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CG 002 715

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INDIVIDUAL COUNSELING WITH THE REHABILITATION CLIENT: A POINT OF VIEW.

Georgia State Office of Vocational Rehabilitation, Atlanta.

Pub Date 8 Aug 67

Note-14p.; Speech delivered to the Georgia Division of Vocational Rehabilitation State Conference, Jeykll Island, Georgia, August 8, 1967.

EDRS Price MF-\$0.25 HC-\$0.64

Descriptors-COUNSELING, *COUNSELOR ROLE, *INDIVIDUAL COUNSELING, *VOCATIONAL REHABILITATION

A model for individual counseling with the rehabilitation client is presented. The model consists of five stages: (1) exploration, (2) contract, (3) action, (4) evaluation, and (5) termination. The counselor assumes three roles (1) alter ego, to help the client understand his needs; (2) interventionist, to procure services and employment for the client; and (3) reinforcer. The techniques used by the counselor in each role are discussed. A case history is used to illustrate each stage of the model (NS)



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"Individual Counseling with The Rehabilitation Client:

A Point of View"

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A speech delivered to the Georgia Division of Vocational Rehabilitation State Conference at Jeykll Island, August 8, 1967.



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Individual Counseling with the Rehabilitation Client: A Point of View

Introduction:

The role of the vocational rehabilitation counselor is an exceedingly complex one. Sharp disagreement as to the role expectancies for the counselor is frequently encountered among DVR administrators, counselors, and students in rehabilitation counseling programs (Smith, 1960). The VR counselor is called upon to function as a purchaser of services, a referral agent, a job procurement officer, a public relations expert, a case worker, a coordinator of client services, and a counselor. All of these variegated functions, however, are directed toward a single goal - the eventual restoration of the handicapped client to the world of work.

Some see the VR counselor as a coordinator who performs some counseling services (Johnson, 1960). Others see him as a counselor who performs some coordinative services (Patterson, 1957). While the danger in stressing the counseling aspects of the role rests in the possibility that case load production may be retarded, the danger in emphasizing the coordinative function stems from the impersonality of a process wherein the client is "farmed out" to a corps of professional workers. In accepting this role emphasis the counselor may abandon his role as a counselor and content himself with being a purchaser of services. Consequently, the client may miss the opportunity to incegrate diagnostic information into his self-concept and to use such information in making a vocational choice. The position of this paper is that the VR counselor counselor should conceive of himself as a counselor who performs some coordinative services.



It is quite obvious that the present Federal-State formula for assisting DVR agencies militates against working with clients in depth. However, the increasing tencency for DVR to work with chronic cases such as alcholics, mental retardates, and public offenders (follow the 1965 Amendment to the VR Acts) - not to mention the possibility that states may choose under Title 19 of Medicare to place responsibility for the physically handicapped under welfare - suggests the likelihood that this formula may be reviewed in the near future. Until such time, however, the VR counselor will be forced to make some compromise with the "numbers racket" as was the VA counselor until the pressure of handicapped veterans cases eased around 1951.

On the basis of a recent survey of clients seen by the Georgia

Division of Vocational Rehabilitation (Wright, 1967), it appears that many clients currently being seen would be satisfied with something less than individual counseling since they were primarily seeking someone to pay their medical bills. It is, therefore, not necessary, nor indeed even desirable, for the counselor to work in depth with every referral. He must be skillful enough to select those clients whose vocational adjustment depends upon more thorough counseling services.

Working with a few well chosen clients in depth should reduce the likelihood that such clients will become "closures" again and again and should improve the quality of the counselor's relationship with clients receiving less intensive contact. The goal of the VR counselor is the client's vocational adjustment, and not merely his vocational choice and placement.

In this paper a model for counseling with the rehabilitation client is presented. A model is not to be thought of as something to which one must slavishly conform, but rather as a set of guidelines from which one may deviate as the occasion demands. It nevertheless offers direction to the counselor who



offers direction to the counselor who otherwise may "fly by the seat of his pants".

