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Vocational Rehabilitation Transition Outcomes: A Look at One State’s Evidence
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Transition collaboration has been discussed as a potential coupler, joining secondary and postsecondary professionals’ efforts to improve transition outcomes. Although transition collaboration remains understudied and under discussed, there is growing attention to rehabilitation professionals’ participation. Among rehabilitation professionals involved in transition are state vocational rehabilitation counselors, community rehabilitation providers, and centers for independent living personnel, all of which have related but distinctive roles. The purpose of this article is to stimulate discussion and generate knowledge regarding transition collaboration by updating and extending the Oertle and Trach (2007) transition literature review that emphasized rehabilitation professionals’ involvement in transition collaboration. Operationally defined practices and a structural and measurement model are proposed. The implications for rehabilitation are discussed and recommendations for improvement are offered.

In keeping with person-centered, inclusive approaches to education, all high school students are encouraged to pursue postsecondary education and/or employment to their optimal capacity. Influenced by research evidence and legislation highlighting transition planning and services, students with disabilities are entering postsecondary education and competitive employment in greater numbers than ever before (Newman et al., 2011). Yet moving from the entitlement system, which is the basis for primary and secondary education, to the qualification-based adult support system often results in disproportionately poorer postsecondary outcomes (e.g., Baer, Daviso, Queen, & Flexer, 2011; Banks, 2014; Taylor & Seltzer, 2011).

Theoretical models based in organizational behavior, social psychology, and management have been found to be applicable to collaboration (Bryson, Crosby, & Stone, 2006; Thompson & Perry, 2006; Thompson, Perry, & Miller, 2007; Kester, 2013), which is commonly viewed as a significant component of effective transition practices (Kohler, 1993; Kohler, 1996; Noyes & Sax, 2004; Plotner, Trach, & Strauser, 2012; Sax & Noyes, 2008). However, more research is necessary to firmly establish theoretical parameters of collaboration in transition. Although there are numerous examples of successful formalized transition projects, many of which incorporate collaboration (Albright, Hasazi, Phelps, & Hull, 2006; Oertle & Trach, 2007; Taylor & Seltzer, 2011).
Overview of Transition Research

Since the term transition was first used by Madeline Will of the United States (US) Office of Special Education and Rehabilitation Services (OSERS) (Will, 1984, 1986), rough-
estimate that nearly 30 years of research has been conducted to find effective and applied models. These models have been utilized to ground and organize the four overarching themes found in transition:

- curricula/interventions (e.g., Condon & Callahan, 2008; Koch, 2000; Morningstar et al., 2010; Plotner & Oetle, 2011; Aseron, Test, Fowler, et al., 2009; Test, Mazzotti, et al., 2009);
- planning and service delivery frameworks (e.g., Halpern, 1985; Kohler, 1993, 1996; Kohler & Field 2003; Nosy & Sax, 2004; Oetle & Bragg, 2008; Plotner, Trach, & Strauasar, 2012; Rouleau, 2012; Sax & Nosy, 2008; Will, 1998);
- training and professional competencies (e.g., Benitez, Morningstar, & Frey, 2009; de Leuf & Tuyman, 1995; Plotner, Trach, & Shogren, 2012; Stodden, Yamamoto, & Folk, 2010); and
- collaboration among stakeholders (e.g., Agran et al., 2002b; Benitez, Lindquist, & Lattore, 2014; Kester, 2013; Noonan, Erickson, & Morningstar, 2013; Nosy & Sax, 2004; Oetle & Trach, 2007; Oetle, Plotner, & Trach, & Plotner, 2013; Rouleau, 2012; Scarborough & Guido, 2006; Taylor, 2013; Test, Mazzotti, et al., 2009).

Collaboration, however, has lagged behind the other three major themes in terms of theoretical development and empirical testing as evidenced by the limited research in which evidence-based practices have been identified (Cobb & Alwell, 2009; Aseron, Test, Fowler, et al., 2009) and the predictive relationship to outcomes has been determined (Test, Mazzotti, et al., 2009).

Predicting Student Success

Though collaboration serves as the backbone on which effective transition service delivery is based, a brief look at how a few other areas of transition research are faring is nec-

cessary to place collaboration into context. More specifically, research in which individual and institutional predictor vari-
bales have been found to be associated with postsecondary outcomes was once thought to be influential in identify-

ing collaboration activities among stakeholders. In particular, malleable variables could be used to shape student preparation and guide transition planning and service delivery.

Individual and cultural factors. Many researchers have reported on demographic variables that correlate with post-

Secondary outcomes. For example, the Rehabilitation Services Administration (RSA) (2012) has identified that state level agreements have not translated into effective local partnerships, and although local level community transition teams have been shown to increase collaboration (Kester, 2013; Noonan et al., 2013), these teams operate with great variation with little study of their efficacy.

Additionally, IDEA provides transition funding to the secondary school system and the Rehabilitation Act funds both VR and CILs. To the contrary, CRPs are neither directly- funded nor guided by the Rehabilitation Act. Though more complicated and therefore often left out of the dialogue, CILs and CRPs must be included in the transition collaboration discussion because of the critical role they play in transitioning students to independent living.

Several transition projects funded by state and federal entities have yielded many promising approaches focused on curricula, training, service delivery, and collaboration. The “Youth Transition Project,” the “Great Oaks Project,” and the “Teaching All Students Skills for Employment transition” (TASSEL) have yielded consistent attention (see Izzo & Lamb, 2003). All three projects improved students’ transition outcomes by integrating multi-scale collaboration with student-specific interventions in academics and life skills, and focused development of self-determination and career development skills (e.g., Aspel et al., 1999; Benitez, 1999; Izzo & Lamb, 2003).

Demonstration also offers a comprehensive way to apply theory-based frameworks such as Kohler’s “Taxonomy for Integrating Postsecondary Programs” (Kohler, 1996), the National Col- laborative on Workforce and Disability for Youth’s “Guideposts for Success” (NCWD/Youth, 2005), or demand-side employ-

ment strategies (Gilbide & Steinbad, 1992; Chan, 2009). For example, the implementation of major legislation and its outcomes, “Project SEARCH High School Transition Pro-

garm” (Project SEARCH), utilized targeted collaboration among employers, educators, VR, and community agencies within a wrap-around and side model which stressed local employer demand (Rutkowski et al., 2006).

A few projects have focused specifically on improve-

ment of interagency collaboration; for example, Horn et al. (1998) reported on a jointly funded transition-to-work project between a state VR agency and the state education agency in which IEP and Individual Plan for Employment (IPE) plans were coordinated; 77.8% students in the program were employed upon graduation. Another example, the “Maryland Seamless Transition Collaborative” (MSTC), was based on a
transformation of the field called, “Guiding Posts for Succes-

s” (NCWDY, 2005). Early MSTC descriptive research by
Luecking and Luecking (2013) has contributed to the evi-
dence base by documenting the steps involved in, “systemati-
cally delivering seamless transition services” (p. 2) statewide.
Further, Fabian and Luecking (2015) observed that transition-
ing youth were significantly more likely to have secured jobs
and VR services were rated highly on the Levels of
Collaboration survey (Frey, Lohmeier, Lee, & Tollefson, 2006).
However, in contrast, Fabian & Luecking (2015) found
when using the Questionnaire on Collaboration (QoC) as cit-
ed in Pfeffer & Salancik (1978), that “the odds of successfully
rehabilitation would decrease as the team scores on the QoC
increased…” (p. 3). Based on these early findings, they con-
cluded that the intention of the collaboration appeared to be
fluent on VR youth case closure outcomes. Fabian and
Luecking (2015) further added, “collaboration is obviously a
complex construct, requiring significant additional research
to define and develop measures to operationalize it” (p. 3).

Professionals directly involved in transition as well as
leaders and policy makers have much to learn from these
demonstrations. Common to these model projects were em-
phases on (a) transition as a formalized and structured process,
(b) the student taking leadership of their plan formulation,
(c) parents and families actively involved in the decision-making
process, (d) establishment of a team that represents diverse
areas from both the school and area agencies having well defined
duties and responsibilities. Such short term demonstration
programs provide outcome templates for dissemination and
evaluation of long-term, large-scale efforts.

Theory Development

Theories have a tendency to appear abstract; however, theories anchor assertions (Parsons, 1938). The knowledge generated through the theory development process “contri-
buting to the core knowledge base we know” (Stahal, 2004, p.4).
Parsons further contends that, “the alternative for the scientist in the social or any other field is not as between theorizing and not theorizing, but as between theorizing explicitly with a clear consciousness of what he is doing with the greater opportunity that gives of avoiding the many subtle pitfalls of fallacy, and following the policy of the ostrich, pretending not to theorize and thus leaving one’s theory implicit and unarticulated, thus
almost certainly full of errors (1938, p. 15).

Intrinsically, researchers use theories to decipher the gaps, shape their research questions and design, guide their choice
and practice (e.g., Kline & Kurz, 2014). Transition theory serves as a basis from which researchers can use empirical studies
to validate practices (Carter et al., 2013; Kohler, 1993; Landmark et al., 2010). Applied to transition collaboration, authors have advocated both research and practice theories. Yet, collaboration theories have not been widely adapted for serving the transition-age population but development of col-
laboration theories may help to further define collaboration, delineate collaboration responsibilities and expectations, and improve measurement of its impact on transition outcomes (Oertle & Trach, 2007, Trach, 2012).

Transition collaboration theory development and its cal-
libration are needed steps in the process of formalizing tran-
sition practice. Transition collaboration is primarily opinion and observed outcomes of interventions, theories serve as a logical starting point for policy, model, and pro-
gram development and for this reason collaboration theories
are foundational. However, in the absence of a specific, organi-
sational evidence base to support the creation of a transition
collaboration theory, researchers have used a paradigm
approach to the study of transitional outcomes. Researchers in this way, collaboration becomes part of an overall tran-
disciplinary approach to transition planning and service delivery.

Drawing from the fields of healthcare and early childhood edu-
cation, tran-disciplinary has been described as “transcend-
ing the disciplinary boundaries...[in which] members from
different disciplines work together using a shared conceptual
framework, goals, and skills” (Choi & Pak, 2006, p. 356) to
develop a shared mission (King et al., 2009).

Substantiated by the literature, approaches to transition
development continue to evolve with collaboration dis-
cussed as an operational goal among professionals. Fur-
thermore, while relatively new to the transition conversation, the
collaboration theory has emerged as the potential to advance transi-
tion efforts by moving beyond multi- and interdisciplinary ap-
proaches (Choi & Pak, 2006; 2007) to an approach that may be more in-line with the goals of transition (i.e. successful
movement from secondary to postsecondary set-
tings). According to King et al. (2009), to unlock the potential
benefits of using a transdisciplinary approach the profession-
als need to have an understanding of principles according to
Wenger’s (2000) call for more social science collaboration
research, Thomson et al. (2007) conceptualized and measured
collaboration with a sample of directors of organizations par-
ticipating in AmeriCorps and used their findings to construct a
multidimensional model of collaboration. Thomson et al. (2008)
later advanced their prior research (2007) by empiri-
cally tying the collaboration process to outcomes.

Operational Definition

Collaboration is repeatedly noted as a factor in transition outcomes in both theory (Kohler, 1996; Kline & Kurz, 2014) and
practice (e.g., Pfeffer & Salancik, 1978, Honeycutt et al., 2015; Riesen, Morgan, Schultz, & Kope-
man, 2014); however few scholars have set forth operational
definitions. Fundamentally, theory serves as a basis from which researchers can use empirical studies
to validate practices (Carter et al., 2013; Kohler, 1993; Landmark et al., 2010). Applied to transition collaboration, authors have advocated both research and practice theories. Yet, collaboration theories have not been widely adapted for serving the transition-age population but development of col-
laboration theories may help to further define collaboration, delineate collaboration responsibilities and expectations, and improve measurement of its impact on transition outcomes. The TCM was primarily constructed from the work of Thomson & Perry (2006); Thomson et al. (2007, 2008), the
research of the first author, and the research synthesis upon which the proposed operational definition is based (see Operationally Defined Practices section). Specifically within the context of transition, the factors (a) leadership (i.e., as measured by structures for shared mission/vision and processes for joint
decision-making along with mechanisms for accountability),
(b) interest (i.e., as measured by organizational self-interest,
leadership, and the belief that the organization is interdepend-
te (i.e., as measured by trust-following, throughput, and conse-
quences) are hypothesized to have shared properties that are
associated with collaboration, and as such, have predictive
relationships.

The TCM is a structural frame within which to measure the precision of the indicators (depicted in squares, see Fig-
ure 1), their related factors (Leadership, Interest, and Trust
depicted in circles, see Figure 1) as well as the strength and
direction of the predictive relationships with the transition
process (depicted by lines in the largest circle in Figure 1).
What’s more, the individual and cultural factors, curricu-
lar methods and interventions, among other transition-related
variables can be associated with the TCM through cross-
sectional and longitudinal measures. For instance, the TCM
structural and measurement components are specified, the predictive relationships of the transition collaboration construct with transition outcomes could be tested. Typical sources of outcome data such as Indicators 1, 2, 3, 14, and 14 (IDEA, 2004) and VR’s statuses 22, 26, 28, 32, and 34 along with
RSA-911 data could be used; but, the identification and collab-
oration survey (MAY, 2001), the addition of measures to acc-
count for the impact of rehabilitation as the data collection
currently falls short in scope. The use of the TCM to measure transition collaboration has the potential practical benefits of (a) making theory more concrete, (b) strengthening strategy
development, (c) providing an avenue for discussion and estab-
lishment of priorities and expectations, (d) developing con-
sensus, (e) evaluating and developing policies and practices, and (e) being a reflective tool for relationship building.

