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ABSTRACT

The views of rehabilitation consumers have not played a central role in shaping training programs for rehabilitation counselors. Likewise, partnerships between state vocational rehabilitation agencies and institutions of higher education have not been developed to their full potential. A planned collaboration between Montana Vocational Rehabilitation and Montana State University-Billings, so as to assess rehabilitation consumer satisfaction, is described in this paper. The primary purpose of the collaboration is to provide information of long-range value for rehabilitation service planning, and to improve the rehabilitation counselor training program at the collaborating school to make the program more relevant to the experience of rehabilitation consumers. Special emphasis is given to the program evaluation and curriculum development used in this program. Specific details on consumer satisfaction assessment procedures are outlined and the many benefits that assessment of consumer satisfaction offers to human services program evaluation are described. The role of the rehabilitation counselor in securing consumer feedback is discussed, since it is through the counselor that consumer needs are identified and served. Due to the link between service delivery and counselor preparation programs, models of collaborative consumer assessment surveys should be commonplace; presently, such models are rare. (RJM)

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Running Head: CONSUMER SATISFACTION ASSESSMENT

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Rehabilitation Consumer Satisfaction Assessment:
Collaboration Between a State Vocational Rehabilitation Agency
and a Pre-Service Training Program

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Abstract

Consumer feedback is a most important source of vocational rehabilitation outcome assessment data. However, the views of rehabilitation consumers have not been given a central role in shaping training programs for rehabilitation counselors. It is also true that partnerships between state vocational rehabilitation agencies and institutions of higher education have not been developed to their full potential. This paper describes a planned collaboration between Montana Vocational Rehabilitation and Montana State University-Billings to assess rehabilitation consumer satisfaction. The purposes of this collaboration are to provide information of long range value for rehabilitation service planning, and to improve the rehabilitation counselor training program at MSU-Billings by making it more relevant to the experience of rehabilitation consumers.

Rehabilitation Consumer Satisfaction Assessment:
Collaboration Between a State Vocational Rehabilitation Agency
and a Pre-Service Training Program

There is strong public sentiment that government services should be made more responsive and accountable to consumers. The Rehabilitation Services Administration has encouraged state rehabilitation agencies and institutions of higher education to work together to make consumer outcomes assessment the basis of program planning. In a recently published Region VIII Education/Training Collaboration Plan the importance of collaboration between educational programs and service delivery systems, and the need to connect rehabilitation counselor training with employment outcomes for consumers, were identified as high priority goals (Region VIII RCEP, 1996). Unfortunately, at the present time it is difficult to locate models of assessment collaboration.

Research into the effectiveness of competency based learning in rehabilitation counseling has supported the use of a diversified pre-service curriculum (Harrison & Lee, 1979; McGowan & Porter, 1967; Muthard & Salomone, 1969; Scorzelli, 1975). Rehabilitation counselor education programs draw curricula from the fields of law, medicine, psychology, philosophy, and history. It is also necessary for rehabilitation counselors in training to complete comprehensive field-based learning experiences. As part of their preparation, graduate students in rehabilitation counseling must become proficient in numerous specific areas of knowledge and skill.

This paper describes a program evaluation and curriculum development approach that is being used by Montana Vocational Rehabilitation and Montana State University-Billings to promote curriculum development in a Master of Science in Rehabilitation Counseling program. The curriculum development approach described in this paper came about as a result of a Rehabilitation Services Administration Region VIII meeting in Denver, Colorado, November 6-7, 1996 (Region VIII RCEP, 1996).

Curriculum Development -

As in all disciplines, curriculum development is an important challenge for rehabilitation educators. Professional rehabilitation counselors serve a multifaceted role, utilizing diverse skills in several functional domains (Emener & Rubin, 1980; Harrison & Lee, 1979; Matkin, 1983). CORE specifies 51 specific competencies as required for Masters of Rehabilitation Counseling programs (Council on Rehabilitation Education, 1996). Educators must select courses that address the necessary competency areas and present them to students in a manner that reflects the contemporary challenges of the rehabilitation counselor's professional role.

