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ABSTRACT

The paper on traditional professionalism in rehabilitation counseling discusses why attempts to make it a profession have failed. Rehabilitation counselors are criticized for their failure to reach disadvantaged clients, become leaders of public opinion, struggle for role definition, and work for certification of rehabilitation agencies. It is suggested the 2 national organizations representing rehabilitation counselors, ARCA and NRCA, merge and that the United Rehabilitation Counselors' Association (URCA) encourage state certification, effective employment services, agency evaluation procedures and accreditation of rehabilitation agencies and facilities, and possibly even unionize. The 2nd paper presents and discusses the projections of leaders in rehabilitation counseling concerning the future roles and functions of rehabilitation counselors, and uses these perspectives to make predictions regarding new philosophies in rehabilitation and new priorities for the rehabilitation counselor. A brief glance at rehabilitation's history is presented, together with a concise examination of current issues in rehabilitation counseling including the rehabilitation counselor's role as coordinator, qualifications, accreditation of facilities, and general adequacy of services.
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THE FUTURE ROLES AND FUNCTIONS OF REHABILITATION COUNSELORS:
PROJECTIONS OF LEADERS IN REHABILITATION*

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Inquirers...desire an exact knowledge of the past
as an aid to the interpretation of the future....
Thucydides (460-400 B.C.).

I have but one lamp by which my feet are guided,
and that is the lamp of experience. I know no way
of judging of the future but by the past. Patrick
Henry, 1775.

If we ever open a quarrel between the past and the
present, we shall find that we have lost the future.
Winston Churchill, 1940.

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Among philosophers, statesmen and common folk there seems to be agreement that the present can be understood and, perhaps, the future can be predicted if one ventures to interpret the facts of the past. Observers of the Washington scene are aware of rapid changes in economic policy, social service philosophy and educational priorities which are likely to affect the current rehabilitation counselor education system as well as the scope of client services provided by state vocational rehabilitation agencies. Past experience with federal bureaucrats and congressional representatives and an understanding of the goals of current pressure groups may influence leaders in rehabilitation to help mold a promising future for rehabilitation counseling.

The main purposes of this paper are: a) to present and discuss the projections of leaders in rehabilitation concerning the future roles and functions of rehabilitation counselors, and b) to use these perspectives to make tentative predictions regarding new philosophies in rehabilitation and new priorities for the rehabilitation counselor. In order to provide a framework in which these speculations can be made, however, a brief backward glance at rehabilitation's history and a concise examination of current issues in rehabilitation counseling may be desirable.

Vocational Rehabilitation Past

An excellent chronicle of the growth of vocational rehabilitation (VR) in the United States has been written by C. Esco Obermann (1965). Rather than detailing the evolution of vocational rehabilitation from

the revolutionary war through the VR acts of 1943, 1954, 1965 and 1968, a few outstanding past developments may provide the overview needed to confront the present.

They are: 1) The broadening of eligibility requirements to include, besides the physically handicapped, persons with mental and behavioral disorders; 2) The expansion of the number and types of medical, vocational, psychological and social services which clients can receive; 3) The construction of many new rehabilitation facilities and the strengthening of older programs; 4) The development of sophisticated vocational assessment models and behavioral treatment approaches in work evaluation units; 5) The development of a system of masters-level rehabilitation counselor education programs; 6) The support for basic, scientific research, as well as research and demonstration projects, to expand the professional knowledge needed for the provision of increasingly complex client services; 7) The commitment to coordinate welfare and rehabilitation efforts and to provide services to the poor and disadvantaged.

In summary, vocational rehabilitation advocates moved into social service vacuums which existed and, in addition, were militantly persistent in their efforts to expand services to handicapped persons. Inspired in their dedication to the disabled, leaders in rehabilitation were also cognizant of the political ways and means to get favorable legislation enacted.

Rehabilitation Counseling Present

A perennial issue in rehabilitation counseling has been the counselor versus coordinator debate. Although an unbiased observer might question whether rehabilitation counselors themselves were really very involved or concerned with the question of counselor identity and counselor functions, the issue is meaningful because frequently a counselor's performance is evaluated by determining the numbers of his clients who have been closed "rehabilitated." Some counselors (and their educators) have insisted that the counseling process is not only the activity which is most likely to help clients but it is also the role which only the professional master's level counselor can perform. Supervisors or administrators have viewed coordination of services as the key activity which, ultimately, rehabilitates clients and have insisted that counselors do not have the time to be "professional" (i.e. psychotherapeutic) counselors.

Another issue which will become critical in the next few years is the unanswered (to date) question of whether M.A. level rehabilitation counselors are more "effective" than "untrained" counselors. Although there has been some recent research (Truax & Lister, 1970) which indicated that greatest client improvement occurred when rehabilitation aides handled cases alone (as compared to master's degree counselors), a critique of that research (Sieka, et al., 1971) has raised serious questions concerning the validity of the

reported results. It is well to note, in summary, that these issues (counselor role and identity, counselor effectiveness and counselor evaluation procedures) are interrelated within the context of a broader issue: the professionalization of rehabilitation counseling.