Operationally Defined Practices

Perhaps because the field has yet to succinctly define col-
laboration and develop theory surrounding the constructs, only a few examples of empirical research in which interagen-
ty transition practices were analyzed. In one study, Noonan,
Kohler, and McCall (2011) investigated ways in which inter-
erdisciplinary collaboration and decision-making can be used to
investigate current and changing collaboration practices of
established state-level transition teams, and in another study,
Warmington et al. (2004) conducted a large scale review of
state level transition teams and their success in finding improvements in collaboration. These researchers are the first to apply collaboration theory to transition. Much
growth in research is strongly needed to fully operationalize and
measure collaboration in transition and uncover its impact on
outcomes (Fabian & Luecking, 2015).

To assist in closing the gaps in transition research, the
Transition Collaboration Model (TCM) is proposed (see Fig-
ure 1). The TCM was primarily constructed from the work of
Thomson & Perry; Thomson et al. (2007, 2008), the
research of the first author, and the research synthesis upon which the proposed operational definition is based (see Operationally Defined Practices section). Within the context of transition, the factors (a) leadership (i.e., as measured by structures for shared mission/vision and processes for joint
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te (i.e., as measured by trust-following, throughput, and conse-
quences) are hypothesized to have shared properties that are
associated with collaboration, and as such, have predictive
relationships.
communication. These findings complement the interagency transition practices proposed within the "Taxonomy for Transition Programming" (Kohler, 1996) and the collaborative partnership competencies presented within the conceptual VR transition model (Plotter, Trach, & Strauser, 2012).

Large scale reviews such as Warrington et al. (2004) have yet to be replicated in the US. However, combining what has been learned from collaboration research in related fields and transition-specific research, these findings serve as a starting point for operationally defining and establishing an evidence base for transition collaboration practices. Synthesizing the identified interagency practices (Choi & Pak, 2006; Choi & Pak, 2007; Frey et al., 2006; King et al., 2009; Kohler, 1996; Plotter, Trach, & Strauser, 2012), transition collaboration could be operationalized as:

- using formal interagency agreements that document the incentives for working together, establishing a shared conceptual person-centered and family-centered framework along with stating the common transition goals and vision;
- having an identified leader that changes as needed, involving all relevant stakeholders with clearly defined roles and responsibilities that transcend disciplinary boundaries;
- developing an orientation manual and disseminating it through a comprehensive orientation to services;
- using standardized, formal and informal assessment methods from multiple disciplines simultaneously to develop, coordinate, and evaluate intervention plans;
- communicating frequently to exchange and pool information, knowledge, skills, and resources;
- attending and actively participating in planning meetings;
- developing and participating on a local transition planning council;
- participating in ongoing skill enhancement through planned joint professional development; and
- using constructive, ongoing evaluation of performance among team members.

As operationally defined, transition collaboration can manifest into and be used as (a) quality indicators to guide implementation and evaluation of policies, (b) standards for teaching transition competencies, (c) activities for practical applications, and (d) items on an instrument to be used and analyzed within the TCM. Moreover, instrument development and subsequent research would complement; and extend the scope and capability of current transition collaboration because of the focused measurement of transition specific collaboration activities. Therefore this instrument could be used independent of or in tandem with other instruments such as the Transition Collaboration Survey (Noonan et al., 2013) and/or the Levels of Collaboration (Frey et al., 2006) which have been used to measure change.

Implications for Rehabilitation

To continue the conversation started by Oertle and Trach (2007), there is value-added when rehabilitation is involved in transition because outcomes are improved. Educators, researchers, and practitioners interested in improving transition outcomes must collaborate to continue to make advances and address the on-going barriers that exist. Although connected, specific implications for education, research, and practice are presented next.

Education

Pre-service. Opportunities for pre-service transition education have been growing. More common are special education programs that have certificates or endorsements in transition. However, rehabilitation counseling master’s programs have begun to include concentrations in transition with some joint coursework (i.e., involving pre-service VR counselors and special educators) which is providing early opportunities for transition training.

Plotter and Fleming’s (2014) survey of university rehabilitation counselor curricula offers one of the few quantitative studies that focuses on how much and what transition information master’s students are learning. Of the Program Chairs who responded, 33% were from departments that housed both rehabilitation counseling and special education. Nevertheless, regarding transition education and training, only five of the 30 rehabilitation master’s programs had a certificate or specialization degree in transition and 86% of programs offered no courses specifically focused on transition. In contrast, 52% reported that transition content was infused into coursework and 72% responded that students had options for transition internships/practicums. This growing but still limited exposure to transition content has been repeatedly shown to be insufficient in preparing counselors for work in transition (Kepic, 2012; Oertle et al., 2013; Plotter & Fleming, 2014).

In-service. In transition research conducted by Oertle et al. (2015), in-service VR counselors, CRPs and CIL personnel with transition caseloads were surveyed about their transition participation, expectations, and collaboration. In both studies, well over one-half of the rehabilitation professionals reported attending conferences and workshops to learn about transition. However, the majority reported that their major source of transition training was on-the-job. Highlighting the need for formalized training specific to transition, as many as a third of these rehabilitation professionals reported sometimes or often not knowing what is expected of them. What’s more, nearly a quarter reported not knowing what is expected of them during transition planning meetings. Similarly, Plotter, Trach, and Strauser (2012) and Plotter, Trach, and Shogren (2012) found that VR counselors perceived the visions of career planning and counseling, career preparation experiences, and establishing and maintaining collaborative ties as important in transition service delivery, yet reported only little to moderate preparation in these areas.

Currently, there are no national transition discriminatory organizations or subgroups focused on the networking, development, or the continuing education needs of professionals involved in transition. As a subgroup of the Council on Exceptional Children (CEC), the DCDT has a website, hosts an annual conference specifically addressing special education transition program development and networking, and has crafted and disseminated the “CEC Advanced Special Education Transition Specialist Standards” (CEC, DCDT, 2013). On the other hand, transition has not garnered the same level of attention from rehabilitation organizations such as the National Council on Rehabilitation Education (NCRE), the American Rehabilitation Counseling Association (ARCA), nor the National Rehabilitation Association (NRA). Although, NRA does have the Transition Specialties of Articles Division, thus far, however, there has been no national transition conference for rehabilitation professionals. Furthermore, only a few transition-focused presentations have been typically offered at these rehabilitation organizations’ annual conferences.

There are some statewide transition conferences (e.g., Illinois, Wisconsin) that have multi-stakeholder audiences (i.e., educators, healthcare providers, rehabilitation professionals, postsecondary educators, and transitioning students and their families). However, these statewide transition conferences are not nationally or geographically social media, the web, or any other method, making cross-state collaboration nearly impossible. Furthermore, there is no national source of information about these statewide transition conferences and there are no means for state transition leaders to connect with each other. The whereabouts of a home for and structure of a national transitional discipline dialogue has yet to be discussed or addressed.

Note on CRPs and CILs. Despite the role that CRPs and CILs play in transition service delivery within and outside of the VR system, their education and training needs have had little comprehensive attention. CRPs and CILs have inconsistent educational and training requirements resulting in varying levels of preparation (Holloway et al., 2008); leading to fragmentation of services and a wide-range of success rates (Plotner & Trach, 2010). The oversight of the transition-focused educational needs of CRP and CIL personnel must be addressed given their integral involvement in transition planning and services (Oertle et al., 2015; Oertle et al., 2013).

Putting it all together. It follows that research must be put into practice in the form of in-service and pre-service training specific to transition. Transition-specific training must begin while the educators and rehabilitation professionals are still in school and continue while in the field. Presently, special education and rehabilitation counseling students generally do not share classes during school and rarely attend the same transition-specific in-service trainings (Oertle & Trach, 2007; Plotter, Trach, & Shogren, 2012). As collaboration will be an intrinsic part of the working futures of professionals involved in transition planning, early efforts at joint education, emphasizing division of labor and knowledge plus application of the use of different agencies is essential. Curricula borrowed from business management and education training, especially use of mock case studies in collaboration, could be developed to train both special educators and rehabilitations professionals in simulations of future real-life situations (Brazil & Teram, n.d.). Transition training must incorporate how to collaboratively develop curriculum and structure the student’s IEP and postsecondary rehabilitation plans such as VR’s IPE to connect secondary efforts to postsecondary opportunities and outcomes.

Plotter and Fleming (2014) raised an important question about the capabilities of rehabilitation counseling faculty to provide transition-specific education. Based on the results of a systematic content analysis of rehabilitation counseling journals where only 4% of articles were on transition (Plotner & Shogren, & Strauser, 2011), it can be concluded that faculty are not prepared or at the very least are underprepared. Faculty preparation, curriculum mapping for cross-curricular curriculum development as well as more transdisciplinary pre-service and in-service opportunities through joint trainings (i.e., education and rehabilitation together) are greatly needed.

Research

Rehabilitation transition research and practice have drawn heavily from what has been learned through the lens of special education. Research from the special educator’s point of view does have value in adding to the rehabilitation knowl-
edge base; for example, Shaw, Dukes, and Madus (2012) focused on what special educators can do to improve transition, while Test and Cease-Cook (2012) offered a review of evidence-based transition practices primarily generated from the special education literature translated for rehabilitation. Further, Shaw’s and Dukes’ (2013) call for a research agenda on evidence-based transition to postsecondary education practices can also be applied within the context of VR. However, it is only when rehabilitation-specific research adds to the transition knowledge base that deeper understanding of the impact of rehabilitation professionals’ involvement in transition can be fully realized.

Rehabilitation transition research. Researchers have used a variety of research methods to understand rehabilitation influences on transition. For instance, Lamb (2003) used case study to investigate the role of VR counselors in transition; in this study, interview and survey methods were used to assess opinions of VR counselors regarding their role in and understanding of the transition process. Other authors have come forth with suggestions on the role of rehabilitation generated from reviews of the literature (e.g., Oertle & Trach, 2007) and competencies identified through survey of in-service VR counselors (e.g., Plotner, Trach, & Strausser, 2012). Results of large-scale comprehensive studies such as that by the Study Group (2007), in which nationwide statistics were analyzed, are not typical, most successful, and least successful transition practices of VR counselors are valuable, yet least-often implemented. However, in recent research by Honeycutt et al. (2015), mixed methods were used in a nationwide investigation of transition within the VR system to assess current VR involvement and its impact. Simply stated, investigations from a rehabilitation perspective offer information about transition that is absent without it.

CRPs and CILs. Only a handful of researchers have included CRPs (Oertle et al., 2015; Oertle et al., 2013; Riesen et al., 2014) and even fewer have involved CILs (Oertle et al., 2015; Oertle et al., 2013) in their transition research. Therefore, much of the rehabilitation transition point of view has been primarily generated from VR counselors. Much like with their oversight in education, CRPs and CILs must be included in rehabilitation transition research because CRPs and CILs are pivotal community entities and are instrumental in the delivery of services of the VR system (Holloway et al., 2008; Oertle et al., 2015; Oertle et al., 2013).

Furthermore, little is known about the intricate relationship among CRPs, CILs, and VR counselors; from what has been learned, these rehabilitation professionals are working in collaboration and independent of each other and have distinct roles when it comes to transition (Oertle et al., 2015; Oertle et al., 2013). It is logical to conclude that to advance the understanding of transition collaboration from a rehabilitation perspective, CRPs’ and CILs’ transition involvement must be incorporated within more of the transition research.

So Many More Questions, So Few Answers. Some of the research questions proposed by Oertle and Trach (2007) have received attention. However, there are many questions that remain unanswered (see Table 1).

The current literature still does not provide answers to these questions. As Oertle and Trach (2007) speculated, ‘‘The answers could be helpful in developing strategies to improve interagency collaboration efforts during transition activities’’ (pp. 42–43). The operational definition and proposed TCM could be used to address some of these transition research questions. Clearly, more studies that focus on the rehabilitation professionals’ perspectives regarding transition service delivery within and across-systems collaboration are necessary.

Synergetic dissemination. As discussed earlier, there is currently no national transition professional organization or conference across disciplines. Likewise there are no peer-reviewed cross disciplinary transition-focused scholarly journals. The CEC’s DCDF does have an official journal, Career Development and Transition for Exceptional Individuals (CD-TEI), which is peer-reviewed, but is predominantly directed toward a special education audience. Rehabilitation professionals do not have any scholarly journal solely dedicated to transition and only 4% of articles in rehabilitation journals were found to have transition content (Plotner et al., 2011).

Therefore, no national forum exists for transition researchers to disseminate, critique, and generate knowledge; as such, transition research is somewhat fragmented which only adds to the difficulty of knowledge translation. What appears to be needed however is not another field-specific transition organization, but a national transdisciplinary transition organization from which to generate, launch, and share knowledge through networking, research, and professional development.

Practice

Oertle and Trach (2007) synthesized the typical and needed transition practices of educators and rehabilitation professionals (see Oertle & Trach, 2007, Table 1, p. 39). Many of these practices are still typical which means much of the needed change in transition practices proposed in 2007 remains today.

Furthermore, Johnson (2000) argued that (1) increasing collaboration, (2) engaging students’ and their families’ involvement, (3) facilitating opportunities for postsecondary community-based outcomes, (4) ensuring inclusion and preparation, and (5) ensuring meaningful completion of secondary education were the top five transition service challenges. All of the challenges presented by Johnson (2000) continue to exist as well.