Crystal (1981) called attention to the importance of the interrelationships among components of the rehabilitation process and proposed an integrative model for training and practice. Crystal stated, "By understanding the way variables in the rehabilitation process interact, counselors can develop skills which enable them to anticipate potential problems and deal with them before they interfere with the client's rehabilitation program" (p. 194). Recommended components of an integrated curriculum were (a) assessing client needs, (b) developing counseling competencies, (c) understanding the rehabilitation process, (d) understanding the environment, (e) developing caseload management skills, and (f) developing self-monitoring and evaluation skills.

The Master of Science in Rehabilitation Counseling Program at Montana State University - Billings has been organized into five learning tracks and four sequential levels. The learning tracks and objectives have been defined as follows: (a) World of Work - To provide students with awareness of the significance of vocational activity in society and individual experience, and to promote understanding of the relationship of vocational/career development and choice to the broader contexts of human personality, community, society, and culture; (b) Professional Counselor - To provide students with knowledge of major counseling theories and their relationship to process and technique. To instill awareness of the ethical dimension inherent in all counseling work. To provide students with strategies and skills essential for the initiation, maintenance, and termination of counseling

relationships; (c) Agency Life - To provide students with knowledge of the historical/legal foundations of rehabilitation service delivery systems, both public and private. To provide students with the necessary knowledge, skills, and attitudes to function successfully in a professional rehabilitation counseling environment; (d) Living With Disability - To inform students concerning the medical and psychological dimensions of severely disabling conditions. To provide an understanding of the impact of severe disability on individual development, social relations, and family life; and (e) Assessment - To provide students with knowledge of the traditions and methods of systematic empirical reasoning, in both classroom and applied settings.

The four sequential levels of the curriculum are: (a) Introduction - To provide students with an orientation to the basic knowledge, attitudes, and discourse conventions of Rehabilitation Counseling. To provide a fundamental overview of the lives and challenges of consumers and the roles and functions of Rehabilitation Counselors; (b) Specialization - To provide students with advanced skills and knowledge related to the specialized problems, settings, and situations encountered in professional Rehabilitation Counseling work; (c) Community - To provide students with knowledge and practical experience related to the role of rehabilitation counselors in the community and the lives of consumers within the community; and (d) Integration - To provide students with a full integrative sense of the relationship between the fundamental and advanced skills of Rehabilitation Counseling. To provide students with an understanding of the relationship between the constituent knowledge areas of Rehabilitation Counseling. The learning tracks and levels of the curriculum design appear in Figure 1.

It is important that training programs evolve in pace with the changing demands of the rehabilitation counseling role. Emener and McFarlane (1985) have pointed out that changes in society such as technological advancement and economic, political, and cultural developments present new informational contexts for rehabilitation educators to consider. Curriculum infusion and creation of new

courses are two approaches educators have used to integrate new information into educational programs (Emener, Rollins, Fischer & Rubin, 1993; Rubin, Pusch, Fogarty, & McGinn, 1995; Schaller & DeLaGarza, 1994).

Educators must consider information from a variety of sources when determining what new information should be integrated into a rehabilitation program. CORE periodically reviews accredited programs and makes specific recommendations for improvement. Faculty must remain aware of recommendations from the Rehabilitation Services Administration which pertain to programs that administer federal training grants. Credentialing bodies such as the Commission for Rehabilitation Counselor Certification (CRC) also provide input concerning content of pre-service curriculum. Additionally, faculty must be guided by the research findings and opinions of peer groups such as the National Council of Rehabilitation Educators (NCRE). To these established sources of feedback and recommendations we believe consumer generated information must be added. Many programs access consumer information by means of a program advisory committee. While advisory committees serve an invaluable purpose, it is our position that an empirical investigation of consumer opinion would add much to the program development picture.

This consumer satisfaction assessment will need to be matched to information relative to consumer expectations or needs as they emerge as well as the readiness of the agency staff to provide appropriate services. We are living in an era that brings new and complex challenges. It is important for the pre-service program to identify the issues related to the needs of the people who will benefit from the rehabilitation professional's readiness and expertise. There is also the need to ascertain the needs of the service delivery personnel. Preparation at the pre-service arena centers on the levels of knowledge and skills needed to deliver effective services within multiple rehabilitation environments. One avenue of information is the public agency personnel, who serve as gatekeepers of information about the needs of the

consumers who apply for services as well as the relevance of specific skills within their own profession.