Concern for the professionalism of rehabilitation counseling has been manifested by the birth of "professional" rehabilitation counseling associations (ARCA and NRCA), the accreditation of rehabilitation facilities and the recent work to accredit rehabilitation education programs, the development of regional rehabilitation research institutes and training centers, and a growing interest in certification standards for counselors. The entrance of para-professionals into rehabilitation agencies and facilities has also motivated counselors to seek the benefits of a profession and has led some administrators to reassess the previously unquestioned assumption that more and more rehabilitation counselors were needed to meet the manpower shortages.

Vocational rehabilitation and rehabilitation counseling have been criticized more often for failure to provide services than for inadequate services. Some criticisms of the emerging professionals are, for example, 1) Rehabilitation counselors have not provided either the quantity or quality of placement and follow-up services that clients and agencies expected; 2) Counselors, in general, have not accepted the role of community change agent or client advocate.

Too frequently community values have been reflected rather than changed; 3) The severely disabled have frequently been neglected while the mildly handicapped received extensive training opportunities; 4) Rehabilitation counselors and their agencies have not reached out sufficiently to poor and disadvantaged clients; 5) Rehabilitation agencies have been unaware of, or unwilling to remove service barriers to potential clients (i.e. medical and psychological testing, fragmented social services, limited staff continuity, etc.); 6) Rehabilitation agencies and their counselors have accepted a closure system which reflects sound cost accounting but primitive humanitarian values; 7) Not enough sound research has been initiated or supported by rehabilitation agencies and counselors to measure the effectiveness of case services and to improve them.

Projections of Leaders in Rehabilitation: Activity of Future Counselors

As part of a study of the roles and functions of rehabilitation counselors (Muthard and Salomone, 1969), several groups of leaders¹ in rehabilitation were sent a questionnaire with open-ended questions and an inventory which dealt with the activities of future (1980) rehabilitation counselors. For this study, leaders in rehabilitation (RL) included persons in the following positions or settings:

¹ Appreciation is expressed to the many rehabilitation leaders who provided their time and imagination to this research project.

1) Directors or program administrators of rehabilitation centers and facilities (N=12), 2) Rehabilitation counselor educators (N=13), 3) State DVR directors and directors of Commissions for the Blind, and Vocational Rehabilitation Administration personnel at the national and regional levels (N=25).

Rehabilitation leaders responded to the Abbreviated Rehabilitation Counselor Task Inventory (TI) which consists of forty statements of counselor activities in counseling, vocational and social diagnosis, psychological testing, arrangement and coordination of rehabilitation sources, placement and follow-up, and collaboration with other rehabilitation workers. For each of the 40 tasks, the RL was asked to estimate "To what extent will the task be a part of the future (1980) rehabilitation counselor's job." The six foils ranged from "Not at all" and "Much less than at present" to "More than at present" and "Much more than at present."

To compare the responses of the three basic groups of rehabilitation leaders over the 40 TI items a Lindquist (1953) Type I analysis of variance was performed. Post hoc Scheffe' tests were also carried out to assess differences between the three groups for each item. These statistical tests produced few significant and meaningful results. It was concluded that, in general, rehabilitation facility administrators, counselor educators and state and federal administrators do not differ substantially concerning their projections of

the extent to which future counselors will perform various job activities.

However, the data was also subjected to some logical scrutiny (in the researcher's jargon--it was "eye-balled") and several interesting observations were made. First, it was noted that the mean response by all the groups over all the TI items was about half-way between "About the same as at present" and "More than at present." Apparently, the RL felt that future rehabilitation counselors will be doing more of just about every counselor task activity than are present day counselors. Secondly, there were some specific tasks which RL predicted would engage the future counselor "Less than at present" and some activities whose mean response was at or near the "More than at present" level. For example, those tasks which the combined RL groups predicted would take substantially less of the future counselor's time were: 1) administration of psychological tests and 2) decision making activities regarding need for additional medical information and concerning client use of prescribed medications. Some of the tasks which RL saw as engaging more of the future counselors time were: 1) development of client motivation for work, 2) use of group counseling procedures, 3) placement and follow-up activities and 4) collaboration with other professional workers in planning and executing clients' rehabilitation plans.

To summarize, leaders in rehabilitation believe that, in general, the level of involvement in specific job tasks for rehabilitation

counselors will not change to any great extent. RL hope that counselors will become more active in building client work motivation, group counseling, placement and follow-up, and collaboration with other rehabilitation workers, and less engaged in psychological test administration and medical information decision making.