The theoretical model herein recommended conceives of the counselor's role as an Alter Ego (Second Self to the client) to help the client to better understand his needs, an Interventionist, in the client's life space by procuring services and employment for him, and a Reinforcer of the client's new, and hopefully more appropriate modes of responding. Each stage of this counseling model will be demonstrated by means of video tape recording. Limitations imposed by time and financial resources made it necessary to use role playing rather than to film an actual case.

A THEORETICAL MODEL FOR COUNSELING WITH REHABILITATION CLIENTS.

The use of stages in the construction of a counseling model is not new (cf. Williamson, 1939; Pepinsky and Pepinsky, 1954; Tyler, 1961; and Blocher, 1966). The model presented in this paper consists of five stages: (1)Exploration, (2) Contract, (3) Action, (4) Evaluation, and (5) Termination. Each stage calls for a different set of counselor behaviors. While such stages tend to overlap at times, their employment, nevertheless, assists the counselor to more clearly conceptualize the counseling process and to more meaningfully select his behaviors.

EXPLORATION STAGE: The initial stage involves exploration of self and of significant vocational information by the client. Successful vocational adjustment involves implementing one's self concept (Super, 1957), or meeting the significant personal needs (Hoppock, 1963). Work occupies a sizeable proportion of each person's waking hours, and if the functions and social status of a given job are inappropriate to the self concept and needs of the worker, job



dissatisfaction is likely to result. Unless one is willing to assume as one psycholoanalyst (Brill, 1949) that unconscious needs will automatically direct the person to a wise selection of employment, it would appear that the client needs to (1) carefully explore significant aspects of his self concept, such as aptitudes, interests, aspirations, and needs and (2) to become acquainted with significant job facts in order to select an appropriate occupation.

A client may possess the aptitudes and skills called for by a given job, but may find the status involved, the social relationships and/or functions demanded to be unplatable. Increased self understanding and knowledge of job facts may lead a client with vocational aspirations exceeding measured aptitudes to choose a more appropriate occupation which promises to satisfy similar needs. The client may need to explore the kind of person he is, the socioeconomic level to which he aspires, his relative need for prestige, and the extent to which he wishes to work with, or independently of, people as well as requirements demanded with rewards offered by certain jobs.

and communicate deep understanding of the client's internal frame of reference and acceptance of the client's self disclosure. In this way the counselor serves as a <u>Second Self (Alter Ego)</u> to the client. The audience will recognize much similarity between the role of the counselor recommended for the Exploration Stage and the Rogerian model (Rogers, 1959).

Reflection and clarification are techniques whereby the counselor helps the client to feel deeply understood. Reflection of the client's emotional disclosure involves a sensitivity to non-verbal as well as verbal communication. This skill is not easily learned and, indeed, is most efficiently taught to a practicum situation.



Clarification is a technique whereby the counselor helps the counselee to better understand some implications of his communication by pointing up relationships between the client's past and present communication. Whereas clarification by the counselor is likely to result in the counselee feeling deeply understood, more startling degrees of interpretation which reach beyond the client's current ability to accept them tend to result in client resistance and restricted openness to change.

The proper use of questions by the counselor during the Exploration
Stage is a matter requiring some skill. If questions are specific and thereby
lend themselves to short replies by the client, the counseling interview takes
on the nature of an interrogation session. The counselor is likely to get
back only that information for which he specifically asks, and the client is
unlikely to engage in extensive self exploration. On the other hand, if
questions are sufficiently broad and leading and are parsimoniously used, they
can be decidedly facilitative of the exploration process. The question "What
are you wanting out of work?" is likely to facilitate exploration whereas the
question "What was your last jcb?" is likely to elicit a short, specific answer.

To facilitate the client's exploration of job facts, the counselor serves as a teacher and resource consultant referring the client to appropriate sources of vocational information. The extent to which he must function as a teacher rather than as a resource consultant will depend upon the intelligence and initiative of the client.