Consumer Satisfaction Assessment -

Authors have pointed out that assessment of consumer satisfaction is a necessary component of human services program evaluation. Beyond the obvious fact that federal legislation requires state rehabilitation agencies to conduct consumer satisfaction surveys, other compelling reasons exist. Without consumer feedback, service providers would have only the perspective of their own observations to consider when determining the usefulness of programs. No matter how hard providers might try to be objective, the possibility of bias remains. Another important reason for assessing consumer satisfaction is the fact that in public service the standard market forces cannot dictate improvement. Unlike customers in the private sector, consumers of rehabilitation services ordinarily have only one provider available. Thus, for rehabilitation providers to achieve high levels of quality it is necessary to conduct detailed outcomes assessment, particularly consumer satisfaction. Additionally, it is important to remember that rehabilitation services exist in response to a public consensus of need, as stated in law. Beyond the quantitative and somewhat narrow performance measures mandated in law, consumer satisfaction assessment offers the only practical opportunity to determine the extent to which the law is accomplishing its original purposes.

Rehabilitation counselors are central figures in the state-federal program of vocational rehabilitation. It is through the counselor that consumer needs are identified and served, and it is in the context of a relationship with the counselor that all consumer interactions with the service delivery system take place. Such is the importance of the counselor to the rehabilitation process that legislation mandates that state agencies employ only qualified rehabilitation counselors. The task of training qualified rehabilitation counselors is met by accredited rehabilitation education programs. Because of the obvious link between service delivery and educational preparation programs, it would be reasonable to expect that models of

collaborative consumer assessment surveys would exist. Unfortunately, such models are uncommon and difficult to find.

The approach described in this paper proposes to utilize the Client Satisfaction Questionnaire (CSQ-8) developed by Larsen, Attkisson, Hargreaves, and Nguyen (1979). The CSQ-8 is an eight item form that has been identified as having potential for use in rehabilitation settings (Koch & Merz, 1995). The CSQ-8 has been reported with internal consistency coefficients ranging from .83 to above .90 (Attkisson & Zwick, 1982; Greenfield, 1983). Developed originally for use in community mental health centers, the CSQ-8 has been shown to correlate with other outcome measures, such as numbers of sessions attended and therapist ratings of improvement (Attkisson & Zwick, 1982; Wilkin, Hallam, & Doggett, 1992). The CSQ-8 offers strong advantages as a consumer assessment tool for collaborative use by service delivery and educational preparation programs; it consists of eight items that contribute to a global assessment score, it solicits qualitative information in the form of comments, and situation specific items may be added to the original eight (Daly & Flynn, 1985; Greenfield, 1983). For the purpose of obtaining consumer comments and suggestions for improvement of the rehabilitation counseling program at MSU-Billings, five items relating specifically to curriculum learning tracks were added to the CSQ-8, and appear in Figure 2.

One persistent problem associated with consumer satisfaction surveys is that data tends to be highly positive with negatively skewed distributions. Authors are uncertain of the causes of this phenomenon. It has been suggested that most consumers feel they are supposed to give "grateful testimonials", while a smaller percentage reflect a rigid tendency to criticize (Larsen, Attkisson, Hargreaves, and Nguyen, 1979; Peterson & Wilson, 1992). Several approaches are available for reducing bias and obtaining useful information. Surveying a cross-section of consumers who represent all levels of the rehabilitation process and extending the data collection period may reduce the likelihood of missing consumers who miss appointments or drop out of the program. It is also important to specifically request

consumers to provide qualitative suggestions for program improvement. In that way consumers are oriented toward providing useful suggestions, regardless of whether their opinion is predominantly positive or negative.

The benefits of a collaborative assessment of consumer satisfaction are many. We anticipate the improvement of the MSU-Billings graduate program in rehabilitation counseling on the basis of consumer feedback. Counselors in training need to know and be influenced by the views of rehabilitation consumers, not simply those who claim to represent consumers. The coursework that comprises their preparation should focus on issues that are most important to consumers.

