and job development and placement. In addition, students often take required or elective courses in such areas as marriage and family counseling, substance abuse rehabilitation, juvenile and adult offender rehabilitation, mental retardation, communication disorders, sign language, stress management, psychological testing, and rehabilitation administration. Rehabilitation counselor education programs typically provide between 18 and 24 months of academic and field-based clinical training. Clinical training consists of a counseling practicum and a 600 hour of supervised internship experience. Clinical field experiences are available in a variety of community, state, federal, and private rehabilitation-related programs.

The program at ECU is accredited by the Council on Rehabilitation Education (CORE), therefore the basic course content is very similar to other accredited rehabilitation counselor programs in the US and Canada.

4 Certification, Licensure and Registration of Rehabilitation Counselors

Certification and licensure of rehabilitation counselors protects the public from the risk of being provided inappropriate or

poor services by an untrained person. These procedures provide a means of identifying those individuals who possess the minimum training and meet supervised work experience standards established by professional groups and governmental agencies.

4.1 Certification The Commission on Rehabilitation Counselor Certification (CRCC), is an independent credentialing body incorporated in 1974. It certifies rehabilitation counselors throughout the United States and in Canada who meet educational and work experience requirements, pass an examination, and maintain certification by completing 100 hours of acceptable continuing education credit every 5 years.

4.2 Licensure A counseling license is a credential authorized by a state legislature that regulates the title and/or practice of professional counselors. Rehabilitation counselors are eligible for licensure as professional counselors in nearly all states that regulate counselors. Licensure requirements include passing an examination, acquiring needed supervised counseling experience, and, in some states, completing specified coursework.

4.3 Registration A number of state workers' compensation laws or regulations specify education, training, and/or credentials requirements for people providing rehabilitation counseling services to workers with disabilities. In these states, rehabilitation counselors pay a fee and provide proof of education and/or certification to register with the state workers' compensation agency. Most of these states also require the certified rehabilitation counselor (CRC) credential, although the permitted scope of services may vary from one state to the next.

5 Research

The practicing rehabilitation counselor is rarely a researcher and only occasionally will s/he be involved in research. In the present US system, research is conducted primarily by university faculty who teach in rehabilitation counseling or related rehabilitation or health programs. While practicing rehabilitation counselors typically possess a master's degree, virtually all university faculties possess a doctorate and received special training in research procedures. Research in the field of rehabilitation counseling tends to be applied research aimed at improving services or identifying better approaches to being of assistance to individuals living with a disability. Research also includes investigating the types and combination of programs and services that are more effective in meeting the needs of people with disabilities from diverse cultural and ethnic backgrounds^[5].

6 Employment Settings and Characteristics

A majority of rehabilitation counselors work in state rehabilitation agencies or community rehabilitation programs. Because all state rehabilitation agencies follow the same general procedures, a rehabilitation counselor has geographical mobility and can find employment throughout the United States and its territories. Other potential employers include comprehensive rehabilitation centers, universities and academic settings, insurance companies, substance abuse rehabilitation centers, correctional facilities, halfway houses, and independent living centers. Reflecting this wide range of job opportunities, rehabilitation counselors are often employed in positions with different job titles, such as counselor, job placement specialist, substance abuse counselor, rehabilitation consultant, independent living specialist, or case manager.

In the state where this university is located (North Carolina), the average starting salary for rehabilitation counselors in the public sector is approximately \$36000. Beginning salaries from other states range from approximately \$29000 to

\$46000. Salary levels in the private sector are considerably higher. The average beginning salary in private sector rehabilitation counseling in North Carolina is approximately \$43000.

7 Employment Outlook

Historically, rehabilitation counselors primarily served working-age adults with physical disabilities. Today, the need for rehabilitation counseling services extends to persons of all age groups who have all types (mental as well as physical) disabilities. Rehabilitation counselors also may provide general and specialized counseling to people with disabilities in public human service programs and private practice settings.

Recently the role and responsibilities of rehabilitation counselors have expanded, further increasing the attractiveness of a career in the profession. Rehabilitation counselors, for example, have begun to determine, coordinate, and arrange for rehabilitation and transition services for children within school systems. Work with employers to identify and/or modify job responsibilities to accommodate individuals with disabilities is also an increasing responsibility. The Americans with Disabilities Act, passed in 1991, requires employers to provide reasonable accommodations for persons with disabilities^[1]. Rehabilitation counselors are the professionals best prepared to provide consultation related to appropriate job accommodations. In addition, rehabilitation counselors are providing geriatric rehabilitation services to older persons with health problems, and workers injured on the job are increasingly receiving rehabilitation services through private rehabilitation counseling companies and employers' disability management and employee assistance programs.

The professional future is very positive for rehabilitation counselors. They are trained as counselors and qualify as Licensed Professional Counselors in most states. Additionally, graduates of rehabilitation counseling programs have specialized education and skills that allow them to work as specialists with people identified as having a disability. This provides excellent career opportunity and flexibility as they may elect to work in more traditional counseling settings if they choose.

8 Conclusion

As a profession that grew from a government agent's job to a relatively complex professional role, rehabilitation counseling has a unique developmental history, yet it meets a specialized need in a culture that places great importance on individual achievement and the work role. In the US, a person's occupation and work role are a significant part of his/her social identity, therefore the effort to support people with disabilities to remain at or return to work is consistent with a core cultural value. As noted at the beginning of this article, the profession of rehabilitation counseling may be a uniquely American profession. Yet, cultures that value personal achievement and the potential contributions of each individual to society may find some of these professional skills useful.

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