Projections of Leaders in Rehabilitation: New Roles of Future Counselors

Concerning the new roles and functions of the future rehabilitation counselor, it was speculated that:

"The 1980 counselor will be better academically trained—operating from a broader base of social and behavioral information, utilizing improved research. He will operate from a different type of setting - on the street or as a member of a team in a comprehensive resource. His scope of professional activity will still remain on obtaining work for clients. The methodology will be the most significant change, including increased use of the community organization and group work process. Will probably accept clients for VR at an earlier age with the idea of providing needed social experience to allow clients to be ready for adult living. I suspect legislation will force industry, unions, etc. to plan for clients.

"The role can go one of two ways. He can become more of a coordinator of rehabilitation services, purchasing skilled, competent services as they develop in his community or he can become more of a vocational counselor in depth doing much of his own counseling, testing, job development, etc., providing his own service.

"He will be much more an agent of social change, working to achieve modifications in the environment as well as within individual clients, patients, employers or supervisors.

"He will be hedonistically oriented; small caseload, no closures; continuity from prevention on to post-job adjustment; close client relationship.

"Increased emphasis on group counseling, service to the family, re-motivation techniques and behavior modification.

To the question "How will his goals be different from present day counselors" some unique (or composite) responses were:

"The definition and role of 'work' is changing. Goals will be concerned with assisting client to develop and maintain highest potential of self-sufficiency, plus social contribution with or without remunerative work as we now conceive of it.

"Today, counselors are committed to the two-person counseling situation characterized by use of verbal symbols. In the future, counseling as we characterize it will be seen as applicable to a relatively limited population and other behavior change techniques will be utilized by counselors.

"He will be more service oriented and less administrative oriented. He will deal more with social, cultural, economic, and environmental handicapping factors.

"Basic goals will remain the same. The only difference (and it is one of degree rather than kind) is the possibility of giving meaningful rehabilitation services to most of those in need of those services rather than to the more select few who have been served in the past. There will be more emphasis on total-family adjustment. He will be more of a counselor and less of a coordinator.

"My guess is that by 1980 there will be decreased emphasis upon the vocational goal of the counselor and more emphasis upon rehabilitation in its broadest sense. It may well be that success with some clients will be to accept non-work (or possibly non-profit work) as a goal rather than competitive employment as we now have it. Clients may be assisted to prepare themselves for a program of meaningful activity for which they are suited, but which may not be supported in the private sector of the economy or possibly even the public. With this may come greater tolerance for those who can't contribute to production or services as we now know them."

Some selected responses by rehabilitation leaders to the question

"In what new setting will he (future rehabilitation counselor) work" were:

"Certainly he will be working more closely with or in schools and colleges. His role in the rehabilitation of prisoners will be

enlarged and the probation officer of today may instead be a rehabilitation counselor tomorrow. He can be expected to be involved more fully in special education programs and at the same time more concerned with elderly citizens. Since in the years ahead we begin to see the merit of all citizens being entitled to help (rather than only those who are disabled, veterans or attending a certain school, etc.) he may well be more of a generalist and work in a community wide counseling and guidance facility for all adults.

"In any areas where people can help other people we will find more use for rehabilitation counselors.

"Industrial plants, high schools, hospitals, businesses, community mental health centers, people renewal centers, "inner city reconstruction" centers of deprivation, job corps centers, mobile counseling facilities, touring units in agricultural and isolated areas, repatriation centers for culturally deprived uprooted city dwellers, (these are the resettlement and reorientation center camps for the socially maladjusted rioters and other maladjusted persons).

"This is difficult to forecast. The new settings probably will include the elementary schools, guidance clinics for children, and correctional institutions for youth. For adults it is not inconceivable that counselors will be used by private industry to a much greater extent than at present.

"Continue in D.V.R. settings, but more total community based programs--cooperative settings, institutional settings, penal and reformatory settings, etc.

"He will work in settings where the disabled are to be found such as hospitals, schools, community health centers, diagnostic centers, multi-service neighborhood centers, probation and juvenile courts, corrective institutions.

"Possibly to a much greater degree in institutions dealing with people in trouble--prisons, halfway houses, mental hospitals. Also various work programs for the socially, educationally disadvantaged groups, retirement settings and "stations" representing extensions of the parent social service agency.

"There will probably be more counselors housed in rehabilitation centers and special hospital and/or institutional settings, but the large majority, I feel, will still operate out of a district or regional office provided by the state."

To the question "with what kinds of people will the future rehabilitation counselor work," several selected responses by RL were:

"The future counselor will continue to work with the clients typical of today, but will also be serving more alcoholics, culturally disadvantaged, welfare recipients, public offenders, and drug addicts.

"Social disorders and older people: Essentially anyone who cannot use regular community services to get back to work; categorical classes will be abolished.

"The same people as at present but they will move into more of the caseload now shared by the poverty programs, M.D.T.A. Dept. of Labor programs, etc. In addition, he will move into the problems of people in the megalopolis - the socially maladjusted by urban poverty, crowding, discrimination, poor education, etc., crime in the street victims and also the aggressors.