Quality control benefits for Montana Vocational Rehabilitation will come from statistical assessment of consumer views. Longitudinal assessment of the impact of new management and service delivery models will be made possible by the development of norms. Most consumer satisfaction information is difficult to interpret because of the combined problem of negatively skewed distributions and the absence of norms (Lehman & Zastowny, 1983). It is not very informative to learn that a certain percentage of consumers report satisfaction with services without a normative basis of comparison. Through development of local norms and transformation of data it will be possible to make meaningful inferences regarding the impact of program initiatives (Peterson & Wilson, 1992).

Rehabilitation Counselors as Gatekeepers of Information

Assessment for, and determination of, eligibility for services and programs and feasibility of vocational or independent living objectives are a part of the job of the rehabilitation counselor. This requires understanding the medical aspects of disabilities, functional capacities and limitations related to disability, and appropriate treatments or interventions. The psychosocial aspects of disabilities is integral to the rehabilitation process, including the impact of disability on the individual and family (CORE, 1996).

During the process of application and determination of eligibility, the rehabilitation counselor gathers information about the needs of the consumers.

Some of these needs are not met because of lack of resources or the requests fall outside of the legislative mandates for the agency. This information may be vital to the disability community, who must advocate for resources and legislation within their state and locality. At present, it is not systematically gathered and captured for reporting purposes. We propose to work with the agency and their advisory groups to determine how to approach gathering and analyzing the materials. While maintaining consumer confidentiality, the data gathering done at intake can be analyzed by researchers and reported as concrete evidence of the needs of consumers throughout the state of Montana.

Rehabilitation Skills Inventory

The Council on Rehabilitation Education (CORE) identified key competencies for rehabilitation counselors (1996). These competencies were based on assumptions of job responsibilities within the profession. The results of a national survey of state job descriptions rated the following skill areas a high level of importance: vocational services, case management, medical and psychosocial issues, individual counseling, and assessment (Allen, Turpin, Garske, & Warren-Marlatt, 1996).

Rehabilitation counselors are required to possess a "breadth and depth of technical competencies and to exercise great and continuing effort toward maximal case outcomes" (Wright, Leahy, & Shapson, 1987, p. 108). For the rehabilitation counselor, these are in constant flux as special populations emerge, research leads to innovative programs, and legislative mandates change with the social and political climate (Leahy, Szymanski, & Linkowski, 1993). Counseling is the basic function with many other responsibilities in the job description. This description of duties for any individual counselor will vary according to client needs and resources. The rehabilitation needs of persons with disabilities are multiple and complex and they can be denied quality services if counselors do not possess adequate commitment, knowledge and skills to meet these needs (Shapson, Wright, & Leahy, 1987).

An area that defines rehabilitation counselors' competence is mastery of specific job-related skills. Counselors meet these expectations through the

development of special expertise and continuing professional education (Blocker, 1987). For the rehabilitation counselor, these are in constant flux as special populations emerge, research leads to innovative programs, and legislative mandates change with the social and political climate (Leahy, et. al).

The key competencies identified by CORE were based on assumptions of job responsibilities within the profession. The rehabilitation counselor in the public arena functions as both counselor and coordinator. They are professionals who serve people with disabilities through delivery of multifaceted and integrated services (CORE, 1996). The results of a national survey of state job descriptions rated the following skill areas a high level of importance: vocational services, case management, medical and psychosocial issues, individual counseling, and assessment (Allen, et. al, 1996).

Education and years of experience have been reported to be predictors of better job performance and improved client outcomes in the rehabilitation service delivery process (Cook & Bolton, 1992; Szymanski & Parker, 1989). This is complicated by the fact that work settings define essential competencies and the job descriptions vary according the needs of clients and the resources in the community and agency (Danek, Wright, Leahy, & Shapson, 1987; Wright, et. al, 1987).

Determining what competencies are important is one part of this inventory, the second is measuring attainment of these competencies. The Rehabilitation Skills Inventory (RSI) is one tool developed to measure these competencies among rehabilitation counselors. The RSI was constructed to represent the domains of professional competencies needed for rehabilitation practice. It collects data regarding these competencies by assessing the persons' perceived attainment of them as well as their perception of the importance of the particular skill. This addresses not only the stated skills that were outlined by CORE but also allows the varying nature of job responsibilities among rehabilitation professionals. Importance means the extent to which a professional skill is relevant to the primary work role and how

critical the use of this skill is to clients' rehabilitation. Importance in this instance refers to the criticalness of the competency (Wright, et. al).