Rehabilitation professionals are finding themselves involved in the transition process more now more than ever before (Honeycutt et al., 2015). Moreover, rather than waiting for an invitation to participate, rehabilitation professionals are increasingly taking the initiative to encourage collaboration with their local school districts and other adult service providers through outreach and marketing of their services, initiation of contact, and regularly attending IEP meetings (Oertle et al., 2015; Oertle et al., 2013). However, collaboration has been found to be linked with successful transition outcomes (Fabian & Luecking, 2015; Noonan et al., 2013) as well as to be a barrier to success (Fabian & Luecking, 2015; Riesen et al., 2014).

Table 1

<table>
<thead>
<tr>
<th>Level</th>
<th>Unanswered Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>How can parent and family involvement facilitate collaboration efforts across systems?*</td>
</tr>
<tr>
<td>Professional</td>
<td>What incentives are there for rehabilitation professionals who are involved in transition collaboration?*</td>
</tr>
<tr>
<td>Policy</td>
<td>What is the rehabilitation vision for serving emerging adults with disabilities?*</td>
</tr>
<tr>
<td>Community Participation</td>
<td>What are the existing policies? What is needed?*</td>
</tr>
<tr>
<td>Rehabilitation Policies</td>
<td>What rehabilitation transition policies are most connected to supporting evidence-based collaboration practices?</td>
</tr>
<tr>
<td>Employment</td>
<td>How is rehabilitation transition policy enhancing and impeding state transition leadership?</td>
</tr>
<tr>
<td>How do investigations that go beyond the typical one-dimensional study of transition collaboration (i.e., special education and rehabilitation counselors) add to and change what is known about transition best practices?</td>
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</table>

Table 1 Rehabilitation Transition Questions That Remain Unanswered


So Many More Questions, So Few Answers. Some of the research questions proposed by Oertle and Trach (2007) found to be linked with successful transition outcomes (Fabian & Luecking, 2015; Noonan et al., 2013) as well as to be a barrier to success (Fabian & Luecking, 2015; Riesen et al., 2014).
Professional had roles in determining the structure of the transition-age population. However, the research design of some studies may have had limitations due to sample size and diversity. For example, the study of Lickliter et al. (2012) used a convenience sample of students who were referred for transition planning services, which may not be representative of the general population of transition-age students. The findings of this study should be interpreted with caution, as they may not apply to all transition-age students.

In summary, the findings of this study suggest that developing collaboration and communication between professionals is essential for implementing transition planning and ensuring successful outcomes for students with disabilities. Future research is needed to better understand the factors that contribute to successful collaboration and to identify strategies for improving collaboration in transition planning.


With the growth of disability-related initiatives in domestic policy making in the postwar era and passage of rights based legislation focused on access and service provisions, information dissemination and the provision of targeted technical assistance on new practices, emerging policies, and recent research assumed a prominent role in program development (Gallagher, Danaher, & Clifford, 2009; O’Shaughnessy, 2011; Rogers, Martin, & NCDDR Knowledge Translation Task Force, 2009; Salyers et al., 2007; Washko, Campbell, & Tilly, 2012). Many of the early national disability initiatives -- the formation of the ARC US in the 1950s, President’s Panel on Mental Retardation in the Kennedy administration or the creation of the National Council on Disability in the 1970s focused on public awareness through information dissemination as a core mission (National Council on Disability, 1997; President’s Committee on Mental Retardation, 1986). In the years since, information dissemination programs have been an important adjunct to program development and a fixture in the rehabilitation infrastructure. The reasons for the emphasis on information dissemination over the years are not hard to discern: the inclusion of individuals with disabilities in the employment and social mainstream is a relatively new endeavor in historical terms. Innovation is a priority and thus philosophers and practices have rapidly evolved along with a legal and policy landscape that is constantly shifting. Vetted information is at a premium. Thus, a significant investment has been made over the years to facilitate the dissemination of disability and rehabilitation information. These efforts have generally used some mixture of methods ranging from passive dissemination of materials to the use of “knowledge brokers” who facilitate the gathering, synthesis and distribution of information (Gagnon, 2011).

Current examples of these latter efforts include Employer Assistance and Resource Network (EARN), Job Accommodation Network (JAN), and the National Collaborative on Workforce and Disability for Youth (NCWD/Youth) funded through the U.S. Department of Labor; Center for Parent Information and Resources through the Office of Special Education Programs (OSEP); and the national network of regional centers focused on the Americans with Disabilities Act sup-

Knowledge Utilization and ADA Technical Assistance Information

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Using a knowledge utilization framework in a mixed method design, the study evaluated how and why consumers and professionals used rehabilitation related technical assistance (TA) information. Brief interviews were conducted with 326 users of an Americans with Disabilities Act (ADA) information center. Narrative data were reduced via content analysis into dichotomous themes (e.g., needed legal clarification, working on policy changes) and statistically modeled using latent class cluster analysis methods. Four “market segments” of users were identified: persons with a disability seeking an accommodation, professionals involved in structural design, other providers of TA, and those who sought out services based on credibility. Study implications are described in terms of looking beyond labels in identifying consumer needs, and the need to better understand the processes by which users translate information into outcomes.
How information used by our stakeholders and to what effect? The question is deceptively simple. The effectiveness of information dissemination and informational technical assistance (TA) remains largely an article of faith in rehabilitation. Simmers, Reporting, and Professional Services (2006) from a grant provided by NIDRR. What the ADA regional centers, the network provides technical assistance and training for compliance with the ADA in the workplace, transportation, and public accommodations. The ADA National Network was developed to assist with these interpretations. Included in the consumer/advocate group were persons with disabilities, family members, or friends; disability organizations were primarily CILOs, other service groups, public entities included all levels of government (mostly local and state) and education settings such as schools or universities. Professional services were represented primarily by architects, engineers, and other professionals. The selective utilization theme was defined as a single narrative and every thematic is-
Results

A summary of the original 47 open coded themes and final 15 coded themes is summarized in Table 1. For example, the theme “clarification” included the following open phase codes regarding use or value of information provided in the TA: (1) clarified the law, (2) clarified policy, (3) clarified other information already available, (4) clarified interpretation of compliance, and (5) stimulated new ideas.

Twenty-six interview transcripts were randomly selected and coded by the senior author for the presence and absence of each of the themes. Interviewers were independently coded by the second author. Inter-rater reliability of the coding was computed using a Kappa reliability index (Cohen, 1960) since there were many null agreements, that is, agreement on the absence of themes. The Kappa adjusts reliability estimates by taking into account extremely high or low frequency events. Kappa reliability was .46; although there are no standards for a “good” Kappa value, .40 is a widely used convention as the likelihood ratio test a “good” Kappa value, .40 is a widely used convention. The Kappa reliability was .46; although there are no standards for a “good” Kappa value, .40 is a widely used convention.

Table 2 shows the coefficients for the indicators across the four clusters derived in the analysis; each column (C1-C4) represents the “market segments” of users of ADA technical assistance. Coefficients within each of the clusters indicate the “effect” of the cluster on each of the indicators and the p-values, a test of the null hypothesis that the coefficient value is zero. The R² value represents the variance in the indicator that is accounted for the four-cluster model. The indicators, customer service, trustworthiness, design change, and accommodations, were significant at the .05 level.

Table 3 summarizes the proportion of subjects within each cluster (% of cases in cluster) and the conditional probabilities that members of a cluster would cite that particular theme in their contact with an ADA Technical Assistance Center. For example, nearly two-thirds of the sample (62%) fell into Cluster 1, and these TA users were most likely to cite ADA use in terms of: (1) seeking supplemental information (.302) and (2) seeking information for accommodation or services (.495).

Based on these probabilities of responding “yes” to a thematic indicator, we characterized the four clusters in terms of their use of ADA TA information: (1) accommodation seekers (Cluster 1); (2) design changers (Cluster 2) customers were more likely to cite ADA Technical Assistance Center information for design issues and to help clarify needs; (3) TA providers (Cluster 3) customers were more likely to gather information to pass on to other users; and (4) trust seekers (Cluster 4 users sought out the ADA Centers for reasons of trustworthiness and customer service).

Table 4 summarizes the distribution of customers in the traditional categories of ADA TA users – Consumers, Public Entities, Disability Organizations, Professional Services, and “Other” – across the four clusters. As shown in the table, among all consumers or advocates who were repeat users of the ADA Technical Assistance Center services, 93.5% were classified into the market segment largely defined in terms of customers seeking a specific accommodation or service. Among disability organizations, the majority (47.5%) fell into the TA provider segment.

Generally speaking, the distribution of TA user groups across the market segments in Table 4 reflect expected patterns of use. Among persons with disabilities and advocates, technical assistance is used to identify needed or mandated accommodations. Similarly, public organizations seek information on accommodations but use the information in ways that reflect the mixed roles that they play. Disability organizations are looking for credible information to use in their own TA efforts and professional services focus on the question about designs, architectural plans and other parameters of services being accessible or up to code. “Other” in part reflected its heterogeneous makeup, made up mostly of requests for information on accommodations but was distributed in significant proportions across all categories.

Discussion

Results are suggestive in terms of how use and need were segmented across groups, and more broadly, as an illustration of the potential of more systematically targeting rehabilitation related TA and dissemination efforts. The use of labels to broadly define the information needs of sub-
groups in rehabilitation, distinguishing “professionals” from “consumers” for example, do not wholly explain TA needs and uses of persons within these groups. While the need and use of information tended to be more alike than dissimilar within families, there were other uses and reasons for obtaining information as well. The analysis illustrates the diversity of need and use within consumer groups, and more important, identifies the characteristics of successful knowledge transfer. Within the dissemination and TA literature, clearly defining your target audience is a standard recommendation (Wilson, Petticrew, Calnan, & Nazareth, 2010). The question posed by the results of the analysis is the matter of how to define the target. To date, we have largely framed groups targeted through dissemination in terms of labels. The practical implication, particularly for the providers of ADA-related TA, is that we need to look beyond labels of information and consumers in anticipating the needs and uses of the information assistance. A label may predict some degree of need but only imperfectly. The results suggest rehabilitation related TA should be more strategic in identifying needs within groups for the purposes of better meeting their needs or better matching our efforts to the needs. For example, perhaps we can learn from the marketing field for whom labels are merely a starting point for determining consumer needs and behaviors (Foerdemyr & Diamantopoulos, 2008).

A second study implication is the value of directly evaluating the “black box,” that is, research focused on the interaction between information and the rehabilitation professional or consumer who seeks out the information. The study of such processes requires consideration of the users’ subjective experiences, asking how and why information is useful. Rather than assuming the provision of information is the “mechanism of change” (Judge & Bauld, 2001), the user perspectives provide a foundation upon which a model of information use can be developed that provide a more sophisticated understanding of the process of knowledge translation – the “how’s” and “why’s” of information that are intermediate stages between a program action and outcomes.

Directly measuring immediate outcomes is a significant challenge in applied settings. More often than not, outcomes are events distal to the provision of information and more closely related to informational “inputs.” Future research must focus on the direct study of the processes through which information is adopted, implemented and used to affect practice. This will require a perspective of TA as a chain of events in the same manner as Logic Models though with greater emphasis on analysis of causal connections and model development. It was in this spirit that the present study is offered as an initial exploration of KT perspectives to rehabilitation ADA-related technical assistance.

References


President’s Committee on Mental Retardation. (1986). President’s Committee on Mental Retardation: A Histori-
The Role of Hope in Predicting Supported Employment Success

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Objective: This study tested whether hope would be a positive predictor of an employment outcome in supported employment (SE) programs for persons with serious mental illness (SMI). Method: A total of N=105 participants with SMI receiving SE entered the study. Research staff met with the individuals at baseline and collected demographic information and data on hope and psychiatric symptoms. For the follow-up assessment at 6-months, data was collected on the participants, hope, psychiatric symptoms and employment activity. Results: An N=82 met with study staff at the 6 month follow-up, 38% of these participants had attained an employment goal. Surprisingly, a point-biserial correlational analysis found that baseline hope was not a positive predictor of achieving an employment goal, but in fact was negatively correlated with attaining employment. Discussion: These findings suggest that greater hope may not be a predictor of employment at the outcome level for this population.

Hope is an important factor in studies assessing various outcomes for individuals recovering from mental illness (Ferber, & Hamera, 2008; Lewine, 2005). Hope is also necessary to continue to survive in times of significant loss, study, individuals recovering (Brown & Mueller, 2014). The psychiatric rehabilitation literature contains numerous first person accounts of the importance of hope for people whose lives and dreams have become completely disrupted by the onset of serious mental illness (SMI). A common theme in these stories is that regaining hope was a critical component to the recovery process (Deegan, 1988; Lette, 1989). Hope is often considered an early phase of active recovery in stage theories of recovery from SMI (Andersen, Oades, & Caputi, 2003; Jacobson & Greenley, 2001; Noordse et al., 2002). As a clinical outcome, greater hope appears to be crucial to decreasing the risk of suicide (Lewine, 2005; Littrell, Herth, & Hinte, 1996; Yonos, Roe, & Lynaker, 2010). Additionally, recent research has found an inverse relationship between hope and psychiatric symptoms (Brown et al., 2008; Waynor, Gao, Dolce, Hayats, & Reilly, 2012). Thus, the utility of hope is well established in psychiatric rehabilitation.