"More of a cross-section of the total community, so he will have to understand cultural values and value systems of a wider range of the populace.

"The counselor will probably work more with the total family rather than one individual.

"He may begin to work with almost the full range of the population. Certainly the young impaired who have been neglected will be served and the older client will receive more attention than in the past. The prisoner, the housewife who has reared her family, those individuals being technologically replaced may well be his clients.

"Increasingly the behavioral disorders (character disorders) will be attended by those counselors still emphasizing a vocational goal."

Some of the responses of leaders in rehabilitation to the question "what kinds of changes will be made in the range of services the counselor now provides" were:

"The range will be narrowed, sharpened and focused on the coordination job with total success of the rehabilitation effort as his responsibility.

"Counselors will become more specialized--will not be expected to be experts in everything. This will require greater efforts in coordination.

"So much of this answer will depend upon the nature of our economy and our social order. If automation continues to increase, the counselor will need the services of consultants in fields hitherto unheard of in his helping clients to select an objective.

"Heavy use of support personnel plus informational systems such as audio-visual aids, on line computers, etc. More use of machine technology in testing and assessment areas.

"There will probably be more specialization. Although this may in part be by disability group it is equally possible that it will be by function. His counseling can be expected to be more sophisticated and to take personality considerations into account to a greater degree. He will use group counseling and group experiences as a way to help his client develop competencies for achieving goals the client and he set.

"Do not believe range will increase greatly but quality and extent of services within present range will be increased; more judicious application of needed services. More services will be provided in the context of family needs, rather than individual needs.

"More range into leisure time, prevention, exotic medical and prosthetic devices. More family service and post-placement, supportive counseling.

"There will be a greater demand for evaluation and personal adjustment services. Extensive use will be made of psychologists, psychiatrists, social workers, and other disciplines concerned with human behavior and modifications in behavior. There will be more emphasis in assistance in job placement and follow up. Job maintenance services will be used more frequently.

Finally, RL were asked to make additional comments. Some statements focused on rehabilitation counselor education and rehabilitation counseling as a profession. Many comments were made concerning the future roles of the rehabilitation counselor.

"Current training programs do not provide personnel who are adequately selected for or equipped to deal with vocational problems. Very few have or will have work experience and the necessary sales ability to deal with the changing demands of the world of work. The vocational counselor historically and most effectively is a highly specialized technician, whereas the current trainees who may be functioning in 1980 are pseudo-professionals who prefer to identify with psychotherapists. Increasing demands for public agency service will probably not allow time for individual counseling to meet the needs of the clients nor the expectations of the counselors. Hence, their functions will mainly be those of social technicians applying that which is available, rather than doing very much about changing the client or society.

"The rehabilitation counselor's role and functions in 1980 will not much reduce his problems of identity. His professional organizations (especially ARCA) must exercise leadership now in establishing his identity and strengthening his competence. Interorganizational rivalries (especially ARCA vs. NRCA) must be brought to an end, soon.

"An overhaul of current rehabilitation counselor curricula is probably approaching. Forces both within and outside of the Department of HEW and Labor will demand a curriculum study. Paralleling the curriculum study will be the rapid development of a newer professional version of the rehabilitation counselor, with the former version merging with school psychology training programs.

"V.R.A. should be no more; all services, except medical will be provided by Labor Department in manpower centers. They will use multi-disciplinary staff. The rehabilitation counselor as he now exists will be no more since specialized staff can do a much better job; the days of the generalists are numbered.

"Vocational rehabilitation will lose its independent status and be merged with a generic "total-population serving" agency; which one, I can't predict.

"Our current and pending legislation demand strong, aggressive counselors to get programs going. We need a greater public image of the counselor. He must be a person who has planned to be a rehabilitationist, and must not be a medical school dropout, or a lower I.Q. health activities aspirant. We need sharp, bright, non-passive leaders who can hold their heads up with the rest of the team.

"We will gradually come to realize that ALL people are not rehabilitated. They are temporarily improved and rejuvenated, but they need continual support and re-programming periodically. One cannot build in the maturity, judgment, and talent necessary to hold certain jobs more than for short periods. They will need to be "plowed back into the rehab stream" for "personal renewal" and for productivity for a maximum number of years.

"Segmented, disconnected services will finally be recognized as being inefficient. The effective counselor of 1980 will look at the whole person who requires comprehensive, integrated services. The sharp boundaries separating the various professions and specialties will be less well defined."

It is difficult to summarize the frequently divergent opinions of rehabilitation leaders regarding the future roles and functions of rehabilitation counselors. There were distinct differences regarding whether the counselor would: a) provide more "professional" counseling or become a more effective team leader or services coordinator, b) become more of a rehabilitation generalist or specialist in the future, c) work in traditional VR settings or filter into almost every new community social service agency, d) keep the vocational counselor's role or become a community change agent, and e) retain his current government-sponsored position or become submerged in "total-population serving" agencies.