According to Wright, et al., this type of tool can have numerous purposes, including: use by in-service trainers for planning; review by University educators for the competency basis of curriculum design and course content; and justification of the need for qualified rehabilitation professionals by the community. It closes the loop started by the identification of consumer needs with information that accounts for the system's ability to respond to those needs.

Summary

Collaboration between Montana Vocational Rehabilitation and Montana State University-Billings to assess consumer satisfaction would be in the best interests of rehabilitation consumers. Assessment of consumer satisfaction will help build a stronger pre-service curriculum for the preparation of rehabilitation counselors. Long-range assessment will result in the development of norms, thus making it possible for Montana Vocational Rehabilitation to assess the impact of new management and service delivery models.

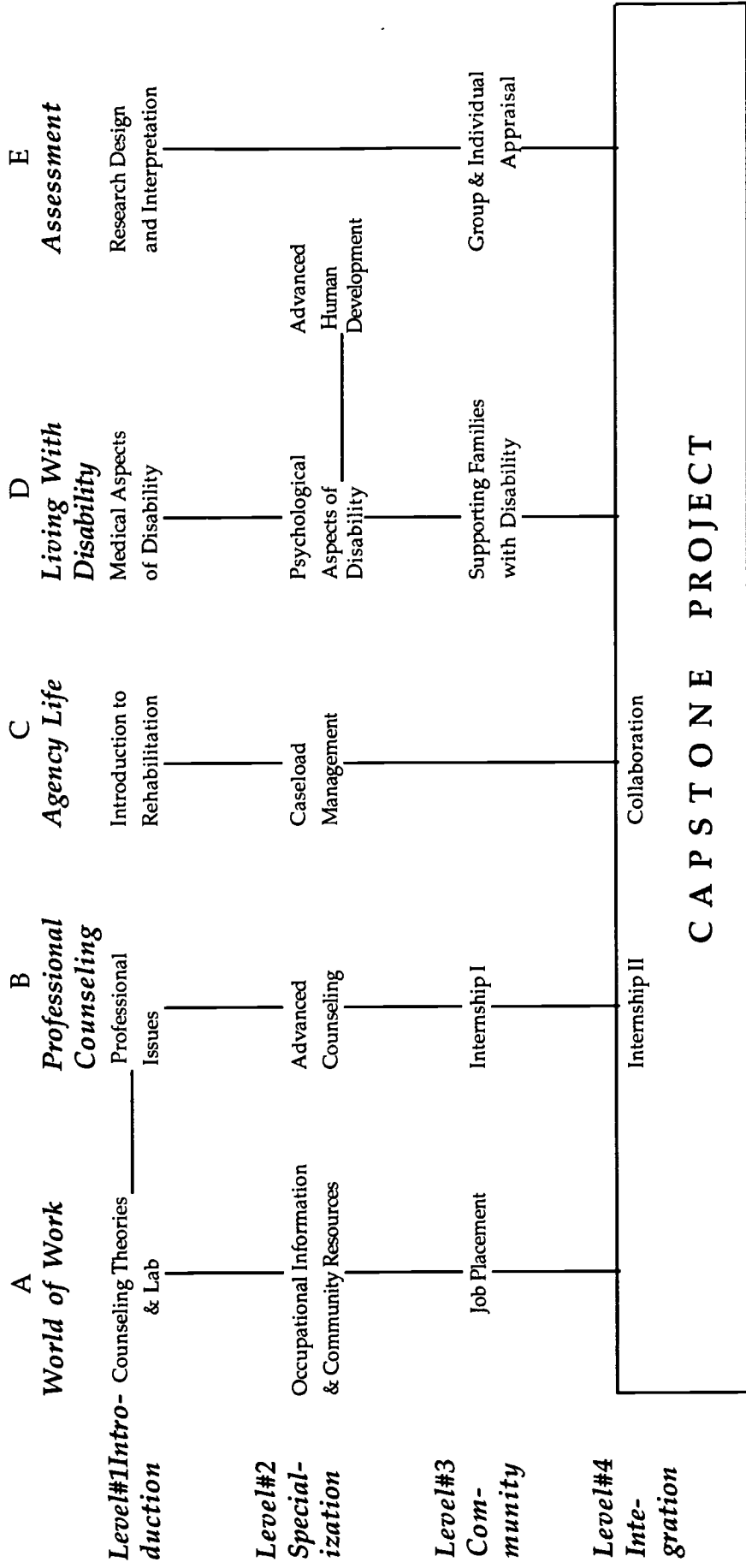


Figure 1. Learning tracks and levels of Rehabilitation Counseling curriculum at Montana State University-Billings