Hope Theory
Recent literature has proposed the application Snyder et al.’s (1991) hope theory as a useful construct in the rehabilitation field (Brown & Mueller, 2014; Coduti & Schoen, 2014; Hong, Polanin, & Pigoy, 2012; Waynor, Gao, & Dolce, 2012). Hope as conceived by Snyder et al. (1991) forms around three critical elements: goals, pathways, and agency (Coduti & Schoen, 2014). Like other conceptualizations of hope, Snyder et al.’s view is related to expectancy, concerned with anticipation of the future. Snyder proposed the term agency to denote a sense of motivation towards the achievement of a goal, while he considered pathways the ability to produce a plan of action to meet a goal (Coduti & Schoen, 2014; Magaletta & Oliver, 1999; Snyder et al., 1991). The central component of Snyder’s theory is focused on the achievement of goals, which is critical in the rehabilitation process. The second component of Snyder’s theory, pathways is concerned with thinking of ways and means to achieve a goal. People with a high level of hope generate more specific pathways, while people with limited hope tend towards vague, less specific paths towards goal achievement (Coduti & Schoen, 2014). Accordingly, people with a greater level of hope would be more likely to develop a specific plan of action towards the pursuit of a goal. Snyder considered the third element, agency related to motivation to overcome obstacles, which is critical in all phases of the goal pursuit process (Coduti & Schoen, 2014; Hong et al., 2012). Self-talk is an important skill in agency thinking, as high hope people tend to engage in positive self-talk statements that help with movement towards goal attainment (Coduti & Schoen, 2014). Coduti & Schoen (2014) contend that the Snyder et al. theory of hope is cogent as a predictor of rehabilitation outcomes for persons living with disabilities. Therefore, it is highly relevant to the rehabilitation counseling field with its focus on assisting consumers with the achievement of rehabilitation goals (Coduti & Schoen, 2014).

Hope and Employment
Snyder’s hope theory is highly relevant for individuals in rehabilitation programs such as supported employment (SE), as people with the goal to return to work may need to generate more than one pathway to access community employment. Obtaining employment typically requires numerous interviews; job seekers also need the agency, or motivation to persist with the process after experiencing rejection. These attributes are necessary to be successful in SE services.

Until recently, there has been a paucity of literature examining the relationship between hope and employment for persons with SMI (Yanos et al., 2010). Nevertheless, two recent studies utilizing hope theory appeared in the literature with a focus on individuals with mental health issues and employment. One examined the employment outcomes for SE participants living with SMI in the United Kingdom (Schneider et al., 2009), and the other examined the job procurement self-efficacy of homeless women living in a shelter (Brown & Mueller, 2014). Schneider et al. (2009) studied the relationship between hope and employment. They examined participants in different phases of the SE process for 12 months that included those already employed, and individuals in different pre-placement phases who were not employed and seeking employment. They found that participants who were working at baseline had significantly higher hope compared to those not yet employed (r(41) = 3.0, p<.003). In addition, they found that for the entire group of participants, hope decreased over the 12 month period (r(141) = .29, p<.004). Nonetheless, they did not find a significant increase in hope among those who began the study unemployed and obtained employment during the study.

A recent study by Brown and Mueller (2014) examined the relationship between Brown & Mueller’s hope construct and job procurement self-efficacy (JPSE), which measured the expectation of obtaining employment among a sample of homeless women residing in a shelter program. Although this study did not examine a sample of people with SMI, Brown and Mueller state that the typical shelter resident lives with a mental health diagnosis and likely has a co-occurring substance abuse disorder. The findings indicated that the State Hope Scale, a brief version of the 12-item hope scale by Snyder et al. (1991) was significantly related to JPSE (r(67) = .41, p<.001).

In the above mentioned studies the definition of employment outcome varied, with the Brown and Mueller (2014) study utilizing a job procurement self-efficacy construct as the employment outcome variable, while the Schneider et al. (2009) study assessed whether or not participants obtained employment. Therefore, the one finding that examined the relationship between hope and whether or not an employment goal was obtained was examined, and found that hope was negatively correlated with attaining employment on a small sample of N=102. More research is necessary to elucidate the relationship between hope and employment goals for persons living with SMI. The current study will examine the relationship between hope and employment success for individuals living with SMI who were not employed, and seeking employment in SE programs after controlling for the effects of psychiatric symptoms and time receiving SE services. The study hypothesis is that hope will be a positive predictor of achieving an employment goal.

Method
Participants
The sample consists of 105 individuals with SMI recruited from five state funded SE programs housed in community mental health programs in the Northeast region of the United States. The SE programs all utilized a place training approach that emphasized rapid placement into competitive jobs that paid at least the state minimum wage. Additionally, these jobs were in inclusive settings without people with disabilities, and were based on consumer choice. The SE programs provided job development and placement services, job coaching if indicated, benefits planning, and they collaborated with clinical staff. To participate in the study, individuals were required to be enrolled in SE at baseline, were not employed, seeking employment, and have a diagnosis of a serious mental illness, as required by the state regulations. Self-reported diagnoses were categorized as: 1) Schizophrenia spectrum disorder, 2) Bi-polar disorder, 3) Major depressive disorder, and 4) Other. Table 1 displays the demographic characteristics of the study participants.

Measures
The State Hope Scale
The State Hope Scale (SHS) (Snyder et al., 1996) is a six-item instrument that generates a total hope score. This measure uses an eight-point Likert scale ranging from 1 = definitely false to 8 = definitely true. Items include: “At the present time, I am energetically pursuing goals” and “I can think of many ways to reach my current goals.” Scores can range from 8 to 48. The SHS also contains two subscales, agency and pathways which are three items each. The SHS is a brief version of the 12-item hope scale (Snyder et al., 1991). Snyder et al. (1996) reported alpha coefficients for the SHS ranging from 0.79 to 0.95. For the current study the alpha coefficients for the subscales was 0.78 for agency and 0.60 for pathways, the alpha coefficient for the entire scale was 0.81.
Broad Symptom Inventory. The Broad Symptom Inventory (BSI; Derogatis & Melisaratos, 1983) is a 53-item self-report measure of psychiatric symptoms. This scale uses a five point scale ranging from 0 = not at all to 4 = extremely. This scale asks the individual if they experienced any of the following problems for a period within one week, items include, “Feeling no interest in anything” and “Numbness and tingling in parts of your body.” Additionally, a Global Severity Index (GSI) is computed, and a score of 1.39 among all items answered is considered to be clinically significant (Derogatis & Melisaratos, 1983). In the current study, the alpha coefficient was 0.96 for the entire scale.

Time in SE. There was considerable variation in the time the participants had received SE services at the baseline interview. Therefore, the time enrolled in SE at baseline was measured in months and included as a variable in the analyses.

Employment Outcome. The criterion measure is a dichotomous variable of whether or not an employment goal was achieved. Therefore, the employed group is defined as obtained employment in either a part-time or full-time competitive job that paid at least the state minimum wage and included individuals without disabilities during the six month period of assessment. The not employed group consists of those participants who did not obtain employment. The employed group was coded as 1, while the not employed group was coded as 0.

Procedure. The study protocol and SE program sites were approved by The University IRB. The data collection process began in 2008 and was completed in 2012. The research team consisted of one graduate student and several university faculty members who functioned as research staff. The Principle Investigator met with SE program site staff and explained the purpose and protocol of the study, and provided them with a script to notify SE participants of the study. If interested, the SE participant signed the form that indicated they were willing to be contacted by a member of the study team to learn more about the study. If the participant indicated interest in entering the study, a meeting was set up at a time and place convenient to the participant. During the face to face meeting with the potential participant, the research assistant confirmed that they were not employed for at least one month, and were seeking competitive employment. Individuals who did not meet these criteria could not enroll in the study. After completing the informed consent process, participants were asked to complete an intake questionnaire to gather data on demographic information including educational level, work history, benefit status, diagnoses, disability history, and time receiving SE services. Data was also collected on the participant’s level of psychiatric symptoms using the BSI and hope using the SHS. Research staff subsequently met with participants for a six month follow-up assessment. At the follow-up meeting research staff collected additional data on employment outcomes. Participants were asked to report on their employment activity, including, participation in job seeking activities such as whether or not they were filling out applications and participating in job interviews, if employed, the number of days employed, title and type of job, type of industry in which the job falls, number of hours per week employed, salary and benefits, date of job termination (if applicable). Participants received a payment of $100 for their time for each meeting.

Data Analyses. Hierarchical logistic regression was utilized to assess whether hope predicts employment outcomes for persons with SMl seeking employment in SE. This method has the advantage of allowing the researcher to input the variables in an order consistent with their theoretical importance in the model (Hox, Oosterwegel, & Milling, 2006). The analysis examined the relationship between the criterion variable of whether or not an employment goal was achieved at the six month follow-up, and the predictors variables at baseline. Predictor variables were entered in two blocks in the following order: 1) baseline BSI and baseline time in SE and 2) baseline SHS. Thus, this method examined whether the Snyder’s hope construct is a significant predictor of gaining employment after controlling for psychiatric symptoms and length of time receiving SE services. Additionally, a point-biserial correlational analysis was utilized to assess the univariate relationship between the SHS and the employment outcome variable.

Results. A total of N=82 participants met with study staff for the 6 month follow-up, indicating an attrition rate of 22%. A total of N=31 out of the 82 participants who met with study staff at 6 months achieved an employment goal, signifying a success rate of 38% among those participants who met for the follow-up assessment. Participants obtained employment primarily in part-time entry level positions in the secondary labor market, which typically include no benefits and have high turnover; however, there was a wide range of jobs, including: construction, computer technician, peer provider, clerical and office worker, retail sales, and maintenance and janitorial work. Table 2 includes wage data for those who gained employment and table 3 includes descriptive statistics for the predictor variables.

With a high attrition rate, to determine if there were differences between participants who were lost to contact (deadlifts) and those who completed the study, chi square analyses were utilized to assess whether there were differences between the groups in terms of their diagnoses, race or gender. In addition, independent samples t tests were used to determine if there were any differences on the mean scores of psychiatric symptoms, hope, time in SE, employment history, age or educational level. Findings indicated no group differences on any of these variables.

Hypothesis testing. The predictor variables were entered in two blocks in the following order: 1) BSI and baseline time in SE and 2) SHS. None of the variables were significant positive predictors of successful employment outcome at the six month follow-up.

Discussion. The current study found that hope was negatively correlated with successfully achieving an employment goal in SE. However, this relationship did not hold up in a multivariate analysis after controlling for psychiatric symptoms and baseline time in SE. Nonetheless, the inverse relationship was unexpected, and contrary to the trend in the rehabilitation literature contending that hope ought to be an ideal positive predictor of rehabilitation outcomes for persons with disabilities (Brown et al., 2008; Coduti & Schoen, 2014; Schneider et al., 2009). It is likely that these findings are related to the stage of recovery of the participants who

Table 1: Participant characteristics N = 105

<table>
<thead>
<tr>
<th>Demographics</th>
<th>n (%)</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>62 (59%)</td>
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<td></td>
</tr>
<tr>
<td>Women</td>
<td>43 (41%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age at baseline</td>
<td>105</td>
<td>44</td>
<td>10.8</td>
</tr>
<tr>
<td>Ethnicity-Race</td>
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<td>Asian</td>
<td>1 (1%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>3 (2.9%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>32 (30.9%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefit Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSA</td>
<td>74 (67.9%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSI</td>
<td>40 (36.6%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both SSI &amp; SSDI</td>
<td>20 (19%)</td>
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<td></td>
</tr>
<tr>
<td>SSSI</td>
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<td></td>
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<tr>
<td>SSA</td>
<td>19 (14.3%)</td>
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<td>General Assistance</td>
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<td></td>
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<tr>
<td>Other</td>
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<td></td>
</tr>
<tr>
<td>None</td>
<td>6 (5.7%)</td>
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<td></td>
</tr>
<tr>
<td>Not reported</td>
<td>11 (11%)</td>
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Table 2: Employment data

<table>
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<tr>
<th>Time interval</th>
<th>n employed</th>
<th>Mean hourly wages</th>
<th>SD</th>
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<tr>
<td>6 months</td>
<td>31</td>
<td>$8.97</td>
<td>3.3</td>
</tr>
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</table>

Table 3: Measure at baseline

<table>
<thead>
<tr>
<th>Variables</th>
<th>n</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hope</td>
<td>105</td>
<td>35.5</td>
<td>8.0</td>
</tr>
<tr>
<td>Psychiatric Symptoms</td>
<td>105</td>
<td>0.93</td>
<td>0.67</td>
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Table 4: Logistic regression results for baseline predictors and 6 month employment outcome (n=82)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Wald</th>
<th>df</th>
<th>p</th>
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</thead>
<tbody>
<tr>
<td>Time in SE</td>
<td>38</td>
<td>1</td>
<td>.54</td>
</tr>
<tr>
<td>BSI</td>
<td>.002</td>
<td>1</td>
<td>.96</td>
</tr>
<tr>
<td>SHS</td>
<td>3.5</td>
<td>1</td>
<td>.06</td>
</tr>
</tbody>
</table>
were living with SMI and seeking an employment outcome in an SE program. It appears that the participants who were successful in obtaining employment were no longer content to be out of the hospital and experiencing a level of stability with their illness, which are important issues during the onset of illness, and earlier phases of recovery (Andersen et al., 2003). Therefore, these participants may have been more motivated to seek employment, as lower hope may have indicated a greater level of dissatisfaction with their unemployed status.

The role of hope in the recovery literature is crucial in the initial phases of recovery process (Andersen et al., 2003; Jacobson & Greenley, 2001; Noordsy et al., 2002). However, an important point to consider is that individuals participating in SE could be considered in a “more advanced” phase of the recovery, and whether or not it is a predictive of the interest to pursue an employment goal. In addition, rehabilitation researchers can assess the relationship between hope and the various phases of recovery and psychosocial adjustment to disability to help clarify these complex relationships. Although this was one study, the findings suggest that too much hope may not be helpful to the rehabilitation process at a certain point. Therefore, more research is needed to replicate this finding to determine if this is indeed a phenomenon related to the relationship of rehabilitation variables and phases of recovery.