A continuing theme that seemed woven throughout the data was the view that rehabilitation counselors should provide services to the total family constellation. These opinions may indicate that leaders believe that social workers (the professionals who have been responsible for such services) have failed to provide necessary family counseling and planning. It does seem clear that, on many occasions, the rehabilitation plan of a handicapped breadwinner succeeded or failed because of the

level of psychological support provided by the family and the extent of involvement in total family planning on the part of social agency personnel.

Another continuing concern of RL was that, apparently, clients are not receiving the job placement services and post-employment supportive counseling which they should. Many rehabilitation counselors have resisted efforts by agency supervisors and administrators to become more involved in the selective placement of their clients (Williams, 1967). Perhaps a client-centered approach to job placement (Salomone, 1971) or a program of continuing education for rehabilitation counselors (Miller, et al., 1971) might help provide the counselor with new skills and motivations for involvement in job placement.

Some Speculations Concerning the Future of Rehabilitation Counseling

Rehabilitation counseling as a profession, rehabilitation counselors, educators and administrators face at least three major issues in the immediate future. They are: 1) the re-ordering of national priorities and goals, 2) the impact of the current manpower shortage on rehabilitation services and present steps being taken to alleviate this insufficiency and 3) the trend toward greater accountability of counselors and agencies.

Increasingly, counselors and rehabilitation agencies are being called to a new commitment to provide a broader range of services to handicapped and disadvantaged clients and their families (Newman, 1971). The development of a "national system of public advocates whose major

responsibility will be to serve all the handicapped" has been urged by the Commissioner of the Rehabilitation Services Administration (Newman, 1970). In addition, it seems reasonable to assume that consumers of rehabilitation services will, in the future, have substantial influence on the programs of state-federal rehabilitation agencies. Counselors and their supervisors may well become accountable to agency boards which include clients or former clients. This trend is observable today in the educational system within some metropolitan, inner-city areas.

In addition to the trend toward the counselor as an advocate of client rights, it is also predictable that future rehabilitation counselors will more readily accept the mantle of community change agent. Most institutions seem to resist change in order to preserve equilibrium and power. However, these institutions must become more responsive to the unmet needs of the handicapped and disadvantaged. Counselors will press for the development of programs which attempt to change the environmental situation as well as the individual client. The future rehabilitation counselor will have a more activist, outreach orientation and will, more directly, be held accountable for the effectiveness of his services.

As noted, another issue which affects current planning for the future of rehabilitation counseling is the re-ordering of national priorities. Although not currently evident, it seems predictable that by the early 1980's federal and state governments will finally accept

the will of the American people that more than 30 million citizens should NOT be hungry, sick, illiterate or humiliated by our welfare system. This country will, in the near future, have a new medical services system, a guaranteed annual income, a more effective primary and secondary educational system and free advanced education for the non-disabled as well as handicapped persons. Rehabilitation counselors will be Human Service Workers who may provide avocational or retirement counseling as well as vocational counseling. It is likely that the traditional VR agency will become a Manpower and Training Service where all persons can receive whichever type of services they require. Counselors will be less concerned with a verbal interaction process or an orderly service delivery system for every client and more concerned with helping to meet the immediate needs of disadvantaged persons of all types.

The kinds of client assistance which have been outlined will require new, expanded and comprehensive services. To meet the serious shortage of manpower at all levels in rehabilitation, trained para-professionals will be needed. Having reviewed the literature dealing with non-professionals, Peth (1971) indicated that "the use of aides may provide a viable solution not only to professional, economic and manpower problems, but also to employment problems of the marginally employable, impoverished, uneducated and handicapped." Another valuable source of rehabilitation aides might be retired persons who wish to work part-time and who have the experience, patience and understanding of the stereotypic American grandmother.

The para-professional in rehabilitation could be a service facilitator or liaison between clients and agency personnel. Rosenfeld (1964) believed that para-professionals should help the non-users of professional services become users. Smith and Hobbs (1966) noted that the para-professional as a facilitator may be able to provide clients who are alienated from organizations, agencies, and power with the interpersonal contacts and communications they need. Salomone (1970) detailed a number of specific tasks which the rehabilitation counselor aide could readily perform.

The national priorities which will develop in the future to solve pressing social problems will require imaginative solutions to current manpower shortages and a new accountability on the part of rehabilitation counselors. Leadership to promote positive community change and a strong advocacy for client rights will be the rehabilitation counselor's privilege and responsibility.