In summary, the initial stage of the counseling relationship is calculated to increase self-understanding and understanding of job facts on the part of the client. The client is encouraged to examine the kind of person he perceives himself to be as well as the kind of person he wishes to be. In the



process he becomes further aware of his needs and begins to discover how work might be used to further him in the direction of becoming the kind of person toward which he aspires. The process frequently involves becoming aware of certain aspects of behavior which the client previously has been unable to own, since such aspects are regarded as threatening and painful. The counselor engaged in behaviors which are geared to reduce external threat to the client in an effort to increase the client's tolerance for internal threat aroused by such self-awareness. The counselor respects the client's right to be different, accepts the client's communications without feeling the need to sit in judgment upon them, is genuinely himself, is interested, and attempts to empathically understand the client's internal frame of reference.

Exploration Stage will be of very short duration. For other clients this stage may continue for three, four, five or more sessions. There is no rule of thumb by which the counselor and counselee can arbitrarily determine beforehand the length of this stage.

In the case that you will shortly see by means of videotape, Susan, a 23 year old diabetic was referred to DvR by a Friend of the Court. Susan was a tenth grade drop-out who married at 17 years of age, was divorced at eighteen, and subsequently had various roommates over a short period of time with no reported close associates. She worked as a waitress and go-go girl at various dives, and was strongly suspected of engaging in prostitution on the side. She was picked up for questioning in regard to suspected theft from an out-of-state visitor. While detained for questioning, she experienced a seizure (later recognized as diabetic) which became the occasion for her referral to DVR.

During the Exploration Stage of the counseling relationship Susan was



helped to explore her own needs and vocational aspirations while at the same time she was referred to the Emory Diabetic Clinic for a more complete diagnosis and a suggested medicinal regime. Susan spoke freely of her need for respect and adulation from others. Her failure to early recognize the need for career preparation limited her to a series of low level jobs which she found unchallenging and considered beneath her. She experienced very little satisfaction and even less success at such jobs. Vocational testing suggested reasonable aptitude and strong interest in clerical work.

CONTRACT STACE: Once the counselor and client have explored client needs and occupational facts which bear upon wise vocational selection, the counseling relationship then begins the Contract Stage. Both the counselor and client sometimes experience disappointment with the outcomes of counseling. Such disappointment is often a function of failure to clearly specify the nature of the client's problem and the goal to be attacked. An antidote for this malaise is to be found in a Contract which clearly specifies counselor services to be rendered and client behaviors to be developed and practiced.

In this model equally as much attention is directed to the client's responsibility as to the counselor's responsibility for counseling outcome. The client is thus encouraged to see himself/herself as a partner to the contract rather than as a passive recipient of community services. The entire tenor of the relationship is characterized by this partnership which is dedicated to the restoration of the client to the world of work. Clients are encouraged to do something for themselves. What they are to do for themselves is specified in the Contract and agreed to by both parties. Furthermore, later evaluation of case progress will concern itself with client behaviors and progress as well as counselor functions. In this way the client is likely to experience an



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intense sense of involvement in the rehabilitation progress.

Experience suggests that the counselor and client choose moderate goals capable of verification. The stratagem makes it possible for both client and counselor to recognize progress toward the goal and should result in a high degree of client motivation. The Contract will, of course, vary considerably from client to client.

During the Contract Stage the goal agreed upon by the counselor and client was the attainment of work which would (1) meet the client's needs for respect and adulation, (2) pay reasonably well, and (3) be socially and personally acceptable. Pursuant to this general goal the client was to prepar herself for a position as a clerical worker. Her aptitude and interest inventory accres and her pleasing appearance promised her favorable consideration, and the work appeared to meet all three of the above mentioned criteria. The Contract specified that the counselor would (1) pay tuition expenses in business school, (2) provide her with maintenance and transportation to and from school and to and from the Diabetic Clinic, (3) help with the expense of her medication, and (4) continue to meet with her to discuss progress toward the goal.

On the other hand, the Contract specified that the client would (1) faithfully attend and assiduously apply herself to her classroom work, (2) religiously observe the medicinal regime of her physician, (3) carefully avoid the dives where she was formerly employed, (4) avoid additional contact with the law, and (5) attempt to develop close associations with young men and woman of reputable character.

Much care is to be exercized during this stage to make certain that behaviors specified by the Contract are clearly understood by both parties. In



the above example Susan and her counselor talked at length of the need to apply herself to her studies and of her difficulty in establishing close associations with others. As a result of setting up the Contract, then, counselor and client have a clear understanding of the responsibilities incumbent upon both, progress toward the client's goal is more easily recognized, and client motivation generally remains at a high level.