Conclusion

This study found an unexpected inverse relationship between a key recovery variable, hope, and a key recovery outcome employment. Andersen et al. (2010) and Levitt (2014) argue that recovery outcomes have different meanings between consumers and providers. They also contend that the meaning of recovery variables may be dependent on the phase of recovery. All of the participants in the current study registered for SE services, which denotes a level of seriousness about pursuing an employment goal. It is possible that some participants who were out of the hospital and experiencing a level of stability with their illness, and earlier phases of recovery (Andersen et al., 2003). Therefore, these participants may have been more motivated to seek employment, as lower hope may have indicated a greater level of dissatisfaction with their unemployed status. It is reasonable to feel less hopeful returning to work while contending with the reality of the secondary labor market. Contending with the reality of SMI (Yanos et al., 2010), and an attempt to rebuild one’s career after the onset of disability. Therefore, it may be that individuals with SMI need a certain level of hope just to consider registering for SE services. Furthermore, Andersen, Caputi and Oades (2010) contend that a plateauing or leveling off of empowerment before taking concrete action towards the pursuit of a goal is conceivable. Such a plateauing in hopeful feelings may have occurred with the current study’s participants in SE services. The utility of hope may be to help individuals get to the point of engaging in goal directed behaviors, but more so, realistic feelings of possible “failure” may set in later on. Similarly, Levitt (2014) recently found a retreat of positive affect and increased negative feelings as individual’s progress towards greater recovery.

A further point to consider is that individuals registering for SE often confront a labor market for which they are ill prepared. In the current sample, most of the participants were on SBA benefits and had limited recent work history. Additionally, the mean age for the study participants was 44, and with limited recent work history the vast majority of the participants were only qualified for entry level jobs in the secondary labor market. Contending with the reality of a competitive labor market, and being mostly middle aged, it is reasonable to feel less hopeful returning to work while participating in SE services. This realism is apparently somewhat predictive of the return to work.

Limitations

The major limitation of this study is the high attrition rate of the participants, as 22% of the study participants at baseline were no longer contact and those who continued in the study on all of the variables measured. However, with the hope variable approaching significance in the multivariate analysis of the prediction of employment (Wald Χ² (1) = 3.5, p < 0.06) a larger sample with more statistical power may have resulted in a significant finding. Another issue was related to participant recruitment and the usual self-selection issues. It is not clear if the characteristics of the individuals in the study differ from those who did not participate. Finally, the study took place during the “great recession” and it is not clear how this may have impacted both study outcomes, but also the participant attrition rate. Negative news in the rehabilitation services climate may have impacted both study outcomes, but also the participant attrition rate.

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sonality and Social Psychology, 70(2), 321-335.
The ethics of family involvement in rehabilitation counseling has not been addressed in the professional literature, although the recognition of the family in the process has been acknowledged since the first Professional Code of Ethics for Rehabilitation Counselors (Commission on Rehabilitation Counselor Certification, 1987). This article explores the trajectory of the inclusion of the family in rehabilitation counseling codes of ethics and contemporary considerations for future code revisions, including specific consideration for ethical decision making when families are involved in rehabilitation counseling.

Families have been part of the process of many specialty areas of counseling for decades, including rehabilitation counseling. The code of ethics becomes the banner that announces and affirms professional and societal values. Millington, Jenkins, and Cottone (2015) declare that “Finding the family ethos in rehabilitation counseling begins with an understanding of community values” (p. 52). Ultimately, they conclude that “rehabilitation counselors are agents of social justice … advancing an applied theory and practice of community values” (p. 44). Indeed, rehabilitation counseling “is unique among counseling specialties in that it exists in the space of society’s ethical failure in this specific regard. The profession was legislated into being to address the exclusion of people with disabilities from society” (p. 44).

The literature in the field of rehabilitation counseling has not yet focused on ethics specific to the family, although families have been part of the professional ethical codes for decades. Recent developments in accreditation standards for professional counselors involved in clinical mental health counseling for people with disabilities – what is being called clinical rehabilitation counseling – has led to an historical affiliate agreement between the Council for Accreditation of Rehabilitation Counseling (CARE) and the Council on Rehabilitation Education (CORE) around the clinical standards. Although the empirical foundation for the CACREP clinical rehabilitation counseling standards is not found in the literature, these clinical rehabilitation standards are part of the CACREP standards revision process estimated to be completed by 2016 (Milsom, Bobby, & Gundersen, 2014). Consequently, ethical standards are evolving for rehabilitation counseling timely, not only because of the new CACREP clinical rehabilitation counseling standards, but also as CORE completes its revised accreditation standards in 2015 (F. Lane, personal communication, January 8, 2014) and the Commission on Rehabilitation Counselor Certification (CRCC) task force begins the process towards updating the Code of Professional Ethics for Rehabilitation Counselors (L. Shaw, personal communication, October 8, 2014).

Ethics and the Family in Rehabilitation Counseling

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The Family in Rehabilitation Counseling Codes of Ethics

In the 1987 revised Code of Professional Ethics for Rehabilitation Counselors (herein referred to as “Code”) over a quarter century ago considered the family within the rehabilitation counseling context. Specifically, Rule 2.7 states, “Rehabilitation counselors will recognize that families are usually an important factor in the client’s rehabilitation and will strive to enlist their understanding and involvement as a positive resource in achieving rehabilitation goals. The client’s permission will be secured prior to any family involvement” (para. 2). At the international level, the U. N. Department of Economic and Social Affairs (2013) defines families as “those members of the household who are related, to a specified degree, through blood, adoption[,] or marriage” (para. 4). These definitions of family are all vacant of the concept of “partner,” regardless of sexual orientation or of legal or religious recognition of the relationship or perhaps with the Code of the American Association for Marriage and Family Therapy (IAMFC) and its main sections. The nine sections of the IAMFC Code generally correspond to systems that have considerable variability, I simplify the definition and anchor it to the concept of the client. Although the rehabilitation counselor may practice within a system where such definitions may delimit services, for purposes of exploring the ethical considerations of families within rehabilitation counseling, I define family to mean any individual identified by a client as being a member of his/her family unit. As explained later, a client may be any or all members of that unit.

The Literature

A review of the literature did not find material specific to ethics in family rehabilitation counseling. Related literature, however, is available in academic books and articles in counseling families that lend to the treatment of the subject as applied to rehabilitation counseling.

Cottone and Tarrydys (2007) and Corey, Corey, and Cal laminan (2007) posit that in working with families, the counselor’s focus is on the family system; it is on the empowerment of the unit overall and not at the expense of one member of that family over another. The complexity of working with families in strength-based approaches provides particular challenges to the rehabilitation counselor when the disability of one or more members of that unit is at issue. Corey, et al. (2007) declare that, because most couples and family therapists focus on the family system as the client rather than on the individual’s dynamics, patterns and dilemmas can arise from the first session … Because of the increased complexity of their work, [counselors] are faced with more potential ethical conflicts than are practitioners who specialize in [working with individuals. Those attending] to multiple family members often encounter dilemmas that involve serving one member’s best interest at the expense of another member’s interest (p. 441).

Codes of Ethics in Family Counseling

Hendrickx, Bradley, Southern, Oliver, and Birdall (2011) state that the role of the counselor in working with families is “to protect family relationships and advocate for the healthy growth and development of the family as a whole and each member’s unique needs” (p. 217). They summarize the 2010 updated Ethical Code for the International Association of Marriage and Family Counselors (IAMFC) and its main sections. The nine sections of the IAMFC Code generally correspond to systems that have considerable variability, I simplify the definition and anchor it to the concept of the client. Although the rehabilitation counselor may practice within a system where such definitions may delimit services, for purposes of exploring the ethical considerations of families within rehabilitation counseling, I define family to mean any individual identified by a client as being a member of his/her family unit. As explained later, a client may be any or all members of that unit.

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Responsibility to the Profession; (g) Financial Arrangements; (h) Advertising. Most of the literature involving ethics in family counseling deals with the first two sections of the IAMFC Code, which are also the first two Principles of the AAMFT Code.

Counseling relationships with clients. Core (2003) and Hill (2005) identified the need to be clear on whom the client is as part of the ethical lens when diagnosing within family counseling. Who is the client in the family rehabilitation counseling relationship? Given that the rehabilitation counselor is working with all members of the family, the members of the unit itself are clients. Particularly, Cotton and Tarvydas (2007) note that “counselors simply define the couple or the family as the unit to which they are responding and focus their activities on doing what is right for the relationship or the family as a whole” (p. 233). A vital component of helping the family dynamic is allowing those members involved in the process to understand what the relationship entails and what approaches are used (e.g., those that have limited confidentiality such as open-forums as described by Harshhome, Sperry, & Watts, 2010), benefits being involved in the process, as well as financial or other costs and risks. These and other aspects of disclosure and informed consent required by codes of ethics, or appropriate to a legal jurisdiction governing practice, serve the manner in which families can be viewed as relationships. Specifically, Fall and Lyons (2003) advise: (a) ensuring that clients understand the nature of counseling and its inherent risks; (b) assessing accurately the nature of family, and; (c) assessing the impact of any disclosure upon the family unit. Attention to their recommendations should be part of the disclosure and informed consent process.

Confidentiality in family counseling. As in group counseling, the more people involved in the treatment process, the greater the challenge in maintaining confidentiality. Cottone and Tarvydas (2007) indicate that confidentiality in family counseling is particularly problematic because “two or more people overhear what other individuals communicate … [and] … there is no one-to-one confidentiality relationship” (p. 229). Furthermore, they state that privileged communication is referenced in statutes most typically related to one-to-one communication … [and] … if the statute provides for privileged communication, it must be examined as to whether the privilege extends to all people in a session, or whether it is limited to one-to-one communication made to a counselor. (p. 231).

Understanding the dynamic of confidentiality in counseling and discerning its limitations with families could be an ongoing process as issues emerge. What information is kept confidential between and among family members, and timing of any disclosure within or outside the unit, becomes a crucial point of decision-making for the counselor (Fall & Lyons, 2003). Because family units can include members who are closely related or unrelated, the private and nonprivate individuals who might not be able to give consent, there are exceptions to the confidentiality rule like when counseling is mandated by law such as in cases of abuse, if it is necessary to protect one or more individuals, if the helping professional is a defendant in a malpractice suit, or if the parties have consented to the disclosure in writing (Corey, Corey, & Callanan, 2007).

Because of the potential vulnerability of some family members who might be part of a protected class in society - those who cannot give consent - it is important for family counseling to involve the minor members of these units. In the most recent revision of the Ethical Code, the American School Counselor Association expanded terminology from “parent” to include “guardian” and other such global language to acknowledge the multiplicity of potential decision-makers and family members involved in the counseling process and to align the codes more with current legal standards (Bradley & Hendricks, 2008). Because of the complexity of working with families and different members of that family unit, counselors need to be particularly mindful of the intent behind the roles they play with different members to safeguard the multiplicity of relationships within or outside the counseling process remain supportive to the family and not detrimental to the process.

The more members of a family unit, the greater potential for variability across all socioeconomic, gender, cultural, behavioral, disability, and other aspects of being. Thus, recognize that in the support of a counseling relationship within the family unit that “no cultural group or cultural norm can be viewed as better or more valid than any other. Each cultural norm derives from a reality established in the context of social relations and within cultural boundaries” (p. 236). Related to this diversity at times is acculturation of different members of a family that may not be native to the country and the binding, delegating, and expelling struggles that require the counselor to balance the autonomy of the different members of the family with advocacy (Hart & Steigerwald, 2007).

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Ethical Decision-Making in Family Rehabilitation Counseling

In rehabilitation counseling, the 2010 Code emphasized the need for the client, use of an ethical lens. Different models can be used in working with families. Bradley and Hendricks (2008) state that “The path to good ethical decision-making begins with the counselor knowing and understanding how to implement the code of ethics” (p. 261). Yet, in a study of the ethical decision-making process of family therapists, these codes were secondary to legal considerations and clients’ rights (Burkey, 1993). Ethical decision-making models as they pertain to marriage and family counseling and suggest that an emerging model might emphasize virtue and aspirational ethics that involve “exploring fundamental modul...
Cottone and Tarvydas (2007) point out two considerations systems” (p. 459).

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References


The Future of Ethics in Rehabilitation Counseling

Although the family has been included in rehabilitation counseling professional ethics for nearly three decades, the guidelines in the codes imply a one-to-one client-counselor relationship rather than a family system-counselor relationship. As the Commission on Rehabilitation Counselor Certification Code enters a year of revision in 2015, considering family rehabilitation counseling issues through the lens of disability within the family system model may provide the rehabilitation counseling community with a richer perspective and ability to better serve consumers and become the agents of social justice described by Millington et al. (2015).

Conclusion

Recognizing the family within professional codes has been a topic of ethics in family rehabilitation counseling converge to focus on strengthening the guidelines for ethical behavior when working with families and disability.