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TRADITIONAL PROFESSIONALISM IN REHABILITATION COUNSELING:
SUCCESES AND FAILURES*

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Because many rehabilitation counselors are familiar with the literature of the early 1960's concerned with professionalism in rehabilitation counseling, I thought I would begin this brief talk by relieving your justified suspicions that I might attempt to resurrect those dying-or dead-issues. My plan is not to enter the undergrowth surrounding the counselor versus coordinator imbroglio. Neither do I wish to argue the issue of whether or not rehabilitation counseling is a profession. There is much general agreement that our field is not yet a profession (Krause, 1965; Muthard, 1969; Obermann, 1962).

But it seems to me that there might be merit in reviewing why we are not a profession and why the first leaders in rehabilitation counseling (the Patterson's, Lofquist's and Muthard's) sought so vigorously to make this field a profession.

Secondly, I would like to examine the reasons why attempts toward professionalism in rehabilitation counseling have failed. Perhaps there is some hope that a "new professionalism" (Jaques, 1970) founded on the successes and idealism of traditional professionalism, but instilled with an awareness of the realities of political and administrative powers, may yet emerge to serve both our constituent clients and ourselves.

Last, I would like to share my thoughts and hopes that a unique combination of new professionalism and unionism may be the long-run answer to

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counselor frustration over limited power and autonomy, and client anguish over agency regulations, rigidity and red-tape.

Why Professionalism?

Redundant as it may be, it is necessary to establish a common understanding of what it means to label a particular occupation a "profession." Let us focus on old-time physicians and lawyers (circa 1940) as our models for professional persons. We'll ignore "professional" wrestlers, barbers, and (believe it or not) dishwashers. The key components of a profession are the following: (1) a service orientation, (2) a unique body of theoretical knowledge, and (3) autonomy of the work group (Greenwood, 1962; Gross, 1964; Sussman, 1965). Other characteristics of a profession which seem to result from occupational contact with the public are: (1) community sanction of professional activities, (2) professional self-regulation through the use of a code of ethics and strict rules regarding entry into the occupation, and (3) prestige, status and power.

Occupational groups which seek professional status, prestige and power may pursue recognition by exerting subtle or overt pressures upon a community to bestow them. For example, although plumbers are very autonomous workers and provide an emergency service their lack of a unique body of theoretical knowledge and, for some, their belligerent attitude toward the public has lead to the denial of status, prestige and wide-range decision-making power. Thus, plumbers must be licensed by the state, their work is inspected by community agents, and their prestige rating falls below undertakers, insurance agents, mail carriers, and tenant farmers (Gross, 1964).

It has been noted (Obermann, 1962) that rehabilitation counselors may desire movement toward professionalism since, when that state of the occupation becomes a reality, they will be best able to serve their clients. For example, as a profession rehabilitation counseling will (a) exclude incompetent persons and, therefore, protect clients, (b) have more influence on legislators and other powerful persons regarding the improvement of social services and the initiation of new services, and (c) have a greater impact on the attitudes and behaviors of other professionals who help, or harm, clients. Thus, the result of professionalization for rehabilitation counseling would be increased counselor effectiveness and efficiency.

However, some rehabilitation counselors may be interested in professionalism not to enhance chances for increasing client welfare but because working within a professional field itself is personally rewarding. Obermann (1962) suggested that the motives for professionalization may include increased social status, better incomes, more authority and control over counselor practice and agency programs. Increased power and prestige, according to McCauley (1967), would lead to more control over community resources and a wider coordinating authority.

Thus, the development of rehabilitation counseling as a profession may be viewed as a method by which persons with substantial problems (clients) can receive more effective help from counselors. Conversely, some purposes for the professionalism movement may also include increased counselor status, job security, work autonomy, and power.

But besides examining counselor and counselor educator motives for promoting the evolution of rehabilitation counseling as a profession, perhaps we should focus more specifically on why you - as counselors - are not

treated as professionals by your administrators, by physicians and psychiatrists and, in some instances, by clients. Why do you allow administrators to define your roles in great detail? Why are you annoyed when M.D's refer clients to you solely for job placement?

I suspect that new M.A. counselors, as well as persons who are hired as rehabilitation counselors with a bachelor's degree in psychology or sociology, feel very insecure and inadequate when they begin their first rehabilitation job. Then, add to this insecurity an unhealthy dose of what sociologists call "reality shock" (Sussman and Haug, 1970). The new counselor is in no position, at that time, to clearly structure his role for supervisors and administrators. Even if his ego-strength was exceptional, the counselor questions whether his saleable skills are that valuable or really dissimilar from those skills possessed by agency-trained para-professionals. In sum, the counselor is not certain that he possesses a unique body of knowledge and he does not feel very autonomous working for a paternalistic, sometimes dominating, organization.

There are three alternatives open to counselors experiencing role strain (i.e., limited or no congruence between the expectations of colleagues and supervisors, and their own expectations concerning the counselor's job behaviors). The simplest way for the counselor to avoid role strain and to secure some job satisfaction is to modify his own perception of his role as a rehabilitation counselor to conform to that of his superiors. Secondly, the counselor could struggle to preserve his tenuous identity. However, this decision will probably lead to conflict with others and, without support from colleagues, to job termination. Third, the counselor could resign his position and seek a new job that offers a satisfactory degree of work autonomy.