ACTION STAGE: During this stage both client and counselor behaviors change abruptly. Whereas previous stages call for explorative, reflective behaviors, the Action Stage calls for activity, as both client and counselor begin to implement the rehabilitation plan. The client tries out new responses on the basis of insight gained during the Exploration Stage, and the counselor (1) reinforces the client's new responses, however feebly they approximate lesired behaviors, and (2) intervenes in the client's environment in such a way as to help the client to realize his (her) goals.

During this stage Susan reported to her counselor in regard to her clerical studies, her adjustment to her medication for the diabetes, and her recurrent attempts to strike up friendly relationships with persons she considered to be of desirable character.

The counselor reinforced Susan's efforts to apply herself to her studies and to form new and improved relationships by listing attentively and demonstrating his pleasure at signs of her progress. Also during this stage, the counselor had secured payment for her schooling, medical and living expenses and had consulted with the business school's placement office in regard to proper job placement for Susan. Susan completed her clerical studies with passing marks and obtained employment one week subsequent to her graduation.



EVALUATION STAGE: Toward the closing stages of the counseling relationship client and counselor evaluate progress made toward the client's goal.

Counselor and client behaviors during the Action Stage are reviewed and evaluated as to the degree to which they have fulfilled Contract specifications.

Susan and her counselor carefully reviewed their performances, and it was decided that while the counselor had in every case been able to fulfill his part of the Contract, Susan had been unable to establish close associations which satisfactorily met her needs for intimacy. However, she had fulfilled her Contract in every other regard.

TERMINATION STAGE: Immediately following the Evaluation Stage, the two parties may decide upon one of three alternate routes: (1) additional work toward a yet incomplete Contract, (2) termination with Contract considered complete, or (3) a decision to pursue some other aspect of client's problem not originally recognized.

In our case Susan and her counselor mutually decided to terminate the counseling relationship since the Contract was considered reasonably well completed. Susan felt herself to be rather securely settled in a clerical job which offered her a reasonable livelihood, a position where she was noticed and needed, and brought her into contact with persons of whom she approved. While remaining somewhat dissatisfied with her social skills in developing intimate relationships, she was encouraged in that she better understood the necessary instrumental behaviors and was afforded an opportunity to establish such relationships by her newly acquired job.

SUMMARY: The model being suggested is comprised of five stages: Exploration, Contract, Action, Evvaluation, and Termination. The model allows for a



the client's aptitudes, interests, and needs as well as certain job facts that determine the appropriateness of work for the client. Thereupon the counselor and the client effect a Contract which clearly specifies behaviors incumbent upon both counselor and client. Thereafter follows the Action Stage wherein the client is trying out new models of responding, and the counselor is reinforcing the client's responses and manipulating the environment in ways which help the client to reach his goals. Subsequently, the counselor and client review the Contract specifications and evaluate progress toward the general goal. As a consequence of this evaluation, the counselor and client can decide either to work further upon the Contract, to consider the Contract completed and to explore other problem areas of the client, or to terminate the counseling relationship.

A rough parallel can be established between steps involved in the rehabilitation process and stages involved in this model. The counselor's preliminary investigation of the client's eligibility and interest in the program, his medical, social, psychological, and vocational evaluation, and rehabilitation diagnosis would all fall under the Exploration Stage of this model. Case planning is roughly equivalent to the Contract Stage, provision of rehabilitation services to the Action Stage, evaluation of placement to the Evaluation Stage, and case closure to the Termination Stage.

This model appears eminently appropriate for the work of the rehabilitation counselor since it (1) encourages the client to recognize and to accept a significant amount of responsibility for counseling outcomes and (2) it allows the counselor to clearly indicate to the client the



services which he will be able to furnish. It is felt that such a model will encourage strong client motivation, and will accord the rehabilitation counselor clear evidence of usefulness in developing human potential.

CONCLUDING REMARK: And now I thought you might like to see in typical Hollywood fashion just how the rehabilitation business should turn out.



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