Table 1

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<td>A.3.c.</td>
<td>CLIENT RIGHTS IN THE COUNSELING RELATIONSHIP: SUPPORT NETWORK INVOLVEMENT. Rehabilitation counselors recognize that support by others may be important to clients. Rehabilitation counselors consider the need to balance the ethical rights of clients to make decisions, the mental or legal capacity of clients to give consent or assent, and parental, guardian, or familial legal rights and responsibilities to protect clients and make decisions on behalf of clients.</td>
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J.3.a. CONFIDENTIALITY, INFORMED CONSENT, AND SECURITY: CONFIDENTIALITY AND INFORMED CONSENT. Rehabilitation counselors ensure that clients are provided sufficient information to adequately address and explain the limits of: (a) gathering other sources of information (such as data from technology to the client may use in the counseling process). The Family Journal, 17(1), 64-68. doi: 10.1177/1066480708328601

J.3.c. DISTANCE COUNSELING RELATIONSHIPS: BOUNDARIES. Rehabilitation counselors discuss and establish boundaries with clients, family members, service providers, and/or team members regarding the appropriate use and/or application of technology and the limits of its use within the counseling relationship.


ing to determine the need to break confidentiality in working with families, for example, Reamer (2005) recommends: (a) consulting colleagues; (b) obtaining proper supervision; (c) reviewing relevant ethical standards; (d) reviewing relevant regulations, laws, and policies; (e) reviewing relevant literature; (f) obtaining legal consultation when necessary; and, (g) documenting decision-making steps. The chosen method for part of the ongoing disclosure and informed consent process. Sometimes ethical decisions are not only between the rehabilitation counseling profession and other professionals, but also among members of the family unit itself. Because of the dynamic complexity of family systems, and the potential inclusion of members of those systems who are unable to make decisions for themselves (such as children or those with severe cognitive impairments), Elliott, Gessert, and Peden-McAlpine (2009) suggest a method for the helping professional to assist families in their own ethical decision making process, such as for those working with families who have to make decisions for members at the end of life. Elliott et al.’s decision-making process includes: acquiring decision-making authority, defining the role (assumed, delegated, or self-appointed), making short- and long-term decisions, and justifying the decisions (balancing everyone’s interests, requests of the affected family member or surrogate take precedence). Because of the population served by rehabilitation counselors, these professionals may see themselves in practice settings where they serve as surrogate decision-makers. In these circumstances, Elliott et al. (2009) recommend that those professionals advise family members to make “life choices... in ways that are consistent with personal and family history.” (p. 256)
Leadership across the state-federal Vocational Rehabilitation (VR) Program must be strategic in demonstrating accountability for employment outcomes given ever-present internal and external challenges to its operations. In order to reach for excellence in performance, leadership must have a lens toward systems thinking and build the components of a high performing organization. The authors introduce rehabilitation professionals to a context of performance in the state-federal VR Program and discuss the planning processes involved to manage a system that addresses employment outcomes. We provide information on the components of high performance organizations; systems thinking; strategic development, implementation, and leadership; and tools for use in project planning and tracking effectiveness of state agency services and practices. We discuss training and practice implications.

Recent rehabilitation counseling (RC) literature advocates for knowledge about the types of services that improve employment rates for persons with low employment outcomes, and discusses the need to demonstrate the use of evidence-based interventions in RC practice (Del Valle et al. 2014; Fleming, Del Valle, Kim, & Leahy, 2012; Leahy et al. 2014; Rubin, Chan, & Thomas, 2003). According to Sherman et al. (2014), there is mounting pressure for the use of evidence-based interventions in state-federal VR organizations. Current legislation, the Workforce Innovation and Opportunity Act (WIOA) and the Rehabilitation Act of 1973, all VR state administrators are required to submit a State Plan that describes how these services will be administered. Throughout this paper, we use the term organization rather than agency in order to promote depth/breadth of group structure and acknowledge that each state agency plans and performs in ways specific to its structure.

The quality and value inherent in the VR organization's service delivery processes are shown by program evaluators and quality improvement (PEQI) specialists housed internally to the organization. These PEQI specialists are assets to the state-federal VR organization, who derive knowledge from data collected from state-specific annual evaluations of performance. Current legislation, the Workforce Innovation and
Opportunity Act, mandates that VR now work in partnership with other core programs (i.e., Adult, Dislocated Worker, and Youth formula programs; Adult Education and Literacy program; and Wagner-Peyser Act employment services program) to improve employment rates of people across the nation. It is the call to improve outcomes that promotes the identification of best practices and the push toward excellence in VR performance management.

Excellence is within the reach of a VR organization when its strategic planning and management is executed in the context of performance. Performance management, serves the broader rehabilitation community’s role in performance management, organizational effectiveness, and quality improvement. As VR organizations seek more productive habits that lead to cost savings, pleasant work climates for employees, and valuable goods and services for customers, planning for success becomes critical. The purpose of this article is to introduce rehabilitation professionals to a context of performance in the state-federal VR Program and to enhance understanding of the planning processes involved to manage a system that addresses employment outcomes. We will discuss the components of high performance organizations; systems thinking; strategic development, implementation, and leadership; and tools for use in project planning and tracking effectiveness of state agency services and practices. We discuss training and professional improvement (e.g., 1) staff who affect the quality of services that engage customers, and 2) state managers and administrators who persistently encounter the challenges in the current VR landscape. With tools in place that enhance the VR organization’s guiding plan to manage daily operations, then it is well-situated to achieve outcomes and continuous performance improvement.

Components of a High Performing Organization

According to Latham (2012), a focus on organizational learning and systems allows an organization to create a model for self-examination, which helps the organization to achieve mission success through evaluation, improvement, and sharing of information and promising/best practices. Moreover, organizational learning and systems thinking what they are trying to accomplish and whether changes have been successful. Deliberate planning that considers the VR organization as a system that must demonstrate results will serve to reduce the above-mentioned risks (McFarlane, Schroeder, Enrizquez, & Dew, 2011). Future success is more likely when an organization develops a strong planning process, and then follows through on tracking strategies until they are fully implemented.

In terms of planning, a VR organization should focus on the capability to align with the components of high performance, as shown in Table 1. VR leaders who focus on results and opportunities to improve are individuals that help the VR system to remain flexible and responsive to changing landscapes (e.g., Workforce Innovation and Opportunity Act (WIOA), 2014). Planful leaders engage with staff to question what they are trying to accomplish and whether changes will result in improvement. Effective administrators are those who now participate in actions that promote opportunity for results under WIOA. Large planning efforts are underway in many of the 80 VR agencies across the nation to anticipate forthcoming rules to adequately implement the new federal legislation.

Another important aspect to planning in a strategic way is to develop, influence, and expect challenges among key partnerships (e.g., State Rehabilitation Councils, employers, community rehabilitation programs) when prompting changes in service provision. For example, working with State Rehabilitation Council leadership requires engagement, negotiation, and understanding of key customer satisfaction survey process. A second example may be anticipating a new technological advancement (e.g., case management system, data visualization strategy) that can directly connect with partners and ease data collection and analysis efforts. The inclusion of those key partners in the review and feedback of new program and technology prototypes helps to strengthen the relationship.

Strategy development without strategy implementation is not helpful to change management efforts. Performance ex-
cellence literature is replete with examples of good plans that never get implemented. The best laid plans are literally laid on credenzas in all kinds of organizations and are never reviewed again until it is time to write another plan. This is a critical juncture in which committed and visionary leaders take responsibility. State VR Directors must be committed to ensuring that strategic projects are fully resourced from a financial, technological, and human resource perspective, and that progress measured against strategies is regularly reviewed by senior leadership. The organization must design an efficient process for tracking objectives, train staff to meet these objectives, and adjust the applications of performance as strategies are carried out. Key measures need to cover all areas of the strategic management plan, and include:

• Performance projections for short- and long-term time horizons that can be used to identify key gaps in performance
• Identification of short- and long-term goals with measurable objectives;
• Strategic projects or key activities designed to address the goals and objectives of action plans tied to projects;
• Resource allocation plans to support the projects from a financial, technical, and workforce perspective;
• Strategic communication plans;
• Adjustments to data collection and analysis to assess the impact of plans and projects,
• Opportunities for plan and project reviews, modifications as needed;
• Reviews of the planning process itself, so that it can become more effective and efficient.

As the strategy is implemented and tracked with effective monitoring tools, VR organizations will be able to achieve and report performance improvement. The organization’s leaders, workforce, and partners become reinforced to continue to learn and achieve quality performance. The Utah State Office of Rehabilitation (USOR, 2013) is a fine example of success in an organization that developed a planful approach to the development and implementation of strategy. Their story of reaching for excellence centers on a strategic project designed to improve the presumption of eligibility for those who receive Social Security benefits.

In 2008, the USOR organization undertook a renewed effort to make sure its applicants who were SSI/SSDI recipients were presumed eligible as soon as possible after verifying required documentation showed that they were recipients. After reviewing the data, at the time of application, the performance management staff learned that only 66% of customers were presumed eligible. In developing a plan for improving this rate, there were three implementation steps that the organization followed which led to six years of consecutive increase in the rate of those presumed eligible. By FY 2013, the success in their planning efforts resulted in a 21% increase to now 87% of SSI/SSDI customers presumed eligible.

The first step was that staff established a plan to measure performance in this specific area. Often a decision to measure performance requires a tradeoff because most organizations measure only their highest priority areas on a consistent and ongoing basis. When presumptive eligibility for vocational rehabilitation services emerged, the organization communicated to staff its plan to monitor performance in this area. The second step involved informing the 10 district directors statewide of these results and to consider evaluating, training, and reminding its rehabilitation counselors to immediately document eligibility of services for those customers receiving SSI/SSDI benefits. The third step required field service directors, who supervise district directors, to follow up to see at the end of the second year if performance had improved, worsened or stayed the same. Follow-up is a key step that is often forgotten, not planned for, or not implemented for one reason or another. Figure 1 below illustrates how the performance in presuming eligibility steadily increased over the six years of performance management.

Strategic Leadership System

As a VR organization attempts to focus on strategy development for learning and change, there are various management processes that can assist in the course of chosen actions. As systems go through a maturation process, they are always subject to improvement and adjustment. One helpful structure to consider is the use of a strategic leadership system.

Strategic leadership entails a shared sense of purpose among leaders and all members across the VR organization (Beatty & Quinn, 2010). The components of a strategic leadership system are really quite simple to discuss, but can be quite difficult to implement without the aforementioned commitment from leadership. These components include the following:

1) Identify and monitor key performance indicators—this process allows for the identification of current or potential performance gaps that should be prioritized for attention in the planning process. It should be noted that the indicators will come from a variety of sources, including customer complaint and satisfaction data, process performance data, financial measures, technology utilization measures, feedback from key stakeholder groups, and directives from federal and state legislative bodies.
2) Employ perspectives of a wide range of stakeholders to develop a strategic direction—this builds a coordinated approach to processes that vary within the organization. Sharing viewpoints among stakeholders, whether customers, employers, legislators, finance, human resources, and others provides the VR organizational system with a way to develop, implement, and track each role’s impact on the organization’s mission and vision.
3) Deploy appropriate resources that can have impact on the VR organization’s mission—this remains critical in any strategic leadership frame because there are often situations in human service organizations that require limited resourcing of initiatives. Leadership’s ability to prioritize actions and use performance indicators to show where resources can best be allocated will bolster the VR organization’s ability to meet goals regarding its customers. It will be likely that other priorities will not be addressed due to lack of time, funds and/or employees. Defining core mission priorities for your agency can provide a framework of where you will decide to allocate resources.

Planning Tools

There are also several types of planning tools with which the entire VR system can engage, which promote fluid movement through a process, identification of projections and/or modifications, and learning outcomes. A VR organization’s experience in utilizing planning tools varies just as it operates its system in unique and variable ways. Guerra-Lopez and Hutchinson (2013) advocated strongly against utilizing one approach or tool for planning purposes. We now discuss two planning process tools for developing and deploying strategy, then move into describing a mechanism for tracking strategic plan effectiveness.

Key Driver Maps. A driver map is a symbolic representation that identifies the critical causal factors that affect a specific performance outcome. Maps define key success factors that are measured by your measurement system—those few that contribute to an outcome. In Figure 2, we show a driver map for the common Evaluation Standards and Performance Indicators put forth by the Rehabilitation Services Administration. Key performance indicators are used to measure the drivers of performance. Readers can see the VR indicators that help to drive performance around closure rates, average hourly wage, and customer satisfaction. These key drivers then measure VR’s effectiveness on its overall performance objec-
Figure 3. State Strategic Project Plan—assists in translating VR organization’s goals so that the organization is moving in the planned direction.

In utilizing these organizing tools and processes, it is likely that opportunities for strategic improvement will remain prominent within an organization. The learning in an organization will flow more easily and more attention will be paid to employee and customer satisfaction. As VR organizations focus on strategy development for desired change, then sustainability and agility can be maintained.

**Implications for Training and Practice**

From a systems thinking lens, every employee in a VR organization is significant and contributes to the overall performance. Therefore, all employees (e.g., counselors, technicians, supervisors, financial team members) need to be aware of their role in contributing to the planning and implementation of the program improvement and performance management process.

All employees need to learn about the approach the organization is taking to improve its performance and outcomes and what role they must play in implementing it. The organization should provide all employees with a thorough overview of the strategy, which highlights the general role and function each classification of employee has for its implementation. Then training should be offered to each employee group that specifies what each member from that group needs to do.

Supervisors have to learn how to interpret the data and make conclusions about acting on the data. They need to learn how to communicate results to staff and gain their cooperation in planning how to move forward. Counseling staff in particular are critical to the improvement effort since they are responsible for providing the value in services provided to citizens with disabilities. Through the use of a strategic project plan, leadership can address concerns across the organization and use the plan as a catalyst for possible solutions.

Figure 3 illustrates the elements of a project plan specific to improving customer success and satisfaction, which is one of several goals outlined in any organization’s larger strategic planning document. Readers can see a systems approach to planning, which includes identifying the strategy used to accomplish objectives, the leader team member responsible for strategy follow-through, a listing of the start/end dates, and the measure of performance for each strategic step in carrying out the plan. Additionally, there is a box to highlight current performance when meeting as a team to discuss success in meeting plan objectives.