Failures in Traditional Professionalism

Leaders in rehabilitation counseling have used their "professional" organizations - primarily ARCA and NRCA - to secure a state of the occupational which would allow both clientele and counselors to benefit. The Rehabilitation Counseling Bulletin has adequately met the need for creation and dissemination of knowledge among counselors. NRCA, through its parent organization NRA, has had some impact on federal legislation in education and rehabilitation. However, although more clients are receiving rehabilitation services and are labeled "rehabilitated," the majority of rehabilitation counselors have failed to promote the humanitarian goals of professionalism.

Item: As part of that majority, you have failed to reach out to disadvantaged clients and draw them under the rehabilitation umbrella. You have, instead, allowed supervisors and administrators to narrowly define criteria for eligibility and feasibility. The expansion of rehabilitation services in terms of increased financial commitment and services to all citizens has been a paper myth. You still prefer the physically disabled and clients with mild emotional problems. Culturally different clients are labeled "unmotivated," are expected to engage in an unnatural (for them) verbal exchange (you call it counseling), and are expected to behave in a manner half-way between passivity and militancy. Because of fear, laziness and/or selfishness, you and I have ignored the poor, the powerless and the black. Who among us will be the Ralph Nader of rehabilitation counseling?

Item: As part of the majority of rehabilitation counselors, you have failed to become leaders of public opinion. Instead you hire older (and more conservative) men as your executive directors and are satisfied with their efforts to advance government-sponsored social service programs. Why

haven't you and I banded together to actively lobby in Albany and Washington for legislation to meet the needs of our people; the handicapped and non-handicapped? Is it too much trouble to write letters, attend meetings and donate funds? How else did the A.M.A. and the American Bar Association acquire their influence?

Item: As individuals you have failed to struggle for job autonomy and your own role definition. You have worked a forty hour week and become chained to a sign-in sheet or an unexpressed demand that you arrive at the office at 8 A.M. Is that autonomy? You can secure autonomy and make your own role by first working long hours - including weekends. Be the best damn counselor your supervisor ever saw and he won't dare tell you what to do, how to do it or when to do it. You must become doubly responsible for your work and equally responsible for the work which touches both you and your supervisor.

Item. As part of that majority, you have failed to influence your agencies regarding quality of client services by not working for professional or legal certification of rehabilitation agencies. Why is there a New York law which limits caseloads for welfare workers but not for rehabilitation counselors? Do you believe that you can adequately serve more than 75 clients?

In summary, you have been passive observers of a scene which affects you and your clients. You must become active participants in the events around you. You must join together for change - now!

New Professionalism

Jaques (1970) has outlined four issues which she believes need immediate attention and implementation so that a new professionalism may be achieved which is directed toward human and social renewal. The issues are:

1. The counselor, with professional autonomy, collaborating with clients as helper and as advocate in problem solving tasks.
2. The fractionated professional areas of counseling with the other helping professions joining together collaboratively, rather than competing for isolated professional areas and interests.
3. Counseling and the helping professions extending theory and practice beyond the psychology of primarily the middle class America to include the culture and sociology of other classes, races and nationalities.
4. Team counseling requiring practitioners with expertise at various levels of training and backgrounds of life experience to focus on the multiple problems of clients. (p. 53, 54)

Unfortunately, several of these goals very heavily depend on persons and institutions which impede counselor professionalism, and on workers outside of rehabilitation counseling. Counselors who do not enjoy job autonomy are not likely to receive the power to control their work activities from bureaucratic, rule-bound rehabilitation agencies which often have as supervisors and administrators persons who are easily threatened by ambitious, aggressive, knowledgeable counselors. Krantzler (1970) said:

It is a fact of life that nobody hands anyone power on a silver platter. Professionalism implies power over one's working destiny. The only way rehabilitation counselors will obtain that power is through their own active participation in the kinds of activities that make professionalism possible. There is no easy answer (p. 55).

The questions to focus on, at this point, are: (1) why do counselors want power, (2) is unionism the only method to achieve that power, and (3) what specific steps must counselors take to achieve the power to be professional?

Throughout this paper we have dealt with the question of why counselors want power. To summarize, Gross (1967a) noted that "professionals emphasize their autonomy . . . to protect themselves from the demands of organizational superiors" (p. 421). Thus, the profession as a whole protects the present status and future livelihood of the member from organizational superiors. For example, in most universities the immediate decisions regarding faculty promotions and tenure are made by faculty committees. Administrators are put in the position, largely, of endorsing faculty decisions on these bread and butter matters.