Figure 2. Consumer Satisfaction Questionnaire

Please help us improve our program by answering some questions about the services you have received from Montana Vocational Rehabilitation. We are interested in your honest opinions, whether they are positive or negative. *Please answer all of the questions*, We also welcome your comments and suggestions for improvement of the rehabilitation program. Thank you, we appreciate your help.
CIRCLE YOUR ANSWER:

1. How would you rate the quality of service you received?

4	3	2	1
Excellent	Good	Fair	Poor

2. Did you get the kind of service you wanted?

1	2	3	4
No, definitely not	No, not really	Yes, generally	Yes definitely

3. To what extent has our program met you needs?

4	3	2	1
Almost all of my needs have been met	Most of my needs have been met	Only a few of my needs have been met	None of my needs have been met

4. If a friend were in need of similar help, would you recommend our program to him/her?

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

5. How satisfied are you with the amount of help you received?

1	2	3	4
Quite dissatisfied	Indifferent or mildly dissatisfied	Mostly satisfied	Very satisfied

6. Have the services you received helped you to deal more effectively with your problems?

4	3	2	1
Yes, they helped a great deal	Yes, they helped somewhat	No, they really didn't help	No, they seemed to make things worse

7. In an overall, general sense, how satisfied are you with the service you received?

4	3	2	1
Very satisfied	Mostly satisfied	Indifferent mildly dissatisfied	Quite dissatisfied

8. If you were to seek help again, would you come back to our program?

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes definitely

COMMENTS & SUGGESTIONS FOR IMPROVEMENT:

over

Please help us improve counselor preparation by answering the questions below. We are interested in your honest opinions, whether they are positive or negative. *Please answer all of the questions.* In order to completely understand your views it is important that you include comments and suggestions for improvement of counselor preparation. Thank you very much.

1. I feel my career and job placement needs have been well served.

1	2	3	4
No, definitely not	No, not really	Yes, generally	Yes definitely

COMMENTS & SUGGESTIONS FOR IMPROVEMENT:

2. My relationship with my rehabilitation counselor(s) has been helpful and productive.

4	3	2	1
Yes, it helped a great deal	Yes, somewhat	No, not really	No, it made things worse

COMMENTS & SUGGESTIONS FOR IMPROVEMENT:

3. Information and services have been provided to me in a timely, sufficient, and courteous manner.

1	2	3	4
No, definitely not	No, not really	Yes, generally	Yes definitely

COMMENTS & SUGGESTIONS FOR IMPROVEMENT:

4. I feel my counselor(s) understands my disability and what it means in my life.

4	3	2	1
Yes, very much	Yes, somewhat	Not very much	No, not at all

COMMENTS & SUGGESTIONS FOR IMPROVEMENT:

5. I feel the decisions concerning my case were reasonable and based on good information.

1	2	3	4
No, definitely not	No, not really	Yes, generally	Yes definitely

COMMENTS & SUGGESTIONS FOR IMPROVEMENT:

References

- Allen, D., Turpin, J., Garske, G., & Warren-Marlatt, R. (1996). Rehabilitation counseling in the state sector: Do job descriptions accurately reflect expected duties? Journal of Applied Rehabilitation Counseling, 27 (2), 14-17.
- Attkisson, C.C. & Zwick, R. (1982). The client satisfaction questionnaire: Psychometric properties and correlations with service utilization and psychotherapy outcome. Evaluation and Program Planning, 5, 233-237.
- Council on Rehabilitation Education. (1996). Accreditation manual for rehabilitation counselor education programs. Rolling Meadows, IL: Author.
- Crystal, R. M. (1981). An integrative model for rehabilitation training and practice. The Journal of Applied Rehabilitation Counseling, 12(4), 191-194.
- Danek, M. M., Wright, G. N.; Leahy, M. J., & Shapson, P. R. (1987). Introduction to rehabilitation competency studies. . Rehabilitation Counseling Bulletin, 84-93.
- Daly, R. & Flynn, R.J. (1985). A brief consumer satisfaction scale for use in in-patient rehabilitation programs. International Journal of Rehabilitation Research, 8, 335-338.
- Ellis, E. D. (1993). Teaching strategy sameness using integrated formats. Journal of Learning Disabilities, 26(7), 448-481.
- Emener, W. G., Rollins, C. W., Fischer, J. M., Rubin, S. E. (1993). The evolutionary infusion of ethical principles into rehabilitation education. Rehabilitation Education, 7, 43-50.
- Emener, W. G., & McFarlane, F. R. (1985). A futuristic model of rehabilitation education. The Journal of Applied Rehabilitation Counseling, 16(4), 5-9.
- Emener, W. G., & Rubin, S. (1980). The roles and functions of Rehabilitation Counselors and sources of role strain. The Journal of Applied Rehabilitation Counseling, (11), 57-69.
- Etringer, B.D., Hillerbrand, E., & Claiborn, C.D. (1995). The transition from novice to expert counselor. Counselor Education and Supervision, 35, 4-17.
- Greenfield, T.K. (1983). The role of client satisfaction in evaluating university counseling services. Evaluation and Program Planning, 6, 315-328.

- Harrison, D. K. & Lee, C. C. (1979). Rehabilitation counseling competencies. The Journal of Applied Rehabilitation Counseling, 10(3), 135-141.
- Koch, L.C. & Merz, M.A. (1995). Assessing client satisfaction in vocational rehabilitation program evaluation: A review of instrumentation. Journal of Rehabilitation, 24-30.
- Leahy, M. J., Szymanski, E. M., & Linkowski, D. C. (1993). Knowledge importance in rehabilitation counseling. Rehabilitation Counseling Bulletin, 37, 130-145.
- Larsen, D.L., Attkisson, C.C., Hargreaves, W.A., & Nguyen, T.D. (1979). Assessment of client/patient satisfaction: Development of a general scale. Evaluation and Program Planning, 2, 265-274.
- Lehman, A.F. & Zastowny, T.R. (1983). Patient satisfaction with mental health services: A meta-analysis to establish norms. Evaluation and Program Planning, 6, 265-274.
- Matkin, R. E. (1983). The roles and functions of rehabilitation specialists in the private sector. The Journal of Applied Rehabilitation Counseling, 14(1), 14-27.
- McGowan, J. F. & Porter, T. L. (1967). An introduction to the vocational rehabilitation process. Washington, DC: Department of Health Education and Welfare, Vocational Rehabilitation Administration.
- Muthard, J. E. & Salomone, P. R. (1969). The roles and functions of the rehabilitation counselor. Rehabilitation Counseling Bulletin, 13, special issue.
- Peterson, R.A. & Wilson, W.R. (1992). Measuring customer satisfaction: Fact and artifact. Journal of the Academy of Marketing Science, 20, 61-71.
- Region VIII RCEP (1996). Region VIII advisory meeting/education forum minutes. Unpublished manuscript, University of Northern Colorado.
- Rubin, S. E., Pusch, B. D., Fogarty, C., & McGinn, F. (1995). Enhancing the cultural sensitivity of rehabilitation counselors. Rehabilitation Education, 9(4), 253-264.
- Schaller, J., & DeLaGarza, D. (1994). Infusion of culture and gender issues in rehabilitation counselor curricula. Rehabilitation Education, 8(2), 166-180.

Scorzelli, J. F. (1975). Reactions to program content of a rehabilitation counseling program. Journal of Applied Rehabilitation Counseling, 6, 172-177.

Shapson, P. R., Wright, G. N., & Leahy, M. (1987). Education and attainment of rehabilitation competencies. Rehabilitation Counseling Bulletin, 131-145. Blocker, 1987).

Wilkin, D., Hallam, L & Doggett, D. (1992). Measures of need and outcome for primary health care. Oxford: Oxford University Press.

Wright, G. N., Leahy, M. J., & Shapson, P. R. (1987). Rehabilitation skills inventory: Importance of counselor competencies. . Rehabilitation Counseling Bulletin, 107-118.



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