**Tracking Effectiveness.**

A VR organization’s ability to track effectiveness over time greatly assists in making healthy business decisions. The best way to approach looking at effectiveness is to look at whether the organization is moving in the right direction, whether individuals have at a particular target. By tracking effectiveness, leadership can identify gaps, point out areas of weakness, and make necessary improvements. Inspecting the system deliberately allows leadership to understand variation across the organization and to modify strategic plans and projects when necessary. The Leadership will want to take action on making adjustment

### Table: Vocational Rehabilitation State Agency Three-Year Strategic Plan

<table>
<thead>
<tr>
<th>Goals and Objectives</th>
<th>Strategy</th>
<th>Lead</th>
<th>Start/End Date</th>
<th>Performance Measures</th>
<th>Current Performance</th>
</tr>
</thead>
</table>
| Negotiate new contract for service providers | 02/2014 thru 09/2015 | Ensure successful execution of contract and monitor compliance with
| Develop background screening process for specific providers | 07/2013 thru 07/2015 | Implement background screening program |
| Increase communications between job seekers and employers | 07/2014 thru 06/2016 | Review and revise state’s system for finding employment and link to federal employment opportunities web portal |
| Design and implement enhancements to the vendor profile for customer use in making informed choices | 11/2015 thru 12/2015 | Acquire baseline use of vendor profile and measure increase in use |

**References**


The important message about a VR organization’s reach toward excellence is that it requires the development and implementation of strategic plans for continuous learning and improvement. In order to fully identify best practices and to improve upon organizational and strategic planning, leadership across VR organizations must be deliberate in demonstrating accountability for employment outcomes. Leadership must engage their program evaluation and quality improvement (PEQI) specialists, who complement the work of VR counselors, need to know what they must do so that counselors and supervisors can focus on their key roles. This is very significant since the performance management effort depends on good data that accurately represents all the key factors that contribute to organizational success. If too much of data entry and logistical detail are placed on service staff to complete, they will not be able to offer services in the way they want or the data will be inaccurate due to time constraints. Neither of these responsibilities should be constrained since organizational improvement and success depends on them. Allocating the data collection capacity across all employee groups will be important so that no one group is overburdened. Finally, there needs to be a well-trained staff specifically focused on performance management and improvement. This group is typically referred to as program evaluation and quality improvement (PEQI) staff. They have the responsibility for providing the proper tools for all the other employee groups to use in implementing the strategy. This includes how to design and conduct assessments, build data collection systems, and analyze and report data.

The Summit Group on Performance Management in Vocational Rehabilitation, 2015) sponsors a learning community for VR staff that creates opportunities to acquire the knowledge and skills needed to design and implement state-of-the-art performance improvement strategies. On its professional website, The Summit Group provides information, documents, assessments, opportunities to share information, and links to other sites. Summit Group members have contributed to the development of webinar courses focusing on aspects of performance management that can be accessed through the website and which provide Certified Rehabilitation Counselor (CRC) credits. Finally, the Annual Summit on VR Performance Management provides workshops and presentations of the latest information and technologies associated with program performance techniques and strategies specific to vocational rehabilitation. These learning opportunities are building continuously and can be discovered through the website.

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Madsbjerg, C., Rasmussen, M. (March, 2014). An anthropologist walks into a bar: To understand what makes your customers tick, you have to observe them in their natural habitats. Harvard Business Review, 82-85.

Vocational Rehabilitation Transition Outcomes: A Look at One State’s Evidence

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University of Cincinnati
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Oklahoma Department of Rehabilitation Services
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Appalachian State University
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Vocational Rehabilitation (VR) provides employment-directed services to adults with disabilities, including young adults who transition from high school. This study examined the relationships and effects of participation in VR programs and school work-related transition programs on employment outcomes for young adults. Data came from a state database involving 7,987 individuals who received VR services. Structural equation modeling (SEM) was used to perform data analysis, including multiple-group analyses. The study found a majority received VR services for over a year and most were individuals with cognitive disabilities. Also, participation in VR services and school transition programs had positive effects on work hours and salary.

Vocational Rehabilitation (VR) has an over eighty-year history of providing services to adults with disabilities as they enter and prepare for the workplace (U.S. Department of Education [US DOE], Office of Special Education and Rehabilitative Services [OSERS], 2006). As a service provider, VR helps adults become employable, secure or maintain employment, and attain promotions in suitable and productive careers through an Individualized Plan for Employment (IPE). More specifically, in 2002 more than 1.4 million adults received services with over 90% meeting VR’s definition of significant disability (US DOE, OSERS, 2006). The actual federal dollar amount for VR funding was at 2.5 billion in 2002 (US DOE, OSERS, 2006) and 2.8 billion in 2009 (Stapleton, Honecutt, & Schlechter, 2010). The term significant disability refers to clients whose disability reflects the following three criteria: a severe physical or mental impairment that seriously limits one or more functional capacities (e.g., mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of an employment outcome; their VR needs can be expected to require multiple services over an extended period of time; and they have one or more physical or mental disabilities that cause comparable substantial functional limitation (Hager, 2004).

Historically, VR has served an adult population with a focus on providing employment-related services that lead to positive employment outcomes. In terms of outcomes, “in general the employment rate of people receiving VR services are consistently found to be around 60%” (Dutta, Chen, Chou, & Ditchman, 2009, p. 237). Nationally in 2005, based on a stratified random sample of 15,000 clients, the success rate (status 25 closures) varied by VR’s unique grouping of disabilities from a high of 75% for those with sensory or communicative disabilities to 56% and 55% for those with physical impairments and mental impairments, respectively. The latter grouping includes specific learning disabilities (SLD), serious behavior or emotional disabilities (SED) and intellectual disabilities (ID) (Dutta, et al., 2008) or those primary disabilities resembling a large majority of former students with Individualized Educational Programs (IEP). In terms of potentially effective services for the latter group, job placement, on the job support and maintenance were each significantly correlated to a successful outcome while other services (e.g., job placement assistance, counseling and guidance, remedial training, university training, job readiness training, transportation services, and rehabilitation technology) had a marginal correlation.

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The recent transition from school to work legislation and corresponding policy have ushered in a focus on preparing youth who have an IEP for positive post-school outcomes in terms of post-secondary education or training, employment and, in many states, work adjustment. In note, policy includes the codification of Indicators 1 (school completion), 2 (school dropout), 13 (provision of transition services and planning), and 14 (positive post-school outcomes) to monitor how well states provide transition-related services this population, along the requirement that all graduates leave with a Summary of Performance (SOP). The SOP provides information and documentation to help use public services like Vocational Rehabilitation. The group of unique clients includes the nearly 200,000 youth with disabilities who are graduated with a regular diploma each year and others exited with non-standard diploma who do not qualify as dropouts (Office of Special Education, 2006). This transition focus brings attention to whether this group of consumers is ready for VR’s traditional employment services that have traditionally served an older and more experienced adult consumer. Similarly, Plotner, Trach, and Strauser (2012) have asked whether VR counselors are ready for this group of clients, while the Government Accounting Office (2012) outlines the need for better coordination between schools and VR agencies for students transitioning from high school.

Several earlier studies have examined aspects of whether former students who had an IEP are ready for VR or if VR is ready for them. In terms of gaining in the door at VR, an earlier study indicates that 62% of 12-13 year olds who had been recently high school graduates from high school in Washington State showed that 9% had contacted VR services for services (Kettering & Berven, 1988). Of note, is that ‘contact’ was applying for services only and not whether they had actually been accepted for or received services. A national longitudinal study of VR services and outcomes showed that 14% of clients served were youth with disabilities in a host business. The database reports whether the individual had a specific VR program or transition program. Project SEARCH™ is a two semester program that includes work study (including school-based work study, work adjustment, and other types of employment) to monitor how well states provide transition-related services to youth with disabilities. The database reports whether the individual received any of the services and reports employment status of the individuals, including work status, employment dates, average, compensation amount, compensation unit, and hour wage.

Measures

Table 1 provides the general information on demographic variables, disability types, and status of the individuals, including work status, employment dates, average compensation units, and hour wage. The database also reports whether the individual had a specific VR program or transition program.

Table 1. Demographic Information

<table>
<thead>
<tr>
<th>Demographic Characteristics</th>
<th>n</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Gender</td>
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<tr>
<td>Male</td>
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</tr>
<tr>
<td>Female</td>
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<td>Age</td>
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<tr>
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<tr>
<td>14-18 years</td>
<td>5,464</td>
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<td>19-21 years</td>
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<tr>
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<tr>
<td>Other Types of Employment</td>
<td></td>
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</tr>
</tbody>
</table>

As for services and outcomes, Hayward and Schmidt-Duv (2000) looked at post placement (67%), vocational training (60%) and support for further education (51%) were the three top services provided youth with disabilities and that 63% successfully obtained competitive employment. Dunham and Golightly (2000) examined whether a specific group of 98 students with a borderline intellectual disability and SLD benefited from VR. Fifty five (56%) of the participants found employment and were closed successfully.

Likewise, a study of 613 VR clients with an average of around 20 years and identified as SLD who had an initiation of services in the 1991-92 fiscal years showed that 361 (59%) were successfully closed as employed (Dunham, Koller, & McNin, 1996). Of note, is that those who exited the VR closures had significantly higher full scale IQ (95.2 v. 92.4) and verbal scale scores (91.2 v. 88.3) and were significantly more likely to have received college training (37% v. 24%) guidance and counseling (16.3% v. 9.9%) as VR services or treatments. Along a similar vein, Benk, Lindstrom, and Latta (1999) demonstrated the effectiveness of an ongoing and collaborative effort to help young people consider their transition program model. This program served 1,511 youth with disabilities as they prepared for their transition from school to work. Long-term outcomes that showed at program exit 77% had jobs, a rate that held steady for up to 24 months after exit. A later evaluation of the youth transition program showed the female young adults with disabilities, relative to male age peers, had comparable rates of employment but lower wages ($4,360 per year) and this wage gap persisted for at least six years (Doren, Gau, & Lindstrom, 2011). Research involving students with SLD participating in the Ohio Longitudinal Transition Study showed that 79 (19%) of the participants were able to rate the perceived usefulness of services. On a four-point scale, the average rating for VR services was 2.96—well behind that for paid work experience (3.24), technical classes (3.24), job shadowing (3.15) and extracurricular activities (3.11). In contrast, ratings were well ahead of proficiency testing (1.89) and in line with IEP and transition meetings (2.84), preparation for college entrance exams (2.83), meetings (2.84), preparation for college entrance exams (2.83), and professional guidance and counseling (2.84). Most recently, Miglrose, et al. (2013) found a slightly better successful close rate for youth with autism (50%) versus that for peers with intellectual disabilities (44%) or other disabilities (46%).

Given the importance of the transition from school to a productive adulthood for youth with disabilities, this study examined one state’s Vocational Rehabilitation database to answer the following questions:

1) What are the participation rates in transition-related programs for youth by disability grouping, gender and race?
2) What are the average employment outcomes for transition youth by disability grouping, gender and race?
3) Does participation in specific VR programs and transition-related programs affect employment outcomes of individuals with disabilities?
4) Does participation in specific VR programs or transition-related programs have a different affect on outcomes for individuals with cognitive versus non-cognitive disabilities?
5) Do work adjustment and work adjustment training, work adjustment, work study affect employment outcomes?

Method

Source of Data

The Oklahoma Department of Rehabilitation Services (ODRS) provided data for this study. The database includes 7,587 transition-age youth who applied for ODRS services from 1981 to 2011 and whose cases were closed between 1998 and 2012. At the time of application, individuals were from 12 to 21 years old, with a large majority being 14 to 18 years old. More than half were individuals with cognitive disabilities; the second largest group was individuals with orthopedic impairments. The category of cognitive disabilities included former students with SLD, SED, and ID. The database reported numbers and percentages of individuals in each of five racial groups, with Caucasians accounting for a large proportion and African American and American Indian/Alaskan Native being evenly represented. Table 1 provides more specific and additional demographic information on all 7,587 individuals in this database.

In Oklahoma, ODRS provided various transition programs to help former students with disabilities obtain employment. For instance, each school has a vocational rehabilitation counselor assigned to work with students with disabilities—some have dedicated transition caseloads, while others also serve adults in that same area. These programs include work study (including school-based work study, worksite learning, and employer work study), high school transition program, work adjustment training, stepping stone stimulus, on-the-job training stimulus, job retention stimulus, AgAbility, American Indian Tribal VR Program, Hispanic CoShare, Hisson, Project SEARCH™, and Tech-Now. The school-work-study service consists of part-time paid work experiences for high school youth in their school district or the community. Work adjustment Training (WAT) provides technical training and work adjustment training through an interview skills, work ethic) as well as an introduction to hard and soft skills in community businesses. Stepping Stone was a stimulus funded summer program for high school youth where they utilized public transportation, participated in the job training, and received employability skills over a weekend’s time. ODRS also has several Tribal VR programs in the state and co-share cases with the various tribal programs to best meet the needs of clients. Additionally, ODRS has a Hispanic Unit that may co-share cases with local VR counselors for families who are Spanish speaking.

Project SEARCH™ is a two semester program that provides three-year unpaid internships to youth with disabilities in a host business. Tech-Now is an elective technology class focusing on transition activities for youth with disabilities. The database reports whether the individual received any of the services and reports employment status of the individuals, including work status, employment dates, average, compensation unit, and hour wage.
Work Hours’ measures average weekly hours students spent on the job.

Data Analysis
This study examined the effects of school transition programs in combination with VR support on employment outcomes of youth with disabilities. We also sought to detect any moderator effects, including gender, ethnicity and types of disabilities. Structural equation modeling (SEM) allowed us to perform path analysis with latent variables, identify causal relationships between predictor and outcome variables, and compare group differences (Chin, 1998). Analyses were performed in SPSS V.17.0 and Mplus software (Muthén & Muthén, 2012). Missing data were retained in the analysis and treated in Mplus by using the full information likelihood (FIML) approach.