A recent survey of NRCA members (McAlees and Williams, 1969) resulted in the finding that, of the members who responded to a questionnaire concerned with unionism, sixty-three percent indicated no desire for union involvement. However, three factors may modify the impact of this result. First, the younger NRCA members were not as opposed to unionism. Secondly, the NRCA membership is comprised largely of DVR counselors in southern states, and, third, a substantial proportion of NRCA members are supervisors, or counselors with administrative responsibilities. Thus, although unionism has not yet been fervently embraced by rehabilitation counselors, neither has it been categorically rejected.

Perhaps the unionism movement in rehabilitation counseling can be viewed, partially, as a reaction to the perceived deprofessionalism of the field. Gross (1967b) indicated that a profession (for example, counseling

psychology) could experience deprofessionalism if their claims of exclusive competence prevent the delivery of services due to the limited supply of professionals. The dilemma is that, on the one hand, the profession performs essential functions for which it receives its mandate and claim of special privileges (i.e. autonomy and monopoly), and on the other hand, its insistence on exclusiveness may cause manpower shortages and prevent an adequate supply of services to clients.

Sussman and Haug (1970) in their longitudinal study of rehabilitation counselors have detected some elements of deprofessionalism, especially in the changing attitudes of rehabilitation counselors. They suggest that the deprofessionalism trend may be a response, in part, "to the pressure of non-professionals and indigenous workers in rehabilitation who claim a natural ability to assist others in meeting problems of personal adjustment" (p. 29), and to a more general public attitude which downgrades the professional as distant and elitist. Pearl and Reissman (1965) suggested that, rather than trying to increase the supply of professionals such as teachers and counselors, an attempt should be made to make the job of existing professionals easier by reexamining the professional position itself. They believe that each school teacher should be provided with an aide, an assistant, an associate, and a supervising teacher. Perhaps this plan should also be considered for the rehabilitation counselor position.

In my opinion, there are several steps which rehabilitation counselors must take - as individuals, and as coordinated organizations. First, it is imperative that the two national organizations representing rehabilitation counselors, ARCA and NRCA, merge. They must form one organization which excludes counselor educators, supervisors and administrators from membership,

and which requires the member to be a rehabilitation counselor 100% of his work time. Also, the new association should be totally independent of parent organizations such as NRA and APGA. With a combined membership of about 4000 counselors, a young, dynamic executive director could assist the association immeasurably.

Secondly, the United Rehabilitation Counselors Association (URCA) should take immediate steps for state certification or licensing. The certification procedure, including specification of application standards, testing and interviewing, should be strongly influenced, if not controlled, by URCA. Third, the association should establish an effective employment service which acts not only as a medium for employer-employee contact, but which takes an advocate position for its members. Fourth, the URCA should develop evaluation procedures applicable to public and private agencies, and similar to those of the American Association of University Professors. AAUP publishes an extensive report annually which provides information concerning the salary levels, fringe benefits, etc., at all of the universities and most of the colleges in this country. In addition, URCA should establish procedures for the accreditation of rehabilitation agencies and facilities. This information would be made available to counselors seeking employment and may influence their selection of employer organizations.

In order to implement many of the above suggestions, the URCA must adopt a more militant attitude. Bain (1970) believes that teachers are becoming "increasing militant on behalf of quality education." She noted that:

The National Education Association (NEA) recommends several procedures to resolve the kind of impasse which might lead to a strike: mediation, advisory fact finding, and political action. When these fail, teachers may have no choice but to strike as a means of calling public attention to their frustrations and the deplorable conditions in their schools. (p. 5)

Many rehabilitation counselors would be unwilling to take the personal risk involved in a strike. However, if the work strike were not total it might garner much counselor support. For example, if counselors refused to service a portion of their caseload (those who needed minimal service, or none), administrative action to reduce caseloads and increase numbers of counselors would be likely. In Syracuse, New York welfare caseworkers, acting within legal caseload specifications, delivered the case files which exceeded a caseload of 75 to the county welfare administrator. The administrator accepted the files graciously and promised an attempt to convince the legislature of the need for more caseworkers. Another strike approach might be for rehabilitation counselors, as a coordinated group, to cease the performance of duties which were judged non-professional.

For the last several years school counselors have been urged to adopt a more militant attitude as it relates to their occupational identity and professional functions (Shertzer and Stone, 1963; Stone and Shertzer, 1963). Within the next few weeks the members of ASCA (American School Counselors Association), the largest division within APGA (14,000 members), will vote on whether or not the division as a whole should (1) become an independent body, (2) continue affiliation with APGA, or (3) affiliate with NEA (Guidepost, 1970).

It is a cliché to say that we (rehabilitation counselors, educators, and agency personnel) are in a time of flux. Nevertheless, the horizons are changing fast and we must not stand by passively while our future and the future of our clients to come is molded by powerful outside political and personal forces. Either you join the struggle to make the right changes or you accept the changes whether you like them or not.

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