The data analysis included three specific steps. First, we obtained descriptive statistics for each observed variable through SPSS. Second, we tested the hypothesized latent model to examine the direct effects of VR programs and school transition programs on employment outcomes. Last, to test the moderate effects of covariates (e.g., gender, race and types of disability), we used multiple group analysis to examine different group effects based on chi-square difference tests, which are to compare chi-square values between the configurational and other models with imposed constraints on specific parameters (Byrne, 2009).

Results

Descriptive Statistics
Table 1 presents general demographic information. As illustrated, a majority of individuals were Caucasian and male. Over half of students had cognitive impairments (or nearly 15%) of all individuals had been with VR programs for over a year and nearly half were in for over five years. A near majority participated in some type of school transition programs (e.g., school work study, work adjustment training, high school transition program). The average hourly wage was $9.39 (SD = 5.13) and the mean of weekly work hours was around 35 hours (SD = 8.8). Table 2 provides the correlation matrix of the observed variables along with employment status.

The Structural Model
We conducted path analysis on our hypothesized model (see Figure 1). The estimated standardized coefficients and factor loadings of the final model are also in Figure 1. Three commonly used fit indexes determined the fitness of the model, including comparative fit index (CFI), root mean square error of approximation (RMSEA), and standardized root mean square residual (SRMR). Our model had a CFI value of 0.96, a RMSEA value of 0.048 and a SRMR value of 0.016, all of which together suggested a goodness-of-fit to the data.

Figure 1 shows that school transition program (β=.15, p < .001) positively predicted the latent variable of employment outcomes. Individuals who participate in school transition programs will have an increase overall employment outcomes in terms of hourly wages and work hours. Both age at the beginning of VR programs (β=.11, p < .001) and length of attending (β=.35, p < .001) had a positive impact on employment outcomes. Individuals who start early in VR programs achieved better employment outcomes. Likewise, individuals who stay in VR programs longer had improved employment outcomes. Together all the predictors achieved an R² of 0.28 for employment outcomes, which means 28% of the variance in employment outcomes has been counted for in the model and the effect is moderate.

Multiple-Group Analyses: Comparisons between Cognitive and Non-Cognitive Disability Group
We examined whether path coefficients differ between individuals with cognitive disabilities and those with non-cognitive disabilities through multiple group analyses. We first fit the overall model with freely estimated path coefficients to obtain the baseline chi-square statistics, and then we constrained all path coefficients to be equal for both the disability groups. The chi-square difference statistics, Δχ² = 212.56, Δdf = 5, p < .01, indicated that path coefficients varied by types of disability. As a result, we independently estimated path coefficients for each group.

Comparing the effects of school transition programs on employment outcomes between the two groups, the standardized path coefficient for non-cognitive disability group (β=.33, p < .001) is larger than for cognitive disability group (β=.052, p = .01). It’s indicated that school transition programs might have greater effects for individuals with non-cognitive disabilities than those with cognitive disabilities. Similarly, the standardized path coefficient of VR program length for non-cognitive disability group (β=.451, p < .001) is also larger than for cognitive disability group (β=.196, p < .001). On the contrast, the path coefficient of age one begins the VR program for the non-cognitive disability group (β=.068, p > .05) is not significant, while it is significant for the cognitive disability group (β=.110, p < .01). It is suggested that for individuals with non-cognitive disabilities, age for starting VR programs does not have a direct effect on employment outcomes, but for individuals with cognitive disabilities it is a significant predictor for positive employment outcomes.

Discussion
State vocational rehabilitation (VR) agencies are the most important result service and transition partners for schools. These agencies play a key role in helping students with disabilities make a successful transition from school to independent competitive community employment. However, limited research has been done to investigate youth employment outcomes upon exiting VR services; studies that analyze large-scale VR databases are especially lacking. The current study addresses this lack of research by examining youth employment outcomes at the state VR agency’s database. The results provide information to help us better understand who uses VR services, what the relationships are between participation in certain school programs and employment outcomes, and factors affecting employment outcomes.

The results of the current study show that the majority of individuals received VR services for over a year. This finding indicates that the VR agency followed federal policies regarding the time frame for services. However, more than 45% were in the system for over five years. This finding is interesting because on one hand, it may indicate that the agency opened cases when students were still in high school so that a smooth transition can be made from school to VR services. The fact that the database includes information on participation in certain school-based employment-related programs indicates that VR closely worked with schools to provide services to students while they were still in school. On the other hand, five years of VR service may be too long because these services should be short-term. It may also indicate that these youth came to VR with limited employability and that this status warranted longer term services. The results also show that more than half of the individuals who received VR services were individuals with cognitive disabilities. This result is reasonable as youth with cognitive disabilities make up a large portion of the state’s special education Child Count, and teachers refer all youth on IEPs for VR services by the age of 16. This trend will only enhance the state’s ability to meet the requirements of the Workforce Innovation and Opportunities Act (WIOA) with its emphasis on transition, especially for those with significant and intellectual disabilities. It is encouraging to see 40% of youth in the database participated in some type of school transition program that focused on enhancing their general and specific employability. However, nearly half of them did not participate in any school transition programs and therefore were not able to benefit from these early employment-related experiences.

It is especially encouraging that over 94% of the individuals ended up employed in integrated settings. This seems to be a great outcome in achieving the goal of special education and VR services which aims to help those with disabilities achieve employment in integrated and competitive settings. However, the average wage of $9.39 and 35 work hours per week indicates an annual wage ($17,000), assuming the individual works all 52 weeks, that is barely above the federal poverty level of $15,730 for a family of two (U.S. Department of Health and Human Services, 2014). Unfortunately, the database does not contain specific information about the nature of work and earnings.

Participation in school transition programs served as a positive predictor of employment outcomes. That is, those who participated in school transition programs tended to have better employment outcomes (work hours and wages). This finding further verifies the
importance of involving students with disabilities in school transition programs (see Gold, Fabian, & Luecking, 2013). The earlier an individual started to receive VR services, the better their employment outcomes were. It seems that there is a need for policy changes to further encourage schools and VR to collaborate on services at an earlier age. Findings also show that receiving longer VR services led to better employment outcomes. This seems to indicate VR services do make a difference in promoting employment outcomes. However, it may not be feasible to extend VR services for all individuals because VR services are meant to be time limited services. A related issue involves considering whether schools are doing an appropriate job of preparing the employability of youth before they receive VR services. For example, are they conducing transition assessments that facilitate career development (Kortering & Braziel, 2012), getting students into courses of study that prepare them for an appropriate career and working with parents to provide out of school experiences that foster employability (Rojewski, Lee, & Gregg, 2014; Trainor, et. al., 2011). It also may be necessary for VR agencies to connect with other agencies so consumers can access agencies that provide longer-term employment services in integrated work settings (Cimeria, 2010).

Participation in school transition programs had a different effect on students with non-cognitive disabilities compared to those with cognitive disabilities. These programs seemed to result in better employment outcomes for those with non-cognitive disabilities. This finding is perplexing because these programs should help students with cognitive disabilities on an equal basis. This differential effect might be attributed to the way students learn and experience these programs. There may be a need to revise the programs or change instruction so that individuals with cognitive disabilities benefit more in terms of employability and employment outcomes. The finding that students with cognitive disabilities benefited more than those with non-cognitive disabilities for longer time of VR services indicates the need for providing extended time of services to individuals with cognitive disabilities.

Limitations of the Study

The current study has several limitations. For instance, the database has disadvantages associated with most large-scale databases even though it offers many advantages. The major issue is the lack of detail. Information in certain areas. This lack of detailed information (e.g., types of jobs) limited our ability to make some inferential analyses, similarly the data base covers a period of time relative to transition legislation at the federal and state level. The lack of detailed information on specific school transition programs and limited our ability to obtain the nature and extent of effect of the programs on employment outcomes. In addition, the VR database does not allow for detailed outcome information on more specific disability groups that comprise the category of intellectual disabilities, including those with specific learning disabilities. Finally, the dataset was from one state. It does not necessarily represent the cases in other states. Future studies are needed to analyze either a national database or a representative sample of all states or regions in the U.S. so that we can obtain a broader understanding of the national VR services and consumer employment outcomes.

Conclusion

The promise of preparing youth with disabilities for a productive adulthood is at the heart of the initial support of vocational rehabilitation legislation (United States Congress and Administration News, 1975). As educators strive to fulfill this promise, VR represents a key collaborating partner that provides adult services that help former students experience productive employment in integrated and integrated settings. As with any successful partnership, to effectively work with VR, educators must leverage transition assessments, courses of study, annual goals, and related experiences to facilitate employability of the students so that they are prepared and able to benefit from the time-limited nature of VR services. Educators, as a partner, also must view the Indicator 13 and Summary of Performance process as a means to provide the necessary career and school information to help VR counselors develop effective Individual Plans for Employment. These partnerships are in an effort to ensure we do not relegate former students to an unproductive adulthood, including under or unemployment, premature dependency on social security, or involvement in the judicial system. Instead, the partnerships are in an effort to provide our youth with the tools and resources to promote employment in competitive and integrated settings.

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In Review
Clinical Supervision and Administrative Practices in Allied Health Professions
Edited by Flowers, C. R., Soldner, J. L., and Robertson, S. L.
Linn Creek, MO: Aspen Professional Services (2015)
$49

This review concerns Clinical Supervision and Administrative Practices in Allied Health Professions, edited by Flowers, Soldner, and Robertson. This is a timely work in view of the complex challenges currently facing health care administrators. The book focuses on both managerial issues and supervision practices, is well organized, and leaves few important stones unturned. This fresh contribution to the management literature features originality and responsiveness to real-world challenges. Of particular note is the fact that the authors have chosen to combine issues of managerial administrative importance with clinical supervision roles and functions. While management and supervision roles differ significantly, it is a fact that the two hats are often worn by the same individual in the field. This text does an excellent job of clarifying the differences. I recommend this text both as a training tool in pre-service education as well as a source of continuing education for health care managers in the field.

The contributing authors represent an impressive collection of rehabilitation counseling educators, drawn primarily from the highly regarded Southern Illinois University at Carbondale (SIUC). The selection of contributing authors indicates that the text has obvious value for managers in the health care professions. Individual chapters are well researched and presented. Despite the variety of authors, the chapters are uniformly clear and comfortable to read, with remarkable similarity of style. Educators and students will appreciate the fact that all chapters include case studies and discussion questions to illustrate and promote further examination of the issues presented.

The chapters are arranged into four sections:
1. Foundations:
2. Management:
3. Human Resources and Supervision; and
4. Resources.

The first section begins with Bruce Reed’s chapter on leadership. This chapter succinctly covers such vital management considerations as values, organizational mission, and leadership traits. Reed does an outstanding job of illustrating the diversity of critical skills and personal qualities needed for effective management. Additionally, this chapter introduces an awareness that grows throughout the text of the diverse and considerable demands placed on contemporary health care managers. A chapter by Robertson and Nowlin, examines public relations, communication, and marketing in allied health. This chapter will be of value in helping organizations in what is often a poorly understood but critical need, development of a marketing strategy to connect with potential service recipients and major stakeholders. The section concludes with a chapter by Flowers, Pregovski and Burnett presenting essential concepts and issues related to financial management and auditing procedures. Both profit and non-profit organizational contexts are addressed.

Kupferman and Gilkes lead the Management section of the text with a chapter on innovative technologies for best practices in allied health education, management, and supervision. The importance of technological applications in every area critical to management success becomes abundantly clear in this chapter. The section continues with Lewis and Flowers chapter on the allied health management environment. In clear presentations, they familiarize the reader with crucial perspectives such as total quality management, management by objective, project management, and continuous improvement. Soldner follows with a chapter on performance management, covering concepts and methods to activate and direct both individual and organizational behavior. This chapter is especially helpful in illustrating the use of positive reinforcement as well as methods of measuring and documenting performance. The section concludes with a chapter by Lewis on program evaluation. Lewis first offers an overview of the types and advantages of program evaluation approaches, then takes the reader through a nuts-and-bolts description of how an effective program evaluation system could be designed and implemented.

The third section of the book provides two chapters on the topic of clinical supervision of personnel. This is the key addition so often missing in texts concerned with management theories and procedures. A chapter by Russell and Rogers, and then one by Robertson and Boston, provide detailed presentation of contemporary theories and models of supervision, as well as examination of important factors such as individual employee differences.

The final section explores resources. The leading chapter by Schultz examines ethical practices in human services administration, as critical an issue as ever. While presenting models of current ethical thinking in the health care professions, Schultz deftly covers the dual challenge of ethical self-improvement in addition to promotion of ethical practice by supervisors. Wilson, Gines, Gary, and Brown then provide a chapter on diversity and multiculturalism among personnel, emphasizing hiring, staffing, and supervising an emerging workforce. This chapter does an excellent job of detailing the changing demographics of the American health care workplace, and the special features of a diverse and culturally complex organization. Kupferman’s chapter on job accommodations and assistive technology adds to the contemporary flavor and value of this text. The role and importance of assistive technology in the job accommodations process is made clear.

In conclusion, Clinical Supervision and Administrative Practices in Allied Health Professions, edited by Flowers, Soldner, and Robertson, should stand for some time as a valuable resource for managers and supervisors. In the rapidly expanding world of health care there is a need for concise articulation of current perspectives and best practices. It is also the case that educators and students will benefit from this high quality resource. Despite a minor flaw (from Chapter 8 onward, the Table of Contents reports incorrect page numbers) this collaborative work is extremely impressive. Perhaps the greatest strength of this text is its close blend of theoretical overview with situational usefulness. It should be of value to a broad audience. I highly recommend it.

Alan Davis, Ph.D
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